NHS
Humber Teaching
NHS Foundation Trust

Trust Board Meeting 31 July 2019
Agenda - Public Meeting

For a meeting to be held at 9.30am Wednesday 31 July 2019, in the Conference Rooms, Trust Headquarters

		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 26 June 2019	SM	To receive & approve	√
4.	Action Log and Matters Arising	SM	To receive & discuss	√
5.	Patient Story **-** NHS Improvement Film - Culture	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.	Finance & Investment Committee Assurance Report	FP	To receive & note	√
12.	Workforce & Organisational Development Committee Assurance Report	FP	To receive & note	√
13.	Charitable Funds Committee Assurance Report & 14 May 2019 Minutes	PBee	To receive & note	√
	Quality and Clinical Governance			
14.	Research & Development Report – Cathryn Hart attending	JB	To receive & note	√
15.	Safer Staffing 6 Monthly Report	HG	To receive & note	√
	Strategy			
16.	Patient Safety Strategy	HG	To receive & approve	√
	Corporate			
17.	Equality, Diversity and Inclusion Annual Report 2018/19	SMcG	To receive & approve	√
18.	Board Assurance Framework	MM	To receive & note	√
19.	Risk Register	HG	To receive & note	√
20.	Council of Governors Meeting Minutes 9 April 2019	SM	To receive & note	√
21.	Items for Escalation	All	To note	verbal
22.	**Any Other Business**			
23.	**Exclusion of Members of the Public from the Part II Meeting**			

24.	**Date, Time and Venue of Next Meeting** Wednesday 25 September 2019, 9.30am venue to be confirmed	

Agenda Item: 2

Title & Date of Meeting:	Trust Board Public Meeting – 31 July 2019
Title of Report:	Declarations of Interest
Author:	Name: Sharon Mays Title: Chairman
Recommendation:	To approve ( ) To note (✓) To discuss ( ) To ratify ( ) For information ( ) To endorse ( )
Purpose of Paper:	The report provides the Board with a list of current Executive Directors and Non Executive Directors interests.
Key Issues within the report:	Contained within the report

Monitoring and assurance framework summary:

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

Have all implications been considered?	**Yes**	**Yes** Detail in report	**N/A**	**Comment**
		Any Action Required?		
Risk	√			
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)	• Non Executive Director, The National Skills Academy for Health • Appointed as a Trustee for the RSPCA Leeds and Wakefield branch
Mr Peter Beckwith, Director of Finance (Voting Member)	• 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)	• 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)	• 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)	• Senior Independent Director Beyond Housing Limited • Government appointed independent Director – British Wool Marketing Board • Son is a doctor in Leeds hospitals
Ms Paula Bee, Non Executive Director (Voting Member)	• Chief Executive Age UK Wakefield District • Vice Chair Age England Association • Board Member – Wakefield New Models of Care Board • Chair, Age UK, Yorkshire and Humber Support Services
Mr Mike Cooke, Non Executive Director (Voting Member)	• 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)	• Director MJS Business Consultancy Ltd • Director Magna Trust • Director, Magna Enterprises Ltd • Owner MJS Business Consultancy Ltd • Associate Hospital Manager RDaSH • Associate Hospital Manager John Munroe Group, Leek • Non Executive Director for The Rotherham NHS Foundation Trust
Mr Francis Patton, Non Executive Director (Voting Member)	• 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 • Director, Over Promise and Under Deliver • Non Executive Director Barnsley NHS Foundation Trust

Item 3

Trust Board Meeting – Public Meeting
Minutes of the Trust Board Meeting held on Wednesday 26 June 2019 in The Mulgrave Day Room, Whitby Hospital YO21 1DP

Present:	Mrs Sharon Mays, Chair Mrs Michele Moran, Chief Executive Mr Peter Baren, Non-Executive Director Prof Mike Cooke, Non Executive Director Mr Francis Patton, Non Executive Director Mr Mike Smith, Non Executive Director Mr Peter Beckwith, Director of Finance Dr John Byrne, Medical Director Mr Steve McGowan, Director of Workforce and Organisational Development Mrs Lynn Parkinson, Chief Operating Officer
In Attendance:	Mrs Michelle Hughes, Interim Head of Corporate Affairs Mrs Tracy Flanagan, Deputy Director of Nursing Mrs Jenny Jones, Trust Secretary Ms Amy Smith, Communications Officer Joe, Service User (for item 111/19) Sharon Parsons, Heart Failure Specialist Nurse (for item 111/19) Doff Pollard, Public Governor 2 Members of the Public
Apologies:	Ms Paula Bee, Non-Executive Director Mrs Hilary Gledhill, Director of Nursing

108/19 **Declarations of Interest**
Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any other items on the agenda presented anyone with a potential conflict of interest, they declare their interests and remove themselves from the meeting for that item.

109/19 **Minutes of the Meeting held on 22 May 2019**
The minutes of the meeting held on 22 May 2019 were agreed as a correct record.

110/19 **Matters Arising and Actions Log**
The actions list was discussed and the following update provided:-

103/19 Annual Safety Report
It was agreed that this item would be amended on the workplan and the action closed.

111/19 **Patient Story – Joe's Story**
Joe's story was an account of his experience of receiving services from the Heart Failure Specialist Nurse at Whitby Community Hospital and the benefit that this has on his health. Joe explained that he has had heart problems since 2007. The treatment and technology he has now allows him to monitor his condition. If he has a problem he is able to contact the Heart Failure nurse or hospital who can monitor his stats.

Sharon was one of the first heart nurses funded by the British Heart Foundation in the local community. After the first year, audits proved that the team had made significant savings by keeping people out of hospital and the funding was made substantive. Joe said that he appreciated all the treatment and help he received, but acknowledged that without Sharon he would not have been able to have been treated in the community. He recognised the

financial pressures the NHS is facing, but felt that investment in local communities made savings by keeping people out of hospital.

When asked if there was anything that was needed to help the Heart Failure nurses in their roles, Sharon explained that sometimes there is isolation due to the size of the geographical areas. They also provide other assistance to patients in terms of their physical and mental health and signpost to other services where possible. If any issues arise that cannot be dealt with, the patient is referred back to the GP. In terms of staff wellbeing, Sharon has previously had articles published, but has not had the opportunity in recent years due to work pressures. She hoped that she would be able to undertake this more in the near future. Mrs Parkinson suggested discussing these further with Sharon to see what assistance could be provided through Operational Services.

Dr Byrne asked how technology had helped Joe to manage his condition over the years and the impact this had made. Joe explained that having the defibrillator and a home monitor allowed him to transfer the date to the hospital easily. If he felt there was a problem he contacted the hospital and they would see his status. He felt that being in a rural area, technology had reduced travel for appointments and helped limit hospital admissions.

The Chair thanked Joe and Sharon for attending to share the story.

112/19 **Chair's Report**

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

- Following interviews for a Non Executive Director on 21 June, a candidate has been offered the post, subject to Council of Governors approval and the necessary checks being carried out. The interview process was robust and included a stakeholder group with Governors and patients, meeting with Board members and the interview.
- Separate meetings with the new Chair and Chief Executive of Mind. Six monthly joint meetings with the Chief Executive will be arranged.
- Meeting with the new Chair of East Riding of Yorkshire Clinical Commissioning Group
- Attendance at a partnership event attended by Stephen Eames. There was an opportunity to influence the content of the Sustainable Transformation Partnership (STP) Plan.
- A meeting with the Chair of NAVIGO
- Attendance at the annual carers conference hosted by East Riding of Yorkshire Council in conjunction with East Riding carers
- Meetings with the Lead Governor and Staff Governors.
- An update on the Board Quality Improvement (QI) Project where work is progressing on the Board's project following meetings with the QI team.
- Presentation of awards at the first Medical Education awards for which Mr Baren was a judge. Well done to Dr Stella Morris and the team for arranging this event.
- The Chief Executive's longest day challenge was held recently with the Chief Executive washing cars for 12 hours to raise money for the Staff Engagement fund.
- A new Chair, Alan Lockwood has been appointed at Rotherham, Doncaster and South Humber NHS Foundation Trust
- A Dying Matters event is being held in Whitby today which the Chair will be joining after the Board meeting.

Resolved: The verbal update was noted.

113/19 **Chief Executive's Report**

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

Developing Primary Care Networks
The model offered has been well received. Streamlined communications are being used to focus on key themes through vodcasts and messages. Monday's Mid Day Mail communication has been replaced with EMT Headlines which is published on a Tuesday morning to share items that have been discussed at the Executive Management Team (EMT. Positive feedback has been received from staff on this change.

Update Teleconferences
Weekly teleconferences are being held with Stephen Eames to update Chief Executives on current issues.

Whitby
Close working continues with commissioners regarding a clinically sustainable model. Several options have been suggested and discussions with the Clinical Commissioning Group (CCG) are progressing. Professor Cooke asked if every effort could be made to encourage the CCG to make a decision as the current accommodation is inappropriate for modern health care. The Chief Executive explained that every effort is being made to reach a resolution and find a sustainable clinical and financial model that provides the best outcome for everyone involved.

Suicide Prevention Bid
Mr Patton said this achievement was a positive outcome for the organisation. Integrated work is also going through the system to make it more cohesive. The funding is for the system, but the Trust is the lead for some of this work in raising the profile of suicide prevention particularly in men.

Quality Improvement (QI) Event
Mr Patton asked how this event had been received. Dr Byrne reported that it went well and was attended by patients and carers with Townend Court and Older Peoples Mental Health Services running teaching sessions which is part of the QI strategy.

New Appraisal Process
Mr Baren noted the change to the process from next year to introduce a timescale for all appraisals to be completed during April to June and asked if this was realistic. Mr McGowan explained that this type of approach has been successful in other organisations and the Executive Team believed it to be deliverable. He acknowledged that the quality of appraisals is of concern which could be addressed once the initial appraisals have been completed. Mr Patton has experience of using this type of approach with the first year being used to embed the new process and the second year to improve the quality. This system has been in place for a few years and the overall compliance target annually is over 95%.

Change of Restraint Training Provider
Mr Baren asked if the change of provider would mean any changes to the internal team who provided the training. He was informed that the suggestion to change the provider had come from the internal team. The training itself can be migrated across so that people already trained will not have to redo it until they are due for an update. There is potential for income generation too. The current provider has restrictions on how the training can be delivered whereas the new provider allows training to be provided outside the organisation which could be to residential homes and other people who require restraint training.

Car Parking Policy
The policy has been approved by the Executive Management Team and was ratified by the Board.

Resolved: The report and verbal updates were noted. The car parking policy was ratified by the Board.

114/19 **Publications and Highlights Report**

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

Mr Smith asked if the Care Quality Commission Review of the Code of Conduct for Mental Health Act could be included in the next report and also for it to go to the Mental Health Legislation Committee's next meeting. Dr Byrne confirmed this report has already been submitted for inclusion and is on the agenda for the next Mental Health Legislation Committee meeting. It was suggested that a briefing be prepared for the Board to show the work that is already taking place.

Resolved: The report was noted
A Board briefing will be prepared on the Review of the Mental Health Act Code of Conduct **Action JB**

115/19 **Performance Report**

The report provided the Trust Board with an update on key performance indicators as at the end of May 2019. The report uses statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format. The majority of indicators are within normal variation, the exceptions being waiting times where 52 week waits have decreased marginally in May, but remain outside normal variation with 157 patients waiting (excluding ASD*),* 152 of which relate to Child and Adolescent Mental Health Services (CAMHS).

Mrs Parkinson explained that a marginal improvement was seen in the waiting list over the last month. However new initiatives are coming on stream including extra resources over the summer period. It is expected with the new initiatives that the trajectory will be revised. The Chief Executive explained that continual risk assessing of the waiting lists is undertaken and many discussions held over the last few weeks. She felt it would be helpful to have a more detailed report at the September meeting to work through work plans and revise the trajectory

Concern was expressed around clinical supervision compliance where there were variances in the figures provided. Mrs Flanagan agreed that the figures were concerning, explaining that there are some challenges within individual teams which are being addressed. In relation to the nil returns, it was reported that these have been submitted for May and the issue is being dealt with to ensure it does not happen again. Regular meetings are being held with the teams, looking at the patterns of sickness, ensuring plans are in place and that staff have received the right training. This is an area of focus for the Executive Management Team (EMT) who agree that an 80% compliance target is not high enough and needs increasing. Professor Cooke welcomed the approach that is being taken. He said that in some cases group supervision has proven to be successful as well as individual supervision which is something that could be considered.

Mr Baren noted that despite low occupancy at Townend Court, clinical supervision was still at a low which he would not have expected to see given the patient to staff ratio. Mrs Flanagan reported that this has been addressed with the team and plans are in place working with the clinical lead and charge nurse to improve the position.

Resolved: The report and verbal updates were noted
A detailed report on the waiting lists to be available for the September Board meeting **Action LP**

116/19 **Finance Report 2019/20 Month 2**

Mr Beckwith presented the report on the financial position at month 2 which was based on a resubmitted control total compliant plan. The report has been discussed at the Finance and Investment Committee. An operational deficit position of £0.069m was recorded to the 31st May 2019. Expenditure for clinical services and corporate services was reported to be lower than budget.

The cash balance at the end of May 2019 was £14.187m, which included £1.275m of Local Health Care Record Exemplar (LHCRE) and £1.794m of Child and Adolescent Mental Health Services (CAMHS) capital funding.

Resolved: The report was noted.

117/19 **Quality Committee Assurance Report & 3 April 2019 Minutes**

The report provided the Board with an update of discussions held at the Committee on 2 May. The minutes of the meeting held on 3 April were included for information. The report has previously been reviewed at the May 2019 part II meeting to accompany the Quality Accounts item which was discussed at that meeting.

The meeting held on 3 April was busy with many items discussed. A suggestion has been made that the response to the Care Quality Commission (CQC) actions be submitted to the August meeting for the Committee to review. Mrs Hughes confirmed that the Quality and Regulations Group had met and reported that all actions are on track and the report has been added to the August agenda.

Resolved: The report was noted.
The Care Quality Commission (CQC) actions to be submitted to the August meeting for the Committee to review. **Action HG**

118/19 **Finance and Investment Committee Assurance Report**

The report provided an executive summary of discussions held at the meeting on 19 June 2019. Mr Patton reported that at the meeting discussions were held around the Budget Reduction Strategy which is slightly behind plan, but is easier to review as it is now split into divisions, the control total and Cost Improvement Programme (CIP) and the Digital Delivery report.

Resolved: The report and verbal updates were noted.

119/19 **Workforce and Organisational Development Committee Assurance Report and 20 March 2019 Minutes**

An executive summary of discussions held at the 24 May 2019 meeting and a summary of key points was presented. The minutes of the meeting held on 20 March were presented for noting. Items discussed included:-

- the excellent progress made on apprenticeships.
- the recruitment issues within Child and Adolescent Mental Health Services (CAMHS).
- the increased focus on the PROUD programme.
- signing off of the Equality, Diversity and Inclusion Annual Report 2018/19. The Committee discussed the timing of the report, as some items had already been published on the website prior to discussion at the Committee. This will be rectified for next year.
- the Workforce & Organisational Development committee review of strategic goal 5 on the Board Assurance Framework (BAF). Changes were suggested which will be taken forward.

Professor Cooke raised the inpatient Child and Adolescent Mental Health specialist recruitment plan as an update had been provided at the meeting. He felt this was critical to the success of the development and important for the Committee to know that actions are on track to be achieved. The Chief Executive suggested it would be helpful for the Board to receive an update at the next meeting on the building, staff profile, risks and any other areas that may cause the Board concern.

Mr Patton reported that it was a good second meeting overall with the format evolving. The

attendance of members of Mr McGowan's team at the meeting was helpful and well received.

Resolved: The report was noted.
An update on the Child and Adolescent Mental Health Services Development (CAMHS) to be provided at the next meeting **Action HG**

120/19 **Any Other Business**
Thank You
It was the last meeting for Ms Smith from the Communications team as she leaves the organisation at the end of the month. The Chair and Chief Executive thanked Ms Smith on behalf of the Board for all her work and enthusiasm during her time with the organisation.

121/19 **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.

122/19 **Date and Time of Next Meeting**
Wednesday 31 July, 9.30am in Conference Room, Trust Headquarters

Signed …… Date …….
Chair

Agenda Item 4

Action Log:
Actions Arising from Public Trust Board Meetings

Summary of actions from June 2019 Board meeting and update report on earlier actions due for delivery in July 2019 *Rows greyed out indicate action closed and update provided here*						
Date of Board	**Minute No**	**Agenda Item**	**Action**	**Lead**	**Timescale**	**Update Report**
26.6.19	114/19	Publications and Highlights Report	A Board briefing will be prepared on the Review of the Code of Conduct	Medical Director	September 2019	Item not yet due
26.6.19	115/19	Performance Report	A detailed report on the waiting lists to be available for the September Board meeting	Chief Operating Officer	September 2019	Item not yet due
26.6.19	117/19	Quality Committee Assurance Report & 3 April 2019 Minutes	The Care Quality Commission (CQC) actions to be submitted to the August Committee meeting for the Committee to review.	Director of Nursing	August 2019	On the agenda for the August meeting
26.6.19	119/19	Workforce and Organisational Development Committee Assurance Report and 20 March 2019 Minutes	An update on the Child and Adolescent Mental Health Services Development (CAMHS) to be provided at the next Board meeting	Director of Nursing	July 2019	On July part II agenda
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**
31.10.18	203/18(a)	East Riding Adult Mental Health and	Updates on progress to be submitted to the Quality	Chief Operating Officer	February 2019	Apr 19 – Regular updates are provided to EMT and

		Dementia Strategy 2018-23	Committee and Executive Management Team meetings			will be an agenda item for the Quality Committee in August 2019.

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 - 31st July 2019
Title of Report:	Patient Story – NHS Improvement Film - Culture
Author:	Name: Mandy Dawley Title: Head of Patient and Carer Experience and Engagement Name: Lorna Barratt Title: Senior Patient and Carer Experience and Engagement Co-ordinator
Recommendation:	To approve ( ) To note (√) To discuss ( ) To ratify ( ) For information ( ) To endorse ( )
Purpose of Paper:	To inform Board members of the film produced on behalf of NHS Improvement, to showcase how we have developed our approach to integrating quality improvement and patient experience.
Key Issues within the report:	The key messages of the story are: • To highlight the positive impact of involvement in Trust activities for our patients, service users and carers • To highlight how the development of the co-produced Patient and Carer Experience Strategy has given the direction and focus for the work achieved by the team and champions • To highlight the opportunity for us to be a national exemplar of patient experience and share our journey with fellow Provider Trusts across the country • To highlight the importance of champions and their role in fully embedding the Patient and Carer Experience agenda within teams • The films are currently going through the approval process in NHS Improvement and NHS England. It is anticipated that a northern national launch will take place in Leeds in September. The films are embargoed at present, but we have been given permission by NHS Improvement to show internally.

Monitoring and assurance framework summary:

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

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

NHS Improvement Film – "Culture"

1. **Introduction**

   The purpose of the film is to inform Board members of the film produced on behalf of NHS Improvement, to showcase how we have developed our approach to integrating quality improvement and patient experience.

   Five short films have been produced of which we are showing film 1: "Culture" at the meeting. The films include:

   - Film 1: Culture
   - Film 2A: Leadership
   - Film 2B: Leadership
   - Film 3: Using Patient Experience Data
   - Our top tips

2. **Attendance at the Board meeting**

   In attendance will be Mandy Dawley (Head of Patient and Carer Experience and Engagement) and Lorna Barratt (Senior Patient and Carer Experience and Engagement Co-ordinator).

3. **Key Messages**

   The key messages of the story are:

   - To highlight the positive impact of involvement in Trust activities for our patients, service users and carers
   - To highlight how the development of the co-produced Patient and Carer Experience Strategy has given the direction and focus for the work achieved by the team and champions
   - To highlight the opportunity for us to be a national exemplar of patient experience and share our journey with fellow Provider Trusts across the country
   - To highlight the importance of champions and their role in fully embedding the Patient and Carer Experience agenda within teams
   - The films are currently going through the approval process in NHS Improvement and NHS England. It is anticipated that a northern national launch will take place in Leeds in September. The films are embargoed at present, but we have been given permission by NHS Improvement to show internally.

Agenda Item: 7

Title & Date of Meeting:	Trust Board Public Meeting – 31 July 2019
Title of Report:	Chief Executive's Report
Author:	Name: Michele Moran Title: Chief Executive
Recommendation:	To approve: ; To note: ; To discuss: ; To ratify: ; For information: ✓ ; To endorse:
Purpose of Paper:	To provide the Board with an update on local, regional and national issues.
Key Issues within the report:	Identified within the report

Monitoring and assurance framework summary:

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

Have all implications been considered?	**Yes**	**Yes** Detail in report	**N/A**	**Comment**
		Any Action Required?		
Risk	√			To be advised of any future implications reports as and when future implications by Lead Directors through Board required
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Humber Teaching NHS Foundation Trust

Chief Executive's Report

1. Around the Trust

1.1 Future Focussed Finance Level 1 Award
Humber's Finance team have been accredited for the Future Focussed Finance Level 1 Award for quality financial services. This is well deserved. Congratulations to the team.

1.2 Health Education England Annual Awards
I was asked to be a judge for the Health Education England Annual Awards, it was really interesting to see such a high level of applications, and note the diversity of work taking place across the NHS.

1.3 NHS Improvement (NHSI) Films
The NHSI films that our patient and careers took part in have been published in draft form. They feature really interesting and excellent work from Mandy Dawley, Head of Patient and Carer Experience & Engagement and the team. These videos will be shared with the Board when fully approved by NHSI. The videos will then be distributed to all NHS organisations by NHSI/E

1.4 Visits
I have undertaken my usual visits programme this month and visited several of our services, including Whitby, Scarborough and Rosedale. Demand remains high but staff morale did appear to be improving.

1.5 NHS Graduate Trainees Application
Humber has been successful in our application for NHS graduates trainees. There were over double the amount of requests than people. Humber's application was of a very high standard and we have been awarded a Graduate Management trainee starting from September 2019. They will be with us for up to 2 years (working in STP office and Humber ops).

There were good applications for the Human Resources Graduates and the Trust has been awarded a trainee to start in March 2020.

1.6 Communications Team Update
Rachel Kirby will be taking up post on 29th July as our Communications and Marketing Manager. Rachel was the unanimous candidate at interview and demonstrated a variety of experience and application of skills that we all felt would help drive our strategy from a marketing and comms perspective - she also scored highly with the stakeholder panel.

Adam Dennis has also starting working with us as external Communications Officer. Welcome to Adam.

1.7 Hull Health and Wellbeing Board.
I have been asked to represent the Hull and East Riding providers on Hull's Health and Well-being Board. A positive step for providers and developing services together,

2. Around the Region

2.1 East Riding Health and Well-being Board Update
At the recent meeting the following was discussed:-

- Received positively an update on Making Every Contact Count, which the Trust has been leading across the East Riding

- A Behavioural Change paper was noted with more work to take place
- Better Care Fund was approved - improvements progressing

2.2 Sustainable Transformation Partnership (STP)
Stephen Eames has commenced as independent chair working alongside Andrew Burnell who remains as STP lead. The main focus is developing our intentions to be an inspiring Integrated Care System (ICS). Both the executives and non executives took part in a maturity framework exercise, with both groups putting the STP in the developing and emerging ICS area. The STP will work with NHS England/NHS Improvement to progress our strategies and work programme. Weekly calls are now being held with Stephen to update the system on developments. Several engagement events are being held over the next couple of months to promote our work. The work of the Mental Health Partnership continues to gain positive interest,

2.3 NHS England Ratings
NHS Hull Clinical Commissioning Group (CCG) has maintained its outstanding status, whilst East Riding CCG has maintained it's good rating.

3 National News

3.1 New NHS Providers Chair
NHS Providers announced that Sir Ron Kerr will take over as the next chair of NHS Providers on 1 January 2020, when the term of the current Chair, Dame Gill Morgan, ends.

Ron has a long and distinguished career in health service management, including ten years as one of the country's leading provider chief executives. His experience spans acute, community and primary care services, as well as mental health and social care, and he has worked in both provider and commissioning organisations.

He was the chief executive of Guy's and St Thomas' NHS foundation Trust, one of England's largest and most successful combined acute and community trusts. He has national level experience of the social care system and is currently independent chair of a sustainability and transformation partnership (STP).

4 Director's Updates

4.1 Chief Operating Officer Update

4.1.1 Specialist Public Health Nursing (ISPHN) Service - Update
This service has recently produced its second annual report demonstrating ongoing achievement and improvement in key areas. One of these is the Delivery of the Healthy Child Programme in the East Riding of Yorkshire provides children and young people with opportunities to achieve the 'Best Start' in life. A main responsibility of the service delivery is, therefore, to ensure parents and children 0-19 (25) receive their entitlement to this offer. Universal services are at the core of this offer and are essential for primary prevention, early identification of need and early intervention. The conception to 11 years element of the Healthy Child Programme is led by Health Visitors and the 12 to 19 years element is led by School Nurses. Both provide place-based services, mostly in homes and schools, working in partnership with education and other providers. The universal reach of the Healthy Child Programme provides an invaluable opportunity from early in a child's life to identify families that are in need of additional support and children who are at risk of poor outcomes. Health promotion activities and the facilitation of health enhancing behaviours are implicit within all contacts. The ISPHN role is, therefore, pivotal to improving population health and reducing health inequalities in the East Riding area.

During this year work has taken place to widen accessibility, understand service user experience and improve visibility across the service. There has been a focus on service evaluation and wherever possible learning from service user's experience. Regular monthly monitoring procedures are in place to review the performance of teams and to ensure that all core contacts are offered

and followed up appropriately. Community level interventions are also delivered which are dependent on the identification of local population health need and this is supported with a workforce development plan to ensure interventions are evidence based and follow NICE guidelines. Examples of this include work on reducing the risks of sudden infant death syndrome and cessation of smoking.

To facilitate relationship based care all families have a Named Health Visitor until they reach the age of 1 year and a Named Health Visitor or School Nurse if the family or young person has an ongoing health need which requires a specific intervention. In addition all GP practices, Schools, Nurseries and Children's Centres have a Named ISPHN to support communication.

The ISPHN service is commissioned to provide the National Childhood Measurement Programme to all primary aged children in Reception and Year 6. The results of the East Riding programme continue to be excellent and the Health Care Assistants have excelled in achieving these results. The service has consistently achieved results above the national bench mark and this has instilled pride in the staff completing it. The service performance was 98% coverage at Reception and 97% at year 6 at the end of the 2018 programme.

In March 2019 the ISPHN service were awarded the Baby Friendly Initiative Gold Award in conjunction with East Riding Children's Centres. The UNICEF Baby Friendly Initiative is a nationally-recognised mark of quality care for babies and mothers, based on standards designed to provide parents with the best possible care to build close and loving relationships with their baby. The accreditation was gained through a process of assessments, including interviews with staff and parents about the care provided in the East Riding. The feedback identified that 100% of mothers reported that staff were kind and considerate and that services care for their staff and that, in turn, the staff care about local families. The Gold Award also highlighted the longer term sustainability of this practice by having a committed leadership team. The East Riding Children's Centres were able to achieve this recognition due to the integration between the services and the leadership provided by the ISPHN service in delivering breastfeeding services.

Due to the new model of service delivery Health Visitor's continue to work with families when a child has an identified health need at school entry. At this transition stage all children's record are reviewed and the information which is held on the records is assessed and appropriate interventions completed. Contact is made with the family, usually if a child is receiving an enhanced service such as the UP or UPP caseload, or if records indicate there are outstanding health needs or developmental problems.

Each primary school has a Named ISPHN whose role it is to promote physical, emotional, psychological, social and mental wellbeing in schools and be the main point of contact for communication or information sharing. Throughout this year the service has raised its profile in schools and education are aware the ISPHN staff are available to attend parents' evenings or other events to support pupils in transition. ISPHN's now attend the school staff meetings and assemblies and are on hand to offer specialist health information. 100% of infant and junior schools are engaged with this across the East Riding.

The ISPHN service work closely with East Riding Local Authority staff and are part of the multidisciplinary 'Early Years Support' team. Health services have a statutory duty to inform the Local Authority of children with special educational needs or disabilities. The ISPHNS attend meetings to share information and to suggest where health interventions are needed and act as lead professional for many children with special education needs or disabilities. Children with health conditions can also require support or medication during the school day to ensure that they remain well. If they are not adequately supported this may impact on their health and educational outcomes. Children with a special educational need requiring an Educational Healthcare Plan (EHC) has increased to 67% for 5-12 year olds and 54% post 12 years.

4.1.2 Intensive Community Rehabilitation and Recovery Service - Update

As part of a transformational change programme across mental health services undertaken over the last two years the rehabilitation pathway including the function of Hawthorne Court has been

reviewed and a new service model developed and approved. Phase one (2019/20) of this new proposal relates to East Riding CCG patients as these are the cohort clinically ready to move from out of area provision to the new local rehabilitation pathway but the service will then develop as a Hull and East Riding service. Phase 2 will be implemented in 2020/21 and will review the care needs and service development requirements to meet the wider complex recovery needs of Hull and East Riding populations.

The focus of this service will be on people and their families who have complex severe and/or enduring mental health needs who require expert assessment oversight and support from more than one qualified mental health practitioner. The aim of mental health rehabilitation should be a rights based approach based on maximizing the person's quality of life and potential by encouraging skills, independence and autonomy through social inclusion and a recovery approach. This should give people with mental health problems and their families and carers hope for the future. The aim is community living with relevant and appropriate support in the least restrictive environment, with an emphasis on community support through local service provision delivered through a joined up multi-agency service and pathway

Humber Teaching NHS Foundation Trust (HTFT) is working in partnership with a range of organisations to develop an intensive community rehabilitation and recovery service (ICRRS) that promotes recovery for individuals with complex and enduring mental health difficulties who may have previously had an inpatient rehabilitation admission and prevent people from being placed in out of area long term rehabilitation placements. This will develop in phase 1 of the project with further development as more people return locally. Initially the service will be based at Hawthorne Court as the network is developed with a planned reduction in beds achieved by the impact of the ICRRS that will then see the reduced beds relocated to appropriate accommodation.

The ICRRS team will be multi-disciplinary and use an assertive/ intensive case management approach to support people in their own accommodation. It will be delivered 7 days a week 8am-8pm with some flexibility to support individual rehabilitation and recovery plans. The ICRRS team will intensively case manage around 40 individuals and offer up to 4 visits a day or 4 hours' intensive treatment or less visits but longer in duration. The model is based on 10-15 people receiving the highest level of support daily with the remaining 25-30 having 1-2 visits per day or 2 hours' treatment provided by the team across Hull and East Riding. The episode of care will be dependent on individual need, but it is anticipated that it will be for an average of around 12 months (based on an expected length of stay (LOS) in an in-patient bed and for a maximum of up to 18 months.) We will take a phased approach and by the beginning of phase 2 a housing pathway will have been developed. This will include a range of housing options for people from returning to their own home, living in housing available for all citizens or living in housing identified specifically to support people with mental health needs. The level of support people received during that period may vary according to need, complexity and recovery stages.

The ICCRS model will be non-medically led, by an approved clinician undertaking all aspects of the Mental Health Act.

The overall objectives of the intensive community rehabilitation and recovery service include;

- Rehabilitation and recovery should be provided in a community setting/ person's own home, wherever possible and not an inpatient setting; specialist out of area placements for rehabilitation should be avoided.
- The aim is to promote personal recovery and reablement as far as possible for the individual using a biopsychosocial model.
- The focus will be on overcoming disability with an emphasis on recovery and social inclusion.
- Rehabilitation will be delivered in partnership with social care and the third sector; it should not primarily be a health/ medical model.

- People will have personalised interventions and goals through their programs of care. The programs will include learning or relearning of life skills; a range of group and individual therapies; activities and access to education, employment and leisure opportunities in the community.

- The service will promote self-management so people can support themselves more appropriately in their own environment which sustains recovery and maintains independent living.

- The service will be aligned to the development of integrated personal commissioning (IPCs) and personal health budgets (PHBs) for mental health.

4.2 Director of Nursing

4.2.1 Professional Strategy Update

The Professional Strategy which was previously reviewed by the Board in its consultation phase is now finalised and will be submitted to the July Workforce Committee for approval. The strategy will be launched through the usual Trust communication process to include launch at the Annual Members Meeting and Hull Expo with a planned formal launch in September to which Board members will be invited.

The strategy was produced by members of the Professional Forum and outlines plans in relation to four priority areas 1) Promoting professional identity and collaboration, 2) Leadership, 3) New models and pathways, and 4) Career pathways. The Professional Forum is responsible for developing and implemented the associated work programmes with reports to the Quality and Patient Safety Group and the Organisational Delivery Group.

4.2.2 Increasing Student Nurse Placements: Placement Infrastructure Funding

The Trust has recently been successful in bidding for some additional funds to support additional placements for nursing students. The additional funds will be used to invest in our practice placement team to increase numbers of staff in the team on a temporary basis who can then:

- work with our current placements and carrying out a review to look at different ways they can accommodate more students within the clinical areas and to ascertain where and how we can increase and continue to build capacity both for nursing and allied health professionals.
- Carry out a scoping exercise of our corporate nursing's nursing services to look at how we can provide additional placements in line with the students learning outcomes and make this happen.
- Work with business planning so that any new services are scoped for potential placements at an early stage

4.3 Medical Director

4.3.1 Introduction of More Sensitive Testing Process in Cervical Screening

Following recommendations from the UK National Screening Committee, for the NHS cervical screening programme, cytology screening will be replaced as the first line of testing with the Human Papilloma Virus (HPV) primary screen due to the increased sensitivity of the test. HPV is the cause of 99% of all cervical cancers, and this change could prevent around 600 additional cancers a year. People partaking in the cervical screening programme will see no change. Samples will continue to be taken and the results returned in the normal way. This change is an improvement in the way the sample is tested.

4.3.2 Social Values Report Launch

The Trust Launched its Social Values Report on NHS day. The event focused on 'brining to life' the stories and experiences of staff and volunteers that have been providing these innovative services. BBC Radio Humberside were in attendance with positive interviews being shared throughout the day.

4.3.3 Directorate Development Days

As part of the PROUD program the teams in the directorate have been taking up the opportunity to have 'development days'. Weeliat Chong, The Chief Pharmacist led a facilitated session for 20 members of his team where they undertook a deep dive into the 'staff survey' which will feed into the wider directorate development day in September.

4.3.4 Medical Conference

We are at an advanced stage in planning for our inaugural Medical Conference in the Autumn, where Professor Wendy Burn, president of the Royal College of Psychiatrists will be the key note speaker. In addition we have been asked to host a GP conference in November by the Royal College of General Practitioners. This conference theme is based on exploring ways to improve recruitment into 'hard to reach' areas where there is unmet need.

4.4 Director of Workforce and Organisational Development Update

4.4.1 Buying and Selling Annual Leave

Following the Trust launch of the buying and selling annual leave scheme in June, 50 staff took up this option with 47 of them buying more leave. This initiative gives staff greater flexibility to manage their work life balance and give manager's greater flexibility to manage their establishments and rotas.

4.4.2 Staff Side Chair

Following the previous chair being successful at securing a role working for UNISON, the Trust has a new staff side chair. Paddy McIntyre of GMB commenced the role in June.

4.4.3 'Golden Hello' Incentive

To help recruit to one of the most difficult roles to fill in the Trust (CAMHS in patient Band 6 Nurse), the Trust recently agreed a 'golden hello' incentive of £3,000 to people appointed din to the post that are new to Humber Teaching Trust. £1,500 will be paid after 6 months in post with a further £1,500 after 12 months. Adverts are currently out for these roles.

4.4.4 PROUD Update

Development Programmes

Dates have been finalised for 3 cohorts of both programmes. The programmes will run for two consecutive days, once a month for four months. The numbers per cohort will be 16, the start dates are as follows:

	Leadership Development Programme	**Senior Leadership Development Programme**
Cohort 1	22 October 2019	9 October 2019
Cohort 2	12 November 2019	6 November 2019
Cohort 3	17 December 2019	17 December 2019

The attendees for both of the development programmes has been identified through our ESR system which shows that a there are a total of 127 managers between bands 3-7 and 103 senior managers who will attend these programmes.

4.4.5 ESR Supervisor Self Service

This has now successfully been rolled out across the whole Trust, with the remaining training to be completed in August.

4.5 Director of Finance Update

4.5.1 Car Parking

The Trust has brought in a car parking solution to respond to the concerns raised by our staff in relation to availability of parking and safety. An Automatic Number Plate Recognition (ANPR) system will go live at Trust HQ from the 1st August, infrastructure is now in place and regular updates have been provided to all our staff. Over 3000 vehicles have been registered onto the database. As part of the implementation of ANPR additional parking spaces are being created at Trust HQ, and the next stage is to implement a ANPR parking solution at Mill View and Miranda House, where staff have also raised concerns.

4.5.2 Alternative Delivery Vehicle

Following discussion at Trust Board and EMT the timeline for a business case to present the options in relation Alternative Delivery Vehicles has been extended. At this stage no decision has been made and the exercise is purely to scope the opportunity, given the importance of such a decision the timeline was extended to ensure that all options are fully considered given the importance of such a decision to staff, patients and other stakeholders. The timeline for presentation of an outline business case has therefore been extended to January 2020.

4.5.3 Strategy Refresh

The Trust has begun the refresh of its Strategy and a number of workshops and activities are currently being arranged with all our stakeholders. The outcome of all the engagement will be a refreshed co-produced strategy for presentation and approval at Trust Board in September/October of this year.

5 Trust Policies

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

6 Communications Update

External

- 7 stories were posted on the Trust's external website between 13 June and 15 July 2019. They included:
- Visit by Jackie Doyle Price, Minister for Suicide Prevention and Emma Hardy, MP for Hull West and Hessle.
- Marching on at Pride in Hull!
- NHS 71st Birthday Celebrations
- NHS Trust launches Social Values report
- Join us for the 2019 Health Expo, Hull and East Riding!
- ChatHealth messaging service launches
- Trust CEO taking on colossal car wash challenge for local NHS Charity
- Between 13 June and 15 July 2019, the Communications team dealt with 6 enquiries from local and national media.
- Positive media highlights include:
    - NHS' 71st Birthday - a BBC Radio Humberside interview with Michele Moran and Clare Woodard regarding the Big Tea, the Social Values Report.
    - Interview with the Trust's Volunteers on the positive impact of volunteers.
    - A sharing of the Press Release on the visit from Jackie Doyle Price and Emma Hardy – Bridlington Free Press
- The communications team have continued to support the CAMHS build and Impact Appeal with Health Stars soon to announce the winner of the naming competition for the new unit.
- The team provided support with the Social Values Report Event.
- The team continue to work with partners system wide with Health Expo planning.
- The team continue to work with the ISPHN Services and the promotion of their new ChatHealth confidential messaging service for young people.
- The team continue to share and promote the job vacancies available throughout the Trust.

- The team have been involved in Hull Pride meetings.
- The team are working on the newest issue of Humber People.
- On Facebook we now have 2,050 followers and our Trust Instagram has 444 followers.
- We have 4,535 followers on Twitter as of 15 July 2019.

Internal

- Prepared and issued the 21st edition of *Humber and Proud,*
    - the 26th edition of *Board Talk* and
    - the 27th edition of *Team Talk*;
- Issued the Chief Executive blog;
- Managed the Communications and Contact Us inboxes
- Supported:
    - ADV (WOS) project group
    - The HR team with the launch of the new Appraisal Policy by designing graphics, helping to prepare the internal messages and creating a dedicated Appraisal intranet page.
    - GP services by adding the new NHS App information to the GP websites. The Internal Communications Officer is also now part of the Primary Care Project Group.
- Supported the Trust's Employee of the Month competition; issued Employee of the Month nomination forms to the judging panel and communicated the winner in Midday Mail and the Midweek Global.
- Prepared Trust information leaflets and other materials.
- Managed the Trust's intranet and website
- Prepared and issued MDM and the Midweek Global
- Trained staff on how to manage their intranet pages.
- Annual Report – the design process for the Annual Report is underway.
- Annual Members' Meeting – planning is underway for the AMM which will take place on Thursday, 12 September 2019 at the KCOM Stadium, Hull.
- Annual Staff Awards – planning is underway for the Staff Awards which will take place on Thursday, 17 October 2019 at the Mercure Hotel, Willerby. The closing date for staff award nominations was on 5 July 2019. We have received 120 nominations across the 14 award categories. The nominations have been sent to the judging panel which will take place on Thursday, 18 July.

7 Health Stars Update

7.1 Chief Executive (CEO) Staff Engagement Fund

The CEO Staff Engagement Fund has been accessed by several services recently, including Child and Adolescent Mental Health Services (CAMHS), Speech and Language and Clinical Systems. Staff are encouraged to submit their wishes via the Health Stars website. They need to identify the benefit their wish will have on their team as well as the end benefit to patients and service users. Wishes have been very varied and those granted include team building sessions and group activities outside work. Most wishes fit the criteria and we have been able to grant them, however in some cases where is outcomes are unclear we have stressed the CEO Staff Engagement fund is to enhance staff experiences and environments and is not to be used as a "top up" to department budgets.

On 20 June for the CEO Longest Day Challenge – Michele and her team from Health Stars and volunteer's services raised just over £2500, The CEO washed over 60 cars during the 12 hour challenge. It was a great to see so many staff support the event and the CEO was fantastic.

7.2 Impact Appeal

Appeal income as at 18/7/19 including pledges/pending: £245,549.13, which is lower than last month due to wish expenditure.

Recently we have had local schools raising money through various fundraising activities. Longcroft School in Beverley took part in a sponsored hair dye while others have written “Positive Postcards” and produced some fantastic artwork which will be displayed throughout the unit.

ResQ are still fully committed to the Impact Appeal and had a great event with a football match at Dean Park. We are still receiving donations from this event.

The “Name the Unit” competition has now closed and the Board committee for the unit are making the final decision. We had so much engagement over this completion and it was great PR for the unit.

7.3 NHS Day – 5th July 2019
5th July 2019 was National NHS day. The NHS Big Tea was a great success with various inpatient units and services in the Trust holding their own fundraisers including the Trust HQ event which was well attended.

The day coincided with the reopening of the newly refurbished staff wellbeing area and included Radio Humberside attending for a piece on their show. Building on the success of the NHS 70th Birthday party it is hoped that NHS Day will become an annual event, which could potentially rival the super successful Macmillan Coffee Morning.

7.4 Golf Day
Plans for our first ever Health Stars Golf day on Friday 6 September at Ganstead Park are progressing with lots of local businesses signed up to support it. The cost is £25 per player and includes a game of golf, pie and peas and a presentation with some great prizes. Teams of 4 wanted – ALL WELCOME.

7.5 Circle of Wishes
The Circle of wishes scheme has grown significantly over the past 6 months, with 460 wishes submitted to date.

7.6 Social Media
Health Stars social media profile allows us to reach a much wider audience. We have had some very positive engagement over the past few weeks and with the continued support of the Trust Communications Team we are constantly increasing our followers, likes and comments. We have increased following by 20% so far this year and it is still growing.

7.7 Pennies From Heaven Scheme
The Pennies from Heaven Scheme was relaunched from 1 June and Health Stars is the new beneficiary with over 250 staff involved already.

7.8 New Staff Wellbeing Area Trust Headquarters
The new Café project at Trust HQ is well underway and we have been working closely with Estate teams to get the area refurbished and re-opened as a staff wellbeing area until the Café is in place. We have supported the redecoration of the area, taken delivery of new furniture, and a TV has been installed to improve the environment for staff, visitors and service users. We have already seen an increased use of the area with extremely positive feedback.

Michele Moran,
Chief Executive
July 2019

Agenda Item: 8

Title & Date of Meeting:	Trust Board Public Meeting – 31 July 2019
Title of Report:	Publications and Policy Highlights Report
Author:	Name: Michele Moran Title: Chief Executive
Recommendation:	To approve: ; To note: √ To discuss: ; To ratify: For information: ; To endorse:
Purpose of Paper:	To update the Trust Board on recent publications and policy.
Key Issues within the report:	I. Mental Health Act Code of Practice 2015 - An evaluation of how the Code is being used II. NHS Long Term Plan Implementation Framework III. Effective staffing IV. Adult inpatient survey V. Declare your care VI. Medicines in health and adult social care VII. The NHS Patient Safety Strategy VIII. A fair experience for all: Closing the ethnicity gap in rates of disciplinary action across the NHS workforce IX. Announcement of Forthcoming Changes to the Friends and Family Test

Monitoring and assurance framework summary:

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

Have all implications been considered?	**Yes**	**Yes** Detail in report	**N/A**	**Comment**
		Any Action Required?		
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Publications and Policy Highlights

The report provides a summary on recent publications and policy.

1. Mental Health Act Code of Practice 2015 - An evaluation of how the Code is being used CQC 25 June 2019

The Care Quality Commission (CQC) has published a report evaluating the use of the Mental Health Act (MHA) code of practice across mental health services, since it was updated in 2015. Our briefing summarises key points from the report.
CQC conclude that the MHA code of practice is not being used as it was intended due to a lack of awareness and understanding of the statutory guidance amongst providers and staff. The following findings are highlighted in the report as particular issues:

Providers did not support staff well enough to enable them to have meaningful and productive conversations with patients.

- There are ongoing difficulties with providing Independent Mental Health Advocate (IMHA) support.
- Local areas should work together better to make sure that people receive the right care across organisations and timely access to a bed that is close to home.
- Awareness of the code remains low among patients, families and carers.
- The current format of the code it not easy for staff and professionals to use.
- The quality, content and focus of training for staff on the code of practice varied.
- The quality of governance and oversight of the MHA and the code also varied.

Based on these findings, CQC has made a number of recommendations for the Department for Health and Social Care to lead on, as part of its response to the independent review of the MHA.

The report highlights the fact that any changes made to legislation, policy or practice following the independent review of the MHA will require a new code of practice. It stresses that the key areas of improvement and learning from the current code, which are highlighted in this report must all be addressed in future revisions if the code is to provide a strong safeguard for patients, families, carers and support professionals and services.

Lead: Medical Director

The report will be discussed at the next Mental Health Legislation Committee meeting as well as the steering group.

2 NHS Long Term Plan Implementation Framework NHSE & NHSI 27 June 2019

In January, NHS England and NHS Improvement committed to publish an implementation framework for the NHS Long Term Plan, setting out further detail on how the commitments in that document will be delivered. The framework has been published today at: https://www.longtermplan.nhs.uk/implementation-framework/
Local systems are working hard to develop draft versions of their five-year strategic plans. These plans will clearly describe the population needs and case for change in each area, then propose practical actions that the system will take to deliver the commitments set out in the NHS Long Term Plan. The framework summarises these commitments alongside further information to help local system leaders refine their planning and prioritisation. This includes detail about where additional funding will be made available to support specific improvement priorities and where activity will be paid for or commissioned nationally.

The framework reiterates key features of local plans, which should:

- be clinically led: with systems identifying and supporting senior clinicians to lead on the development of implementation proposals for all Long Term Plan commitments that have clinical implications and for their plan overall;
- be locally owned: closely involving local government and the voluntary sector as plans develop, and giving local communities (including those often most marginalised) a chance to inform their thinking;
- include realistic workforce planning: with realistic workforce assumptions, matched to activity and financial constraints, in line with the Interim NHS People Plan;
- be financially balanced: with systems showing how they will deliver commitments within resources available, including plans to moderate demand and to support the financial recovery of individual organisations;
- deliver all Long Term Plan commitments and national access standards: including how they will continue to maintain and improve performance for cancer treatment, A&E, and reducing wait times for elective care;
- be phased based on local need: while the framework includes some national foundational requirements, it emphasises that not all Long Term Plan commitments should be implemented at the same time everywhere; and
- consider how to reduce local health inequalities and unwarranted variation**:** also showing how systems will make use of allocated funding to tackle these, and to deliver tangible improvements in health outcomes and patient experience.

Local systems will prepare draft versions of their five-year plans by mid-September, with final versions submitted by November 2019. These plans will later be published as part of a national implementation plan setting out key milestones and performance trajectories.

Lead: Director of Finance

The implementation framework for the long term plan will be reviewed and incorporated into the work currently being undertaken in relation to the refresh of the Trust Strategy. This will feature as part of the numerous workshops and engagement plans that are currently being arranged with all stakeholders.

3 Effective staffing CQC 27 June 2019

Having enough staff with the right skills is key for any provider in delivering safe and effective care. The CQC have published a suite of resources highlighting examples of where innovative approaches to staffing have delivered positive outcomes for patients and NHS providers. The case studies look across care settings and specialisms and include examples of NHS trusts collaborating across the health and social care system. You can find more on how regulations relate to staffing here.

Lead: Director of Workforce & Organisational Development

Human Resources (HR) business partners will ensure this information is shared with operational teams, particularly for the 2020/21 workforce planning round.

4 Adult Inpatient Survey CQC 27 June 2019

The results of the 2018 adult inpatient survey show that confidence and trust in hospital staff remains high, but that people's experiences may not be improving.

Lead: Medical Director

This report will be considered by the Patient experience team and shared with the

relevant clinical network.

5 Declare your care CQC 27 June 2019

CQC is running a year round campaign to encourage more people to share their experiences of care both with ourselves and providers. We will be focusing on different population groups throughout the campaign including people from black and minority ethnic communities. You can find out more here, and if you would like to support you can find campaign materials here.

Lead: Medical Director

This report has been shared with the Patient and Care experience team for a senses check against our organisational strategy and ongoing action plans.

6 Medicines in health and adult social care CQC 27 June 2019

On 6 June CQC published a report sharing the learning from risks and good practice in medicines, which have been found on our inspections. Over 20,000 adult social care services are registered with CQC, including care homes, home care services and shared lived schemes. Each type of service supports people with their medicines differently, depending on their needs. There were key themes evident in our analysis, including medicines administration and record keeping. The report contains all of the key findings for adult social care, examples of good practice, and six actions for providers that we recommend taking following our investigation to ensure medicines are managed safely. Read the report to find out more.

Lead: Medical Director

This report had been shared with the Chief Pharmacist with a view to further consideration at the Drugs and therapeutics committee.

7 The NHS Patient Safety Strategy NHS Improvement 2 July 2019

This strategy describes how the NHS will continuously improve patient safety, building on the foundations of a safer culture and safer systems. Patient safety is about maximising the things that go right and minimising the things that go wrong. It is integral to the NHS' definition of quality in healthcare, alongside effectiveness and patient experience.
This strategy sets out what the NHS will do to achieve its vision to continuously improve patient safety.
https://improvement.nhs.uk/documents/5472/The_NHS_Patient_Safety_Strategy_.pdf

Leads: Medical Director / Director of Nursing

This Patient Safety strategy is a significant development in terms of outlining the future direction of travel. We will ensure that our own strategy will link to the wider strategic NHS plan. The National Strategy reiterates the importance of the work that we have already been doing in the Trust in for the past 3 years. The strategy highlights the expectation that Integrated Care Systems will play a leading role in terms of delivering the strategy.

8 A fair experience for all: Closing the ethnicity gap in rates of disciplinary action across the NHS workforce NHS England 3 July 2019

This document is an evolving guide to help support local practices in promoting workforce race equality. https://www.england.nhs.uk/wp-content/uploads/2019/07/closing-the-ethnicity-gap.pdf

Lead: Director of Workforce & Organisational Development

We will ensure this is considered as part of the upcoming review of the disciplinary policy and procedure.

9 Announcement of Forthcoming Changes to the Friends and Family Test NHS England 10 July 2019

Following extensive consultation and research there will be several changes to the way the patient feedback tool, known as the NHS Friends and Family Test (FFT) is carried out across England. These changes are expected to take effect from 1 April 2020.

Revised guidance will be published in September 2019 along with supporting website content and advice on making the FFT more accessible. Implementation will begin around six months after the guidance is issued. This will help services to prepare, taking into account of the need for any local changes to be put into place for supplier contracts, materials and ways of working.

The current FFT requirements and guidance will remain in place in the meantime and providers are expected to submit data collected under this process until the April 2020 submission of their March data. Assuming these timings do not change, implementation of the new guidance would commence from 1 April 2020 with this new response data submitted in May 2020 for publication nationally in June 2020. The implementation timeline will be confirmed when the guidance is published. The Staff Friends and Family Test is unaffected by these changes and the pending revised guidance which will continue to run under the current arrangement for the foreseeable future. https://www.england.nhs.uk/wp-content/uploads/2019/07/fft-announcement-letter.pdf

Lead: Medical Director

The Patient Experience team are aware of these changes and are developing some preliminary plans and working with other corporate teams to see how we can best manage the changes and to implement them successfully.

NHS
Humber Teaching
NHS Foundation Trust

Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting – 31st July 2019
Title of Report:	Performance Report – June 2019
Author:	Name: Peter Beckwith Title: Director of Finance
Recommendation:	To approve [ ] To note [✓] To discuss [ ] To ratify [ ] For information [ ] To endorse [ ] The Board is asked to note the report.
Purpose of Paper:	This purpose of this report is to inform the Trust Board on the current levels of performance as at the end of June 2019. The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.
Key Issues within the report:	**Exception reporting and commentary is provided for each of the reported indicators:** The majority of indicators are within normal variation, the exceptions being waiting times for which a detailed narrative has been provided in the body of the report. The Trust is currently segmented under the Single Oversight Framework within segment 2, 'targeted support in relation to finance and use of resources', which is consistent with the Trusts approved Financial Plan.

Monitoring and assurance framework summary:

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

Have all implications been considered?	**Yes**	**Yes** Detail in report	**N/A**	**Comment**
		Any Action Required?		
Risk	√			To be advised of any
Legal	√			To be advised of any future implications reports as and when future implications by Lead Directors through Board required
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Financial Year
2019-20

NHS
Humber Teaching
NHS Foundation Trust

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:
Jun-19

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team

Humber Teaching NHS Foundation Trust
Integrated Board Report

For the period ending:	Jun 2019

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:	Jun 2019

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	Admissions of Under 18s	Number of patients aged 17 and under who were admitted to an adult ward
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 4	PADRs	Percentage of staff who have received a Performance and Development Review within the last 12 months
Goal 5	Finance - Cash in Bank	Review of the cash in the Bank (£000's)
Goal 5	Finance - Use of Resource Score	The Single Oversight Framework assesses the Trust's financial performance across different metrics
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

Quality Dashboard

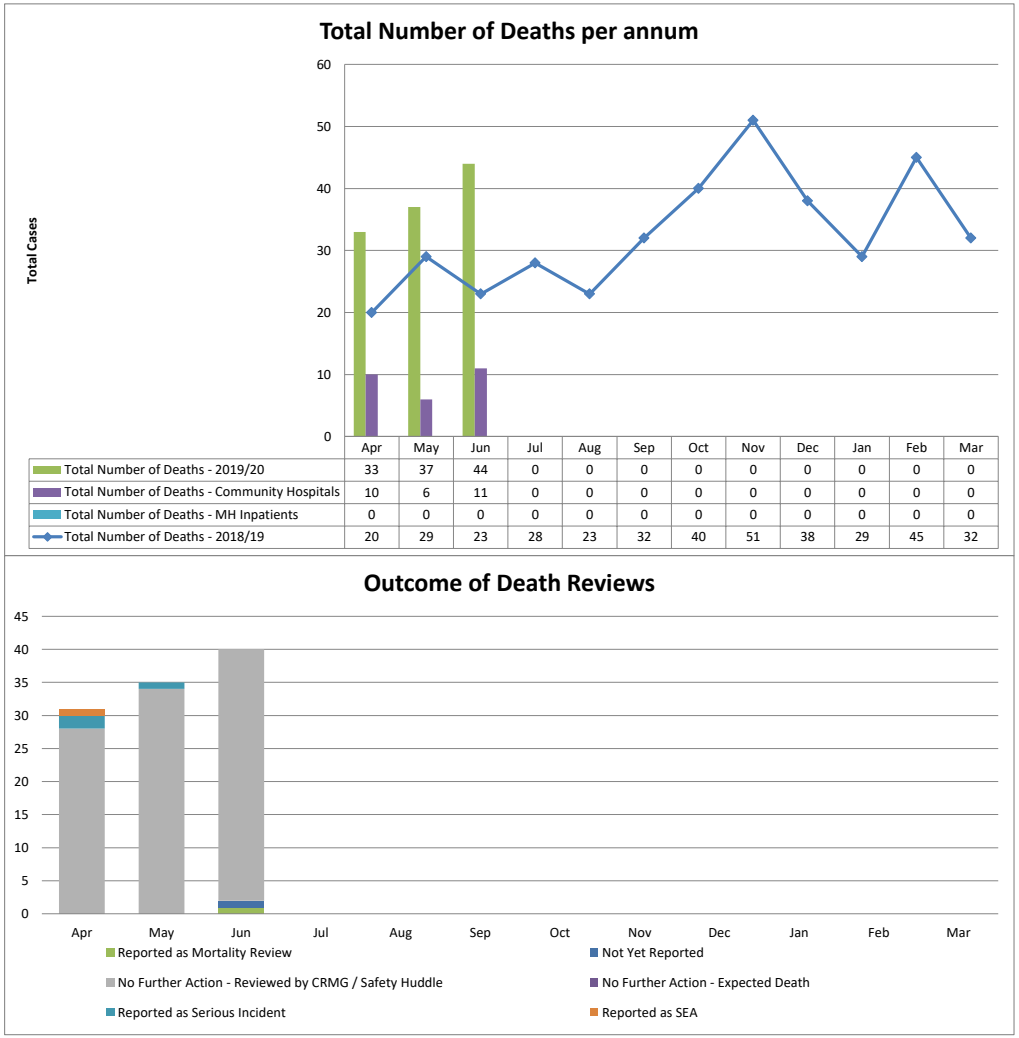
Mortality Dashboard	Quarter1

Description : Learning from Mortality Reviews

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

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

	Q1	Q2	Q3	Q4	YTD
Total Number of Deaths - 2019/20	114	0	0	0	114
Total Number of Natural Deaths	107	0	0	0	107
Proportion of Natural Deaths	93.9%				93.9%
Total Number of Deaths - Community Hospitals	27	0	0	0	27
Total Number of Deaths - MH Inpatients	0	0	0	0	0
Total Number of Deaths - LD Inpatients	0	0	0	0	0
Total Number of Deaths - Forensics Inpatients	0	0	0	0	0
Total Number of Deaths - All Community excl. MH	55	0	0	0	55
Total Number of Deaths - MH Community	36	0	0	0	36
Review Process					
Reported as Mortality Review	1	0	0	0	1
No Further Action - Reviewed by CRMG / Safety Huddle	100	0	0	0	100
No Further Action - Expected Death	0	0	0	0	0
Reported as Serious Incident	3	0	0	0	3
Reported as SEA	1	0	0	0	1
	0	0	0	0	0
	0	0	0	0	0
Total Deaths Reviewed	105	0	0	0	105
Not Yet Reported	1	0	0	0	1
Awaiting Cause of Death	7	0	0	0	7



Quality Dashboard

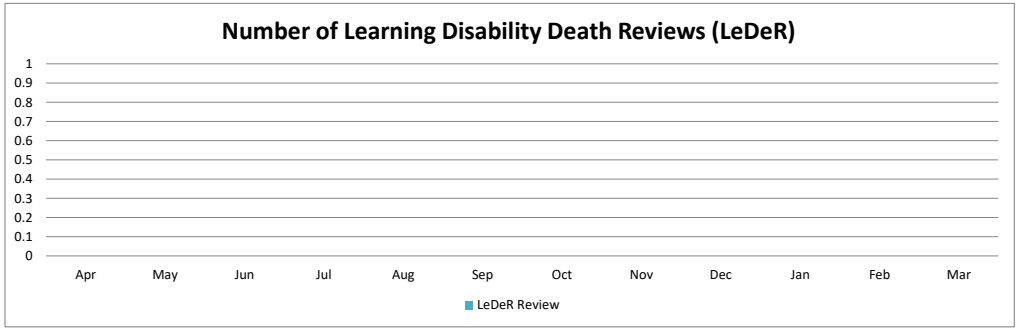
Mortality Dashboard **Quarter1**

Description : Learning from Mortality Reviews

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

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

	Q1	Q2	Q3	Q4	YTD
Number of Deaths	5	0	0	0	5
Number of Deaths in Inpatients	0	0	0	0	0
LeDeR Review	0	0	0	0	0
Number of Deaths - Problems in Care Identified	0	0	0	0	0



Key Messages/Learnings:- Deaths/Mortality

The Trust's data shows an increase on mortality numbers, however, the percentages reported as natural causes remains constant. This change in absolute numbers would be in line with the increased community activity which we would expect to since acquiring the Scarborough and Rydale community services in 2018. We will carry out a piece of work to see what data available from the previous provider to see if there has been any change within that specific service over that time period .

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jun 2019**

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

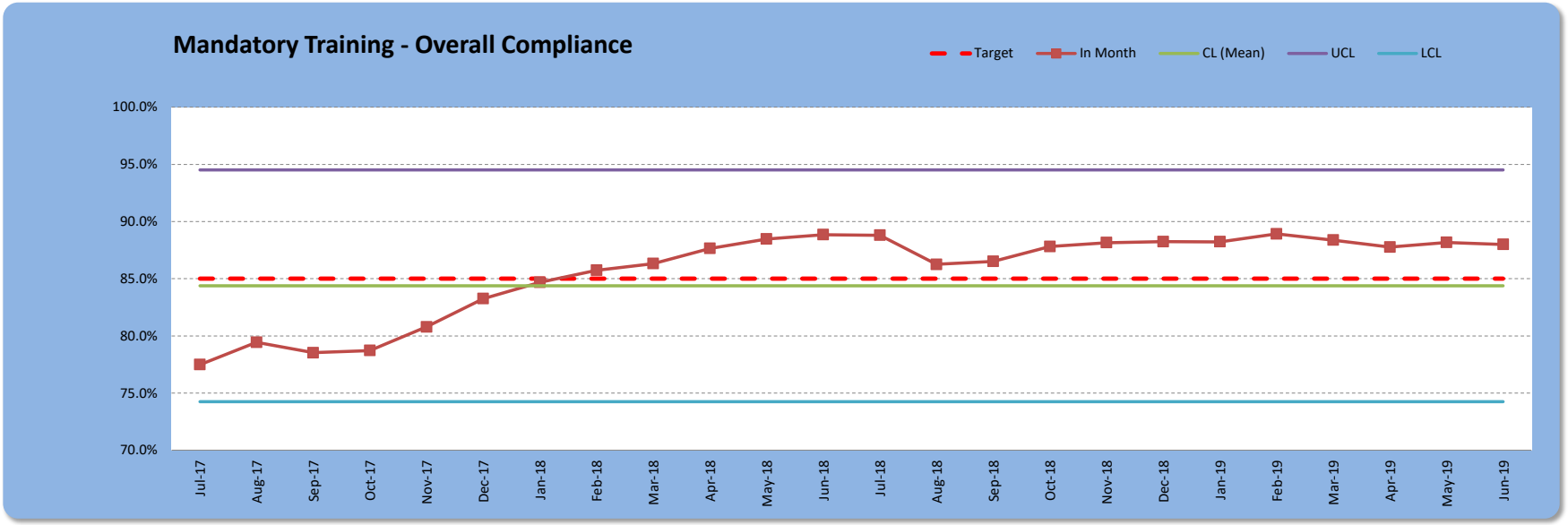
Narrative

Above Target

Target: 85%

Amber: 75%

Current month stands at 88.0%



Exception Reporting and Operational Commentary

Performance remains above target. Managers continue to receive information of staff that have not completed their training so that they may take the necessary action. All managers now have access to ESR supervisor self service so can review performance via the dashboard. A more detailed information breakdown was provided to Workforce and OD Committee on 24th July.

Business Intelligence

There are 18 individual courses monitored in the IQPT dashboards. We have four courses rated amber (IG 91.4%, Moving and Handling 82.5%, BLS 75.3 % and ILS 78.8%). With one red (PATS 70.3%)

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jun 2019**

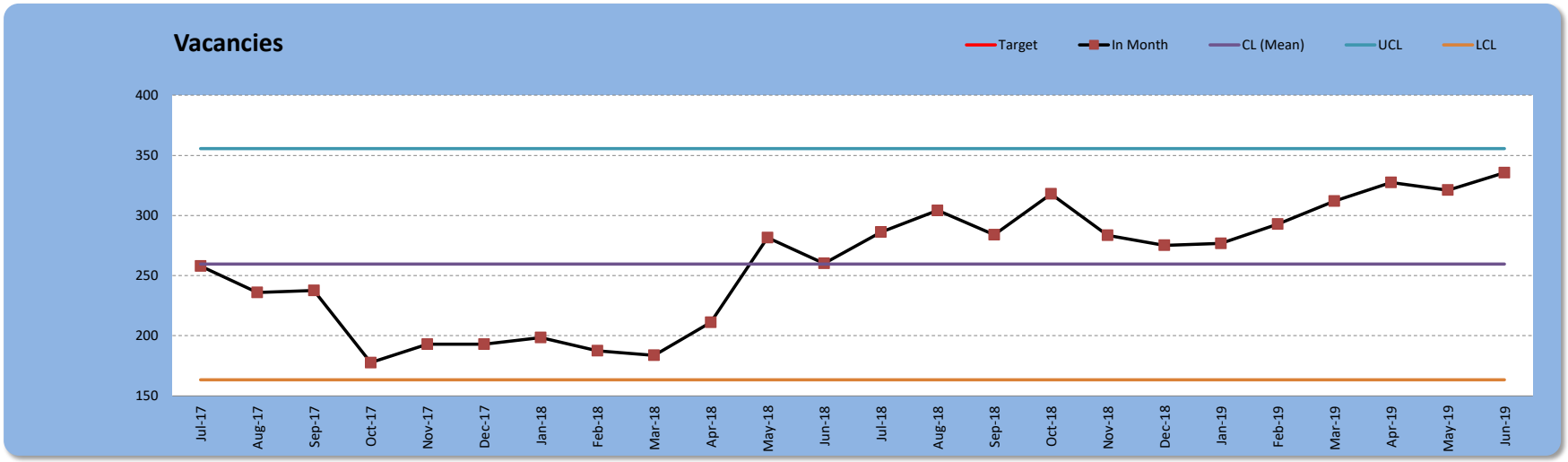
Indicator Title	Description/Rationale		KPI Type
Vacancies (WTE)	Variance between the establishment and actual staff in post. This information is taken from the Trust financial ledger.	Executive Lead Steve McGowan	WL 2 VAC

Narrative

within control limits

Target: TBC
Amber: TBC

Current month stands at 335.7



Exception Reporting and Operational Commentary

Whilst vacancies have increased, more staff were in post in June than May (2353.6 compared to 2324.13). the increase relates to the growth of the establishment with the new CAMHS in patient roles. The trust does still have high levels of vacancies in qualified nursing (117.6 FTE vacancies, 13.89% of establishment), medical roles (21.5 FTE vacancies, 23.3% of establishment), and Occupational Therapists (15 FTE vacancies 19.2% of establishment). At the time of writing 60 roles are currently out to advert on NHS jobs covering 67.3FTE 93 people from outside the Trust have been offered a job and are currently in pre employment screening or notice periods. Care Groups are currently looking at overseas recruitment of Nurses and a head-hunter has been engaged to help source medical roles.

Breakdown of Vacancies per Care Group

Number of Vacancies as @ 30/06/19
Corporate 56.1 WTE (11.19%)
Mental Health Services Care Group 121 WTE (13.55%)
Primary Care, Community, Children's and LD Services 140.5 WTE (13.27%)
Specialist Services 18 WTE (7.6%)
Total 335.65 WTE (12.48%)

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jun 2019**

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

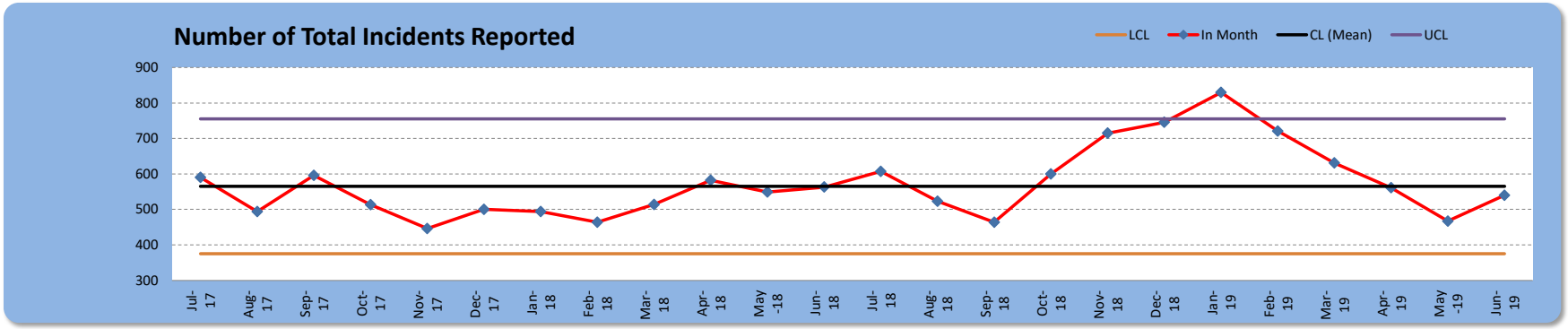
Narrative

Within Control Limits

UCL: 755

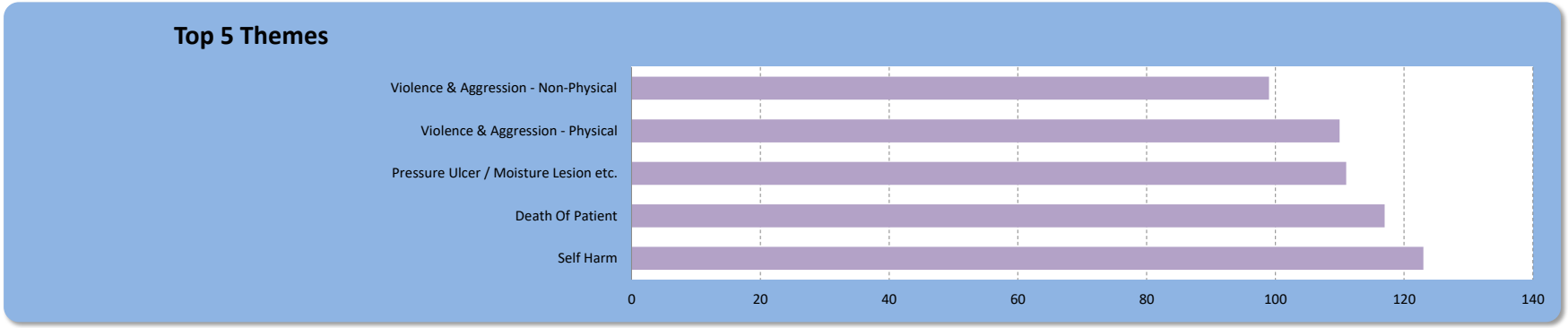
LCL: 375

Current month stands at 540



Top 5 Themes

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



Exception Reporting and Operational Commentary

Incident reporting has increased for June 2019 following decreasing incident reporting rates going from a peak of 830 incidents in January 2019 (driven by self-harm incidents) to 467 incidents reported in May 2019. A review has been commissioned by Trust's Quality and Patient Safety Group (QPAS) to look into incident reporting rates across the Trust to determine any underlying themes / causes for the decrease in incident reporting rates in-year. For June 2019 incidents, 93.5% of the total resulted in no harm or low harm. Of the self-harm incidents reported in-month, 90% resulted in no harm or low harm and 10% in moderate harm. For pressure ulcer incidents reported in June, 69% resulted in no harm and 31% resulted in moderate harm. In line with revised national guidance, the reported harm linked with pressure ulcer incidents is now reflective of the severity of the pressure ulcer and not necessarily the level of harm caused by the Trust. 'Self-Harm' is the highest reported category of incidents for the current financial year (April 2019 to June 2019), 'Violence and Aggression – Physical' and 'Pressure Ulcers' are the joint 2nd highest reported categories.

Business Intelligence

As the Trust diversifies and acquires business, the number of incidents may increase/decrease to reflect this. Currently the RAG rating is based on the number of incidents outside the Upper and Lower Control Limits.

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jun 2019**

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

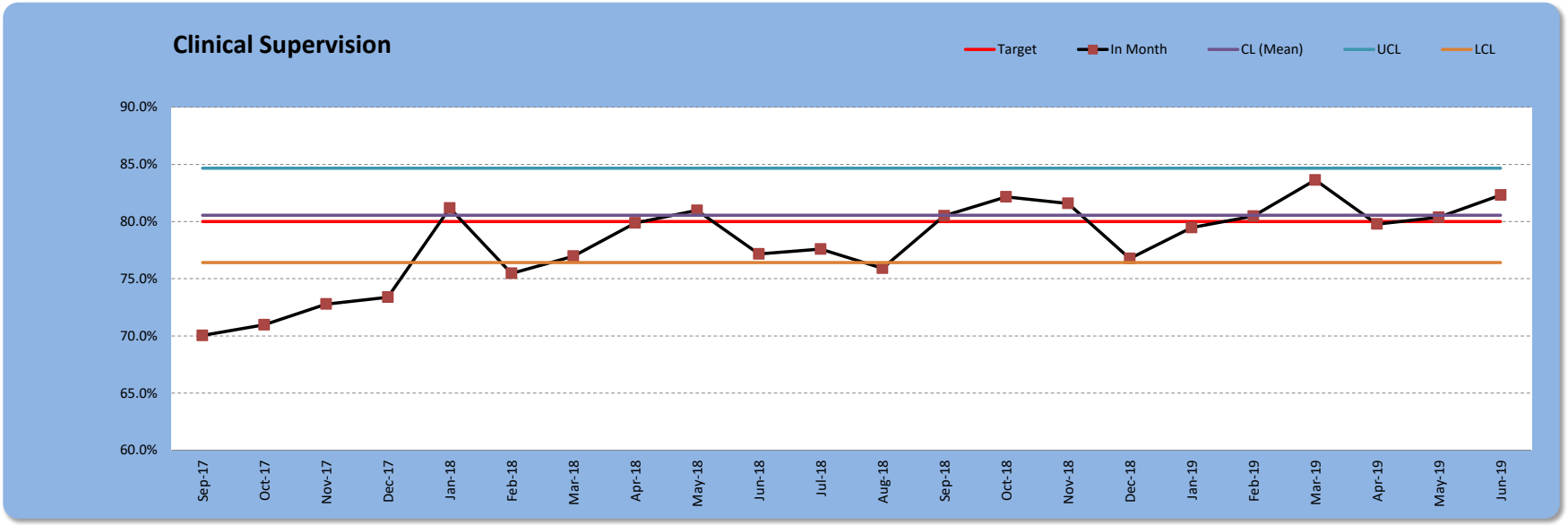
Narrative

Performance below target.

Target: 80%

Amber: 75%

Current month stands at 82.3%



Exception Reporting and Operational Commentary

Continued improvement following a slight dip in April. Work continues to encourage a full return from all teams. Scarborough and Ryedale teams now have structures in place for 1:1 supervision and group supervision is also taking place with a programme of training to support full implementation and reporting.

Following external audit as part of the Quality Accounts audit staff have been reminded to record and maintain records of supervision. Supervision reporting into ESR to be prioritised.

Business Intelligence

Teams who do not provide a return are being actively managed by the Care Group.

HUMBER TEACHING NHS FOUNDATION TRUST
SAFER STAFFING QUALITY DASHBOARD

Staffing and Quality Indicators
Contract Period: 2019-20
Reporting Month: May-19

NHS Humber Teaching NHS Foundation Trust

Units									Bank/Agency Hours				Average Safer Staffing Fill Rates				High Level Indicators																			
													Day		Night		QUALITY INDICATORS (Year to Date)				STAFF QUALITY INDICATORS												Indicator Totals	
Speciality	Ward	Speciality	WTE	OBDs (inc leave)		CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Registered	Un Registered	Registered	Un Registered	Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	PADRs	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Apr-19	May-19
Adult MH	Avondale	Adult MH Assessment	29.8		65%	15.27	23.2%	↓	2.2%	↓	70%	92%	84%	118%	0	1	0	0	92.6%	87.7%	100.0%	80.0%	93.3%	5.5%	6.2	1	2
Adult MH	New Bridges	Adult MH Treatment (M)	40.6		84%	9.21	16.3%	↓	0.3%	↑	81%	96%	96%	104%	1	2	0	0	92.1%	99.0%	93.3%	87.5%	95.3%	8.2%	1.0	2	1
Adult MH	Westlands	Adult MH Treatment (F)	38.6		98%	8.27	25.2%	↓	3.1%	↓	83%	97%	89%	112%	1	8	0	0	94.1%	91.0%	86.7%	90.0%	92.5%	13.3%	3.0	1	2
Adult MH	Mill View Court	Adult MH Treatment	30.8		95%	8.10	18.8%	↑	0.0%	→	83%	98%	79%	114%	0	1	0	0	50.0%	96.2%	90.9%	94.1%	96.7%	9.3%	3.0	1	3
Adult MH	Hawthorne Court	Adult MH Rehabilitation	28.8		35%	17.66	27.2%	↓	0.0%	↑	72%	82%	97%	102%	0	2	0	0	50.0%	94.9%	75.0%	100.0%	76.7%	4.3%	1.4	4	2
Adult MH	PICU	Adult MH Acute Intensive	27.8		53%	18.23	28.2%	↑	2.7%	↓	85%	111%	92%	103%	0	6	0	0	100.0%	89.5%	85.7%	92.3%	85.7%	3.0%	6.0	0	0
OP MH	Maister Lodge	Older People Dementia Treatment	35.8		86%	15.29	18.8%	↑	0.0%	↑	45%	136%	117%	106%	0	5	0	0	100.0%	86.4%	80.0%	92.3%	97.5%	3.1%	2.6	1	1
OP MH	Mill View Lodge	Older People Treatment	26.1		102%	13.41	10.1%	↓	0.0%	→	87%	92%	100%	112%	0	2	0	0	No Ret	95.3%	86.7%	100.0%	100.0%	4.2%	0.5	3	2
Specialist	Darley	Forensic Low Secure	21.0		100%	10.47	9.0%	↑	0.0%	→	58%	74%	100%	95%	0	0	0	0	87.0%	89.4%	100.0%	80.0%	82.6%	5.4%	3.5	2	3
Specialist	Derwent	Forensic Low Secure	26.5		80%	25.03	52.3%	↓	0.0%	→	72%	102%	107%	102%	0	2	0	0	80.8%	82.7%	55.6%	95.0%	75.0%	16.3%	3.4	3	3
Specialist	Ouse	Forensic Low Secure	24.5		85%	7.21	25.0%	↓	2.2%	↓	53%	69%	113%	100%	1	0	0	0	47.6%	90.7%	77.8%	88.9%	51.9%	25.1%	0.6	3	5
Specialist	Swale	Personality Disorder Medium Secure	27.9		53%	18.62	47.0%	↑	0.0%	→	79%	104%	103%	166%	0	0	1	0	100.0%	92.6%	100.0%	94.1%	88.9%	3.3%	2.0	1	0
Specialist	Ullswater	Learning Disability Medium Secure	25.6		74%	17.80	42.7%	↓	0.0%	→	86%	125%	101%	104%	0	0	0	0	100.0%	91.9%	75.0%	100.0%	92.3%	7.3%	3.0	2	1
LD	Townend Court	Learning Disability	39.1		14%	81.32	26.1%	↓	0.0%	→	57%	81%	50%	119%	0	0	0	0	90.6%	93.3%	85.7%	100.0%	87.2%	8.8%	2.6	4	3
LD	Granville Court	Learning Disability Nursing Treatment	41.4		Not Avail	0.00	37.9%	↓	0.0%	→	106%	88%	104%	112%	0	0	0	0	93.2%	91.5%	100.0%	86.7%	75.0%	6.2%	1.0	1	1
CH	Whitby Hospital	Physical Health Community Hospital	31.9		82%	7.11	0.0%	→	0.0%	→	81%	95%	100%	100%	1	0	0	n/a	83.9%	92.3%	94.1%	83.3%	86.5%	13.6%	0.8	1	1
CH	Malton Hospital	Physical Health Community Hospital	30.9		89%	7.07	Not on eRoster	→	Not on eRoster	→	85%	99%	103%	103%	0	0	0	n/a	20.0%	74.6%	68.8%	86.4%	63.2%	3.6%	3.5	3	2

Exception Reporting and Operational Commentary

Low registered nurse fill rates on Hawthorn Court and Townend Court are offset by their low bed occupancy- as evidenced by higher CHPPD rates. Maister Lodge have been actively recruiting to new roles as an alternative to registered nurse roles that have been hard to recruit to. The low fill rate for registered nurses on days has been addressed through the use of additional unregistered staff and the B7 and modern matron and CITOP team providing additional support. Their CHPPD are relatively good. Darley and Ouse have both had a recent safer staffing review which has confirmed that these are often the areas that have staff moved if clinical activity is high in other areas which will partially account for their fill rates. Additional actions are in place to support the number of vacancies in the Humber centre including the short term use of agency staff. High levels of sickness persist in the Humber Centre and a detailed review and action plan to address this was taken to the Workforce and OD Committee in May. Ouse have now recruited a new B7 and have secured agency staff . Supervision in June has improved to 88%. Malton have a new leadership team in place and are being supported to ensure engagement and reporting with supervision and PADR processes and an improved position for supervision is being reported in June (43%) with further training planned to increase supervisory capacity. MVC and Hawthorn Court have also seen an improvement in supervision compliance in June (64% and 78% respectively) MVC have e new B7 in post who is ensuring supervision is being undertaken and reported . MVL did not provide a supervision return in May due to the staff members who co-ordinate the return being off sick. This has been addressed at a team level.

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

Registered Nurse Vacancy Rates

Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
13.60%	13.90%										

Slips Trips and Falls

Unit/Hospital	Apr
Maister Lodge	3
Mill View Lodge	1
Malton District Hospital	0
Whitby District Hospital	1

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

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jun 2019**

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 %

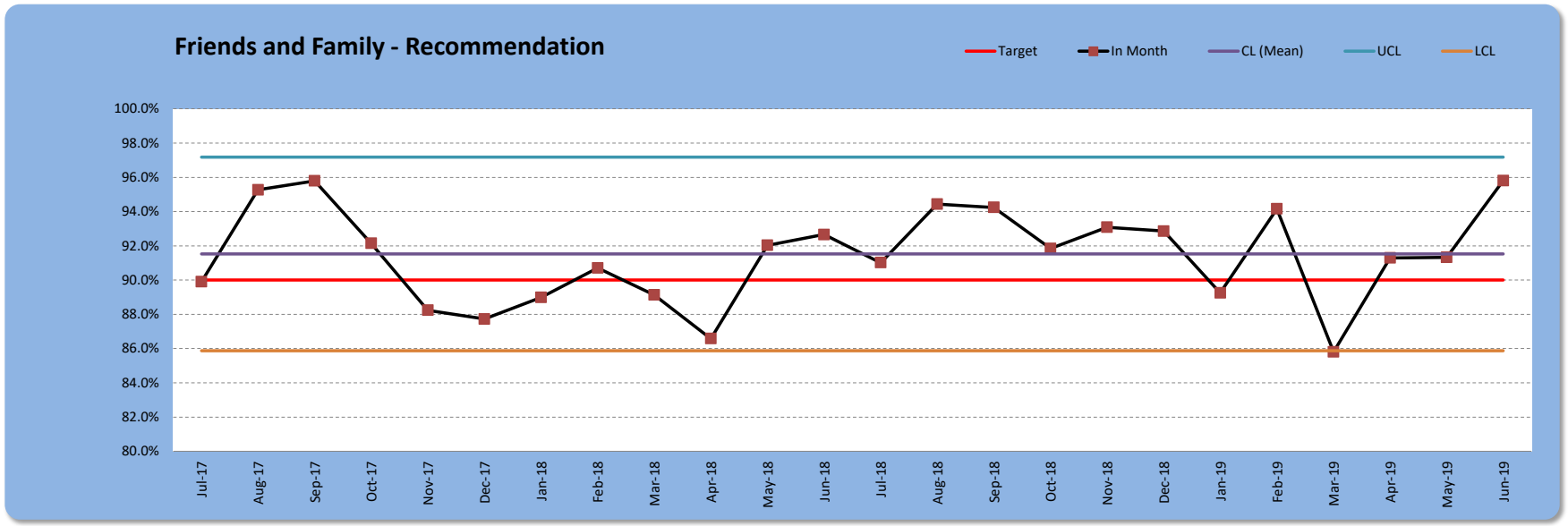
Narrative

In month target achieved.

Target: 90%

Amber: 80%

Current month stands at 95.8%



Exception Reporting and Operational Commentary

The FFT recommendation score continues to remain above the target figure of 90%. This month it has reached the highest recommendation score (95.8%) since September 2017.

NHS England is reviewing the 'recommend' question. It is anticipated that a revised question will be developed and ready to circulate during 2019/20.

Business Intelligence

Calculation based on ALL surveys completed across all service areas including GPs. Significant increase in the number surveys completed for school vaccinations which is likely to have impacted on feedback received.

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2019**

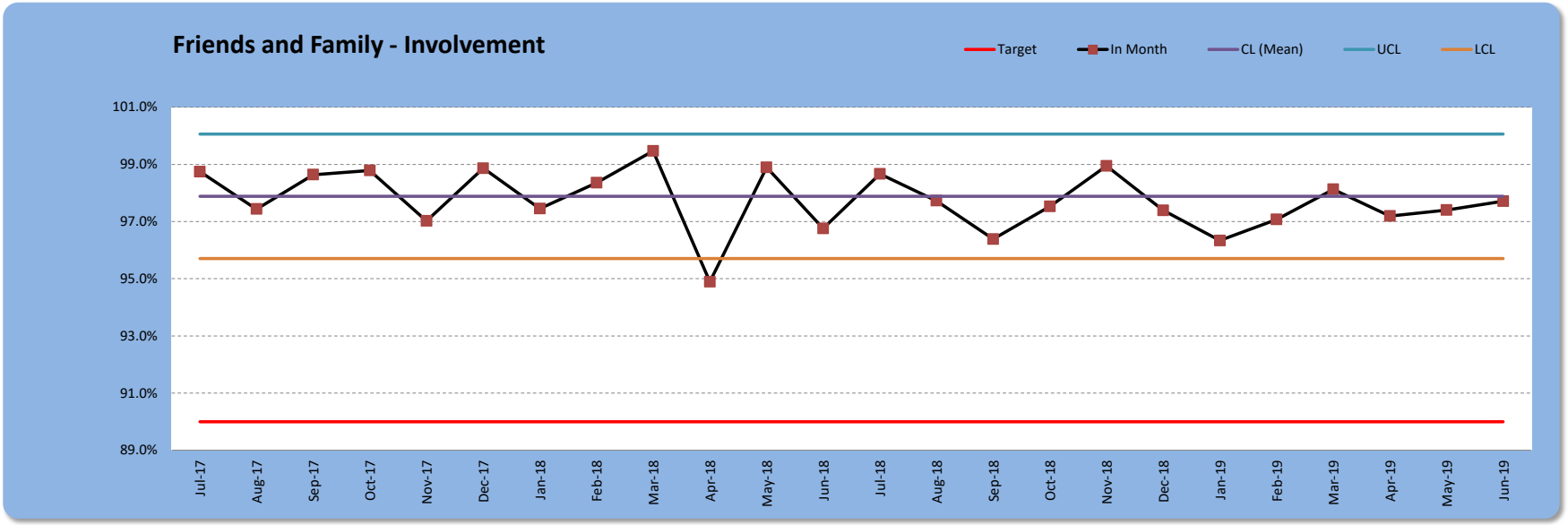
Indicator Title	Description/Rationale		KPI Type
Friends and Family Test	Results of the overall surveys completed where patients felt they were involved in their care	Executive Lead John Byrne	CA 3c %

Narrative

In month target achieved.

Target: 90%
Amber: 80%

Current month stands at 97.7%



Exception Reporting and Operational Commentary

The Trust continues to score high for key question around involvement and remains consistently above the target of 90% with a monthly score of 97.7%. The SPC chart shows normal statistical variation.

Business Intelligence

The results for the two remaining question results are:

Patients Overall FFT Helpful	98.7%
Patients Overall FFT Information	98.4%

The short survey does not include Core Questions. GP Practices use the short survey so are not included in the above results.

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2019**

Indicator Title	Description/Rationale		KPI Type
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	Executive Lead Lynn Parkinson	OP 12

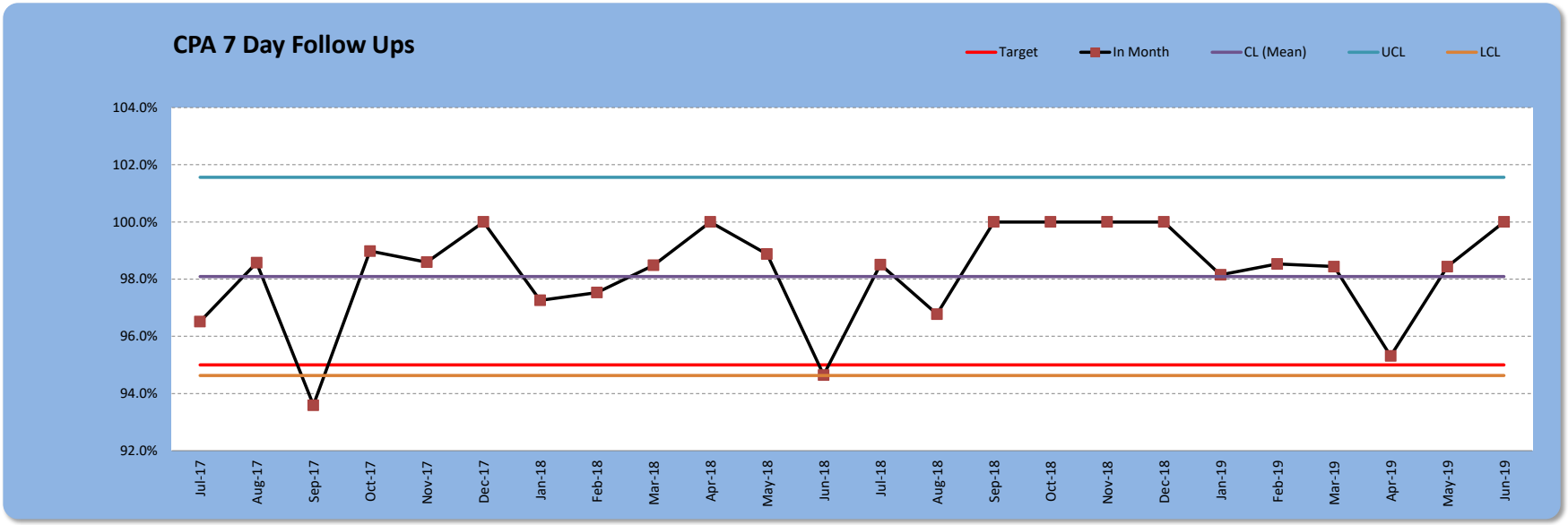
Narrative

no breaches

Target: 95%

Amber: 85%

Current month stands at 100.0%



Exception Reporting and Operational Commentary

There were no breaches in June.

This indicator is monitored on a daily basis. Directors and operational managers are advised of potential breaches and a timeliness report is updated each day for review and action by teams.

Business Intelligence

76.6% of follow ups achieved within 3 days.

Timescales of Completion	May	Percentage of when patients seen			
	Discharges	1-3 days	4-5 days	6-7 days	Unseen
No of Discharges	64	49	9	5	0
Patients Seen	63	76.6%	14.1%	7.8%	0.0%
BREACHES	1				

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2019**

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

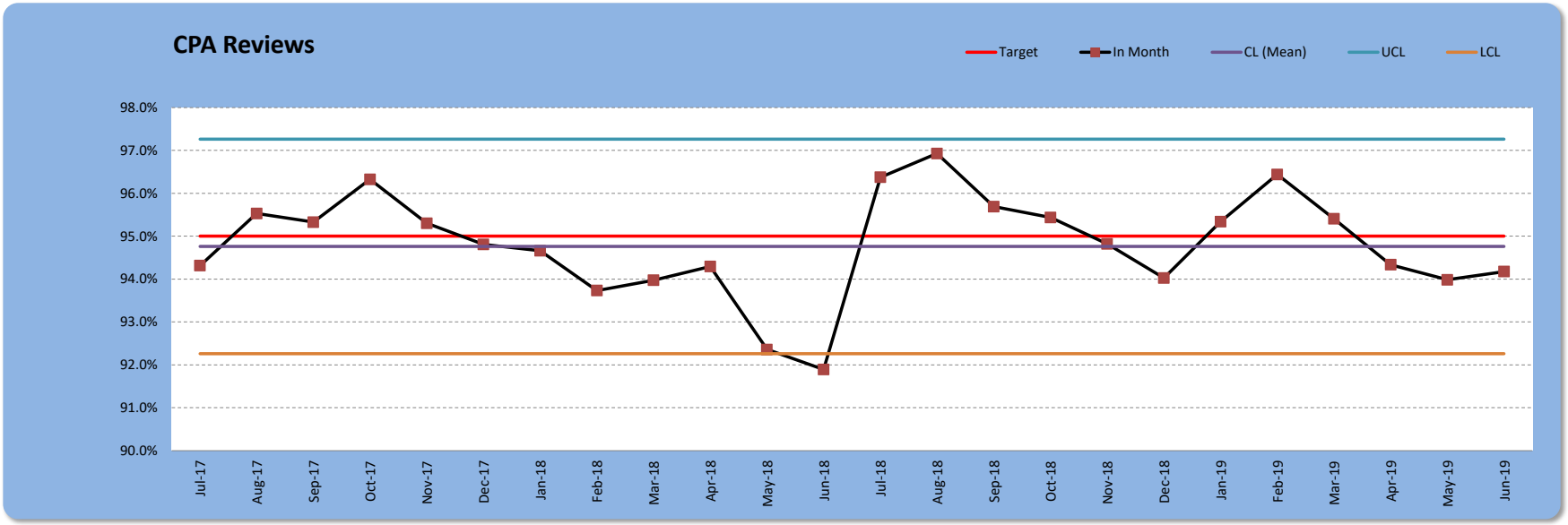
Narrative

Performance below target but within control limits.

Target: 95%

Amber: 85%

Current month stands at 94.2%



Exception Reporting and Operational Commentary

The CPA compliance is below target for Jun-19 but within control limits. The Care Groups continue to focus on ensuring this standard is met. Regular weekly reports are maintained identifying patients who are eligible for a review, this allows Care Coordinators, Team Managers and Service Managers to identify any potential breach of the standard and plan remedial action if required. Where a failure to complete a review within 12 months does occurs the Clinical Care Director maintains oversight to identify and share any lessons through the clinical networks.

Currently weekly exception reporting is produced to support teams in identifying the overdue and required soon cases.

Business Intelligence

Top 10 Teams with overdue reviews	June	On CPA	Reviewed
Avondale Adult Admission Unit	0.0%	1	0
Forensic Outreach and Liaison Service	50.0%	2	1
East Riding Learning Disability Service	66.7%	9	6
Hull CTLD	71.4%	7	5
Mental Health Response Service Home Based Treatment	75.0%	8	6
Newbridges Acute In-Patient Team	80.0%	5	4
Hull East Community Mental Health Team	85.5%	235	201
Holderness Mental Health Team	90.2%	184	166
Beverley Mental Health Team	91.6%	155	142
Personality Disorder Team	91.7%	12	11
Total	94.2%	2406	2266

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2019**

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

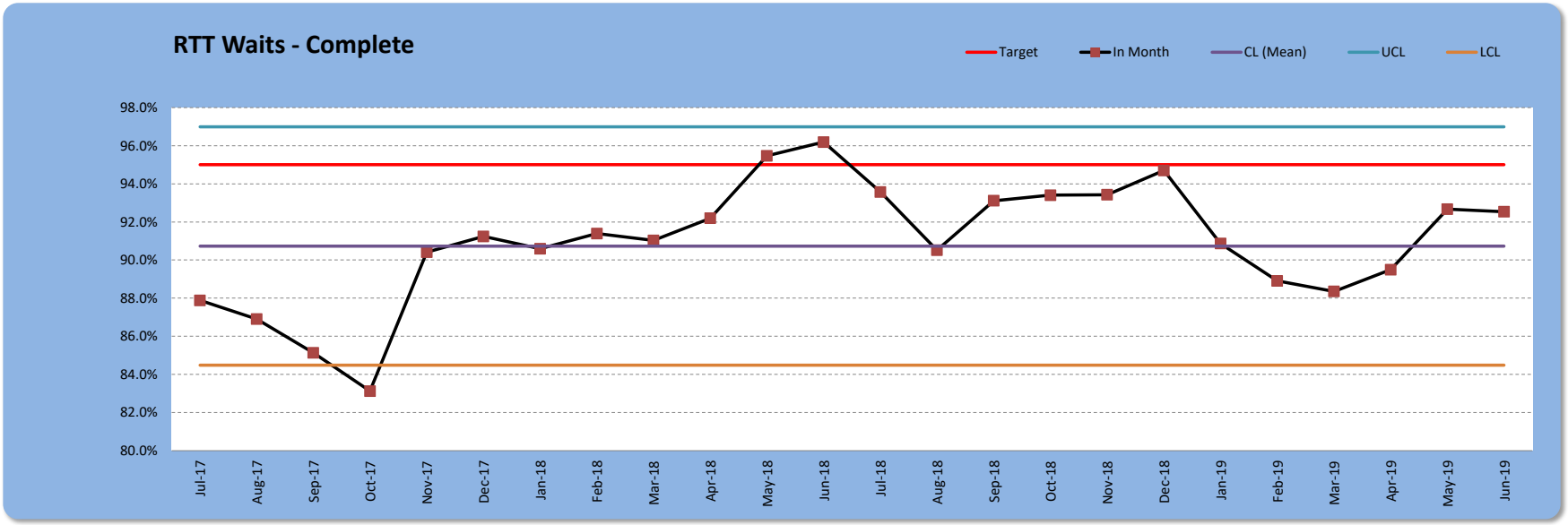
Narrative

Below the mean but an improvement on the previous reporting period.

Target: 95%

Amber: 85%

Current month stands at 92.5%



Exception Reporting and Operational Commentary

Waiting times are monitored rigorously by the care groups and oversight is monitored and managed by the Operational Performance and Risk Group chaired by the COO. Where necessary exception reports, remedial action plans and improvement trajectories are required and put in place. Services have an active working Standard Operation Procedures (SOP) in line with the Trusts Waiting List and Waiting Times Policy to manage the referral and waiting list process which sets out that patients are to be contacted regularly whilst they are on a waiting list to mitigate the risks. All teams are encouraged to review their waiting lists at least weekly and resolve any data quality issues which may exist within their clinical system. If a patients need becomes more urgent than the expectation is that their appointment is expedited and they are seen more quickly in line with their presenting need.

Business Intelligence

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2019**

Indicator Title	Description/Rationale		KPI Type
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	Executive Lead Lynn Parkinson	OP 21

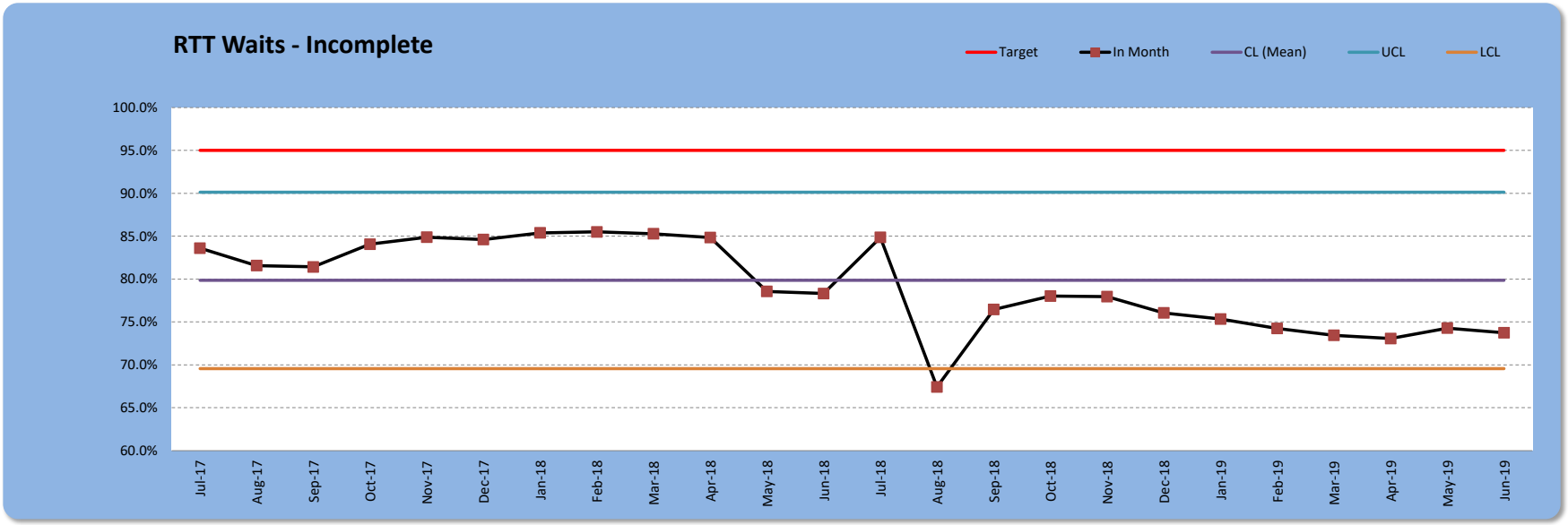
Narrative

slight reduction from previous month

Target: 95%

Amber: 85%

Current month stands at 73.7%



Exception Reporting and Operational Commentary

Waiting times are monitored rigorously by the care groups and oversight is monitored and managed by the Operational Delivery Group chaired by the COO. Where necessary exception reports, remedial action plans and improvement trajectories are required and put in place. Information is provided to patients waiting as to how to contact services if their need becomes more urgent and people are sign posted to other services who can provide support whilst they wait. In order to ensure that this is an active process a patient can be provided with additional support to connect with other services and as part of the regular review and contact made by teams they will check the patient is still in contact with that service and if not discuss the reason with the patient.

Business Intelligence

The drop in performance in Aug-18 relates to data issue following the transfer of existing caseload when Scarborough & Ryedale transferred to the Trust.

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2019**

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

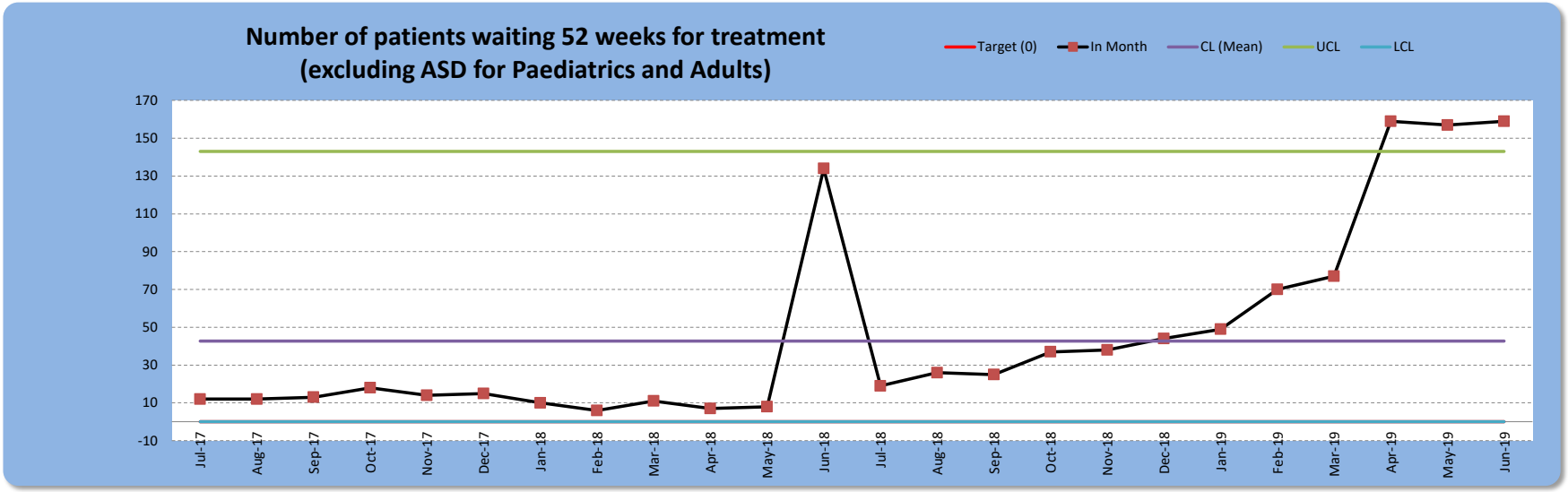
Narrative

Increase of 82 since last month

Target: 0

Amber: 0

Current month stands at 159



Exception Reporting and Operational Commentary

Waiting times continue to be an area for significant operational focus and review. An increased referral rate for Hull CAMHs has been evident for a number of months; this has been appropriately escalated to the Commissioner. The impact of the increased demand on the capacity means that waiting times have been increasing which includes a number of patients waiting over 52 weeks.

Largely, waits over 52 weeks relate service users who have complex needs which include working with families/carers so that the young person is ready to engage in assessment. A detailed review of the patients waiting over 52 weeks in Hull CAMHS has been undertaken in, most of these patients are waiting for ADHD assessments and anxiety assessment/treatment. Additional posts have and are being recruitment to which will ensure that there is increased capacity to meet commissioned service requirements. In relation to Hull CAMHS, the Trust received a further investment of £70k in Q4 2018/19 to improve the waiting list position. Hull CCG is fully aware of the position and they are assured of our progress and transparency, however we are continuing to work with them closely due to the position not yet recovering. We have a further 155k non recurrent monies from commissioners which we will use to sub contract to bring early capacity to the ADHD and anxiety pathways where the waits are over 52 weeks.

Business Intelligence

This indicator excludes Adult & Paediatric ASD patients.

The ASD waiting list information is included in the following two slides.

152 of the >52 weeks waits relate to CAMHS. See additional SPC for further information.

The increased position in Apr-19 was a result of cases transferred from another provider for ADHD.

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2019**

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

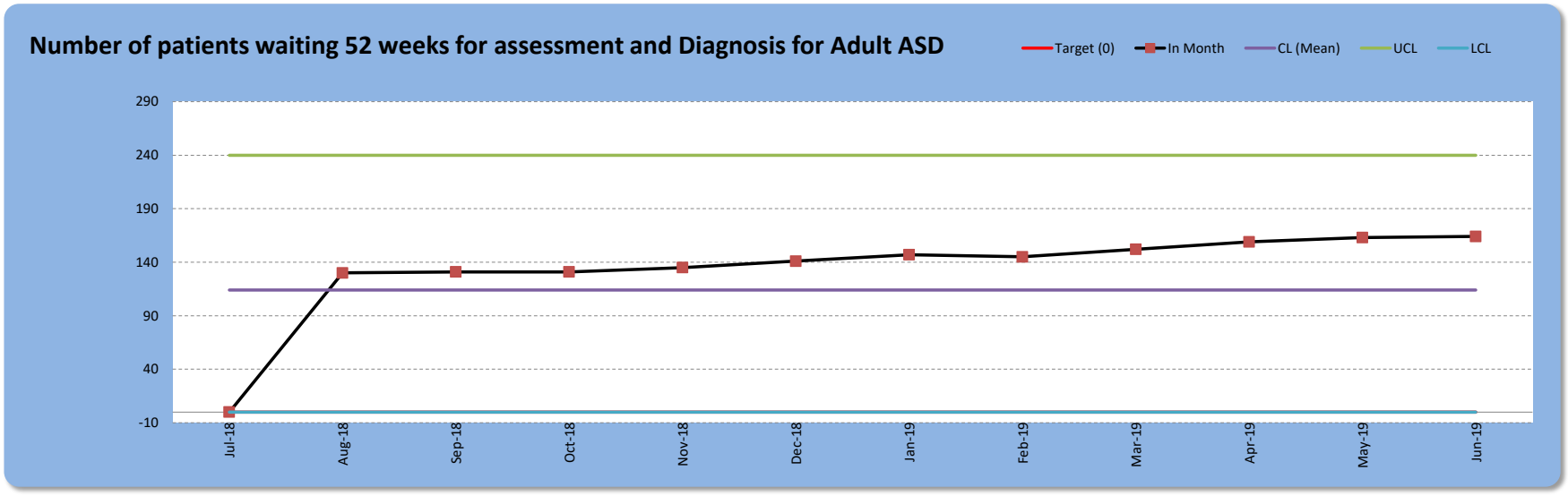
Narrative

Increase of 36 when compared on the previous reporting period.

Target: 0

Amber: 0

Current month stands at 164



Exception Reporting and Operational Commentary

This service is commissioned by both Hull and East Riding CCGs on a cost per case service only – this has meant that assessments have only occurred as core service capacity, demand and staff availability has allowed. The historic referrals were added to Lorenzo in June 2018 when the full waiting list position was validated and incorporated into the operational reporting arrangements which highlighted the need for a more focussed piece of work by the service. Commissioners are fully aware of the historical position and supportive of an approach to address the waiting times. The proposal is for a trajectory for the service to be 18 week compliant within 12 months from the point at which the additional staff are available. The CCGs have confirmed that the priority for assessments is a targeted age range – predominantly those people who are likely to benefit most from a diagnosis, i.e. those in higher or further education, struggling to maintain employment, etc. Further work has been undertaken to refine the diagnosis pathway and this is being supported by additional nursing capacity in order to reduce the waiting times. We plan to deliver additional capacity for this pathway via secondments from the community teams, this will be progressed as a priority.

Business Intelligence

SPC charts have now been introduced

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2019**

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

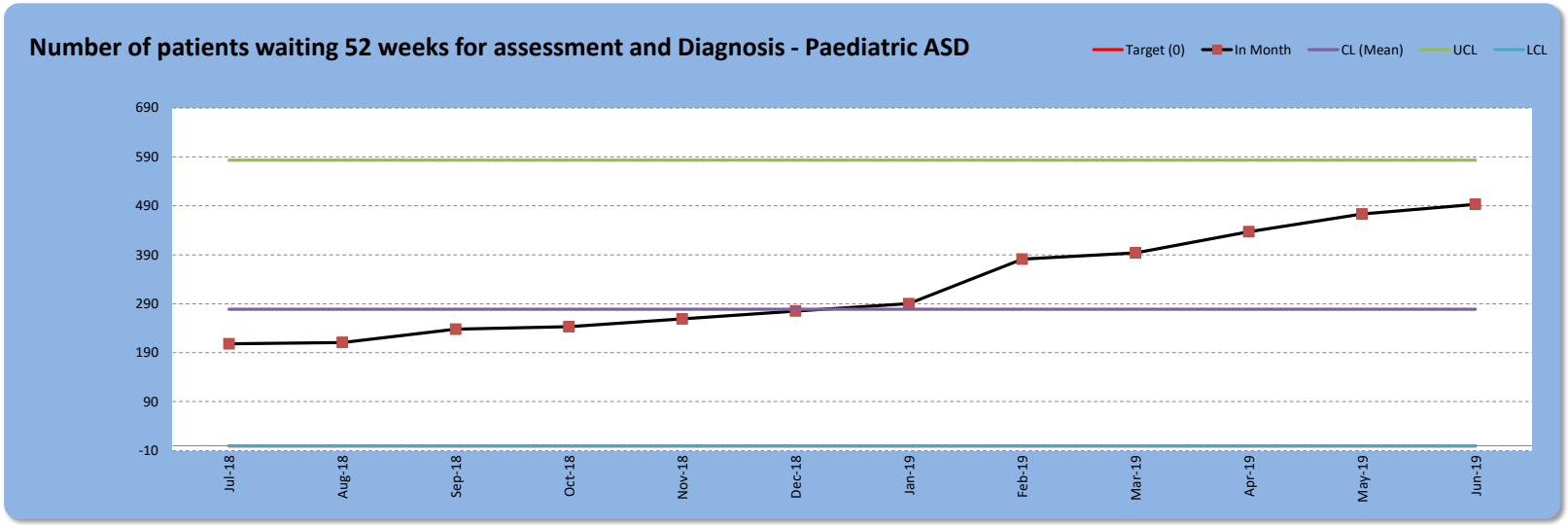
Narrative

Increase of 4 when compared to the previous month.

Target: 0

Amber: 0

Current month stands at 493



Exception Reporting and Operational Commentary

Hull: From 3rd June referrals from GP's and parent/carers for Autism Specialist Assessment are now not progressed until a neuro-developmental checklist is completed by the child's SENCO, although this new process is still bedding in with referers. The service had hoped that the new process for Autism would have see a decrease in referrals but numbers continue to be high with 63 received in Jun-19. This may be due to the time of year as historically the service receives more referrals from education prior to the summer holidays. The service is however seeing a significant decrease in Autism referrals requiring a specialist assessment following a face to face screening assessment.
Work has been undertaken to manage the long waits for screening at Contact Point of those referrals prior to the 3rd June 2019. All old process referrals have been processed with either a referral for specialist assessment or discharge from service. From July-19 the referrals at Contact Point will be those booked in for a face to face screening assessment as per the new process. The waiting list for Specialist Assessment has for the first time in years begun to decrease although the change is very small. The number at Contact Point has increased but the service hopes this will decrease in July or Aug-19.
Recruitment has taken longer than originally projected, which has delayed the trajectory. Recruitment continues with further staff joining the service (1.0 wte Band 8a Clinical Psychologist, 1.0 wte Band 6 Specialist Nurse). However, the service has had 1.0 wte Band 7 Clinical Psychologist and 1.0 wte Band 4 Assistant Psychologist withdraw, and is looking to the other applicants who met the benchmark to avoid going back out to advert. The 0.8 Band 7 SLT also has withdrawn, the service has gone out to advert and shortlisted two very experienced SLTs.
The Hull CYP Autism team has worked closely with the ADHD pathway to look at SENCO's having more of a role in screening appropriate assessments into the service by working across agency to develop a neurodevelopmental checklist. This new referral process will mean that carer and GP referrals will be directed to the child's SENCO to support the referral before a screening assessment is undertaken. We also propose to work closely with the newly commissioned parenting support for SEND to ensure parents are supported whilst waiting for assessment and provided with advice. We have completed a data sharing agreement and letter to families advising them that we are planning to work more closely with Hull CC children's services and share data to ensure that they are getting the right support whilst they wait. Over the summer these letters will be sent out. This should begin to show a reduction in the waiting list whilst new staff come in to post, but cannot commence until September due to school holidays.

East Riding: All ERY posts are now recruited to, we are awaiting start dates.

Business Intelligence

SPC charts have now been introduced

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2019**

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

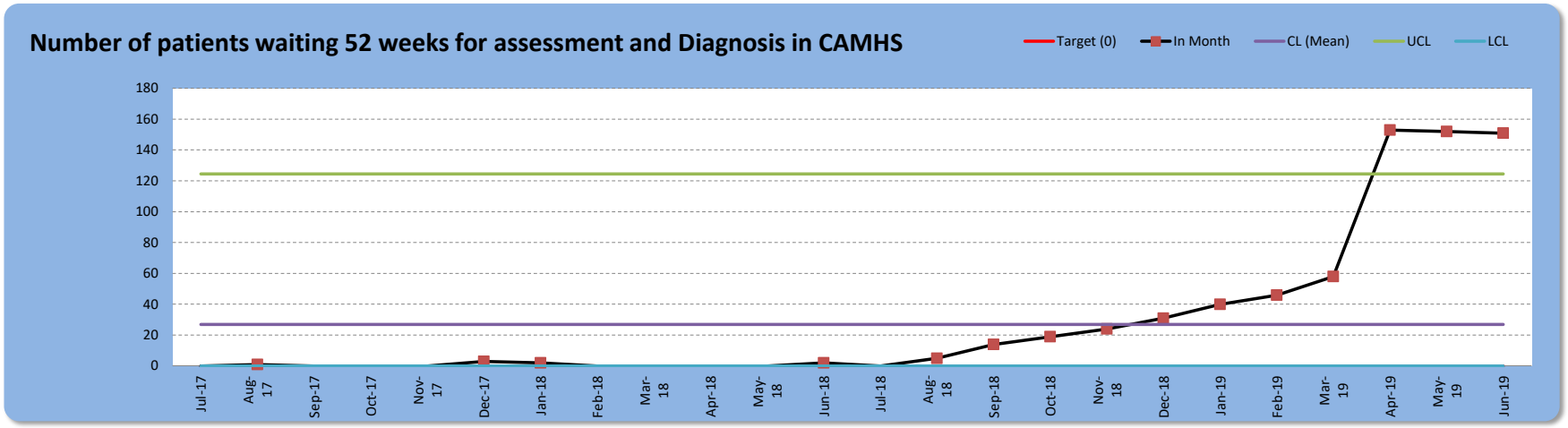
Narrative

Decrease of one since last month

Target: 0

Amber: 0

Current month stands at 151



Exception Reporting and Operational Commentary

Hull: The number of referrals into Contact Point continues to be high, over 300 per month; all of which need to be triaged and processed. roughly one third are accepted at Core CAMHS. The additional two thirds are taking considerable capacity to process which could be redirected to providing treatment and reducing the waiting list.
We have a robust waiting time reduction plan in place and as part of this: we continue to refer to Mind for CPWP or counselling input; e provide a significant amount of group work into this pathway to increase capacity; we are a placement site for trainee psychologists who under the supervision of Clinical Psychologists can pick up a non-complex caseload and undertake evidence based interventions; and temporary bank staff are being used as part of a waiting list initiative, as is an Agency CBT therapist.
Measures already in place include: CBT Parent Groups (anxiety only) and Young People's CBT groups (anxiety and low mood) continue to run as a way of managing the high volume of anxiety referrals; Anxiety and Autism Groups continue to run to manage the high level of MH referrals for young people with Autism, although there continues to be a number of young people with Autism that need individual work; and we continue to use a Child Psychological Wellbeing Practitioner (CPWP) to provide a waiting list initiative for non-complex cases (10 years and under).
Further discussions have taken place with the commissioners and a sub-contract has been placed with Helios for additional CBT for those on the anxiety pathway over 52 weeks. Commissioners have also agreed to fund additional contact point capacity via Mind.
East Riding: All ERY children waiting over 52 weeks are ADHD cases that transferred from CHCP. We are currently agreeing a business case with ERY commissioners to fund the activity.

Business Intelligence

New referrals for ADHD have now stabilised at a higher rate following the change in Community Paediatricians no longer providing ADHD assessments. Performance waiting lists will see high numbers of referrals but operationally every referral over 18 weeks will have had some form of assessment. It is not until the young person is either assessed by a Consultant Psychiatrist following this comprehensive assessment or assessed as not requiring a Specialist Assessment and is referred on that they are deemed not waiting on performance reports. This is therefore a long assessment process.

The referral rate in Hull for Trauma has been growing. Due to the nature of Trauma work there is usually a high level of multi-agency working prior to individual interventions taking place. The waits on performance reports in the past have appeared longer due to this level of preparatory and consultation work. HTFT's activity recording has been changed so this activity can be recorded as intervention.

The 6 session family systemic intervention is working well for the DSH client group in Hull. For those young people who are emotionally dysregulated and where systemic practice is not found useful we are exploring models of working with this complex client group and how we link into adult services for transition. Consultation is offered at Contact Point is offered to ensure agencies are provided with advice and early support, referrals requiring face to face intervention are then prioritised on the Trauma pathway.

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2019**

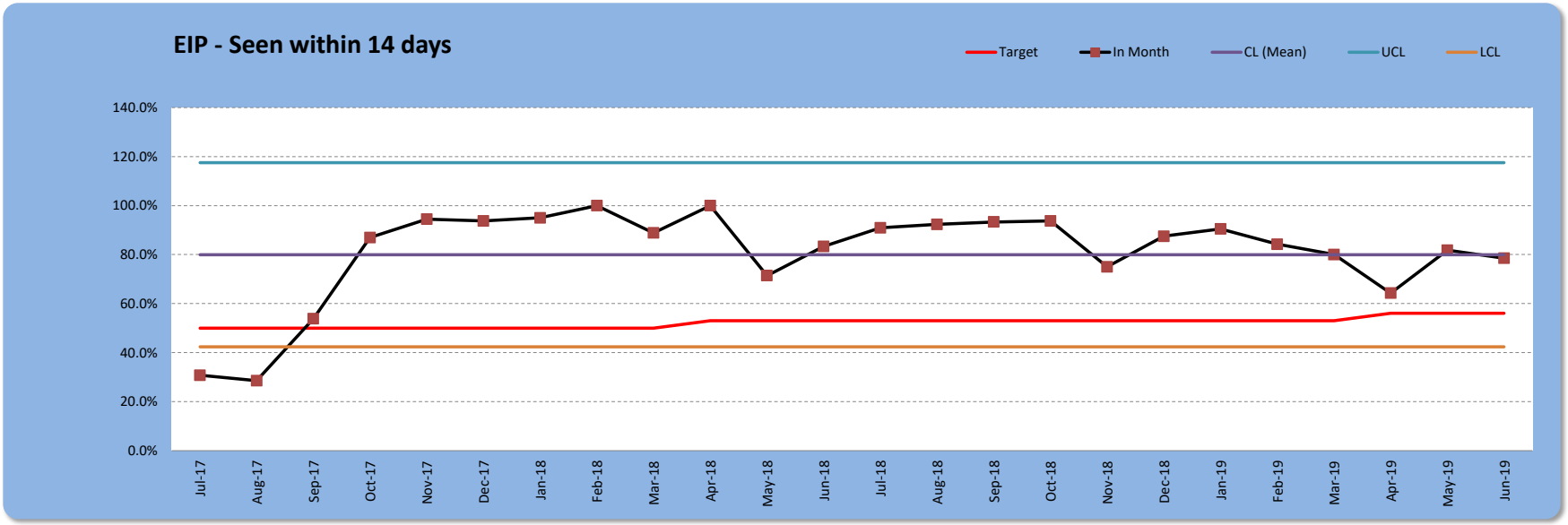
Indicator Title	Description/Rationale		KPI Type
Early Intervention in Psychosis	Percentage of patients who were seen within two weeks of referral	Executive Lead Lynn Parkinson	OP 9

Narrative

Target achieved

Target: 56%
Amber: 51%

Current month stands at 78.6%



Exception Reporting and Operational Commentary

The service has met and exceeded the standard for the month. Rates of referrals vary significantly from month to month and the service continues to work to ensure that it has the capacity match the variation in demand.

Undergoing external audit as identified as a Trust mandated indicator

Business Intelligence

Low numbers of referrals may dramatically affect percentage results. The target increased to 56% from 1st April 2019 and by 2020/21 the target will increase to 60%

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

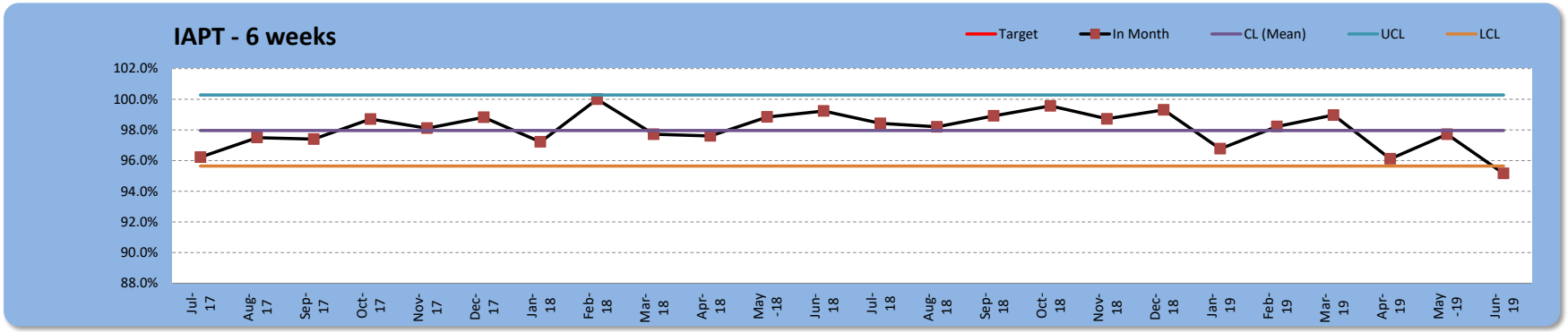
For the period ending: **Jun 2019**

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

Narrative

Target achieved

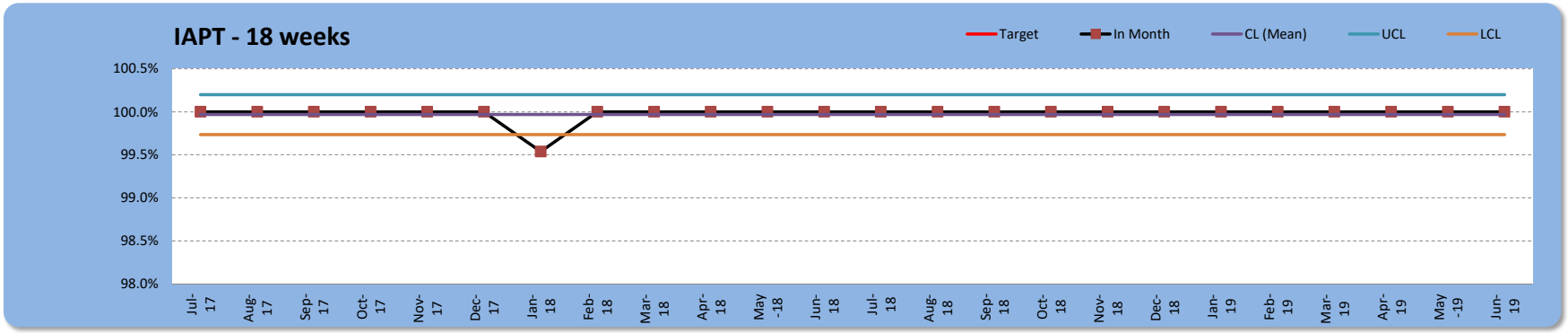
Target: 75%
Amber: 70%
Current month 95.2%



Narrative

Target Achieved

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



Exception Reporting and Operational Commentary

The service has met and exceeded the standard in the month to see new referrals 6 and 18 weeks. Rates of referrals vary significantly from month to month and the service continues to work to ensure that it has the capacity match the variation in demand.

Business Intelligence

Please note, patients who DNA (Did not Attend) either first and/or second appointment will have their waiting time clock reset (NHSE guidance).

NHS Digital do not factor resetting of waiting times clocks into their published data - so the results will vary.

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2019**

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

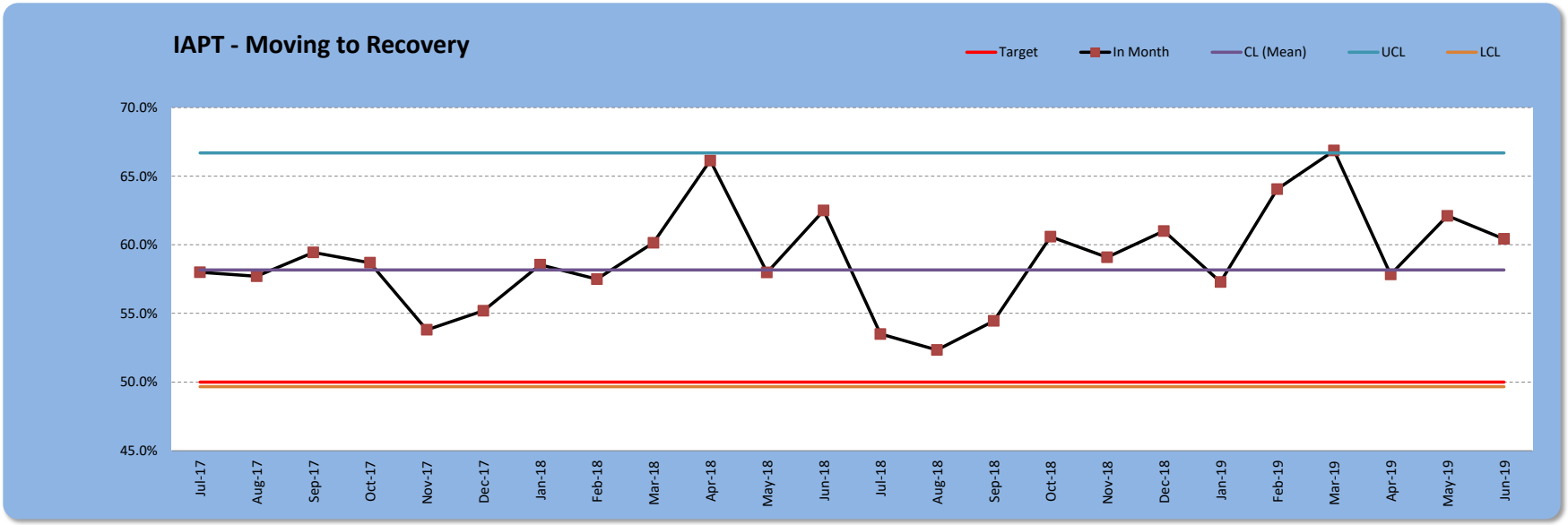
Narrative

Target Achieved

Target: 50%

Amber: 45%

Current month stands at 60.4%



Exception Reporting and Operational Commentary

The service has met the standard for achieving the recovery outcome measure in the month and remains within the control limits set.

Business Intelligence

Performance continues to exceed the national target of 50% and performance remains with the control limits.

PI RETURN FORM 2019-20

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Jun 2019**

Indicator Title	Description/Rationale		KPI Type
Under 18 Admissions	Number of patients aged 17 and under who were admitted to an adult ward	Executive Lead Lynn Parkinson	ST 1

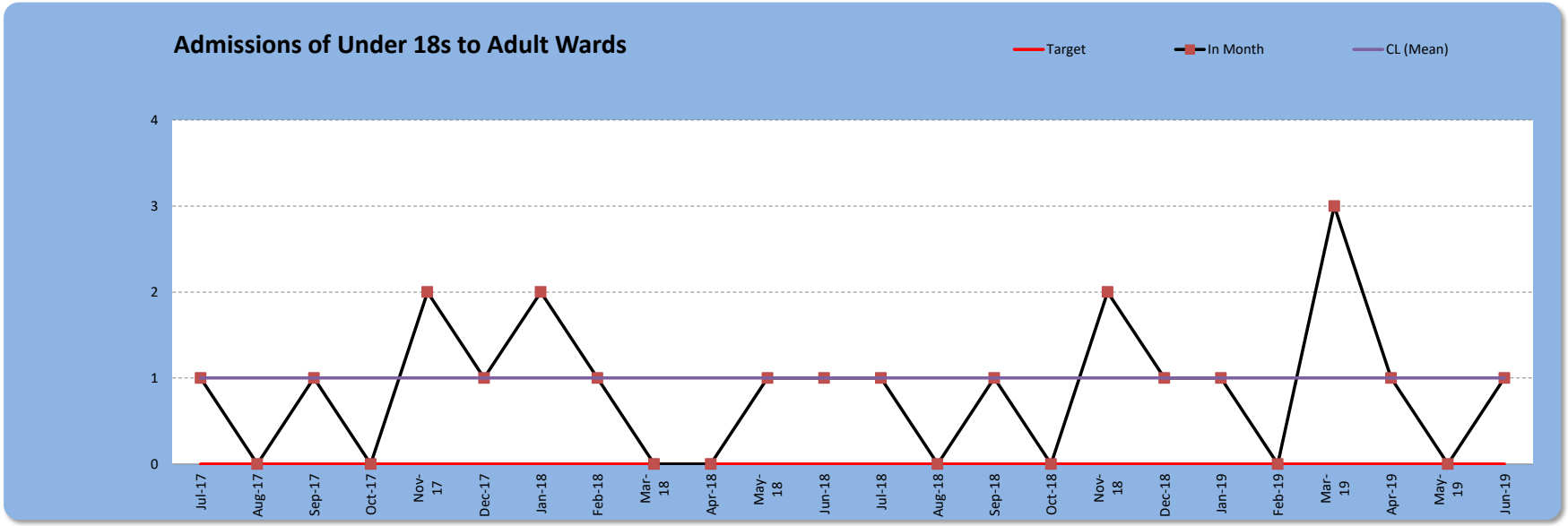
Narrative

One admission

Target: 0

Amber: 1

Current month stands at 1



Exception Reporting and Operational Commentary

There was one admission in June to Westlands. They admitted due to an unavailability of a CAMHS bed at the time of admission. Relevant documents completed and bed located in Sheffield. Patient transferred four days after admission.

Business Intelligence

Current Year Summary

Year	Age 16/17	Under 16	Total
2019/20	0	2	2

PI RETURN FORM 2019-20

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Jun 2019**

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

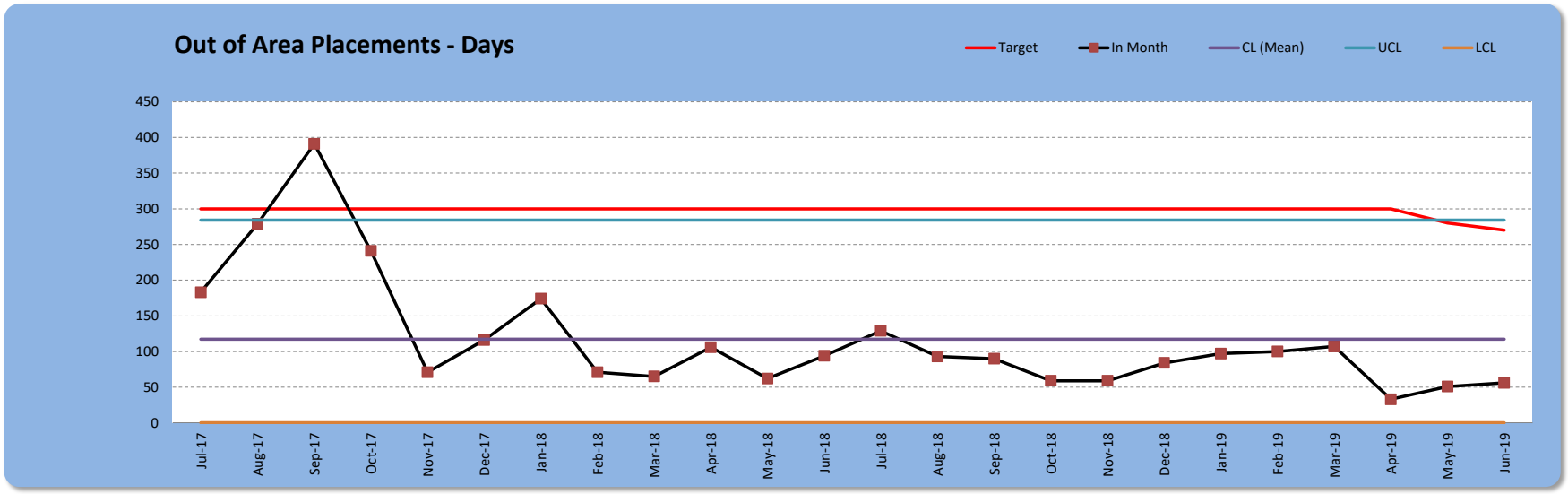
Narrative

Target Achieved

Target: 270

Amber:

Current month stands at 56



Exception Reporting and Operational Commentary

A rigorous approach to bed management continues to be applied to ensure that out of area placements are avoided. Performance in relation to out of area placements for acute mental health beds continues to demonstrate sustained improvement for mental health beds. However, out of area placement for PICU beds continues to be a pressure. Capacity continues to be impacted by delayed transfers of care to specialist services. Work is underway to review our PICU model and agreement has been reached with commissioners to reduce capacity to 10 beds. Opportunity is being considered within the STP programme to improve flow through these beds.

Split of Speciality and Reasons in current month

Patients in OoA beds in month: 5

Unavailability of bed	3
Safeguarding	0
Offending restrictions	0
Staff member/family/friend	53
Patient choice	0
Admitted away from home	0

Adult	56
OP	0
PICU	0

This indicator was reviewed as part of the Quality Accounts audit process. Final outcomes and recommendations are yet to be received.

PI RETURN FORM 2019-20

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Jun 2019**

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

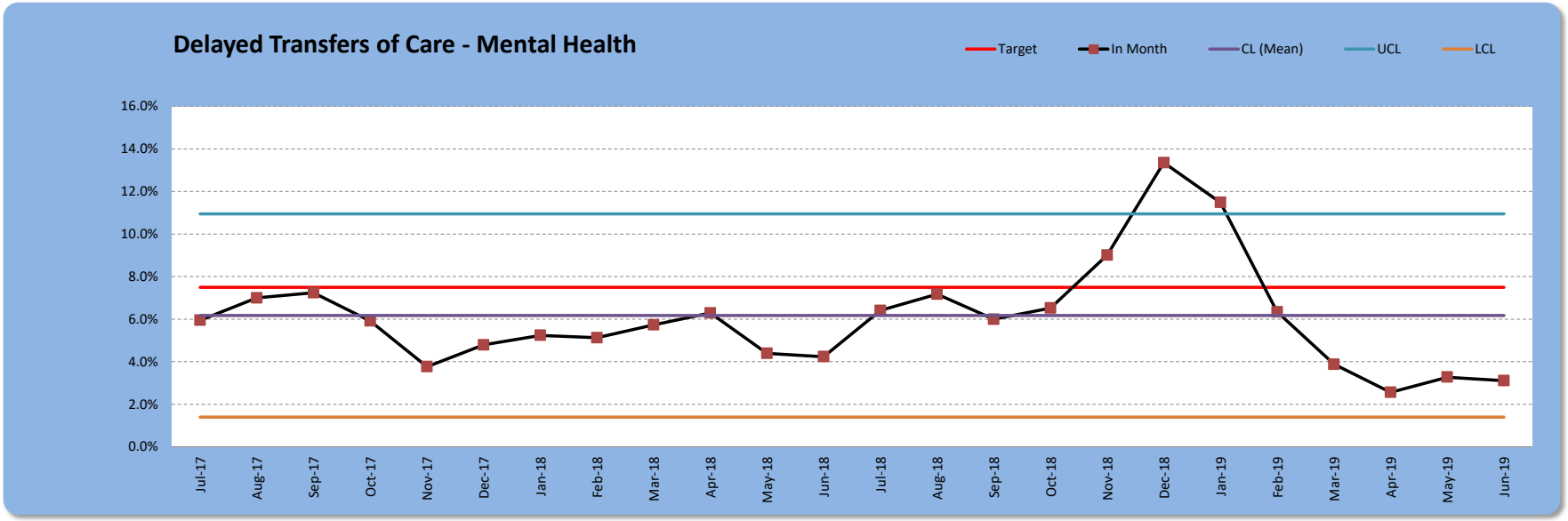
Narrative

remains low and well within target

Target: 7.5%

Amber: 7.0%

Current month stands at 3.1%



Exception Reporting and Operational Commentary

Delayed transfers of care for mental health beds remain within the required standard this month. Delays continue to be managed rigorously through the approaches in place to manage acute bed demand, capacity and flow. Systems are in place to escalate delays to system partners where that is appropriate. Ongoing partnership with Local Authorities continues to be developed. Whilst the position has improved in March, delays continue to be monitored through our system escalation processes with the elected Local Authorities.

Business Intelligence

There were 129 delayed days in mental health during June. A slight improvement on the previous month. Two patients in Older People's and four patients in Adult services. The top three reasons are:

Awaiting residential home placement or availability	83
Awaiting care package in own home	28
Awaiting care coordinator allocation	14

No delays in Learning Disabilities and 14.8% in Community Hospitals.

PI RETURN FORM 2019-20

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Jun 2019**

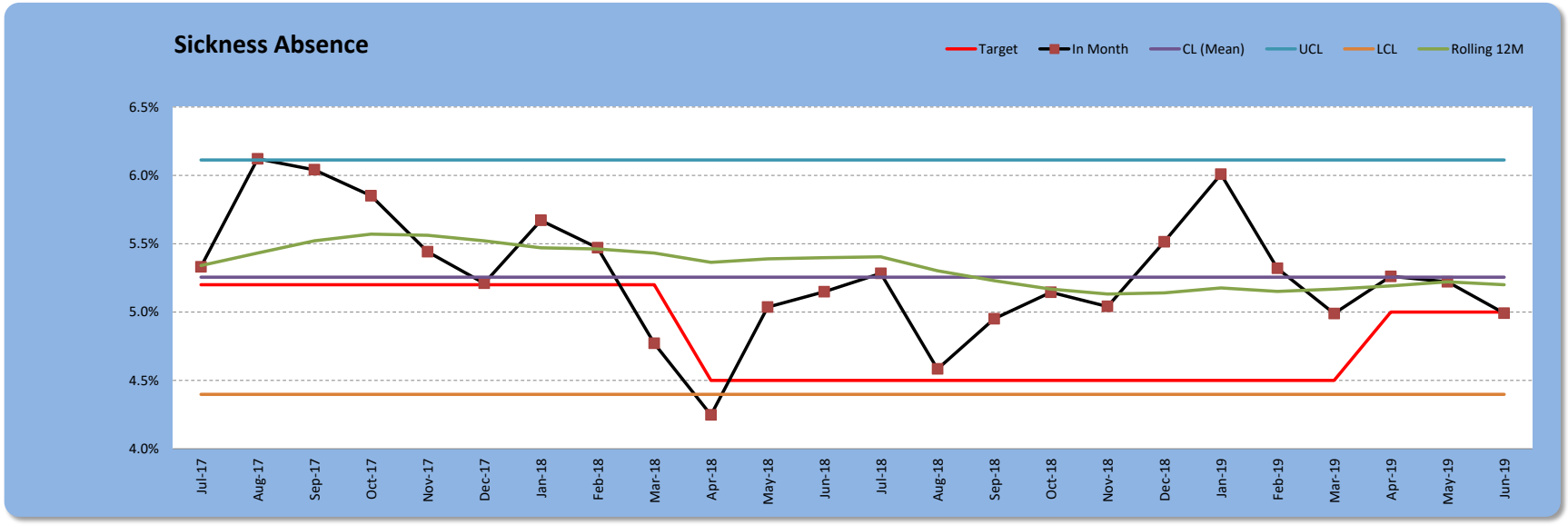
Indicator Title	Description/Rationale		KPI Type
Sickness Absence	Percentage of staff sickness across the Trust (not including bank staff). Includes current month's unvalidated data	Executive Lead Steve McGowan	WL 1

Narrative

In month target not achieved.

Target: 5.0%
Amber: 5.2%

May Refresh 5.2%



Exception Reporting and Operational Commentary

Long term sickness (periods of 28 days or over) represents 67% of sickness absence in the Trust. Sickness rates are reported to managers on a monthly basis and details of staff sickness can be accessed by managers via ESR. The trust recognises good attendance (thank you letters) and has in place a policy and procedure to help manage sickness absence. The PROUD programme, launched in January, includes various initiatives to help develop managers to be better leaders. The trust recently launched a buying and selling annual leave scheme to give staff greater flexibility and help better manage work life balance. National median sickness figure for comparable trusts as 5.08%.

Business Intelligence (previous month)

Trustwide - May
5.2%
Rolling 12m
5.2%
WTE
2342.83

Care Group Split Below	May %	Rolling 12m	WTE
Specialist Services	9.00%	8.48%	217.88
Mental Health Services	5.95%	5.74%	591.05
Older Peoples MH	4.21%	5.30%	177.58
Community Services	6.18%	4.89%	339.03
Children's and LD	4.25%	4.78%	473.12
Corporate Split Below	May %	Rolling 12m	WTE
Medical	5.54%	6.49%	28.69
Human Resources	6.07%	4.80%	53.14
Finance	3.06%	3.41%	107.23
Nursing and Quality	5.25%	5.17%	36.33
General Practices	1.86%	2.48%	103.85
Chief Executive	4.12%	9.28%	12.20
Chief Operating Officer	2.98%	3.52%	202.72

PI RETURN FORM 2019-20

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Jun 2019**

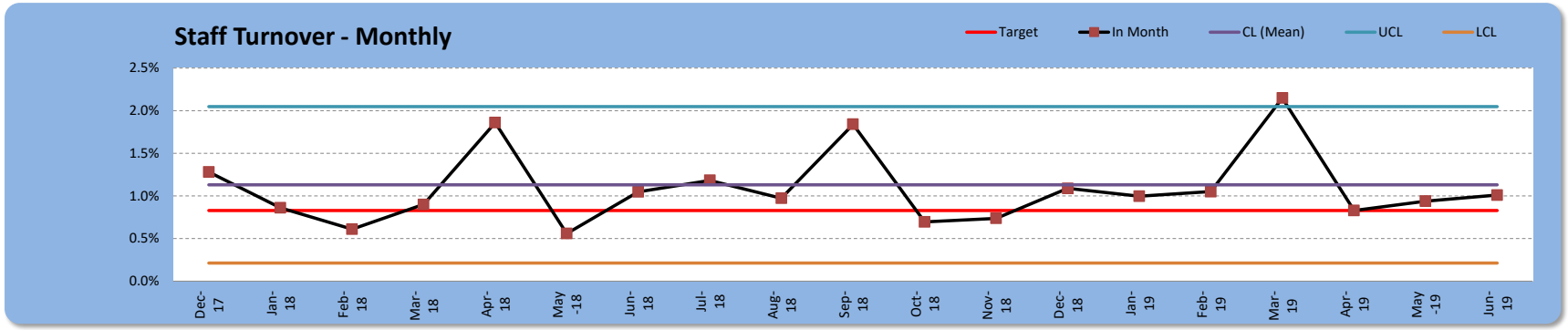
Indicator Title	Description/Rationale		KPI Type
Staff Turnover	The number of full time equivalent staff leaving the Trust expressed as a percentage of the overall full time equivalent workforce employed. Leavers include resignations, dismissals, retirements, TUPE transfers out and staff coming to the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

Narrative

Exceeds Target

Target: 0.83%
Amber: 0.70%

Current month stands at 1.0%

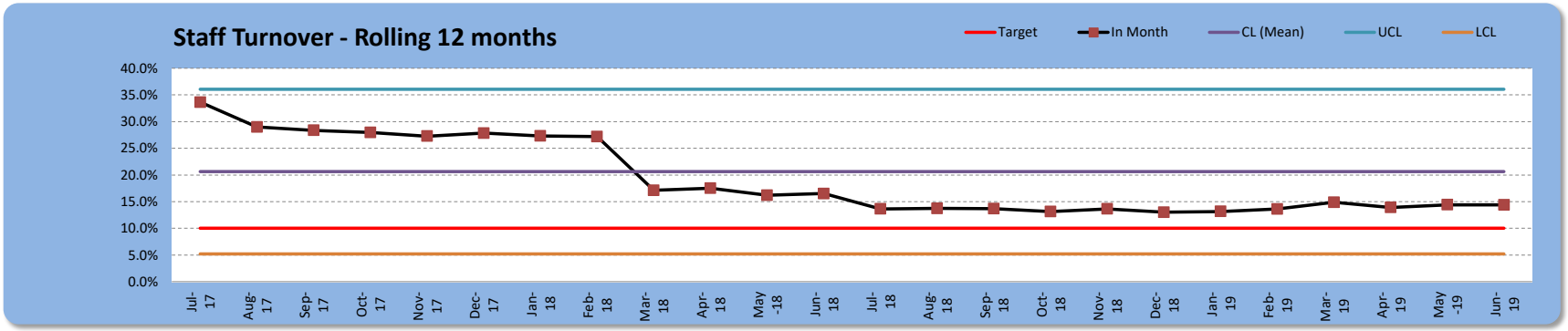


Narrative

Exceeds Target

Target: 10%
Amber: 9%

Current month stands at 14.4%



Exception Reporting and Operational Commentary

The TUPE transfer of staff to CHCP in 2017 largely accounts for the high figures from June 17 to March 18. The Trust continues to put in place the actions agreed as part of the retention plan earlier in the year, and is actively trying to recruit to vacant posts within the Trust.

Main Reasons for Leaving - Year to Date

Excludes Students, Psychology Students and Bank

Year to Date	No.
Retirement	27
Voluntary Resignations	48
Work Life Balance	0
End of Contract	3
Other	2
Total	80

PI RETURN FORM 2019-20

Goal 4 : Developing an Effective and Empowered Workforce

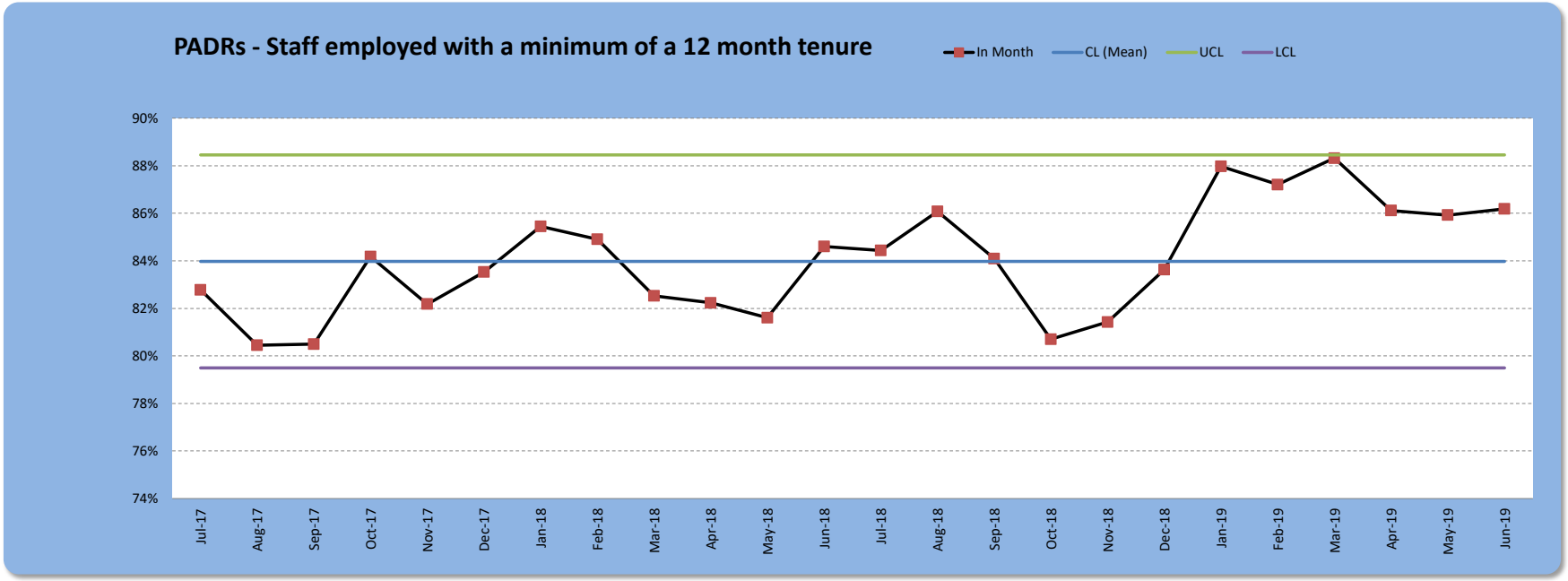
For the period ending: **Jun 2019**

Indicator Title	Description/Rationale		KPI Type
Performance and Development Reviews	Percentage of staff who have received a PADR within the last 12 months (excludes staff on maternity)	Executive Lead Steve McGowan	WL 4 (ii)

Narrative

in month target achieved

Current month stands at 86.2%



Exception Reporting and Operational Commentary

All managers continue to receive monthly updates on their completion rates, together with a list of those that are non-compliant. PADR completion is raised at Operational Delivery Group and discussed at quarterly Leadership Forums. A new Appraisal process was agreed at EMT on 3rd June and this will see a three month appraisal 'window' put in place from April 2020.

Business Intelligence

Care Group and Corporate Splits Below

CG Reporting	Jun-19
Mental Health	91.3%
Corporate	86.1%
PCCHLD	83.4%
Specialist	80.2%

Chief Operating Officer	90.9%
Chief Exec	79.9%
Finance	98.9%
Medical	88.7%
Nursing and Quality	78.1%
Human Resources	91.4%

PI RETURN FORM 2019-20

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Jun 2019**

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

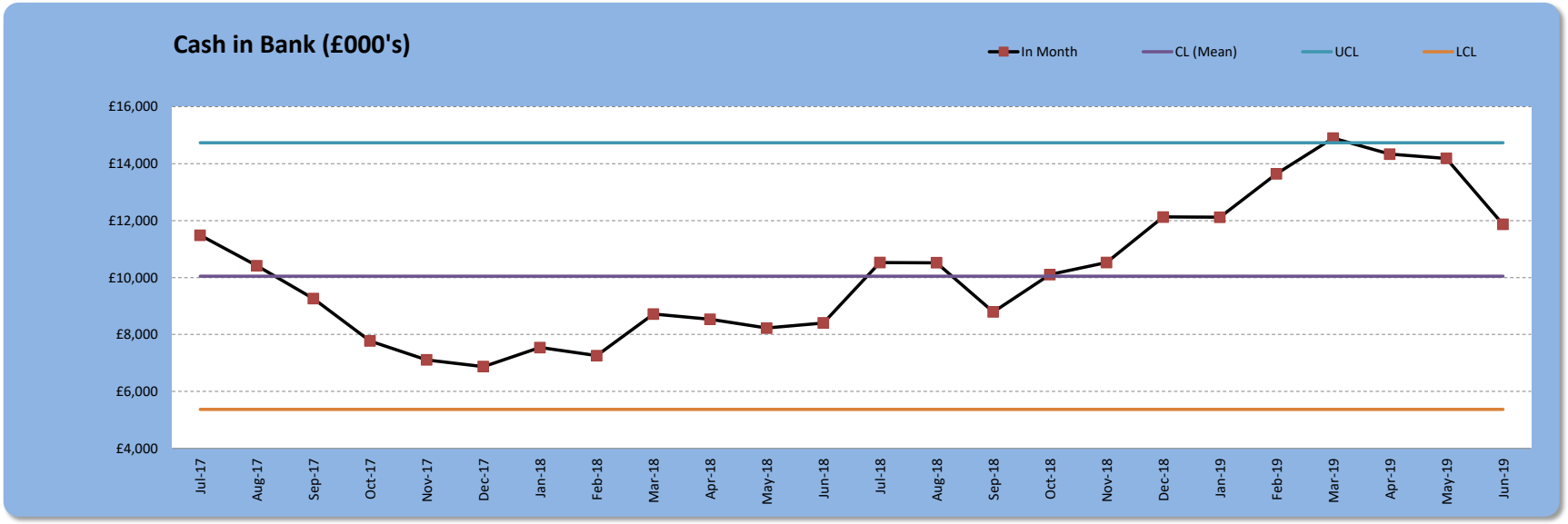
Narrative

The Trust has not 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 £11,868 ,000



Exception Reporting and Operational Commentary

As at the end of June 2019 the Trust cash balance was £12.054m.

The cash balance includes central funding for the CAMHS and LCHRE projects where there are timing difference between receipt and expenditure, the underlying balance at the end of the month was £9.647m (of which £9.461m was GBS Account).

Business Intelligence

The cash figure represents the cash balances held by the Trust (Government Banking Service, Commercial Account and Petty Cash).

PI RETURN FORM 2019-20

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Jun 2019**

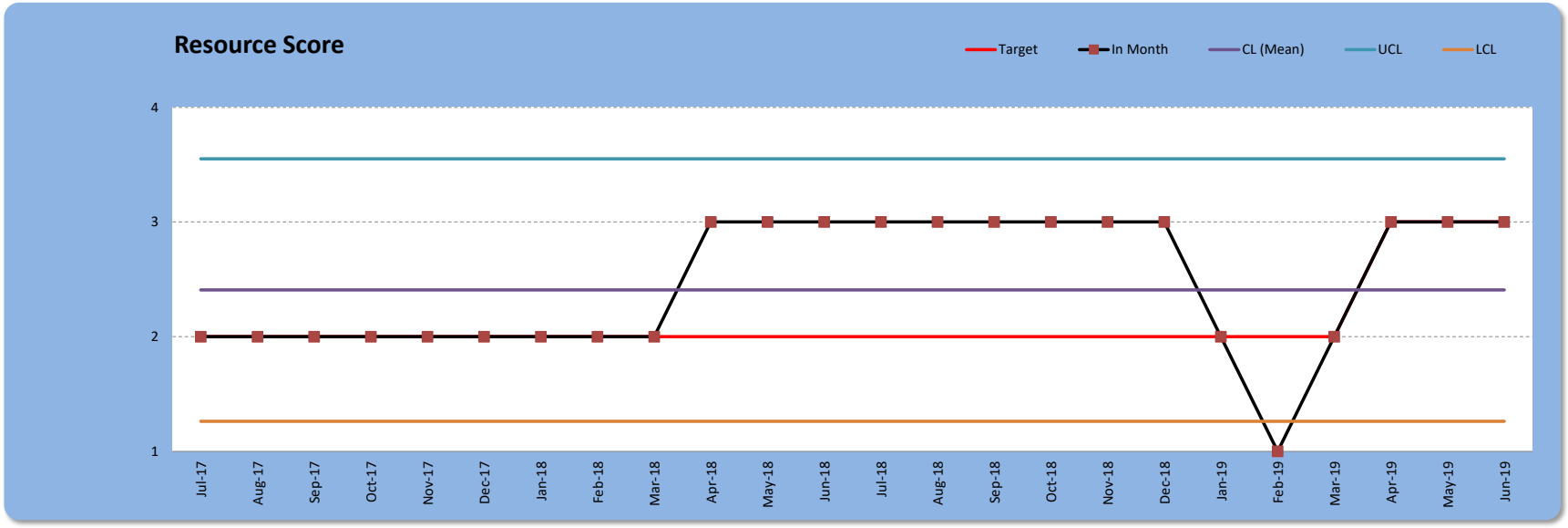
Indicator Title	Description/Rationale		KPI Type
Resource Score	The Single Oversight Framework assesses the Trust's financial performance across different metrics	Executive Lead Peter Beckwith	F 2b

Narrative

Use of Resources Score for April 2019 is a 3.

Target: 2
Amber: 3

Current month stands at 3



Exception Reporting and Operational Commentary

The 2019/20 assessment is now based on the recently resubmitted NHSI plan.

The Trust's Use of Resources score in June 2019 is a 3, this is consistent with previous months and the Trusts NHSI Plan Submission.

The profiled plan moves the Trust to a Use of Resource score of 2 by the end of the financial year.

Business Intelligence

The 'Use of Resource' framework assesses the Trust's financial performance across different metrics, the Trust can score between 1 (best) and 4 (worst) against each metric, with an average score across all metrics used to derive a use of resources score for the Trust.

PI RETURN FORM 2019-20

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Jun 2019**

Indicator Title	Description/Rationale		KPI Type
Income and Expenditure (£000's)	Review of the Income versus Expenditure (£000's) by month	Executive Lead Peter Beckwith	F 4b

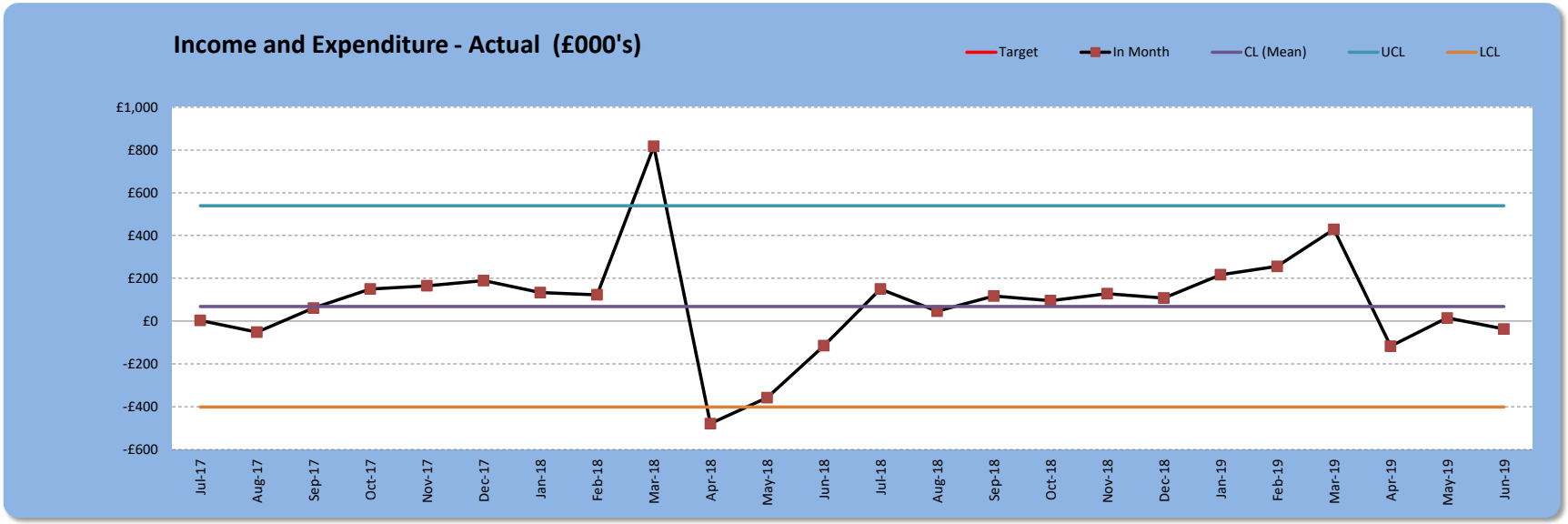
Narrative

The Trust are reporting a year to date deficit, consistent with its NHSI Plan.

Target:

Amber:

Current month stands at -£37 ,000



Exception Reporting and Operational Commentary

The Trust reported a year to date deficit of £0.089m (excluding BRS provision).

The submitted financial plan for the Trust is a £0.350m deficit (excluding donated asset depreciation), which is consistent with the NHSI control total target.

Business Intelligence

The figures above represent the monthly financial position, and report the difference between income received in month and expenditure incurred in month.

PI RETURN FORM 2019-20

Goal 6 : Promoting People, Communities and Social Values

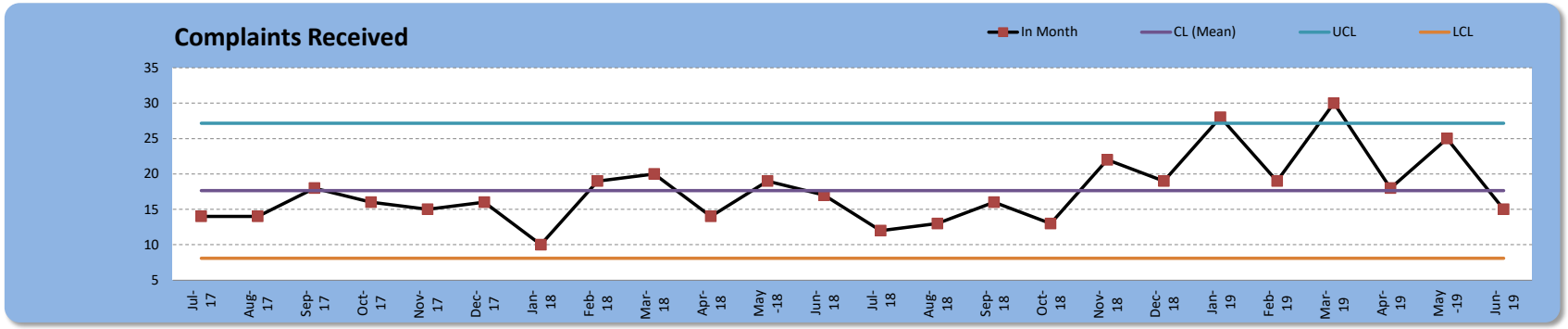
For the period ending: **Jun 2019**

Indicator Title	Description/Rationale		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)	Executive Lead John Byrne	IQ 1

Narrative

within tolerance

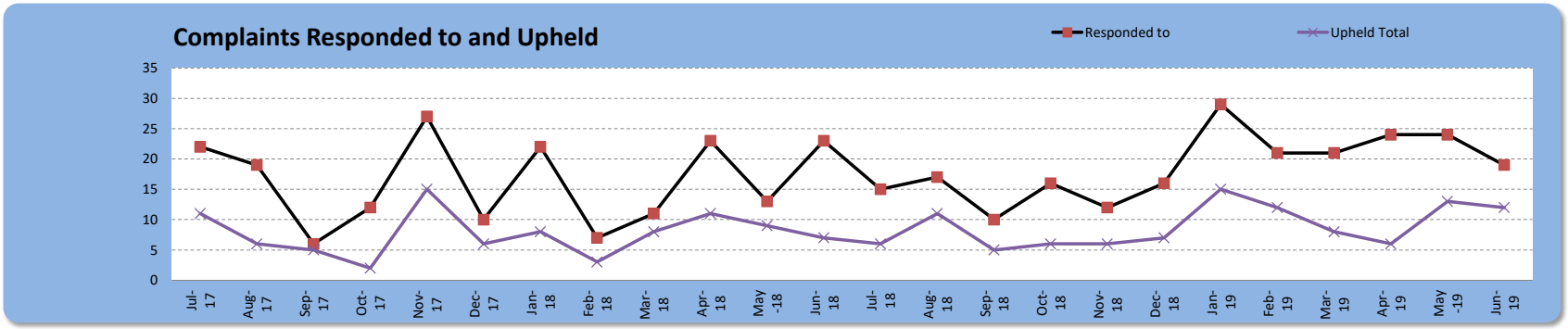
Current month stands at 15



Narrative

31 upheld YTD
46.3%

Current month upheld stands at 12



Exception Reporting and Operational Commentary

The Trust responded to 19 complaints in the month of June 2019. Of the 19 complaints, 7 complaints were not upheld (36.8%) and 12 complaints were partly or fully upheld (63.2%). The top theme for complaints responded to (year to date) continues to be patient care with 15 complaints.

The Trust received 26 compliments during the month of June 2019.

Top 5 Themes of All Complaints Responded to - Year to Date

Patient care	15
Communications	13
Appointments	8
Values and behaviours (staff)	6
Clinical treatment	5

All Complaints responded to YTD	67

PI RETURN FORM 2019-20

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Jun 2019**

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

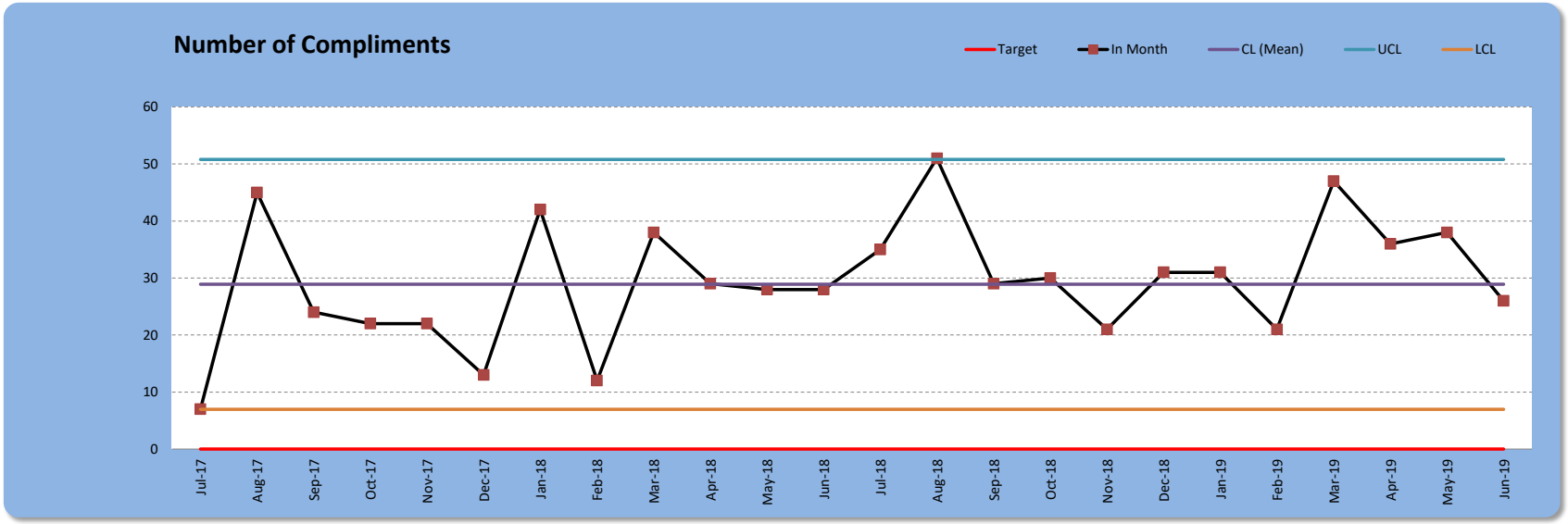
Narrative

Above the mean

Target: 0

Amber: 0

Current month stands at 26



Exception Reporting and Operational Commentary

The Complaints and PALS team are looking at additional ways for patients, service users and carers to log a compliment, e.g. on the Trust website.

Business Intelligence

New SPC chart developed to be shown from June 2019

Humber Teaching
NHS Foundation Trust

Executive Team:

Chief Executive:	Michele Moran
Chairman:	Sharon Mays
(Interim) Chief Operating Officer:	Lynn Parkinson
Director of Finance:	Peter Beckwith
Director of Human Resources:	Steve McGowan
Medical Director:	John Byrne
Director of Nursing and Quality:	Hilary Gledhill

Issue Date: 24/07/2019

Agenda Item: 10

Title & Date of Meeting:	Trust Board Public Meeting – 31st July 2019
Title of Report:	Finance Report 2019/20: Month 3 (June)
Author:	Name: Peter Beckwith Title: Director of Finance
Recommendation:	To approve ☐ To note ☑ To discuss ☐ To ratify ☐ For information ☐ To endorse ☐
Purpose of Paper:	This report is being brought to the Trust Board to present the financial position for the Trust as at the 30th June 2019 (Month 3). 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.
Key Issues within the report:	• An operational deficit position of £0.089m was recorded to the 30th June 2019. • Expenditure for clinical services was lower than budgeted by £0.207m. • Expenditure for Corporate Services was £0.593m lower than budget. • A BRS Provision of £1.100m has been included in the reported position. • The cash balance at the end of June 2019 was £12.054m, this includes £0.763m of LHCRE and £1.644m of CAMHS capital funding. • Capital Spend as at the end of June was £3.551m. • Expenditure to date remains within the Trusts Agency Ceiling .

Monitoring and assurance framework summary:

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

Have all implications been	**Yes**	**Yes**	**N/A**	**Comment**

considered?		Detail in report		
		Any Action Required?		
Risk	√			
Legal	√			To be advised of any future implications reports as and when future implications by Lead Directors through Board Required
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

FINANCE REPORT – June 2019

1. Introduction

This report is being brought to the Trust Board to present the financial position for the Trust as at the 30th June 2019 (Month 3). 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

As at the end of June 2019 the Trust reported an Operating deficit of £0.089m, which after allowing for the BRS provision became a £1.189m deficit, £0.008m favourable to the month 3 NHSI planned deficit of £1.197m.

After allowing for donated asset depreciation (£0.052m) the ledger position was a £1.241m deficit. Donated Asset Depreciation does not count against the Trust's NHSI Control Total.

The income and expenditure position as at 30th June 2019 is shown in the summarised table below:

Table 1: 2019/20 Income and Expenditure

	19/20 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Trust Income	104,448	8,704	8,709	5	26,112	26,078	(34)
Net Expenditure							
Clinical Services							
Childrens, Learning Disability & Primary Care	37,315	3,088	2,882	206	9,305	9,111	194
Specialist Services	8,249	693	767	(73)	2,120	2,201	(81)
Adult Mental Health Services	34,939	2,904	2,858	46	8,761	8,667	94
	80,503	6,684	6,506	178	20,186	19,979	207
Corporate Services							
Chief Executive	1,879	188	178	10	496	474	22
Chief Operating Officer	3,748	447	465	(19)	1,348	1,329	19
Finance	8,937	772	748	24	2,252	2,085	167
HR	2,737	228	189	39	683	607	76
Director of Nursing	1,805	155	135	20	457	436	21
Medical	1,726	143	152	(8)	438	448	(11)
Finance Technical items (including Reserves)	(194)	(0)	22	(22)	101	(198)	299
	20,638	1,932	1,888	44	5,775	5,181	593
Total Net Expenditure	101,141	8,616	8,394	222	25,960	25,160	800
EBITDA	3,307	88	315	227	152	918	767
Depreciation	2,745	229	219	10	686	657	29
Interest	148	12	8	4	37	24	13
PDC Dividends Payable	2,112	176	176	(0)	528	528	(0)
PSF Funding	(1,343)	(68)	(68)	-	(202)	(202)	-
Operational Position	(354)	(261)	(20)	214	(898)	(89)	724
BRS	-	66	350	(284)	299	1,100	(801)
Operating Total	(354)	(327)	(370)	(43)	(1,197)	(1,189)	8
Excluded from Control Total							
Donated Depreciation	216	18	17	1	54	52	2
Ledger Position	(570)	(345)	(387)	(42)	(1,251)	(1,241)	10
EBITDA %	0	0	0		0	0	
Surplus %	(0)	(0)	(0)		(0)	(0)	

2.1 Trust Income

Trust income year to date was £0.034m behind budget.

2.2 Expenditure

Expenditure for clinical services was lower than budgeted by £0.207m year to date.

2.3 Clinical Services Expenditure

2.3.1 Primary Care, Community, Children's and Learning Disabilities

Year to date net expenditure of £9.111m represents an underspend against budget of £0.194m.

The main budget pressures are within the General Practices and Learning Disabilities departments, these pressures are mitigated by underspends within Children's and Community services.

2.3.2 Specialist

An overspend of £0.081m was recorded YTD for Specialist Services, relating to expected income being lower than planned and increased staff cost.

2.3.3 Mental Health

An underspend of £0.094m was recorded year to date for Mental Health. This was as a result of lower than planned pay costs due to vacancies.

2.4 Corporate Services Expenditure

The overall Corporate Services expenditure was £0.593m underspent year to date.

- The Chief Operating Officer directorate has a year to date underspend of £0.019m.
- Within the Finance directorate a year to date underspend of £0.167m is shown for month 3.

3.0 Statement of Financial Position

The Statement of Financial Position in Appendix 1 shows the Trust's assets and liabilities as at 30th June 2019. In month, the net current asset position increased by £0.139m to £10.475m. This was related to an increase in Current Assets due to a reduction in cash in month, relating to the payment of Capital invoices and a decrease in Trade Creditors, due to the payment of NHS Property Services.

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 June the Trust held the following cash balances:

Table 2: Cash Balance

Cash Balances	£000s
Cash with GBS	11,868
Nat West Commercial Account	152
Petty cash	34
Total	**12,054**

In month income of £11.114m was received compared to expenditure of £13.155m.

The main expenditure for the month was pay costs, purchase ledger payments and capital payments, including the interim payment for the CAMHS project of £0.667m.

3.2 Capital Programme

The Capital Departmental Expenditure limit (CDeL) for the Trust is £12.229m. Year to date capital expenditure of £3.551m comprises expenditure for IT (£0.249m), LHCRE (£1.047m), Property Maintenance (£1.571m) and CAMHS unit (£1.980m), as detailed in the table in Appendix 3.

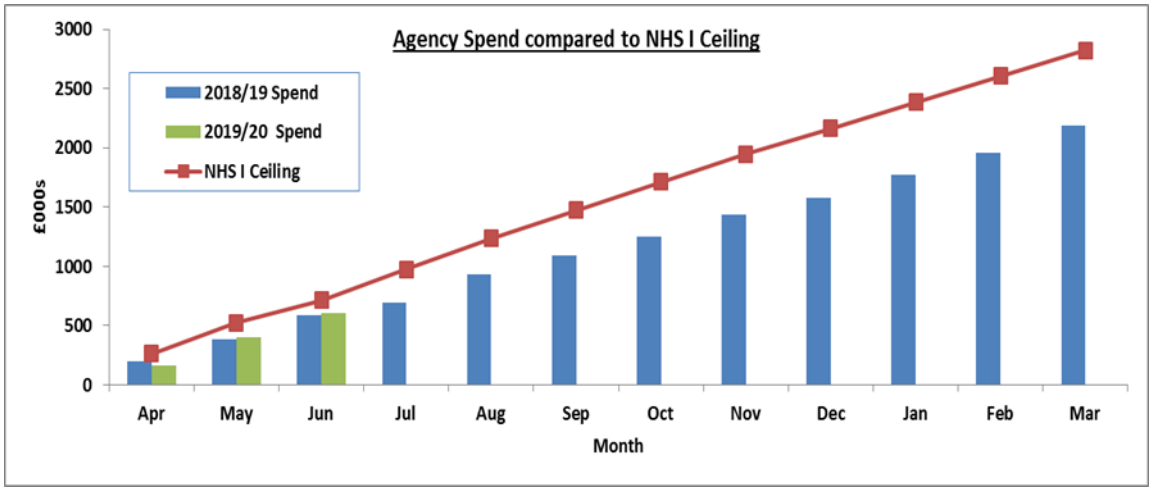
4. Staffing

4.1 Agency

For 2019/20 NHSI has allocated the Trust an agency expenditure ceiling of £2.891m.

Actual agency expenditure for June was £0.208m, which is below the ceiling of £0.260m for the month. The year to date spend to the end of June is £0.606m, which is slightly higher than the same period last year where the costs were £0.588m, but remains within the NHSI ceiling.

Table 3: Agency Spend



5. Recommendations

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

Appendix 1
Statement of Financial Position

	JUNE-18 £000	MAY-18 £000	Movement £000
Property, Plant & Equipment	100,180	98,081	2,099
Accumulated Depreciation	22,691	22,487	204
Net Property, Plant & Equipment	**77,490**	**75,594**	**1,895**
Intangible Assets	5,466	5,234	232
Intangible Assets Depreciation	1,653	1,621	33
Net Intangible Assets	**3,812**	**3,613**	**199**
Total Non-Current Assets	**81,302**	**79,208**	**2,095**
Cash	12,054	14,187	(2,133)
Trade Debtors	5,195	4,847	348
Inventory	138	138	0
Non Current Asset Held for Sale	2,145	2,145	0
Other Current Assets	6,831	3,753	3,078
Current Assets	**26,363**	**25,070**	**1,293**
Trade Creditors	3,899	4,632	(733)
Accrued Liabilities	13,288	10,102	3,186
Current Liabilities	**17,187**	**14,734**	**2,453**
Net Current Assets	**9,175**	**9,189**	**(1,161)**
Non-Current Payables	1,175	1,175	0
Non-Current Borrowing	4,431	4,413	18
Long Term Liabilities	**5,606**	**5,588**	**18**
Revaluation Reserve	13,293	13,293	(0)
PDC Reserve	56,467	55,163	1,304
Retained Earnings incl. In Year	15,112	15,499	(387)
Total Taxpayers Equity	**84,872**	**83,955**	**917**
Total Liabilities	**106,365**	**104,277**	**3,388**

Agenda Item 11

Title & Date of Meeting:	Trust Board Public Meeting – 31 July 2019
Title of Report:	Finance and Investment Committee Assurance Report
Author:	Name: Francis Patton Title: Non-Executive Director and Chair of Finance Committee
Recommendation	To approve: ; To note: ; To discuss: √ ; To ratify: ; For information: √ ; To endorse:
Purpose of Paper:	The Finance and Investment Committee is one of the sub committees of the Trust Board This paper provides an executive summary of discussions held at the meeting on 24 July 2019 and a summary of key points for the Board to note.
Any Issues for Escalation to the Board:	The committee recommends that the Board: - • Notes the month three performance. • Note the good work undertaken in Estates update. • Note the update on the operational restructure • Note the new timelines for the ADV. • Note and discuss the Strategy refresh plan. • Note the review of the Quarter 1 BAF.

Executive Summary - Assurance Report:

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

A summary of the key areas discussed are that Month three performance showed that in terms of financial performance the Trust had achieved an operational deficit position of £0.089m which becomes a deficit of £1.241 when BRS is provided for. The Trust has a strong cash position and is controlling creditors and debtors well. In terms of BRS there was an underachievement of £0.033m at Month 3.
The committee received an update on the capital and estates strategy which showed excellent progress, an update on the strategy refresh process which is underway and will form part of today's Board discussions and the Quarter one update of the BAF which showed the assurance rating against goal 5 being adjusted to yellow.

Key Issues:

The key areas of note arising from the Committee meeting held on 24th July were:

- In terms of the Insight report the Provider Sector ended the year with a £0.571m deficit, £0.177m worse than plan and the underlying deficit for the provider sector was £5bn

which was £700m worse than the previous year. Capital spending totalled £3.9bn, less than forecast but £300m above CDEL. At Month 3 Humber coast and Vale are forecasting to achieve plan

- In terms of the month three financial performance in month the Trust is showing an operational deficit position of £0.020m (£0.214m better than budget) and year to date a deficit position of £0.089m (£o.724m better than budget). After BRS provision has been included, the reported deficit for Month 3 was £0.387m (£0.042 worse than budget) and year to date a £1.241m deficit which represents a small favourable variance against the NHSI Plan. Year to Date staff costs of £25.979m are £0.590m lower than budget. Capital Spend as at the end of May was £2.230m, mainly related to the CAMHS and LICHRE projects. The Primary Care, Community, Children's and Learning Disabilities Division has a year to date underspend of £0.194m, the Mental Health Division has a year to date underspend of £0.098m, the Specialist Division is showing a year to date overspend of £0.081m and Corporate Divisions are showing an underspend of £0.593m at month 3. All three divisions cited workforce vacancies as an issue and there was a good debate around the financial position around workforce taking in to account vacancy factor, the cost of fully staffing up to the vacancy factor, the cost of backfill in terms of bank and agency and the potential impact on sickness if fully staffed. The Finance team are going to undertake some further analysis to help inform a bigger debate in Workforce & OD committee on the vacancy issue. In terms of cash the cash balance at the end of May 2019 was £12.054m.
- In terms of Primary Care, it showed on overspend of £0.138m year to date with spend on Locum GP's of £0.365m, resulting in an adverse variance of £0.232m on pay for GP's. Some of the sickness can be reclaimed from NHS England but this is limited. June has shown an improvement in comparison with previous months partly due to the 2018/19 Quality Outcomes Framework achievement income being £0.030m higher than accrued at the year end. Although this is a one-off benefit for the month QOF income will be assumed at this higher rate for 2019/20.
- The committee received a deep dive report on debtors and creditors which showed that the overall Debtors position at month 3 is £5.195m with the value of aged debt over 90 days being £2.776m of which £1.587m is NHS and £1.189m is Non-NHS. Debt is being actively pursued by the Trust and weekly internal meetings take place between Finance and Contracting to update the position. The level of Creditors at Month 3 is £3.899m of which £2.048m has been approved and £1.851m is not approved. Performance against the better payment practice code for number and amount are currently 95.03% and 92.33% respectively. The national target is 95%.
- The committee received an update on BRS delivery which showed that the overall profiled expected year to date level of savings stands at £1.608m with achieved savings of £1.575m producing an overall underachievement of £0.033m at Month 3. The current Forecast outturn position shows an underachievement of £0.032m and with a lot of the BRS schemes profiled to be delivered later in the year this will need careful monitoring. Alternative savings to offset the forecast underachievement will be required and are being looked for.
- The committee received and reviewed the refreshed Digital Deliver plan that reflects the progress made for the first two years and the plan for the next two years is ambitious but achievable. The plan demonstrated that some very good work had been undertaken but the committee felt that it needed further work before it could be signed off, so it will come back to the August meeting.
- The committee received the Capital and Estates Strategy update which was very detailed and showed great progress. A summary of the key points were as follows:-
    - Children's Campus - The contract programme remains in delay by 6 weeks, with a resultant handover date of 16 September 2019. Proposed sectional completion of the Children's Centre in negotiation with the Main Contractor to enable Training to commence on the site form 27 August 2019.

- Redesigning Mental Health Inpatient Services - Project teams and workstreams have been established to develop the OBC, utilising the Better Business Cases approach, in line with STP requirements.
- Forensic Services, New Care Models - Whilst work continues to develop the new care models for forensic services, contract negotiations have taken place in respect of the reopening of Greentrees. As a consequence, a scheme is in process to recommission Greentrees by October 2019.
- Primary Care - A Primary Care Improvement Grant has been awarded for the consolidation of Hallgate and Chestnuts practices at the Cottingham Clinic site. Planning Application submitted in July 2019, for the scheme to be delivered in 2019/20. The procurement of Manor House concluded in June 2019, with minor works are planned at the site to ensure that the premises comply with statutory instruments and Trust requirements. Practice 2 (Bridlington Medical Centre) remains in development. The Lease and further Business Transfer Agreement will conclude once the estates compliance requirements are met.
- Adult Mental Health Rehabilitation Services - Beech Ward forms part of the changing strategy for Adult Mental Health rehabilitation inpatient services. This will render Hawthorne Court surplus to requirements.
- Driffield - A project is being developed maximise the use of Alfred Bean Hospital. The first phase included the vacation of Four Winds by the CTLD in May 2019. A further review is being undertaken to establish the continued viability of relocating the adult CMHT from Market Place, together with the potential provision of accommodation for the ERYC as part of the East Riding OPE.
- Goole - Agreements are in place to consolidate Trust services into Bartholomew House. Children's Therapies will vacate Goole Hospital and ISPHNS will vacate Goole Health Centre during the 2019 school holiday period.
- Bridlington The development of the feasibility for Bridlington Hospital to become a Wellbeing Hub for the locality has received support via One Public Estate. This is to improve the utilisation of the hospital site.

- The committee received the Quarter 1 BAF update for strategic goal 5 which has been amended to yellow for the quarter. After a discussion it was agreed that elements of the format needed review particularly the gaps in control and gaps in assurance.
  The new structure was taken through a consultation process in line with the Trusts change policy. The proposed changes to the configuration of care groups and the associated necessity to revise the managerial structures does provide important benefits and meets the key criteria and principles set out in the engagement process. Whilst the risks associated with this change have been properly considered through a QIA process they are outweighed by the benefits. The impact of the clarity and changes of roles provided by the clinical/professional leadership means that this will mitigate some of the risks associated with the overall reduction in management roles. It is clear that in implementing the new structure it is imperative that this is supported by effective organisational development in order to realise the expected benefits.
- The committee received and endorsed the 2019/2020 Strategy and Planning Timeline which outlined the Planning Priorities, gave an overview of the suggested approach to co-production and a proposed governance timeline for key deliverables. This will form part of today's Board discussion
- The committee received an update on the ADV which outlined that the Executive have taken on Board feedback and are going to take longer to review the Trust's approach to an ADV meaning that a report will now come to all sub committees prior to Christmas and then to Trust Board in January.

Agenda Item 12

Title & Date of Meeting:	Trust Board Public Meeting – 31 July 2019
Title of Report:	Workforce & Organisational Development Committee Assurance Report
Author:	Name: Francis Patton Title: Non-Executive Director and Chair of Finance Committee
Recommendation	To approve: ; To note: ; To discuss: √ ; To ratify: ; For information: √ ; To endorse:
Purpose of Paper:	The Workforce and Organisational Development Committee is one of the sub committees of the Trust Board. This paper provides an executive summary of discussions held at the meeting held on 24th July 2019 and a summary of key points for the Board to note. The minutes of the meeting held on 24 May are attached for information.
Any Issues for Escalation to the Board:	The committee recommends that the Board: - • Notes the information from the Workforce Insight Report and the committee's decision to focus on vacancies. • Notes the need for the Guardian of Safe Working report to be further developed. • Notes and supports the committee's decision to agree to the Chief Executive signing off the Annual Organisational report. • Notes and supports the committee's sign off of the Professional strategy and the need to expand this to other disciplines. • Notes the sign off of the sub group Terms of Reference • Notes the committee's support for the Safer Staffing 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 discussed are the July Workforce Insight report which has been further developed to include a greater internal breakdown and benchmarking data. This highlighted improved sickness, turnover, PADR and training levels but also highlighted the growing vacancy problem which will be an ongoing area of focus for the committee and how that is directly impacting on Child and Adolescent Mental Health Services (CAMHS).
The committee received and reviewed reports from the Guardian of Safe Working, on the Professional Strategy (which needs expanding into other disciplines, on the draft Terms of Reference for the key sub groups (which were signed off subject to some minor amendments), on the Annual Organisational report (which gave the committee sufficient assurance to authorise the Chief Executive to sign it off) and the Safer Staffing Report (which the committee endorsed and recommended to Board).

Key Issues:

The key areas of note arising from the Committee meeting held on 24th July were:

- The committee received the July Workforce Insight report which had again been modified/developed based upon the committee's feedback in May. The committee felt that this continuous development of the report was very helpful. Key issues arising from that report were
    - Sickness Absence - the rolling 12-month performance showed an improved position compared to 12 months ago but still slightly above the national median; the in month figure was 5.22% and within that Specialist services continues to be the area of most concern in the Trust and anxiety/stress/depression is still the largest cause of sickness absence. The report now breaks down sickness by top ten reasons, by top 20 teams and by short and long term sickness levels to give more detail/focus. There is also benchmarking data which shows that the Trust are below both the regional mean (5.9%) and the national mean (5.33%). Occupational health continue to provide support in addition to dedicated HR support and counselling. Looking forward there will be a review and revision of the sickness policy, a revised approach to the engagement, health and wellbeing group, OD interventions in the Humber Centre, Hull West CMHT and Whitby and with ESR Supervisor now live August will be the last month of manual sickness reporting.
    - Turnover - the rolling 12-month performance is an improved position compared to 12 months ago (in month 14.57% rolling and 0.9% in month) with retirement still the biggest reason for leaving. Again the report is now broken down by staff group and is benchmarked showing the peer median at 1.48% and national median at 1.48%. A new exit questionnaire process has recently been introduced and data suggests we are losing nursing staff to NAVIGO due to the 'golden hello' and paying bridge tolls incentives they are offering (£1,000 for band 5s and £2,500 for band 6s).
    - Appraisals – the Trust is running at 85.9% with only 4 areas not achieving the 85% target which compares to a peer median of 82% and national median of 83%. A revised appraisal process was launched at the beginning of July. The policy includes new toolkits for managers and staff and a newly designed electronic appraisal document. In addition to this guidance has been provided to input appraisal information into ESR via Manager Self Service and will support automated reminders for appraisals. The new appraisal policy sets out a 'window' for completing appraisals between the period between April and June each year.
    - Statutory and Mandatory training - is at 88.68% with only 2 areas below 90% however within that there are some areas of concern on individual courses the key ones being Adult Basic Life Support, Information Governance, Immediate Life Support, Moving and Handling and Personal & Team Safety. In terms of benchmarking the peer median is 88% and national median is 89%. All managers can now access information via a dashboard in the Manager Self Service element of ESR and managers are sent email notifications of staff who are due to shortly expire on their compliance including which course and the expiry date.
    - Vacancies - The number of vacancies continues to increase with nurses a major area. The number of over establishment roles has significantly reduced and whilst vacancies are increasing, there are more FTE employed by the Trust because of CAMHS. The Recruitment Team are actively processing 132 new staff into roles, 93 of which are not currently employed by the Trust and there are 60 live adverts on NHS Jobs which equate to 67.6 WTE. The Chief Operating Officer is leading on International nurse recruitment campaign and there is now a recently agreed £3,000 Golden Hello for CAMHS Unit Band 6 nurses to aid recruitment. The committee had a long discussion about the vacancy issue and the obvious links between vacancies, turnover, sickness levels and the PROUD programme and the need for both a retention plan and a recruitment plan to complement PROUD that

is more creative in it's approach and how all of this links to the Workforce Plan. The view was that there might be a need to invest to grow in this area and some financial analysis is being undertaken to inform this discussion at the next meeting.
    - Workforce Scorecard – the committee saw and complimented the team on the recently developed workforce scorecard which is now available to all Care Groups/directorates and clearly highlights areas of concern/developmental need.
- The committee received the Quarter 1 update of the BAF for strategic goal 4 where the assurance rating has been amended to yellow. As in Finance and Investment Committee (FIC) a discussion was held on gaps in assurance and control which need reviewing.
- The committee received the quarterly report from the Guardian of Safe Working. This provoked a good discussion and an agreement that the report needed developing to provide the assurance needed by the committee.
- The committee received and reviewed the Framework of Quality Assurance for Responsible Officers and Revalidation, Annex D – Annual Board Report and Statement of Compliance. Following discussion and questioning the committee were sufficiently assured that they agreed that the Chief Executive could sign and submit the report on behalf of the Trust.
- The committee received and reviewed a deep dive report on sickness levels at the Humber Centre. The sickness rate within Forensic Services at the Humber Centre has remained significantly above the Trust target for the period April 18 – March 19. This combined with a turnover rate of 13.37% (above the Trust target of 10%) is having an impact on staffing in the service and as a consequence is having an impact on the health and wellbeing of the staff in the area. The report set out that this service needs to continue to have a sustained focus on both long term and short-term sickness absence and monitor closely the impact of the action being taken to address this and a full action plan has been developed. It is important to consider this work in line with the ongoing service change and development programme whereby staff engagement has been improved significantly with changes in operational and clinical leadership approaches. Support for the ongoing leadership and culture change work needs to come from the PROUD programme.
- The committee received the recently developed Professional Strategy for sign off. This Professional Strategy has been developed by senior professionals who represent our diverse, dedicated and highly skilled workforce, working collaboratively to agree key priorities and goals. The strategy aims to create the right climate for professional's to be empowered to deliver great care and have fulfilling and life long career development opportunities across the services provided by the Trust. The strategy reflects a continued emphasis on the importance of professional leadership in the recently published 10-year plan. The strategy covers the unregistered and registered professional workforce working with our medical colleagues and includes nursing; social work; psychology; family therapy; cognitive behavioural therapy, pharmacists and the allied health professional groups including occupational therapy; physiotherapy; speech and language therapy; dietetics and art therapy. The strategy has been through consultation with service users; carers; professional groups and frontline staff. The implementation plan has been provisionally agreed through the professional forum and will be delivered through working together and progress will continue to be monitored through the professional forum with updates to Quality Committee and QPaS quarterly. The strategy was well received however it was pointed out that we have professionals in other areas such as accountancy and HR which this plan doesn't cover and that thought needs to go in to how this will be addressed in terms of the title of the strategy, the communication of the strategy and the need to develop something similar for other areas. With these points being noted and needing addressing the committee were happy to sign off the strategy and commended the team on their work in pulling it together.
- The committee received a summary of the interim national people plan which is structured

by themes those being

1. Making the NHS the best place to work
2. Improving our leadership culture
3. Addressing urgent workforce shortages in nursing
4. Delivering 21st century care
5. A new operating model for workforce

and were assured that the Trust's ongoing people strategy already addressed the majority of areas highlighted within the plan. The team will work to ensure that the Trust plans continue to match the aspirations of the National Plan.

- The committee received and reviewed the draft terms of reference for workforce EDI Working Group, the Operational Delivery Group and Staff Health, Wellbeing and Engagement Group. After discussion it was agreed that the formats needed to be more consistent and that the Workforce EDI Working Group ToR needed a little more work. Subject to those points being addressed the committee were happy to sign the ToR's off but would like to see the workplans for each group once produced.
- The committee received a verbal update on the actions being taken to address the workforce issues identified in the CQC inspection and were assured that work was on track to address these.
- The committee received the Six-Month Review of Safer Staffing –In patient units (October2018 – March 2019) Report outlines the outcomes of the review of safer staffing requirements across our in-patient units using the National Quality Board (NQB) guidance and NHS Improvement 'Developing Workforce Safeguards' reporting requirements which states the need for a comprehensive review of staffing at team level which should be reported to the Board twice a year.

  Overall the majority of units are performing well against fill rate requirements and performance. The Trust in patient units are performing well in relation to care hours per patient day when compared regionally and nationally. New data shows that areas with lower fill rates are still providing good Care Hours Per patient Day due to improved patient flow and lower bed occupancy. Safer staffing incidents via datix show reporting of 2 episodes of low harm associated with cancelling leave. General improved performance in training, supervision and PADR across most areas. The forensic units are flagging as requiring further review of their establishments utilising the new Mental Health Optimal Staffing Tool (MHOST) due to changes in their function and the dependency levels of their patients and consistent challenges- specifically on Darley and Bridges to maintain fill rates.

  The Committee were requested to discuss and endorse the findings of the report and agree the information contained within the report for submission to the July Board which they did.

NHS
Humber Teaching
NHS Foundation Trust

Agenda Item: 13

Title & Date of Meeting:	Trust Board Public Meeting – 31 July 2019
Title of Report:	Charitable Funds Committee Assurance Report & 14 May 2019 Minutes
Author:	Name: Paula Bee Title: Non Executive Director and Chair of Charitable Funds Committee
Recommendation	To approve: ; To note: √ To discuss: √ ; To ratify: For information: ; To endorse:
Purpose of Paper:	The Charitable Funds Committee (CFC) is one of the sub committees of the Trust Board. The report includes details of the meetings held on 10 July 2019, minutes of which are attached to the report for information. Terms of Reference for Charitable Fund Committee are also attached
Any Issues for Escalation to the Board:	Identified within the key issues

Key Issues:

A meeting of the Charitable Funds Committee was held on 10 July 2019

Key Issues

- Following a comprehensive exercise to scrutinise the legacy information held by the Trust. Positive reporting on the change of usage of charitable funds where apparent restrictions were in place, therefore releasing funds into designated allocations. A detailed paper has been produced and will be presented to the Trust Board highlighting the proposed change of use for some charitable funds. This paper will contain the legal advice gained from Rollitts Solicitors and the Charity Commission

- The Circle of Wishes is continuing to gather momentum. The Charitable Funds Committee (CFC) would like senior management to encourage their teams to think about the bigger projects and to submit wishes which will have a much greater impact on the wider services

- Ms Bee CFC Chair and Head of Fundraising Mrs Woodard are due to move on from their current roles by end July 2019. Robust recruitment procedures are being followed to replace Ms Bee as CFC Chair by the Trust and by the HEY Smile Foundation to appoint a new Charity Manager for Health Stars – the new appointments will be communicated to members at the next Trust Board.

Charitable Funds Committee

Minutes of the Charitable Funds Committee Meeting

held on Tuesday 14 May 2019, 2.45pm in Room 2, Trust Headquarters

Present: Paula Bee, Non-Executive Director (Chair)
Peter Baren, Non-Executive Director
Peter Beckwith, Director of Finance

In Attendance:
Andy Barber, Hey Smile Foundation Charity Director
Clare Woodard, Head of Fundraising, Health Stars
Jenny Jones, Trust Secretary (minutes)

Apologies: Michele Moran, Chief Executive

37/19 **Declarations of Engagement**
None declared.

38/19 **Minutes of the Meeting held on 25 March 2019**
The minutes of the meeting held on 25 March 2019 were agreed as a correct record with the following amendments:-

21/19 Health Stars Operational Plan
The second sentence of the third paragraph was amended to read "There are a **wide range** of supporters who are committed to supporting the impact appeal".

The first sentence of the fifth paragraph was amended to read "The balance remains in a positive position funds held of £623k as of the end of March, this is a favourable position compared to the previous years' position of £517k".

The first sentence of the sixth paragraph should read "…….to re frame what our **objectives** are for 2019-20……"

39/19 **Action List, Matters Arising and Workplan**
The actions list was discussed and the following was noted:-

28/19 Update from PLACE Meeting
It was agreed this action could be closed on the action log.

29/19 Pennies from Heaven – an update was included in the Health Stars report. This item can be closed on the action log.

09/19 Circle of Wishes Update
This item is completed and can be closed on the action log.

05/19 (b) Costs Allocations
Completed and can be closed on the action log.

The Committee asked for an action to be added to the action log to reflect the mobilisation work for the new dining room.

Resolved: The verbal updated were noted by the Committee.

40/19 **Health Stars Operations Plan**

The report provided the Charitable Funds Committee with a review of a new format for operations plan assurance which was based on the Trusts Board Assurance Framework covering all key aspects of the current operations plan for 2019 and 2020.
Mr Barber ran through the content of the report with the Committee highlighting any areas of specific interest including:-

- 2019/20 funding
- Core costs
- Wish investment
- Whitby

A review of Circle of Wishes is currently taking place to see if there are any common themes for example mental health internal facilities and requests for small rooms for chill out time. Westlands work is ongoing.

In terms of the Staff Engagement fund, more fund raising activities are planned. Houlton's have agreed to do a Devil's Kitchen against the Trust Board with proceeds going to the Staff Engagement fund.

Mr Baren appreciated the report, but would have preferred to see numbers rather than RAG ratings. Ms Bee suggested some changes to the format including:-

- More information and detail of the entry
- Strategic Goal title to be amended to Key Objectives
- Removal of the Executive Lead and Assuring Committee columns to give more room to show what the objective is, what is going to be done to achieve it, progress so far and what the rating is for the item.

Ms Bee asked to see some reporting against the Staff Engagement Fund of what has been spent. It was agreed to provide an update in the next report.

Resolved: The Committee noted current progress against the Operation Plan.
Changes to be made to the format of future reports **Action AB**
Details of the spending against the Staff Engagement Fund to be provided in the next report **Action AB**

41/19 **Health Stars Financial Report**

The report provided the Charitable Funds Committee with a review of the current finance position of Health Stars Charitable funds.

Financial performance continues to remain positive; applications for funding are yielding success including in the last period a £80,000 grant towards the IMPACT appeal enabling achievement of the first major appeal milestone of £250k. Income remains strong for the CAMHS appeal.

The charity is current within 5% of the figure for spending money from Charitable Funds through the Circle of Wishes. Some smaller/medium wishes are being received and meetings continue with the fund managers to encourage them to spend the money with the team actively promoting the use of funds.

Mrs Woodard explained that some big wishes are needed that require a level of challenge. Ms Bee said this goes back to the Operational Plan as this sets out the funds. In order to apply to external charitable resource for example Comic Relief Health Stars have to demonstrate a degree of independence and governance that may not withstand. Comic Relief would be less likely to fund the NHS, it is how Health Stars is funded and what it attributes it to. There could

be opportunities to explore how this could be taken forward in the future.

Mr Barber confirmed that the return on investment is on track for the first year. Need to continue this.

Resolved: The report and verbal updates were noted.

42/19 **Draft Risk Register**

The draft risk register was presented which highlighted some of the key risks to the current delivery of Health Stars. The register has been developed in the Trusts format

The register highlighted the local and some national risks associated with NHS charitable funds. 12 initial risks have been highlighted with a view for formal review every six months. The risk register is designed to be live and for the operational team and committee to highlight amend and review risks accordingly. The document would form part of the commissioned service provided by HEY Smile as part of their monitoring and evaluation.

Ms Bee felt there was some discrepancy in the rating colours that needed to be reviewed. It was suggested that the Chief Executive Longest Car Wash Challenge and the Pennies from Heaven be added.

Resolved: The report was noted.
Discrepancy in rating colours to be reviewed (AB)

43/19 **Health Stars Update**

The report provided an update on the progress Health Stars is making and highlighted any areas of issue.

An update was provided on the work to support the re-opening of the café at Trust HQ. The team are looking at catering options and how staffing can be structured to provide fresh food. Three options have been suggested with the preferred option being to find an additional partner. Work is taking place with Hull College and their catering students regarding a potential link up between the College and the Trust. Work is progressing with Hotel Services to design menus.

Updates were provided on pennies from heaven and the Chief Executives Longest Day challenge. In terms of the Pennies from Heaven the paperwork involved will be circulated to the Committee

Resolved The report was noted.
Pennies from Heaven paperwork to be circulated to the Committee **Action CW**

44/19 **Impact Appeal Update**

An update on progress with the Impact Appeal was presented which gave an update on fundraising and on the Appeal being the chosen charity of Viking FM.

The Wish for Cowall was supported by the CAMHS Executive Board, subject to EMT approval the Committee supported the request. Mr Barber asked about VAT and whether this could be claimed back on this purchase if approved. Mr Beckwith said this would be reviewed and reclaimed if possible.

Resolved: The report and verbal updates were noted by the Committee.

45/19 **Change of Use of Charitable Funds**

The paper updated the Committee on the change of use of community hospital funds in line with Charity Commission guidelines. The purpose of this work is to ensure that the Committee is in an informed position to recommend to the Board with legal guidance the future use of funds held by the charitable funds in the areas of Driffield, Bridlington and Withernsea.

The Committee noted that the research into the use of the current holding of community hospital funds is in its final stages. All evidence of legacies available has been secured from the finance archives and findings expected shortly giving the committee a clear understanding of the level of restricted, designated and un-restricted funding. This has been a sensitive piece of work and as such has been handled in such a way to reassure the Committee, the Board and most importantly the donors of current and future funds to the charity. An update will be provided at the next meeting and will need to go to the Board for approval possibly July or September.

Resolved: The report was noted.
An update will be provided at the next meeting **Action CW**

46/19 **Items for Escalation or Inclusion on the Risk Register**
None raised.

Resolved: The verbal update was noted.

47/19 **Any Other Business**

Wish
Mrs Atkinson explained that a wish was received from some community staff who are out and about on a daily basis and requested a lunch holder and cooler cup for three members of staff. The wish was granted. It was raised with the Committee about setting precedence as discussions with others found that this was not necessarily a Wish and a view from some Committee members that people would provide their own. The Wish was agreed by the fund manager and was within the agreed financial limits. The Committee noted the update and felt that further discussion should take place if a similar wish is received.

Resolved: The verbal update was noted.

48/19 **Date and Time of Next Meeting**
Wednesday 10 July 2019, 13.00pm – 15.00pm in Conference Room B, Trust HQ

Signed: …….Chair: Paula Bee

Date: …….

Agenda Item: 14

Title & Date of Meeting:	Trust Board Public Meeting – 31July 2019
Title of Report:	Research & Development Report
Author:	Name: Cathryn Hart Title: Assistant Director Research & Development
Recommendation:	To approve: ; To note: ✓ To discuss: ; To ratify: For information: ✓ ; To endorse:
Purpose of Paper:	To provide the Board with assurance/reassurance that work continues to enhance research in the Trust and ensure the Trust's obligations in relation to the delivery of NIHR Portfolio research and performance targets are met, thus facilitating opportunities for our community to participate in research, to trial new interventions and enhance quality.
Key Issues within the report:	Sections 1-3: Assurance in relation to key performance targets being met, research funding secured and information provided to the CQC. Section 4: Significant progress made against current research strategy and consultation ongoing for new strategy due to be launched Dec 2019. Section 5: Snapshot of research opportunities, innovation and alliances, including work with commercial research organisation in primary care. Section 6: Examples of dissemination and implementation work for 2018-19 provided in appendix 2, plus recent example of research in Trust contributing to All Party Parliamentary Group. Section 7: Overview of research promotion and awards, including Wendy Mitchell's honorary doctorates for contribution to research and annual research conference feedback.

Monitoring and assurance framework summary:

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

Have all implications been considered?	**Yes**	**Yes** Detail in report	**N/A**	**Comment**
		Any Action Required?		
Risk	✓			
Legal	✓			

Compliance	✓			
Communication	✓			
Financial	✓			
Human Resources	✓			
IM&T	✓			
Users and Carers	✓			
Equality and Diversity	✓			
Report Exempt from Public Disclosure?	✓		No	

Research & Development (R&D) Report for Trust Board - July 2019

1. Performance

An overview of research in 2018-19 is included in the Trust's Quality Accounts, already reviewed by the Board. However, since its publication the national research activity league table for 2018-19 has been published by the National Institute for Health Research (NIHR) in Jul 2019 (www.nihr.ac.uk/research-and-impact/nhs-research-performance/league-tables/). Of the 50 mental health trusts listed the Trust was 16th for number of people recruited into studies. Across the 22 trusts in Yorkshire and Humber the Trust was fourth in percentage increase (36%) in recruitment from 2017-18 to 2018-19, indicating continued growth and increased opportunities for our community to impact on future healthcare. The summary infographic 'Research in numbers 2018-19' included in the Quality Accounts is reproduced in *appendix 1* and a further infographic also now produced (*appendix 2)* illustrating some of the key outcomes of research involvement.

The Trust's recruitment target for NIHR Portfolio studies in 2019-20 is 660. At the end of June 2019 recruitment stood at 738, already exceeding the annual target. In quarter one the Trust was the highest recruiting of the 22 trusts in Yorkshire and Humber for dementia research and fifth for research overall. There are currently 24 Portfolio studies active in the Trust (*appendix 3, table 1)*, plus 8 'non-portfolio' (*appendix 3, table 2),* mostly carried out for further educational qualifications.

2. Funding

At the end of 2018-19 the Trust received a bonus payment of £11k from the Yorkshire and Humber Clinical Research Network (CRN) in relation to research performance. Just under £300k of CRN funding has been confirmed for 2019-20 for delivery of NIHR Portfolio studies; as anticipated, the same as the opening allocation for 2018-19. £20k Research Capability Funding has been confirmed by DHSC for 2019-20 (due to achieving 500+ recruits in 2018-19) and is being used to support two clinicians working with academic colleagues on grant applications; one grant secured to date, other applications in progress. Additional study-specific funding from universities is also expected.

3. Governance

Research became specific in CQC Well Led inspections for trusts in Oct 2018; the first time a major NHS regulator has formally recognised research activity as a key component of best patient care. Research was already written into the NHS Constitution, but now the CQC focuses on how well a trust as a whole supports research activity via strategic and divisional leadership, and patient opportunity and access around research. The NHS R&D Forum (professional network for health research management) and NIHR are working closely with the CQC to help inform possible research content in wider inspections in future. As part of this R&D managers from trusts which have recently experienced Well Led inspections were asked to join the CQC Policy Lead for a feedback teleconference on their experience; Cathryn Hart contributed on behalf of the Trust.

4. Research Strategy

Significant progress has been made against the objectives set out in the Research Strategy 2017-19 and the launch of a new strategy is planned for a research event on 4 Dec in the lecture theatre. This event will replace the Wednesday morning medical teaching session and will also be open to anyone in the Trust to attend. It will be a chance to share research led by Trust clinicians, to promote the positives of research and to provide information about the different ways staff can be involved. In order to ensure the new research strategy is meaningful for Humber, various groups are being or have been consulted. For example, research conference delegates, Trust Governors, Board members, Patient and Carer Experience Forum, Patient Research Ambassadors, Clinical Networks, Research and Development Group and external stakeholders. The aim is for the new strategy to build upon the successes of the previous strategy, include new ambitious objectives and

fit within the objectives of the Trust's overarching strategy. To ensure it is ratified prior to the launch event in Dec, the aim would be for it to come to the Board on 30 Oct.

5. Opportunities, innovation and alliances

Work continues to strengthen research collaborations and to bring studies to the Trust in areas where there has been limited previous involvement. For example, a social care-related NIHR grant application with the University of York was recently confirmed as successful. A number of other grant applications are currently being worked on and expected to be submitted in 2019. New studies have also commenced recently (*appendix 3, table 1)*, for example a randomised controlled trial of a structured intervention for expanding social networks for those experiencing psychosis.

Currently also working with MAC Clinical Research Ltd, a commercial research organisation that conducts clinical trials across various health conditions, to commence studies via Market Weighton practice initially and then potentially to other practices. This provides new opportunities for patients to take part in trials of novel clinical treatments that they would otherwise not have had access to.

6. Dissemination and implementation

Appendix 2 includes some examples around dissemination and implementation relating to 2018-19.

Recently research led from within the Trust featured in evidence presented to Parliament in June 2019. The All Party Parliamentary Group (APPG) on Social Work is undertaking an inquiry into the role of mental health social workers and their working conditions. Dr Mark Wilberforce from the University of York presented findings of a research study which was largely based upon lessons learned from service users receiving support from Humber social workers. He reported 'The research found that service users placed very high value on specialist social work skills and knowledge. It also found that service users supported by social workers experienced more person-centred care when compared with those supported by other care coordinators.' The APPG is expected to publish the findings of its Inquiry in July, before making recommendations to the Department of Health & Social Care during the summer.

7. Promotion, publicity and awards

On 9 Jul Wendy Mitchell, Trust Patient Research Ambassador, was awarded an honorary doctorate by the University of Hull in recognition of her contribution to dementia research, teaching and helping people better understand the lived experience of dementia. A week later Wendy was also awarded a doctorate from the University of Bradford.

The third annual research conference took place on 15 May 2019 and was another great success. Around 170 attended and registered delegates represented at least 26 organisations and many different professional groups. Fifty five per cent of those who registered to attend were from the Trust. Overwhelmingly the feedback was incredibly positive and people wanted more of the same next year. Of the 52 people that completed an evaluation form only one gave a negative rating. Some of the comments included:

'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.'
'It was excellent and I really enjoyed it. It certainly showcases the Trust research well'.
'Fabulous coverage & use of video pressed all the positive buttons.'
'Makes me think about how I can incorporate into the current work I am doing.'
'Really inspired me to get involved with research.'
'Stunning!! Can I come next year!'

Appendix 1 – Humber Research 2018-19 in numbers

Humber Research: 2018-19 in numbers

(National Institute for Health Research Portfolio Studies)

NHS Humber Teaching NHS Foundation Trust

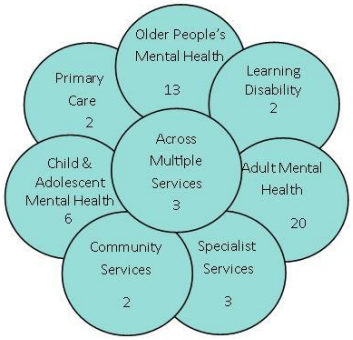
31

Local Principal Investigators

We were involved in studies throughout the **UK and Europe**

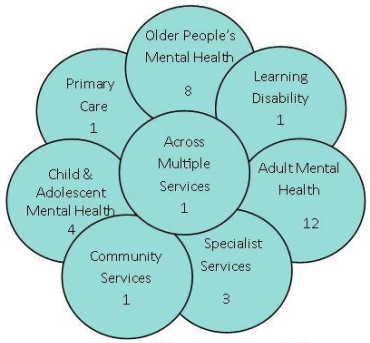
100%

Surveyed would recommend taking part in research to friends and family



51 Studies were open

13% increase on 2017-18



31 Studies recruiting

7% increase on 2017-18

1537 Participants took part in studies

36% increase on 2017-18

A further 28 non-NIHR portfolio studies were also running in the Trust

Appendix 2 – Humber Outcomes of Research 2018-19

Outcomes of Research 2018-19

NHS Humber Teaching NHS Foundation Trust

Saved Lives

'Helping to live instead of dreading the future'

'Research gave me the hope I so desperately needed'

'Feel proud and important'

'Life is worth living after all'

'Has given me a focus and a purpose'

"One of the best things we ever did'

This is what research participants told us

Enhanced Lives

'Wonderful to hear real-life anecdotes'
'So much useful information and tips'
'Can take what I've learnt and put to good use'
'Very positive and inspiring'

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

Generated Income

£373k external research funding into the Trust

Contributed to Evidence

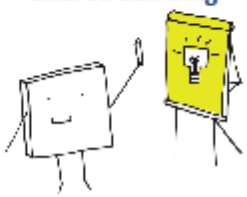
36 national and international publications included authors from the Trust

Implemented Research

ReQoL[UK]
Recovering Quality of Life

Patient Reported Outcome Measure developed with direct involvement from service users now in use; places people at the heart of their recovery

Shared Learning



150 delegates from 22 organisations registered for 2018 Research Conference

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

Increased Patient \ Carer Contact

Almost 1400 hours spent with patients and carers by researchers (over and above clinical contacts)

Enhanced Clinical Skills

21 staff trained in new clinical interventions

Cathryn Hart, Assistant Director Research & Development

Appendix 3 – Research studies running in the Trust

Table 1: NIHR Portfolio studies currently open to recruitment or in follow-up (15/07/19)

Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
Older People's Mental Health Services					
Detecting Susceptibility Genes for Alzheimer's disease (AD-Genetics)	Observation	Dr Chris Rewston Clinical Psychologist	Prof Julie Williams University of Cardiff	01/02/2020	Open
Effective Home Support in Dementia Care: Project 2.1 Dementia Early Stage Cognitive Aids New Trial (DESCANT)	Intervention	Dr Chris Rewston Clinical Psychologist	Prof David Challis University of Manchester	31/07/2019	In Follow up until June 19
The IDEAL-2 study: Improving the experience of dementia and enhancing active life: a longitudinal perspective on living well with dementia	Observation	Dr Reena Roy Consultant Psychiatrist	Prof Linda Clare University of Exeter	30/06/2020	Open
Promoting Independence in Dementia (PRIDE): A Feasibility Randomised Controlled Trial	Intervention	Dr Rachel Whitehead Clinical Psychologist	Prof Martin Orrell University of Nottingham	01/08/2019	Open
A novel, free to use, measure of combined cognitive and functional abilities for clinical use. (Free-Cog)	Observation	Dr Chris Rewston Clinical Psychologist	Prof Alistair Burns Greater Manchester Mental Health NHS Foundation Trust	31/08/2019	Open
Detecting Susceptibility Genes for Dementia with Lewy Bodies (DLB Genetics)	Observation	Dr Chris Rewston Clinical Psychologist	Dr Rebecca Sims University of Cardiff	31/01/2020	Open
Behaviours that Challenge' [BtC] in Dementia care: A Multi-disciplinary Stakeholder Survey	Observation	Prof Esme Moniz Cook Professor of Clinical Psychology of Ageing and Dementia Care Research (Honorary with Trust)	Prof Esme Moniz Cook University of Hull	31/12/2019	Open
Adult Mental Health Services					
Lifestyle Health and Wellbeing Survey (HWB) – a survey of health and lifestyle behaviours of people with severe mental ill health	Observation	Dr Renato Merolli Associate Specialist	Prof Simon Gilbody University of York	01/01/2021	Open
EnrollHD: A Prospective Registry Study in a Global Huntington's Disease Cohort	Observation	Dr Ivana Markova Consultant Psychiatrist (Hon)	Prof Anne Rosser Cardiff University	01/10/2053	Open (follow-up site only)

Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
The cap-mem study. Exploring the cause and prevalence of memory problems in people with mental health disorders	Observation	Dr Graham Harkness Consultant Psychiatrist	Dr Stuart Watson Newcastle University	30/09/2019	Open
Psychosocial assessment and psychological therapy following self-harm	Observation	No Local Investigator Required	Prof Nav Kapur University of Manchester	08/01/2021	Open
Attitudes to Voices: A survey exploring the factors associated with clinicians' perspectives on hearing voices	Observation	Dr Soraya Mayet Consultant Psychiatrist	Dr Mark Hayward University of Sussex	30/09/2019	Open
LIGHTMind 2: Low-Intensity Guided Help Through MINDfulness	Intervention	Zoe Lane Psychological Wellbeing Practitioner	Dr Clara Strauss Sussex Partnership NHS Foundation Trust	01/09/2020	Open
A randomised controlled trial of a structured intervention for expanding social networks in psychosis (SCENE)	Intervention	Dr Chris Sanderson Clinical Psychologist	Dr Domenico Giacco East London NHS Foundation Trust	30/06/2021	Open
Specialist Services					
The National Confidential Inquiry into Suicide and Safety in Mental Health	Observation	No Local Investigator Required	Prof Louis Appleby University of Manchester	31/03/2022	Open
Alcohol Dependence and Adherence to Medicine (ADAM) – a trial of the effectiveness of adjunctive medication management and contingency management to enhance adherence to Acamprosate for relapse prevention in alcohol dependence.	Intervention	Prof Tom Phillips, University of Hull (Honorary with Trust)	Prof Colin Drummond Kings College London	31/05/2020	Open
Take home naloxone Intervention Multicentre Emergency setting feasibility trial (TIME)	Intervention	Dr Soraya Mayet Consultant Psychiatrist	Dr Alan Watkins Swansea University	20/03/2020	Open
Children's Services					
A non-inferiority randomised controlled trial comparing the clinical and cost-effectiveness of one session treatment (OST) with multi-session cognitive behavioural therapy (CBT) in children with specific phobias - Alleviating Specific Phobias Experienced by Children Trial (ASPECT)	Intervention	Dr Ravi Mahendra Consultant Psychiatrist	Prof Barry Wright Leeds and York Partnership NHS Foundation Trust	30/10/2019	Open
Power Up for Parents: A pilot study, promoting parental involvement in shared decision making through technology	Intervention	Dr Mushayyada Nisar Consultant Psychiatrist	Dr Julian Edbrooke-Childs University College London	01/10/2019	Open

Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
Specialist Services Evaluation: A realistic process evaluation of the implementation and impact of Forensic Child and Adolescent Mental Health Services (F-CAMHS) and SECURE STAIRS	Observation	Helen Booth Principal Psychologist	Dr Julian Childs University College London	29/10/2021	Open
Learning Disability Services					
Feasibility randomised controlled trial of individual Cognitive Stimulation Therapy (iCST) for dementia in people with Intellectual disability	Intervention	Dr Amir Javaid Locum Consultant Psychiatrist	Dr Afia Ali University College London	30/07/2019	In follow up until July 19
Primary Care					
Bowel Scope Screening: Interventions to Increase Uptake in Yorkshire	Observation	Cathryn Hart Assistant Director R&D	Dr Lesley McGregor University College London	30/09/2019	Open
GPWR: GP Waiting Room Study - The use of GP waiting rooms to display cancer information	Observation	No Local Investigator Required	Prof Una Macleod Hull York Medical School	30/09/2019	Open
Across multiple services					
Molecular genetics of Adverse Drug Reactions from candidates' genes to genome wide association studies.	Observation	Jackie Stark Principal Pharmacist	Prof Munir Pirmohamed University of Liverpool	30/04/2021	Open

Table 2 – Non-portfolio studies currently open, in follow-up or in set-up (15/07/19)

Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
Older People's Mental Health Services					
Digital life story work in individuals with dementia and their spouses	Observation	Laura Sweeney Trainee Clinical Psychologist	Laura Sweeney Humber Teaching NHS Foundation Trust	01/09/2019	Open
Adult Mental Health Services					
Experience of mental health service users in decisions to end seclusion	Observation	Haley Jackson Research Nurse	Haley Jackson University of Leeds	01/10/2019	Open
The role of services in repeating patterns of shame in Borderline Personality Disorder	Observation	Rubina Fada Trainee Clinical Psychologist	Rubina Fada Humber Teaching NHS Foundation Trust	30/09/2019	Open
Specialist Services					
Service users and students' lived experiences of their time together	Observation	Emma Jones Senior Lecturer	Emma Jones University of Central Lancashire	01/12/2019	Open
Across multiple services					
Healthy Alcohol Policy Development and Implementation in the Workplace	Observation	Lolita Alfred Doctoral Student	Lolita Alfred Lancaster University	31/12/2019	Open
Agents of Change in a Staff Compassion Focused Therapy Group	Observation	Alexandra Askew Trainee Clinical Psychologist	Alexandra Askew Humber Teaching NHS Foundation Trust	20/09/2019	Open
Supporting Transition and Retention of newly registered Nurses (STaR)	Observation	No Local Principal Investigator required	Prof Roger Watson University of Hull	04/06/2020	Open
Not in Humber care groups					
Shame, Self-discrepancies, and Adjustment Post Acquired Brain Injury	Observation	Rachel Hughes Trainee Clinical Psychologist	Rachel Hughes Humber Teaching NHS Foundation Trust	01/11/2019	In Set Up

Agenda Item 15

Title & Date of Meeting:	Trust Board Public Meeting – 31 July 2019
Title of Report:	Six Month Review of Safer Staffing- In patient units (October2018 – March 2019)
Author:	Executive Lead: Hilary Gledhill, Director of Nursing Author: Tracy Flanagan Title: Deputy Director of Nursing
Recommendation:	To approve: ; To note: ; To discuss: x ; To ratify: ; For information: ; To endorse: x
Purpose of Paper:	This report outlines the outcomes of the review of safer staffing requirements across our in-patient units using the National Quality Board (NQB) guidance and NHS Improvement 'Developing Workforce Safeguards' reporting requirements which states the need for a comprehensive review of staffing at team level which should be reported to the Board twice a year. The report has been presented to the Workforce and Organisational Development Committee in July and is presented to the Board to note the findings from our review of safer staffing across our in-patient services and the work that is ongoing across all in patient services to further strengthen the Trust approach to safer staffing. The Board are also requested to note the benchmarking data which shows a positive picture for the Trust in relation to Care Hours per Patient Day where overall we are above the regional and national average.
Key Issues within the report:	• Overall the majority of units are performing well against fill rate requirements and performance • The Trust in patient units are performing well in relation to care hours per patient day (CHPPD) when compared regionally and nationally. The Trust CHPPD is 12.4, regional 11.8 and nationally 8.9. • New data shows that areas with lower fill rates are still providing good Care Hours Per patient Day due to improved patient flow and lower bed occupancy • Safer staffing incidents via datix show reporting of 2 episodes of low harm associated with cancelling leave • General improved performance in training, supervision and PADR across most areas • The forensic units are flagging as requiring further review of their establishments utilising the new Mental Health Optimal Staffing Tool (MHOST) due to changes in their function and the dependency levels of their patients and consistent challenges- specifically on Darley and Bridges to maintain fill rates.

Monitoring and assurance framework summary:

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

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

Six Month Review of Safer Staffing: October 2018- March 2019

1. Introduction and Purpose

This report presents the findings of a review of safer staffing across our inpatient units for the period October 2018- March 2019. It provides a current position in relation to key performance indicators (KPI) for each unit and a review of current minimum safe staffing levels against budgeted establishment. The report reflects the latest NHS Improvement reporting requirements outlined in 'Developing workforce safeguards' (NHSI Oct 2018)

The review includes triangulation at team level of what an efficient use of staffing establishment from a finance/rostering perspective looks like alongside local feedback in relation to multidisciplinary team (MDT) and leadership continuity and patient and staff satisfaction (where this information is available). A review of existing establishments based on available dependency data, quality and productivity outcome measures and professional judgement has been undertaken with modern matrons; charge nurses and finance partners.

2. Findings

Themes remain consistent with previous issues that the Board have been appraised of via the monthly safer staffing reports with planned staffing not always being met due to sickness, vacancies and high levels of patient acuity.

Training and Clinical Supervision

Since the last report we have seen an improvement in training compliance with all units now achieving the Trust target. This is mirrored with an overall improvement in supervision with all units achieving or within reach of the target. Fitzwilliam ward at Malton in now reporting supervision and an improvement trajectory is being noted.

Fill Rates

Overall fill rates are improving but registered fill rates remain below target in several areas for registered nurses. Darley remains the unit with the lowest fill rates overall. It is acknowledged that this is a small unit and staff are often moved to cover other areas and their Care Hours per Patient Day (CHPPD) rates are relatively good. CHPPD generally have improved in this reporting period and we are benchmarking strongly regionally and nationally. Sickness remains the biggest challenge and focussed support is being provided to forensic services in particular, with strategies in place to manage short term and long term sickness robustly.

Where fill rates were not achieved, patient safety on in-patient wards was maintained by nurses working additional unplanned hours, staff covering across wards and use of bank staff. In addition, members of the multi-disciplinary team and ward managers have supported nursing staff in the delivery of planned care in conjunction with patient care being prioritised over non-direct care activities. Staffing levels across all wards are assessed daily and at each shift and the mitigation of risks and contingency planning takes place in line with the protocol of escalation which on occasion results in temporary

closure of the unit to admissions by the executive director to maintain safer staffing requirements.

Incidents

Specific exceptions where safety concerns have arisen have been reported through Datix and escalated through operational management to action. 30 incidents were reported on datix citing ‘unable to provide care due to poor staffing levels’ of these 2 resulted in low harm including cancelling of section 17 leave and delays in responding to patient call bells and speaking to relatives (Whitby). A further incident of low harm being caused by cancellation of leave was reported under ‘section 17 leave delayed or cancelled’. Going forward cancellation of section 17 leave will be reported as a standalone quality indicator for all mental health and Learning disability units.

3. Background and Context

In January 2018 the National Quality Board published safer staffing resource tools for both Mental Health and Learning Disability services (NQB 2018). These build on the previously published guidance ‘*Supporting NHS providers to deliver the right staff, with the right skill, in the right place at the right time- Safe, sustainable and productive staffing`. (NQB 2016)*.

The latest NQB improvement resources reiterate the need for a comprehensive review of staffing at team/service level which should be reported to the Board twice a year. This has been reinforced in the recently published ‘Developing Workforce Safeguards’, NHSI (October 2018) which outlines the intention to commence assessment of compliance with deciding staffing requirements using a triangulated approach. NHSI will also use their yearly assessment to ensure organisations are using evidence based tools; professional judgement and outcomes as part of their safer staffing processes.

In May 2019 the Shelford group published the Mental Health Optimal Staffing Tool (MHOST). It is now a requirement that the Trust signs up to a license agreement for the recommended evidence based safer staffing tools. We have completed licensing for MHOST and registration for the Safer Nursing Care Tool (SNCT) is in progress. These tools will be used for the next round of establishment and safer staffing reviews

4. Staffing Establishments Review Methodology

The Deputy Director of Nursing (DDN) met with members of each mental health, learning disability and low/medium secure in patient team including service managers; charge nurses (CN), clinical leads, matrons, clinical care directors, finance and unit staff The ‘Strategic clinical team establishment methodology’ from the NQB MH resource was utilised to discuss their position in relation to safer staffing based on their fill rates and Care Hours per Patient Day (CHPPD) data and other quality and productivity outcome measures. Those areas highlighted in the previous safer staffing report as requiring urgent review were prioritised. The new modern matron for the community wards at Malton and Whitby is currently undertaking a review of their minimum staffing levels and budgeted establishments using the Safer Nursing Care Tool with support from the

Assistant Care Group Director and the DDN. Once this has been completed this will be discussed with the wider team as described above.

4.2 Results

Unit	Summary and Action
Granville Court	Since the period Oct 18- Mar19 there has been a slight decline in performance in relation to PADR and sickness but the **fill rates and CHPPD give good evidence that the unit is safely staffed**. No evidence based tool is currently available that is appropriate for the patient group on Granville- the minimum staffing levels are based on the CQC requirements for nursing homes and were reviewed at the last CQC inspection. **The context of care tool will be utilised during Quarter 2 to ensure the focus is on the skill and compassion of the staff not just numbers**
Townend Court	Since the last reporting period the bed occupancy has fallen further in line with service transformation. Whilst the fill rates are below target the **CHPPD are very high and provide strong evidence that the unit is safely staffed**. All other quality and productivity target have been met with the exception of sickness and PADR which are just below target. There is no evidence based tool for learning disability units but the **Clinical Lead will undertake context of care and look at new MHOST in Q2**
Ullswater	Since the last reporting period an urgent review of minimum staffing levels and the establishment was undertaken. The remit of the ward is changing from medium to low secure and some of the high dependency patients have moved on. Based on this the minimum number of registered nurses has been reduced from 3 during the day to 2. This will address the underfill of registered nurses on days. CHPPD are good. **It was agreed that the unit is safely staffed** and the quality and productivity outcomes have improved in this reporting period with the exception of supervision which has dropped to just slightly below target. 1 incident resulting in low harm is reported through cancellation of section 17 leave **Charge nurse will review establishment using new MHOST tool in Q2 and consider use on context of care tool. Cancelled leave will be included in report going forward**
Darley	Since the last reporting period an urgent review of minimum staffing levels and the establishment was undertaken with MM and CN. Fill rates for registered nurses and overall fill rates on days have fallen since last reporting period. CHPPD rates are also low. Sickness has increased but other quality indicators remain above target with the exception of clinical supervision which has dropped slightly. MM and CN report that registered

Unit	Summary and Action
	and unregistered nurses are frequently moved to other areas in the Humber Centre. Senior oversight of staff movement to cover the service ensures safety is prioritised. Additional staffing resource is available during the day through AHP support but this is not counted in the fill rates/CHPPD. A review of the establishment shows that this is adequate to cover minimum staffing levels, Current vacancies and high levels of sickness are contributing to inability to meet target fill rates. No incidents affecting patient care/causing patient harm have been reported. **It was agreed that the unit is safely staffed despite low fill rates as there is support across the wider service.** Measures are in place to address the current registered nurse vacancies (including use of agency staff) and a proactive plan for managing short term sickness is in place. **AHPs to be aligned to units on eroster and included in CHPPD report. MHOST to be used to review minimum staffing in Q2. Active recruitment of bank HCA**
Derwent & Ouse	Since the last reporting period an urgent review of minimum staffing levels and the establishment was undertaken with MM and CN. Fill rates for registered nurses and overall fill rates on days have remained below target with registered nurse fill rates on day dropping further. CHPPD rates are also low. Sickness is still high and supervision and PADRs are slightly below target. . MM and CN report that registered and unregistered nurses are frequently moved to other areas in the Humber Centre. Senior oversight of staff movement to cover the service ensures safety is prioritised. Additional staffing resource is available during the day through AHP support but this is not counted in the fill rates/CHPPD. A review of the establishment shows that this is adequate to cover minimum staffing levels, Current vacancies and high levels of sickness are contributing to inability to meet target fill rates. No reported staffing incidents resulted in any harm to patients . **It was agreed that the unit is safely staffed despite low fill rates as there is support across the wider service.** Measures are in place to address the current registered nurse vacancies (including use of agency staff) and a proactive plan for managing short term sickness is in place. **AHPs to be aligned to units on eroster and included in CHPPD report. MHOST to be used to review minimum staffing in Q2. Separate report will be produced from April 2019**
Swale	Since the last reporting period a review of the establishment and minimum staffing levels has been undertaken with MM and CN. Fill rates and all quality indicators are within or above target. Consistent use of additional staff to provide higher fills rates on nights (148%) is attributable to the increased acuity of the patient group. The budgeted establishment meets the current minimum staffing requirements. No incidents affecting patient care/causing patient harm have been reported. **The fill rates and CHPPD gives good evidence that the unit is safely**

Unit	Summary and Action
	staffed. However the overfill on night would suggest a review of the minimum staffing levels may need to be undertaken **MHOST to be completed in Q2**
PICU	Since the last reporting period there has been a slight improvement in registered nurse fill rates. There has been an improvement in supervision but a slight drop in PADR compliance. Fill rates overall are above target with additional unregistered hours compensating for shortfall in registered nurse hours and CHPPD are good. High bank use has been required to cover vacancies. The bed occupancy has been reduced to a maximum of 60%. **It was agreed that with these measures the unit has been safely staffed.** There has been one staffing incident affecting patient care that resulted in low harm due to leave being cancelled. **MHOST to be completed in Q2. Confirm position regarding bed numbers**
Newbridges	Since the last reporting period there has been an improvement in fill rates which are all within or above target. **This provides good evidence that the unit is safely staffed**. CHPPD are comparable to the other adult mental health units and above the national average .There is good performance against quality indicators with the exception of sickness and a slight shortfall against Occupied Bed Days (OBD) and PADR targets. No incidents causing patient harm have been reported. A review of the dependency data suggested that the current minimum staffing levels and establishment are adequate. **MHOST to be completed in Q2**
Westlands	Since the last reporting period there has been an improvement in fill rates generally with a slight shortfall in the target for registered nurses- this is compensated for with additional unregistered hours. **This provides reasonable evidence that the unit is safely staffed**. CHPPD are slightly above the other adult mental health units and well above the national average. Staff quality indicators are generally above target with PADR compliance slightly below but improving. FFT has dropped to 60% satisfaction from 91% this relates directly to patient feedback and does not reflect carer feedback which is more favourable. Sickness remains above target. A review of the dependency data suggested that the current minimum staffing levels and establishment are adequate. **MHOST to be completed in Q2**
Mill View Court	Since the last reporting period fill rates have been maintained within or above target. CHPPD are comparable to the other adult mental health units and above the national average **This provides good evidence that the unit is safely staffed.** There is good performance against quality indicators with the exception of sickness and a slight shortfall against the clinical supervision target. A review of the dependency data suggested that the current minimum staffing levels and establishment are adequate. **MHOST to be completed in Q2**

Unit	Summary and Action
Avondale	Since the last reporting period fill rates have been maintained within or above target. **This provides good evidence that the unit is safely staffed.** CHPPD are good and well above the national average All other quality measures are above target. Higher bank use reflected 20% registered nurse vacancy. A review of the dependency data suggested that the current minimum staffing levels and establishment are adequate. **MHOST to be completed in Q2**
Hawthorn Court	Since the last reporting period the bed occupancy has fallen further in line with service transformation. Whilst the overall fill rates are below target and registered nurses on days the **CHPPD are good and provide strong evidence that the unit is safely staffed**. Sickness and PADRs are below target; Supervision is improving but is still below target and FFT satisfaction has dropped to 67% but this reflects a very small response rate as the numbers of patients on the unit has reduced significantly. **An urgent review of the minimum staffing levels using MHOST is required to address change in function and bed numbers**
Maister Lodge	Since the last review period a review of the establishment and minimum staffing levels has been undertaken with MM and CN. Fill rates for registered nurses on days have dropped slightly. The overall fill rates reflect that unregistered hours are being utilised to compensate for this. CHPPD are comparable to the other adult mental health units and above the national average **This provides reasonable evidence that the unit is safely staffed.** Bed occupancy has also risen within the reporting period. Supervision dipped significantly for a couple of months, has improved in March but is still below target. No reported staffing incidents resulted in any harm to patients. Significant work has been done by the team to review skill mix and introduce new roles to support safer staffing. i.e nursing associate and pharmacy technicians **QIA process to be completed and signed off for skill mix changes/introduction of new roles . MHOST to be completed in Q2**
Mill View lodge	Since the last review period a review of the establishment and minimum staffing levels has been undertaken with MM and CN. Fill rates have improved and are all within or above target. CHPPD are comparable to the other adult mental health units and above the national average **This provides good evidence that the unit is safely staffed.** Quality indicators are above target with the exception of Supervision. No reported staffing incidents resulted in any harm to patients. **MHOST to be completed in Q2**
Whitby	Since the last review period fill rates have improved and are all within or above target. **This provides good evidence that the**

Unit	Summary and Action
	unit is safely staffed. Sickness is high and PADR compliance is below target- significant improvement has been made with supervision compliance which is just below target. **Safer Nursing Care tool license to be completed and review of establishment to be completed**
Malton	Since the last reporting period fill rates have been maintained within or above target. **This provides good evidence that the unit is safely staffed.** Clinical supervision and PADR compliance is below target but improvement has been made since establishing reporting in October 18. **Safer Nursing Care tool license to be completed and review of establishment to be completed**

5. CHPPD (Care Hours per Patient Day)- benchmarking data

CHPPD data provides ward managers, nurse leaders and the executive team with a profile of the effective deployment and productivity of staff across service. It allows comparison of a ward's CHPPD figure with that of other wards in the service, or with similar wards in other services. If they find wide variation between similar wards, they may investigate to make sure the right staff are being used in the right way in the right numbers. CHPPD figures can be added together for groups of wards or for an entire service to make further comparisons.

February 2019	CHPPD Overall	CHPPD Registered Nurses	CHPPD – Healthcare Support Workers
Trust	12.4	4.0	8.4
Regional *	11.8	3.7	8.1
National	8.9	3.4	5.5

*Regional Trusts being RDASH, Leeds & York, South West Yorkshire, TEWV, and NTW.

6.0 Summary

- Overall the majority of units are performing well against fill rate requirements and performance.
- New data shows that areas with lower fill rates are still providing good CHPPD due to reduced bed occupancy
- From the review of safer staffing using the NHS I methodology, The forensic units are flagging as requiring further review of their establishments utilising the new MHOST due to changes in their function and the dependency levels of their patients and consistent challenges- specifically on Darley and Bridges to maintain CHPPD.

- PICU vacancy position is slowly improving but reduced bed occupancy is still required to maintain safe staffing and additional use of bank staff
- Safer staffing incidents via datix show 1 episode of low harm associated with cancelling leave
- Improved performance in training, supervision and PADR across most areas
- Strong CHPPD performance (upper quartile) when benchmarked regionally and nationally

7.0 Recommendations

- Programme of review of establishments in all MH units to be undertaken using MHOST
- Review of establishments in community wards to be undertaken using SNCT
- LD services to review MHOST for use in Townend and complete Context of Care assessment for Townend and Granville court
- Continued focus across forensic services on improving sickness (led by the Chief Operating Officer).
- Focussed review and support by Matrons and Clinical Care Directors with additional input as required from Nursing Quality and Safety directorate to address specific actions required for each unit in line with their key quality; safety and productivity indicators.
- End of shift questionnaire to be built into health assure to collect staff feedback
- Continuous improved performance indicated by benchmarking data to be shared with teams as part of safer staffing reviews
- Develop a pathway to support teams with difficult to recruit to vacancies including options for using alternative roles and approval/quality impact processes

8.0 Next steps

1. Implementation of recommendations to be overseen by the Deputy Director of Nursing (DDN) with regular reports of progress to the Executive Management Team for any further actions to be taken as required and the Quality Committee for assurance processes.

2. Continuing schedule of meetings established to strengthen engagement between the Charge Nurses, the Chief Operating Officer and Director of Nursing to be used to

    - Discuss the findings from this report
    - Ensure there is a collective view on when and how to escalate concerns
    - Identify and collectively agree actions required to further strengthen staffing establishments

3. DDN to schedule safer staffing visits to teams throughout the year to provide additional support to teams, capture concerns and good practice, offer an opportunity for discussion and oversee self-assessments to inform the 6 monthly reports going forward.

4.Findings of this report to inform priority areas in hard to recruit plan and provide framework for reshaping skill mix and safely introducing new roles as appropriate

5. Trust to demonstrate compliance with Developing Workforce Standards and provide assurance through public board reporting and through Single Oversight framework and the annual governance statement for NHS I

Agenda Item 16

Title & Date of Meeting:	Trust Board Public Meeting - 31 July 2019
Title of Report:	Patient Safety Strategy: Becoming a High Reliability Organisation
Author:	Exec Sponsor: Hilary Gledhill Title: Director of Nursing Author: Caroline Johnson Title: Assistant Director of Quality Governance and Patient Safety.
Recommendation:	To approve ✓ / To note To discuss / To ratify For information / To endorse
Purpose of Paper:	To provide the Board with the draft Patient Safety Strategy for approval.
Key Issues within the report:	This draft of the refreshed Patient Safety Strategy has been developed through extensive consultation across the organisation and as a result has been through a number of iterations. The Board will see that we have identified 6-priorities aligned to the overall trust strategy. These priorities also align with the national patient safety strategy in order to deliver the key aspects of the national strategy – insight, involvement and improvement. The overall aim of the strategy is to develop a culture of high-reliability through five principles: 1) Preoccupation with failure: using failure and near failure as ways to gain insight into the strengths and weaknesses of the system; 2) Reluctance to simplify: avoiding the tendency to minimise or explain away problems 3) Sensitivity to operations: being aware of the 'big picture', specifically how all the components of work fit together and how problems in one area can spread to other areas. 4) Resilience: developing the capability to cope with un-expected events 5) Deference to expertise: under-standing where the expertise is in the organisation and ensuring that decisions about how to deal with problems are made by those experts The strategy has been developed through extensive consultation with a wide range of staff and forums.

Monitoring and assurance framework summary:

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

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

Humber Teaching
NHS Foundation Trust

Patient Safety Strategy 2019-22

Becoming a High Reliability Organisation

'Better today than yesterday, every day`

Document Configuration		Document Ref:
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Key External Documents	NHS Patient Safety Strategy (2019) NHS England's policy for health and safety (revised April 2017) NHS England's safeguarding policy (updated June 2015) CQC The State of Care in Adult Social Care in England (2018)	

Contents

Forward

A Message from our Chief Executive and Chair

We have great pleasure in introducing our Patient Safety Strategy for 2019-22. This strategy aligns with the ambition 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.

Patient safety is central to all that we do. Through the delivery of our previous Patient Safety Strategy considerable progress has been achieved and recognised nationally. in 2018 we were awarded 'highly commended' at the Health Service Journal (HSJ) annual patient safety awards for our work in relation to reducing restrictive interventions work and in 2019 our corporate safety huddle was shortlisted for a HSJ patient safety award. This strategy aims to build further on the progress made to ensure that we continue on our improvement journey in the delivery of high quality safe care to all who use our services.

As a Trust we recognise that adverse incidents will and do occur but assert that with a strong safety and learning leadership culture the impact in terms of harm and recurrence will reduce. We recognise that the priorities we have set ourselves in this strategy will require the right organisational culture. All staff must feel safe to report patient safety issues without fear of retribution, and be empowered to act swiftly to address risk. This underlines the importance of distributed leadership with leaders at all levels having the skills and qualities essential for the promotion of a 'just culture' [(1)] that listens to staff, users of our services and our partners to ensure services are developed aligned to need and recognise the context in which they will be delivered.

To promote this culture the Trust will:

- ✓ Continue to invest in leadership to ensure teams are confident, curious and empowered with patients at the centre of everything they do.
- ✓ Ensure reporting and speak up systems are easy to use, responsive and inform organisational learning.
- ✓ Not tolerate bullying and harassment in teams which can lead to patient safety incidents/poor care not being reported for fear of retribution
- ✓ Listen to patients, their advocates and carers and develop strategies to ensure they can inform and influence the patient safety agenda for the Trust

This strategy supports and enables Humber's overarching Trust Strategy and sits as part of a suite of strategies and work programmes which together will enable our aspirations for a Care Quality Commission (CQC) rating of Outstanding across all domains. The Trust's PROUD leadership programme launched in 2019 supports the development of the leadership culture and capability required to achieve the priorities outlined in this strategy. In addition our approach to quality improvement alongside our Patient and Carer Experience strategy supports a culture of continual improvement which further supports our commitment to continuously improving the quality, safety and experience of care delivered to our patients and carers.

Michele Moran (Chief Executive)

Sharon Mays (Chairman)

1.0 Executive Summary

Patient safety is fundamental to the provision of high quality services and is defined by NHS England and NHS Improvement[2] as 'maximising the things that go right and minimising the things that go wrong for people experiencing healthcare'. The impact of patient harm is felt widely; by patients themselves, families, loved ones and the teams delivering care. The CQC State of Care review 2017/18[3] asserts that nationally, safety remains a real concern with 40% of NHS acute hospitals' core services and 37% of NHS mental health trusts' core services rated as requires improvement on safety at the end of July 2018. NHSI [1] estimate that by boosting patient safety understanding and capability to reduces harm by a modest 2%, an extra 200 lives and £20 million could be saved. Even more compelling is their assertion that by focussing improvement programmes on the areas that cause most harm 568 lives could be saved and £65 million.

The Health Foundation[4] have learnt over the course of many years and studies that a number of systems in health care are not designed with safety in mind, meaning that it is only the skill and resilience of health care professionals that prevents many more episodes of harm. They note that many care processes are unreliable, which can mean that the right equipment is not available, or the wrong drug is given to a patient. They also learnt that many institutions do not have a complete picture of safety, because they focus largely on past events rather than current or future risks.

The NHS Patient Safety Strategy asserts that continuously improving patient safety involves the NHS building on the foundations of a patient safety culture and systems. To achieve this; the NHS system has identified 3 key aims, Insight, Involvement and Improvement; these are explained in the box below.

The NHS Patient Safety Strategy Aims

- Improve its understanding of safety by drawing insight from multiple sources of patient safety information (**Insight**)
- Equip patients, staff and partners with the skills and opportunities to improve patient safety throughout the whole system **(Involvement)**
- Design and support programmes that deliver effective and sustainable change in the most important areas (**Improvement**).

As a Trust we have made significant progress across all 3 of these priority areas, examples of which are shown below:

1. **Insight -** The introduction of safety huddles (corporate and team based), introduction of the Pressure Ulcer Review and Learning (PuRL) group, improvements in the way we present and use data (statistical process Control charts),

2. **Involvement** – Introduction of Always Events©, launch of the Patient and Carer involvement Strategy, the Patient and Carer Experience Forum (PaCE) and the Staff Champions of Patient Experience forum (SCoPE).

3. **Improvement –** The launch of the Quality Improvement Strategy and investment in increasing the improvement skills and knowledge of the workforce through the Quality Service Improvement and Redesign College training, which also included 2 experts by experience, reducing the use of prone restraint, reducing the incidence of grade 4 pressure ulcers and improving the quality of our incident investigation processes.

Please refer to appendix 1 for a full summary of the progress made.

This strategy aims to build on the considerable progress made to date and continue our journey to achieving an outstanding reputation for patient safety.

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 3 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 become a '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

Improvement

5. To ensure a culture of continuous improvement
6. To work with the wider community to improve patient safety

The priorities were developed through a review of incident data, benchmarking data, CQC reports, national reports, the NHS Patient Safety Strategy, review of available patient safety literature and most crucially through extensive consultation with staff at all levels of the organisation. These are explained in detail in section 5.

2.0 The Aim of the Patient Safety Strategy

This strategy builds on the achievements of our 2016-18 Patient Safety strategy (appendix 1) and sets out the Trust ambitions to maximise safety and reduce harm experienced by people receiving care within Humber Teaching NHS Foundation Trust. The strategy seeks to deliver and support these aims by promoting a quality harm free experience for patients and carers and to ensure the Trust is sustained to deliver high quality, safe care, now and well into the future.

The delivery of this strategy aims to enable the Trust to achieve its aspiration to become a high reliability organisation. High reliability organisations are organisations that work in situations that have the potential for large-scale risk and harm, but which manage to balance effectiveness, efficiency and safety. They also minimise errors through teamwork, awareness of potential risk and constant improvement.

The delivery of the 2016-18 Patient Safety Strategy commenced our journey to becoming a high reliability organisation and this current strategy aims to build on our progress to date and achieve our aspiration to be a provider of high quality safe services. Appendix one provides an overview of our patient safety journey to date.

To implement this strategy we have aligned our priorities to the organisation's six goals:

3.0 Our Mission, Vision and Values

The Patient Safety strategy describes how Humber Teaching NHS Foundation Trust will ensure that we embed a culture of safety and learning that supports the delivery of high quality, safe, effective care across all the services we provide. The strategy has been designed to support the delivery of the Trust's visions and values which include:

4.0 Recognising our Patient Safety Challenges

As a multi-speciality provider we have a broad range of services, across a large geographical footprint each with differing patient safety issues and challenges. Therefore, it is essential that our approach to patient safety takes account of the unique challenges that each service brings.

Ensuring the highest quality safe care requires the organisation to have sufficient numbers of staff equipped with the right skills, knowledge and values. Humber like the majority of healthcare providers across the country are experiencing significant difficulties in recruiting to nursing and medical posts. This means that there is a reliance on temporary staffing solutions and skill mix is not consistently optimal. Therefore, we recognise that in order to achieve our patient safety aspirations, we must place a great deal of emphasis on the recruitment and retention of our workforce. Therefore, this strategy is intrinsically linked to the workforce strategy to deliver optimal safety.

The National Patient Safety Strategy cites one of the biggest challenges to the delivery of safe care as the fear of blame resulting in staff closing ranks and losing sight of the need to improve. The Trust has worked hard to improve the confidence of staff to report incidents without fear of blame. This commitment was underlined through the formal launch of the NHSI Just Culture Tool at the Learning the Lessons Conference in May 2018. However, in order to make a sustained improvement in staff confidence that the Trust operates a ‘no blame’ culture, will take a number of years to achieve through staff seeing it in action. The legacy of previous negative experiences of staff in relation to the investigation and management of incidents will take time to be replaced with the new open transparent culture of trust, continuous learning and quality improvement to which the Trust is committed.

The NHS Patient Safety Strategy highlights Primary Care as an area for specific focus. Primary Care is a growing area of care provision for Humber, with currently 7 practices at the time of publishing this strategy. The NHS strategy notes while it is recognised that nationally the vast majority of people receive safe care in Primary care around 2-3% of incidents reported nationally are attributable to primary care with approximately 25% of those involving serious harm. As a Trust we recognise that a tailored approach for Primary Care is required to ensure that they are supported to both report and investigate patient safety incidents. This work is already underway and will continue to be developed over the course of this strategy.

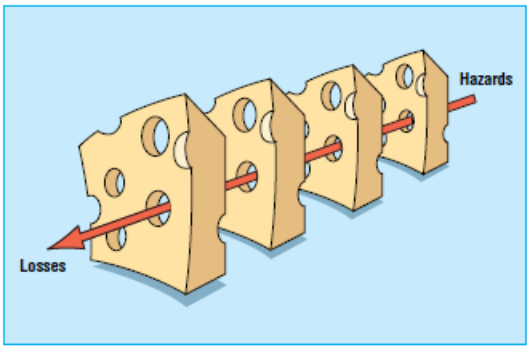
5.0 Aim and Priorities for Improvement 2019-22

We are proud of the progress we have made in improving patient safety through the delivery of the previous strategy, however we recognise that we are on a journey and there is still much more we can do to improve the quality, safety and experience of our services. This section sets out our commitment to achieving a high standard of patient safety through becoming a ‘high reliability organisation’. The concept of high reliability is outlined in section 5.1 below. In order to achieve our commitment to patient safety we have identified six priorities for improvement aligned to the NHS Patient Safety Strategy that we believe will enable us to achieve high-reliability, these are outlined in section 5.2.

5.1 Becoming a High Reliability Organisation

Traditionally, two approaches to the management of errors have prevailed, the person approach and the systems approach. The person approach focusses on the unsafe acts or omissions of people while the systems approach assumes that humans are fallible and errors are to be expected, even in the best organisations, therefore emphasis is placed on system and process based defences to prevent errors. Both approaches however, have their weaknesses as the person approach seeks to blame individuals and therefore suppresses honesty and transparency, thus learning is stifled and the system approach does not take account of the human factors that caused the systems and processes to fail. In contrast, the high reliability approach which is most commonly seen in high risk industries such as the nuclear and aviation industries, takes account of both systems and people. Reason[5] uses a swiss cheese analogy to describe this approach. He describes a series of slices of swiss cheese however unlike cheese the holes are moving position, opening and closing. The presence of a hole in one slice does not normally cause a bad outcome when the holes in many layers momentarily lineup this is when harm can occur. High reliability organisations recognise that the ability of the workforce to compensate for and adapt to changing events (holes occuring) represents one of the system's most important safeguards. Reliability is described by Reason as “a dynamic non-event”. It is dynamic because safety is preserved by timely adjustments by the workforce and; it is a non-event because the avoided event as a result of the adjustment is rarely recognised.

The Swiss Cheese Model



High reliability organisations are characterised by five key principles that facilitate both problem detection and problem management[6]. These are as follows:

1) Preoccupation with failure: using failure and near failure as ways to gain insight into the strengths and weaknesses of the system;
2) Reluctance to simplify: avoiding the tendency to minimise or explain away problems
3) Sensitivity to operations: being aware of the 'big picture', specifically how all the components of work fit together and how problems in one area can spread to other areas.
4) Resilience: developing the capability to cope with un-expected events
5) Deference to expertise: under-standing where the expertise is in the organisation and ensuring that decisions about how to deal with problems are made by those experts.

The development of an organisational culture that supports transparency, encourages people to speak up without fear of reprisal, avoids a tendency to blame, avoids naïve reliance on mechanistic processes, is central to achieving high-reliability. High reliability organisations manage to balance effectiveness, efficiency and safety whilst operating in situations that have the potential for high risk and harm. They minimise errors through teamwork, awareness of potential risk and constant improvement. As a multi-speciality healthcare provider Humber works with highly complex patients and manages considerable risk on a daily basis, therefore it is essential that we seek to achieve high reliability. This involves not only preventing errors or failures, but also learning quickly and taking action to prevent reoccurrence.

5.2 Our Priorities for Improvement 2019-22.

In order to achieve our aim to be a high-reliability organisation and deliver the aims of the NHS Patient Safety Strategy we have identified six priorities aligned to our strategic goals which aim to build on our progress to date. These priorities while aligned to the NHS Patient Safety Strategy also include further improvements the Trust wish to achieve; informed by the following:

- Patient and carer feedback gathered through a range of mechanisms such as patient and carer forums, Friends and Family Test, national patient surveys etc
- The national Staff Survey
- Review of our own internal safety reporting intelligence mechanisms such as Datix, audits, investigations and complaints to identify themes and trends,
- Review of our CQC and external peer review reports
- Review of national patient safety reports and initiatives, examples include: the CQC sexual safety in mental health wards report, the NHS Improvement Preventing healthcare associated Gram-negative bacterial bloodstream infections resource, the National Confidential Inquiry into Suicide and safety and reports produced by the Healthcare, safety Investigations Branch (HSIB).
- Feedback through our annual 'Building Our Priorities' event attended by a patients, carers, staff, commissioners and third sector organisations.
- Feedback from staff through workshops, presentations to staff groups, clinical networks and a range of other forums.

The priorities we have identified for 2019-22 are grouped under the three NHS Patient Safety Strategy aims (insight, involvement and improvement) and are aligned to our Trust strategic goals. These are outlined below:

Insight Priorities

Priority 1 ***To develop a positive and proactive safety culture***		**Strategic Goal 1** Innovating quality and patient safety
Priority 2 ***To reduce the number of Patient Safety Incidents resulting in harm whilst maintaining high levels of reporting***		**Strategic Goal 2** Enhancing prevention, wellbeing and recovery

Involvement Priorities

Priority 3 ***To work with patients, carers and key partners to continuously improve patient safety***		**Strategic Goal 3** Fostering Integration, Partnership and Alliances
Priority 4 ***To ensure staff are equipped with the appropriate patient safety knowledge and skills to embed an organisational wide culture of learning from patient safety incidents***		**Strategic Goal 4** Developing an effective and empowered workforce

Improvement Priorities

Priority 5 ***To ensure a culture of learning and continuous improvement***	**Strategic Goal 5** **Maximising an Efficient and Sustainable Organisation**
Priority 6 ***To work with the wider community to improve patient safety***	**Strategic Goal 6:** **Promoting People, Communities and social Values**

5.21 Our Insight Priorities

Priority 1: **To develop a positive and proactive safety culture**

The development of an organisational culture that supports transparency, encourages people to speak up without fear of reprisal, avoids a tendency to blame, avoids naïve reliance on mechanistic targets, and appreciates the pressures that can accumulate under resource constraints is seen as the cornerstone of safety.[6]

In order to achieve our aim of being a high-reliability organisation it is essential that we ensure safety incidents are reported and shared. In order to do so staff need to feel safe to report incidents and to speak up regarding concerns for safety. High reliability organisations have what is referred to as a ***'group mindfulness'***, which is an organisation-wide awareness of and expectation that errors will and do occur. This is accompanied by continual vigilance and awareness of the early signs of emerging risks. Responsibility and accountability for reliability is distributed throughout the organisation. Such organisations aim to increase the quality of attention and alertness to potential errors across all departments and teams.

The NHS Patient Safety Strategy identifies 6 key components of a patient safety culture:

- Psychological safety for staff
- Diversity
- Compelling vision
- Leadership and teamwork
- Open to learning
- Kindness and civility

It is refreshing to see such a strong emphasis on investment in staff well-being as a fundamental part of the national strategy. The staff well-being and leadership agenda is also high priority for the Trust and therefore there is a strong interdependence between this strategy and the PROUD programme.

There is a consensus among patient safety advisors that the best way of improving reporting and reducing harm is to target the underlying systems failures rather than take action against individual members of staff. In 2018 NHS improvement published the Just Culture Tool in order to support organisations to develop a culture of openness and learning by making staff feel confident to speak up when things go wrong. Humber Teaching NHS Foundation Trust embraces this approach and firmly believes that the implementation of the tool will enable staff to report incidents and supports a true culture of learning and incident prevention within the Trust.

In order to achieve this priority we aim to do the following:

Aims	What we will see
• To ensure psychological debrief for staff following incidents is embedded across services • To develop our leaders to ensure compassion, kindness and civility are at the core of leadership behaviours • To develop a culture of 'group mindfulness' • To ensure the NHSI Just Culture Tool is embedded within the organisation • To continue to embed a positive and proactive safety culture • To continue to embed a culture of continuous learning and improvement • To continue to strengthen our monitoring systems and address emerging risks in a timely manner • To further empower our staff to review redundant or flawed systems and processes • To ensure we benchmark positively with other providers	✓ Leaders demonstrating compassion, kindness and civility. ✓ High number of incidents reported with low/no harm. Increasing number of near miss incidents reported ✓ Positive staff perceptions of the fairness and effectiveness of incident management demonstrated in the annual staff survey ✓ Staff using the Freedom to Speak up Guardian processes ✓ Safety conversations within teams utilising data and learning from investigations at team level/division and corporate level ✓ Quality improvement initiatives at all levels of the organisation ✓ Benchmarking data routinely used in performance reporting and quality reports to drive continuous improvement.

Priority 2: To reduce the number of Patient Safety Incidents resulting in harm

The prevention of patient safety incidents underpins our approach to ensuring the safety of our patients. While not all patient safety incidents can be predicted, many are preventable. Whilst human error can never be completely eradicated, there are often a number of different 'contributory factors', spanning cross-organisational, organisational and individual levels, which underpin adverse events. High reliability organisations avoid the tendency to avoid or explain away problems, therefore it is essential that we identify emerging risks early and act to prevent more serious harm and embed a culture of continuous learning and improvement.

Intrinsic to ensuring patient safety is the availability and use of data. Teams need to have access to meaningful data to enable them to be able to identify their patient safety risks. To enable meaningful data is available we first need to enable incidents are reported (priority 1) and then develop the mechanisms for which the data will be collated and used throughout all levels of the organisation.

In order to achieve this priority we aim to do the following:

Aims	What we will see
• To ensure learning from incidents is embedded in practice • To ensure low harm/no harm incidents are reviewed to detect emerging risks • To develop, launch and embed a real-time patient safety and experience dashboard for use at all levels (from team/ward to board) • To ensure emerging risks are appropriately assessed, managed and communicated • To ensure that patient safety initiatives are used in practice (e.g. SafeWards) • To ensure policies and procedures reduce the risk of harm • To ensure teams proactively use incident data to identify emerging risks • To ensure the right information about patents is transferred at the right time to the right service.	✓ Use of safety huddles across all teams to address team specific risk themes to drive improvement ✓ Teams routinely reviewing and analysing data to identify and address patient safety issues ✓ Early identification of emerging risks with mitigating action taken at team and organisation wide levels. ✓ Learning routinely shared at all levels ✓ ePMA embedded in all in-patient areas ✓ SafeWards embedded in practice in our mental health in patient units ✓ Emerging risks being robustly identified, assessed, managed and communicated ✓ Risk registers embedded in the culture of teams Staff who feel supported and safe to report incidents and learn. ✓ A reduction in poor communication as a theme in investigation findings.

5.22 Our Involvement Priorities

Priority 3 – To work with patients, carers, staff and key partners to continuously improve patient safety

Humber Teaching NHS Foundation Trust is committed to a culture of co-production with patients, carers and staff. Involvement of patients and carers in quality improvement initiatives aimed at improving safety will ensure that we maximise opportunities to design and deliver the highest quality services for the people we support.

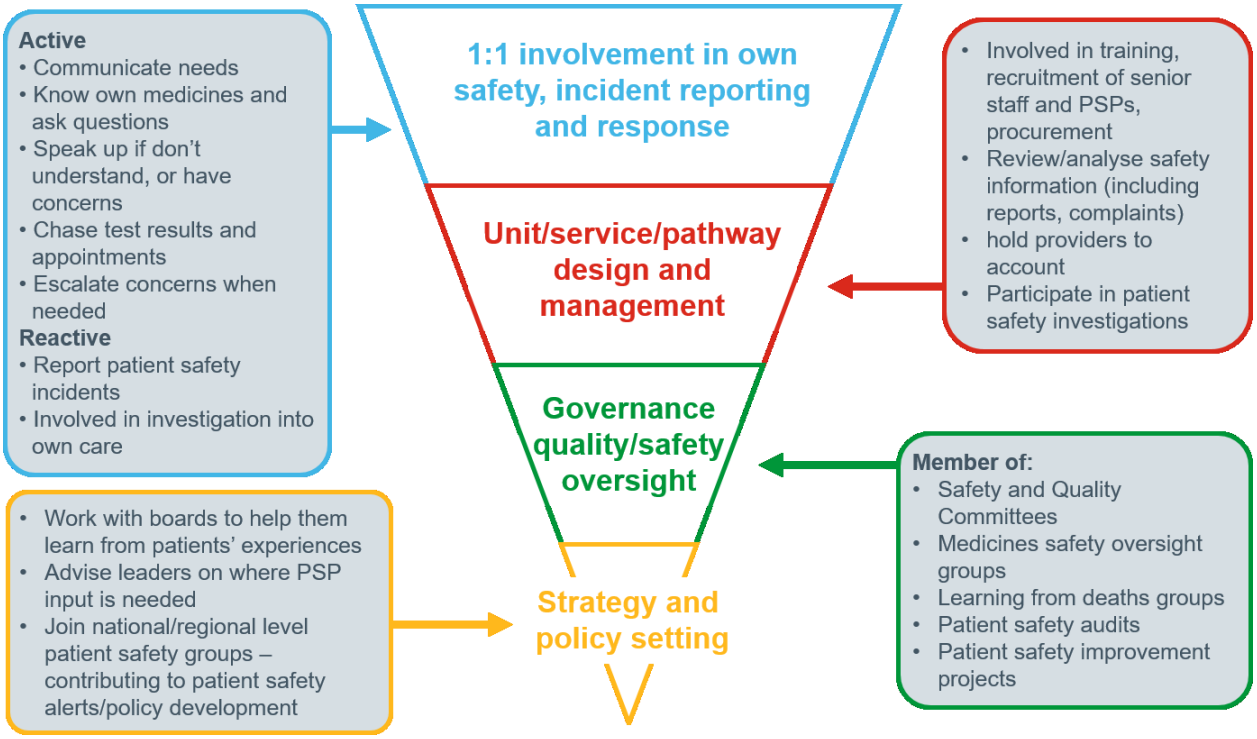
Working collaboratively with other organisations, sharing patient safety initiatives and undertaking peer reviews provides opportunities for learning across the wider system.

In the NHS strategy both NHSE and NHSI assert that they have ‘heard the call to explore the inter-relationship between complaints and incidents – not least the assertion that complaints are a form of incident reporting’, as a result they plan to explore how this can be achieved through the new reporting system. Humber have already recognised the importance of the link between complaints and incidents and as a result the complaints and risk department work closely together. A dashboard to triangulate incidents, complaints and compliments is already in development.

The NHS Patient Safety Strategy sets out an intention to create ‘patient safety partners’ (PSPs), as NHSE and NHSI believe that it is ‘the right way to make real what Don Berwick called for when he said that “patients and their carers should be present, powerful and involved at all levels of healthcare organisations from wards to the boards of trusts.’

The NHS Patient Safety Strategy has indicated the below potential roles of Patient Safety Partners:

Potential roles of Patient Safety Partners



As a Trust we wholeheartedly endorse this approach and already have arrange of mechanisms in place for involving patients and carers in investigations, service developments and quality improvement. The development of PSP roles will further support our commitment to co-production, outlined in out Patient and Carer Experience Strategy.

In order to achieve this priority we aim to do the following:

Aims	What we will see
• To develop, recruit to and embed the role of Patient Safety Partners • Identify a non-executive to support the Executive Director of Nursing to implement and champion the role of the Patient Safety Partners. • To implement the changes to systems and process required to enable the replacement for NRLS to be seamlessly introduced • Ensure all staff know how to report incidents • To co-produce quality improvement initiatives with patients and carers • To collaboratively share learning and initiatives across the wider healthcare system • Increased participation in patient safety research	✓ Patient Safety Partners as integral part of the Trust approach to safety ✓ Patients and carers involved, informed and at times leading on quality improvement initiatives ✓ Active involvement in national and regional forums relating to patient safety ✓ Participation in peer reviews with other organisations ✓ Patients and carers actively supported and involved in the investigation of safety incidents. ✓ Continued active research portfolio with an emphasis on patient safety.

Priority 4: To ensure staff are equipped with the appropriate patient safety knowledge and skills to embed an organisational wide culture of learning from patient safety incidents

In order to ensure Humber Teaching NHS Foundation achieves its aspiration to become a high reliability organisation, it is essential that priority is given to the skillset of our staff, particularly in relation to patient safety. As the NHS Patient Safety Strategy points out other high risk industries teach their workforce about safety and the NHS should do the same. As a Trust we have invested in training across a wide range of patient safety related areas, such as safety huddles, quality improvement, Root Cause Analysis (RCA), Human Factors, Structured Judgement Reviews to name but a few. However, the development of a skilled workforce is an ever evolving process, as the workforce changes and new tools and techniques are developed and the evidence base grows. Continued investment in the skills of the workforce underpins the successful delivery of this strategy.

The NHS Patient Safety Strategy sets an ambitious plan for NHSE and NHSI to work collaboratively with Health Education England (HEE) to develop a consistent national patient safety syllabus to apply across a variety of competence levels and address the different learning needs of 1.3 million staff in across 350 different careers. The diagram below shows the potential patient safety training syllabus

In addition to the development of patient safety training, to provide all staff with a foundation level of training the NHS Patient Safety Strategy proposes that organisations identify Patient Safety Specialists; experts to lead on safety. As a Trust we have a growing level of expertise in this field within the patient safety team, and we support the national direction of travel to identify a specific post that will have oversight of and provide support for patient safety activities across the Trust. Part of their role will be to ensure that systems thinking, human factors and just culture principles are embedded in all patient safety activity.

There is a commitment within the NHS Patient strategy for a shift in emphasis from simply focussing on what goes wrong (known as safety I) to what goes right (known as safety II). Safety II in practice is described in the box below.

Safety II in practice

- People understand that the act of keeping patients safe is about having a constantly enquiring mind; noticing what happens every moment of every day; noticing when things go right; noticing when they could go wrong; and noticing when they do go wrong. They will then appreciate how they constantly adapt their behaviour and practice to work safely.
- Appreciative inquiry and learning from excellence are embedded to create a more positive culture and provide meaningful positive feedback.
- Leaders have the humility and curiosity to discover how the world looks from others' points of view; and the self-discipline to halt judgement and develop explanations for why people do what they do.

In order to achieve this priority we aim to do the following:

Aims	What we will see
• Through the delivery of the HEE training programme staff will be educated from ward to Board in relation to the scientific evidence base of safety. • Introduce a safety II culture through the development of leadership skills in appreciative inquiry • A core group of staff will be invested in to develop the skillset to undertake investigations into patient safety incidents in line with the Trust policy • Continue to develop evidence based clinical models with associated skills requirement matrices • Continue to implement our approach to distributed leadership to ensure we have a workforce who are empowered to deliver safe care.	✓ The Patient Safety Specialist, leading the development of a patient safety culture and knowledge base across the Trust and linking in with the wider system ✓ The development of patient safety champions across services ✓ A culture of appreciative inquiry ✓ Evidence based models of care ✓ High quality risk assessments and associated management plans ✓ High quality investigations demonstrating awareness of human factors and other approved methodologies in line with the Trust incident reporting policy ✓ Leaders at all levels empowered to report incidents and make swift improvements to maximise patient safety ✓ Improved staff morale evidenced through the annual staff survey

5.23 Our Improvement Priorities

Priority 5: To ensure a culture of continual improvement

The NHS Patient Safety Strategy asserts that the NHS safety system must support continuous and sustainable improvement, with everyone habitually learning from insights to provide safer care tomorrow than today. Quality improvement is described as providing the necessary coherence and aligned understanding of this shared approach to maximise its impact. It offers tools to understand variation, study systems, build learning and capability, and determine evidence-based interventions and implementation approaches to achieve the desired outcomes.

Four national priorities have been identified because of their potential to enable the most significant impact on patient safety, these are as follows:

- Preventing deterioration and sepsis
- Medicines safety
- Maternal and Neonatal safety
- Adoption and spread of tested interventions

As a Trust we have placed a great deal of emphasis on the identification of the deteriorating patient and sepsis, with the introduction of a refreshed policy in line with NICE guidance and national policy. The National Early Warning Score version 2 (NEWS2) was launched in 2018 with access to e-learning for all staff. However, developing the skillset of our staff to recognise the deteriorating patient remains a high priority and failure to recognise the deteriorating patient is currently a Trust zero event monitored by the Board. Zero events are incidents we have identified for quality improvement to enable their incidence to be reduced and ideally eliminated. The physical health skillset of our mental health workforce is also a key priority.

Medicines safety is high priority for the Trust with the phased introduction of electronic prescribing and medicines administration (EPMA). In addition, the role of the Medicines Safety Officer has been strengthened with a greater alignment to the corporate Patient Safety Team and involvement in the daily corporate safety huddle.

The delivery of consistently safe, high-quality effective care to our patients requires clear service models to be in place, with staff equipped with the skills necessary to deliver the models. Service models are developed in line with the evidence base and commissioning requirements. A commitment to evidence-based models of care requires the organisation to stay in step with NICE guidance and national guidance and to develop a culture within the organisation of continual quality improvement. This commitment to ensuring service are continually developed in line with best practice is reinforced through our Quality Improvement Strategy launched in 2018. The development of clearly defined models and operational procedures reduces the opportunity for omissions and errors to be made as staff are clear regarding expectations and process.

In order to achieve this priority we aim to do the following:

Aims	What we will see
• To ensure that our service models are developed in line with the evidence base • To continue the roll out of EPMA across all in-patient areas • To ensure that each service has a clearly articulated model developed in collaboration with patients, carers and commissioners and clearly understood by our staff. • To ensure that benchmarking data is used in the assessment of the quality, safety and effectiveness of our services • To further develop the audit programme	✓ Care delivered to a consistently high standard ✓ An engaged workforce involved in service development ✓ ePMA embedded across the organisation ✓ Models of care delivery in line with NICE guidance, national guidance and national and local learning from incidents ✓ All changes to models of care will have a quality impact assessment (QIA) completed ✓ Evidence of benchmarking data being used in performance reports. ✓ Evidence of audits across all clinical networks

Priority 6: To work with the wider community to improve patient safety

Along with other organisations and Public Health England, Humber Teaching NHS Foundation Trust, plays an important role in improving the safety of the community within the wider Integrated Care System (ICS). Working together across a whole system can ensure that patient receive care seamlessly at the right time, in the right place to prevent safety incidents from occurring. One important example is the work that Humber is contributing to in relation to suicide prevention and post suicide support to families and carers. The trust is committed to continuing to work within the local community and ICS to improve the safety of care delivery. Understanding the safety risks within the community can enable services to be developed to meet the needs of the local population.

In order to achieve this priority we aim to do the following:

Aims	What we will see
• To become a system leader in patient safety • Ensure learning from the national Learning Disabilities Mortality Review programme (LeDeR) is embedded in practice • To continue to work in partnership across organisations to increase awareness of safeguarding across the communities we serve • Proactively work with other organisations to learn from patient safety incidents • To continue to work as part of the Integrated Care System to develop services that work together to improve the safety of patients within the local and wider system.	✓ Humber leading on safeguarding initiatives across our communities to increase awareness and thereby reporting of safety issues ✓ Collaborative working with other agencies and organisations to share learning from patient safety incidents, LeDeR reviews and best practice. ✓ Clearly defined pathways of care between Humber and other organisations based on best available evidence ✓ Presenting learning in national events and forums

6.0 Implementing the Strategy

The success of our strategy will be measured through the following:

- The experience of the people who use our services, carers and staff, in relation to the provision of safe care.
- The rating of the safe domain provided by the CQC
- Comparison of incident data with national benchmarks such as NRLS
- The use of Statistical Process Control (SPC) charts to monitor progress in relation to safety metrics monitored through the Board performance Report.

Each clinical division of the Trust will be required to incorporate work programmes aligned to the priorities in this strategy into their Quality Improvement Plans. Divisions will be encouraged to involve patients, service users, carers and staff in identifying the key actions to implement the strategy. The work programmes will be annually reviewed to ensure they remain in step with the division performance and the best available evidence base.

Monitoring and review of the strategy will be through the quarterly review of Division Quality Improvement plans by the Quality and Patient Safety Group (QPaS) and six monthly by the Quality Committee. Patient Safety is also monitored by the Trust Board on a monthly basis through the Board Performance report and reports from the Quality Committee.

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Appendix 1 – Progress achieved through the delivery of the 2016-18 Patient Safety Strategy: Our Patient Safety Journey to Date

In our 2016-18 Patient Safety Strategy we identified seven priority areas for delivery these were as follows:

1. Develop a patient safety culture across the Trust
2. Increase understanding of violence and aggression within mental health services and reduce restrictive interventions in the Trust.
3. Reduce Severe Self harm events & support a Zero Suicide culture within the Trust
4. Interrogate issues relating to ensuring safer staffing across the Trust to ensure our workforce is equipped with the knowledge and skills and organised in the right way to deliver optimum care.
5. Reduce the number and severity of pressure ulcers acquired within our care
6. Improve medicines management and knowledge within the Trust
7. Reduce communication errors and associated patient harms through appropriate electronic technology for patient records

What we have achieved:

Priority One: Develop a patient safety culture across the Trust

Over the past 3 years we have worked to develop a safety culture across the organisation. We signed up as planned to the safety pledges and have continued our commitment to improving the safety of the services we provide. We have reviewed our incident reporting system Datix and ensured that staff know how to report incidents and are supported to do so. We have introduced a daily organisation wide safety huddle, led by the corporate patient safety team with the aim of embedding an organisational safety culture through:

- Ensuring timely feedback on incidents reported by staff
- Taking immediate action on significant risks- providing oversight and support to teams to maximise safety
- Early identification of emerging themes and trends

A number of teams across the organisation have introduced safety huddles to address specific safety concerns within their area, such as falls and self-harm.
We have refreshed our serious incident processes and ensured that staff undertaking investigations understand Root Cause Analysis methodology and the Human Factors involved in patient safety incidents. The Just Culture Tool launched by NHS Improvement in March 2018, has been adopted as a part of our investigation processes to ensure that we ensure an open transparent, no blame culture that maximises the opportunity for learning. The emphasis on learning is further supported by twice yearly Learning the Lessons events, where staff come together to present and share learning from incidents, complaints and quality improvement initiatives.

The launch of the Patient and Carer Experience Strategy in 2018, and the launch of our live Friends and Family Test dashboard has ensured that patient and carer experience is central to all that we do.

Priority 2: Increase understanding of episodes of violence and aggression within mental health services and reduce restrictive interventions in the Trust

What we have achieved so far

Over the last 3 years we have made significant progress in relation to reducing restrictive interventions and this has been positively recognised by the CQC during their 2017 and 2019 well-led inspections. In order to support staff to prevent and appropriately manage episodes of violence and aggression we have developed an in-house Positive Engagement Team (PET), who both deliver training and support teams in planning the care of patients with complex and challenging presentations.

The use of prone restraint has reduced significantly and is only used when absolutely appropriate. All incidences of restraint are reviewed by the PET team and teams are supported to reflect and continually learn. The Board have oversight of restraint incidents, and restrictive interventions through the monthly integrated performance report (IQPT) and quarterly reports to the Quality Committee in relation to restrictive interventions

We have introduced a Reducing Restrictive Practice group which has led the development of policy and overseen the addressing of areas of restrictive practice. Our PET team were highly commended at the Health Service Journal (HSJ) Patient safety awards in 2018.

Priority Three: Reduce Severe Self harm events and support a Zero Suicide Culture within the Trust

The Trust has developed Suicide and Self-harm training which is being rolled out across all mental health services. The initial focus of the training delivery has been Mental Health Response and A&E liaison. However, the training will continue to be rolled out across all mental health teams. The Trust is a member of the Zero Suicide Alliance and continues to work across the wider system with key partners and stakeholders to aim to reduce the incidence of suicide within the Humber region.

While the Trust recognise that National Confidential Inquiry into Suicide and Safety, assert that risk assessment tools have limited predictive ability, we have invested in the introduction of a risk assessment tool (FACE) with the aim of providing our staff with the skills to assess and formulate risk. The structure of the tool enables staff to ask the appropriate questions and collaboratively develop management plans to support patient's experiencing a heightened risk of self-harm.

The introduction of both the organisation wide and team safety huddles has further supported our approach to reducing instance of serious self-harm.

Priority Four: Interrogate the issues relating to ensuring safer staffing across the Trust to ensure our workforce is equipped with the knowledge and skills and organised in the right way to deliver optimum care.

Over the course of the last 3 years we have continued to strengthen our daily oversight of staffing across the organisation. The Trust introduced a staffing escalation policy in 2018 and has mechanisms in place across all services to ensure that safe staffing is maintained across our teams. The Deputy Director of Nursing leads the safer staffing agenda and ensures that all staffing establishments are reviewed annually in line with the NHS Improvement guidance.

The Board maintain oversight of the safer staffing position through the integrated Quality and Performance Tracker (IQPT), safer staffing dashboard and the 6-monthly safer staffing reports.

As is the position nationally we continue to experience challenges in relation to recruitment to qualified nurse vacancies. As a result we are focussing a great deal of attention on recruitment and retention.

We have developed a robust preceptorship programme for newly qualified staff and this has been evaluated positively by the cohorts that have completed the programme. It is hoped that investment in the development of our staff will continue to retain and attract high quality staff.

Priority Five: Reduce the number and severity of pressure ulcers acquired within our care

In 2017 the Trust introduced a suite of 'zero events' that are monitored by the board through the IQPT and Quality Committee. The aim of zero events is to provide a focus on patient safety issues that we believe would benefit from an enhanced focus and quality improvement. In 2017 the Trust agreed a zero event for category 4 pressure ulcers and as a result the incidence of this category of pressure ulcer reduced to zero. In 2018 the Trust determined to stretch its aspirations to reduce the incidence of pressure ulcers by widening the zero event to include category 3 and above pressure ulcers.

Our approach to the monitoring of pressure ulcer incidents was further strengthened in 2018 with the daily safety huddle initially reviewing reported incidents of pressure ulcers and requesting 72-hour reports. The Pressure Ulcer Review and Learning (PURL) forum was increased to fortnightly from monthly and has oversight of all pressure ulcer incidents and associated 72-hour reports commissioned by the daily safety huddle. The pressure ulcer policy was also refreshed in line with the new guidance produced by NHS Improvement.

Priority Six: Improve medicines management and knowledge within the Trust

Over the past 3 years the Trust has worked to strengthen the reporting of medicines errors and worked closely with staff and leaders to address the underlying causes of medicines errors. The Medicines Safety Officer works alongside the Patient Safety team and attending the daily huddle and clnical risk management group.

The Lead Medicines Optimisation Nurse, Medicines Safety Officer and the wider pharmacy team are working with the Link Practitioners to discuss medicine-related incidents and establish ways to prevent similar incidents from occurring again. Moreover, "Medicines Optimisation Work-Based Competency Programme" is currently being rolled out to improve and maintain standards. From October 2017, pharmacy technicians were linked with individual wards and teams to establish and support good practice.

Priority Seven: Reduce communication errors and associated patient harm through appropriate electronic technology for patient records

In 2017 the Trust introduced the Lorenzo electronic record system across all mental health service and SystmOne in Whitby Community Hospital. This has been a significant undertaking, involving both system developments and a cultural shift for our staff. The quality of record keeping standards however, remains variable across the organisation and is the main current focus of attention in relation to record keeping. Record keeping Audits across our wards are undertaken monthly using an app based audit platform and further audit tools are being developed for implementation across all of our services.

Humber Teaching NHS Foundation Trust

Agenda Item: 17

Title & Date of Meeting:	Trust Board Public Meeting - 31st July 2019
Title of Report:	Equality, Diversity and Inclusion (EDI) Annual Report 2018/19
Author:	Name: John Duncan / Mandy Dawley Title: EDI lead / Head of Patient/Carer Experience
Recommendation	To approve ✓ To note To discuss ✓ To ratify For information To endorse
Purpose of Paper:	To reflect on Equality, Diversity and Inclusion (EDI) advances and accomplishments in relation to both patients/service users/carers and staff for the period 2018/19. In addition, the report is fundamental in order to foster positive relationships and enhance the provision and delivery of the Equality, Diversity and Inclusion agenda for all staff, service users and patients, particularly those identifying as having a protected characteristic.
Key Issues within the report:	• The report defines how the Trust engages with and responds to patients/service users/carers as well as staff in order to shape the EDI agenda, as well as ensuring the strategy is designed to support the delivery of the Trust vision and values. • The strategy places emphasis on the Patient and Carer Experience Strategy 2018/2023 and how this acts as a framework to shape the EDI agenda for patients and carers, using this as a platform to develop meaningful and reasonable objectives for the coming year. • Nationally mandated reporting such as the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) as well as the national staff survey has been used as a basis to underpin our EDI plans and objectives in relation to the Workforce, with detailed analysis of our strengths and weaknesses from these reporting mechanisms. • A number of other trusted sources of data and information, including the gender pay gap report and other mandatory duties such as the Equality Delivery System **(**EDS2) underpin this report and have influenced the development of objectives for 2019/20.

Monitoring and assurance framework summary:

Links to Strategic Goals	
√	Innovating Quality and Patient Safety

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

Have all implications been considered?	**Yes**	**Yes** Detail in report	**N/A**	**Comment**
		Any Action Required?		
Risk	√			
Legal	√			To be advised of any future implications reports as and when future implications by Lead Directors through Board required
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Humber Teaching
NHS Foundation Trust

Equality, Diversity & Inclusion Annual Report | 2018-2019

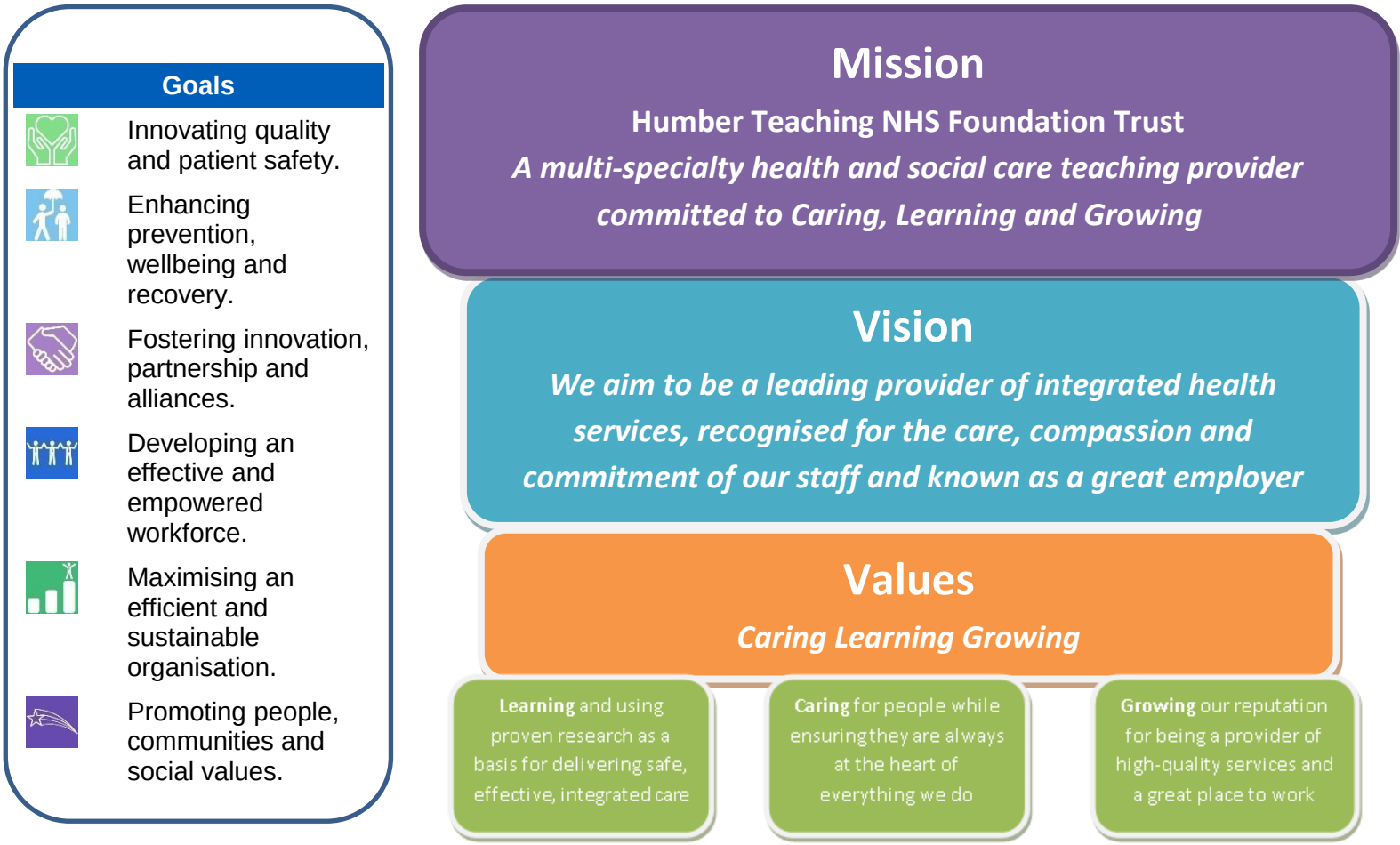
Caring, Learning and Growing

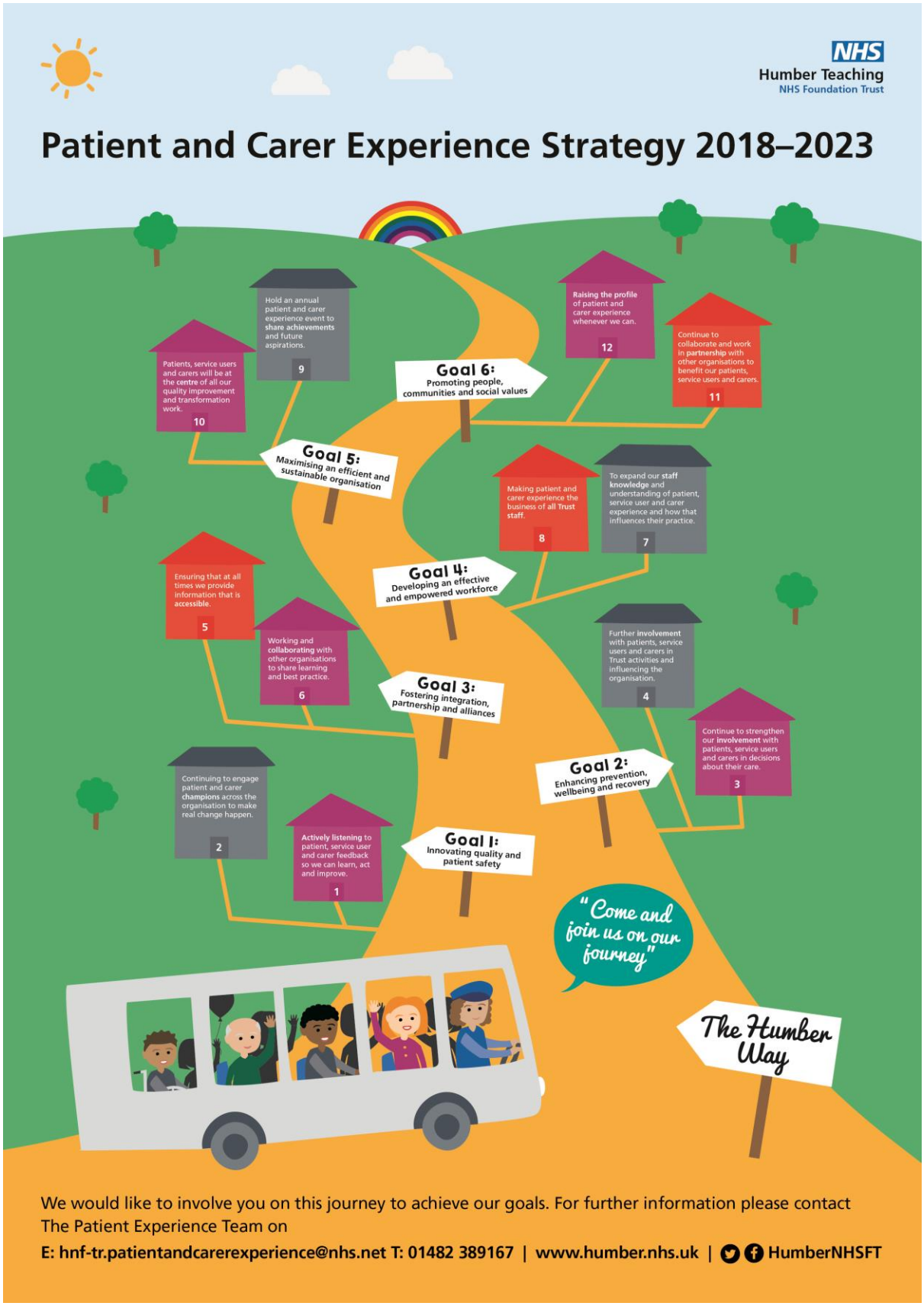
1. Introduction

The Humber Teaching NHS Foundation Trust provides a variety of services for people with mental health problems, learning disabilities, addictions and community services to the socially, ethnically and culturally diverse population of Hull, the East Riding of Yorkshire, Whitby and Scarborough. East Riding is the fifth largest county in England and the Trust has over 70 sites offering services for the near 600,000 population of this large and rural county.

During 2018-2019 the Trust launched its Patient and Carer Experience Strategy 2018-2023.

The Patient and Carer Experience strategy defines how Humber Teaching NHS Foundation Trust will engage with people, listen and respond to their experiences so that we can improve patient and carer experience and satisfaction within our services. *The Humber Way* is about continuing to engage and involve patients, service users, carers and staff in the design and delivery of our services. The strategy has been designed to support delivery of the Trust vision and values, as shown below. The 'Operational Plan on a Page' 2019/20 is provided at Appendix 2, which provides further detail on the Strategic Goals of the organisation.





Caring, Learning and Growing

2. Governance and Regulations of Equality, Diversity and Inclusion

The Trust has governance mechanisms in place to ensure assurances are provided in relation to our equality duties.

2.1 Patients, Service Users and Carers

Equality and Diversity (E&D) is a standard agenda item at our Patient and Carer Experience forums and Staff Champions of Patient Experience forum. A six monthly update is presented to the Quality and Patient Safety group and Quality Committee within the Patient and Carer Experience report. An annual update is presented to the Quality and Patient Safety group, Quality Committee and Trust board within the Patient and Carer Experience annual report.

2.2 Staff

In line with its public sector duty to improving Equality and Diversity, the Trust measures its staff EDI data and annually actions improvements through the Equality Delivery Standard (EDS2), the Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard (WDES) as well as Gender Pay Gap reporting. From April 2019, Equality and Diversity initiatives are driven through an EDI Working Group, with representation from across the Trust and inclusive of all protected characteristics. This group will report into the Workforce and OD Committee. In March 2019, a dedicated Equality, Diversity and Inclusion (Workforce) Lead was appointed.

2.3 Community Consultation Through Networks

The Trust ensures decision making regarding Equality, Diversity and Inclusion is in consultation with the community through a range of local and regional networks, these include:

- Local groups such as the Equality, Diversity and Inclusion Partnership
- Regional groups such as the Yorkshire and Humber Regional E&D leads network
- East Riding Disability Advisory Group
- Hull and East Riding Lesbian, Gay, Bisexual and Transgender (LGBT) forum
- East Riding Carers Advisory Group (CAG)
- Humber All Nations Alliance (HANA)

2.4 Mandatory Equality, Diversity and Inclusion training for all Trust Staff

All staff new to the Trust undertook mandatory Equality, Diversity and Inclusion training in 2018/19 via the Learning Centre and their online VLE delivery system. Existing staff have to undertake the same training every three years in order to ensure they are compliant with regulations.

In 2018 -2019 – 738 Humber NHS Foundation staff across the Trust completed Equality and Diversity online training ensuring 87.21% compliance, the Trust target is upwards of 85%.

The training covers the following Equality, Diversity and Inclusion criteria:

- Explain what we mean by Equality, Diversity and Human Rights and why they are important
- Explain how policies and the law can help us create a more inclusive workplace
- Explain what we mean by health inequalities and how they can be reduced
- Explain why we need to know about peoples different backgrounds and why it is important not to make assumptions about individuals
- Describe what you can do to challenge prejudice and discrimination

2.5 Freedom to Speak up

At the Trust we believe that speaking up about any concern staff have at work is really important. In fact, it's vital because it will help the Trust to keep improving our services for all patients and the working environment for our staff.

The Trust has a dedicated Freedom to Speak Up Guardian which is an important role identified in the Freedom to Speak Up review to act as an independent and impartial source of advice to staff at any stage of raising a concern, with access to anyone in the organisation, including the Chief Executive, or if necessary, outside the organisation. This person has been trained in receiving concerns and will give staff information about where they can go for further support.

During 2018/19 the Trust received a total of 58 speak up contacts. This is a significant increase on numbers recorded during 2017/18, which should not necessarily be seen as a concern but rather an indication that the process is working and staff have confidence to use it. Some of the concerns received required onward signposting. An ongoing campaign to raise awareness has been run during 2018 and October saw the first national speak up month launched. Furthermore, the Trust has a Freedom to Speak Up Vision and strategy in place to build a culture where staff have the freedom to speak up.

3. Statutory Duties – Equality Act 2010 and Public Sector Equality Duty (PSED)

When the Equality Act 2010 came into statute, it brought together and replaced all previous equalities legislation. The Equality Act 2010 is the primary piece of legislation around equalities.

The Public Sector Equality Duty (PSED) forms part of the Equality Act 2010 (section 149) and is applicable to NHS, and other public sector, bodies. The PSED came into force in 2011. The Trust is fully committed to caring for all patients, service users, their families and carers, and staff in a manner which embraces, respects, promotes and celebrates inclusion and cultural diversity.

The Equality Act 2010 requires specific provision is made to consider the impact of services and activity for people who identify with one or more of the nine protected characteristics, and for public sector bodies to take proactive steps to:

- Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it and
- Foster good relations between people who share a protected characteristic and people who do not share it

These are referred to as the three aims of the General Equality Duty.

The protected characteristics and other groups
The Equality Act 2010 brought together previous gender, race and disability duties and extended the protection from discrimination to nine protected characteristics.

Over and above the nine equality groups protected from discrimination under the Equality Act 2010, we also have a duty of care to all our service users and staff, which may be vulnerable to potential discrimination for a range of reasons.

Protected characteristic groups	**Other potentially disadvantaged groups, people living with / in**
Age	Carer responsibilities
Disability	Military service
Gender reassignment	Homelessness
Marriage and civil partnership	Poverty
Pregnancy and maternity	Geographical isolation
Race	Long-term unemployment
Religion or belief	Stigmatised occupations (for example men and women involved in prostitution)
Sex	Drug use
Sexual orientation	Limited family or social network

The Trust has a duty to engage with the communities it serves and to work with NHS partner organisations to understand, mitigate and remove any potential discrimination and demonstrate its commitment to improving health equalities and removing health inequalities, as articulated in the Health and Social Care Act 2012.

3.1 Publication of an equality, diversity and inclusion annual report

As part of the public sector equality duty the Trust publishes this annual report in relation to equality, diversity and inclusion. The equality, diversity and inclusion annual report includes a wide range of information, including the Trusts work with the Workforce Disability Equality Standard (WDES), Workforce Race Equality Standard (WRES) and the Equality Delivery System (EDS2).

Once approved the annual report is published on the Trust's website (https://www.humber.nhs.uk/Downloads/Equality%20and%20Diversity/Equality%20Diveristy%20and%20Inclusion%20Annual%20Report%2017-18.pdf)

3.2 Equality Impact Assessment

Equality Impact Assessment is the mechanism through which the Trust is able to demonstrate 'due regard' to the Equality Act 2010 and the meeting of its equality duties in relation to all Trust business and activity. Equality Impact Assessment ensures that all protected characteristics and other groups at potential risk of health inequality are proactively considered in the Trust's services and business.

The Trust has a system of Equality Impact Assessment in place and from 2018 all significant papers and documents going to the Trust Board are underpinned by an equality impact analysis, through which the potential equality related impacts are identified, mitigated and removed.

3.3 Gender Pay Gap Reporting

From March 2018 a new statutory requirement in relation to gender pay gap reporting was introduced. Information about the Trust's gender pay gap can be found on the government website at https://gender-pay-gap.service.gov.uk/Employer/42F7sQ9w/2018
The associated report and proposed actions can be located on the Trust's website at https://www.humber.nhs.uk/Downloads/Equality%20and%20Diversity/GENDER%20PAY%20GAP%20REPORT.pdf

3.4 Hard to Reach Groups

The EDI leads for staff, patients, service users and carers attend regular forums across the local area to engage with partnership organisations and community members where a range of protected characteristics are represented. The forums include; Hull and East Riding Lesbian, Gay, Bisexual and Transgender (LGBT) forum, East Riding Disability Advisory Group, East Riding Carers Advisory Group (CAG, Equality, Diversity and Inclusion local network and Cross Sector Engagement Group. Partnerships are strengthening with local Black, Minority

Ethnic (BME) groups in particular the Humber All Nations Alliance (HANA) and Ashiana. We have representation from the majority of these groups on our Patient and Carer Experience forum.

The Trust's Chaplain provides a range of Spiritual and Pastoral care needs and has knowledge of a range of religious faiths and practices and supports individuals on a variety of issues, often complex and multi-cultural.

4. Mandatory Duties – NHS Standard Contract

4.1 Implementation of the NHS Equality Delivery System (EDS2)

Implementation of EDS2 is mandated for all NHS organisations in the NHS Standard Contract.

"The main purpose of the EDS2 was, and remains, to help local NHS organisations, in discussion with local partners including local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS2, NHS organisations can also be helped to deliver on the Public Sector Equality Duty."

(NHS England, EDS2 website https://www.england.nhs.uk/about/equality/equality-hub/eds/)

The EDS2 is a toolkit designed around four primary goals:

- Goal 1 – Better health outcomes
- Goal 2 – Improved patient access and experience
- Goal 3 - A representative and supported workforce
- Goal 4 – Inclusive leadership

The EDS2 is implemented in a three-staged process:

- Self-assessment
- Peer reviewed assessment
- Stakeholder reviewed assessment

The table below indicates where the Trust has self-assessed against the EDS2 goals for 18/19: Key **Excelling** **Achieving** **Developing**

Goal	Narrative	Outcome	Grade
1. Better health outcomes	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of need and results	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	
		1.2 Individual people's health needs are assessed and met in appropriate and effective ways	
		1.3 Transition from one service to another, for people on care pathways, are made smoothly with everyone well-informed	
		1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	
		1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	
2. Improved patients access and experience	The NHS should improve accessibility and information, and deliver the right	2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable	

	services that are targeted, useful, useable and used in order to improve patient experience	grounds	
		2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	
		2.3 People report positive experiences of the NHS	
		2.4 People's complaints about services are handled respectfully and efficiently	
3. A representative and supported workforce	The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patient and community needs.	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	
		3.2 The NHS is committed to equal pay for work of equal value and expects employers to use pay audits to help fulfil their legal obligations	
		3.3 Training and development opportunities are taken up positively and evaluated by all staff	
		3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source.	
		3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	
		3.6 Staff report positive experiences of their membership of the workforce	
4. Inclusive leadership	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leads and champions.	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	
		4.2 Papers that come before the Board and other major committees identify equality-related impacts including risks, and say how these risks are to be managed	
		4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	

4.2 Implementation of the NHS Workforce Race Equality Standard (WRES)

The WRES is designed to help NHS organisations understand and actively address differences in the experience between Black, Asian and Minority Ethnic (BAME) and white staff. Built around nine indicators, the WRES provides a robust reporting framework and supports NHS organisations to address and close any gaps through the development and implementation of action plans for improvement.

In the 2018 Staff Survey, only 3% of staff declared themselves to be of a non-white origin this compares to our geographical area, as shown in the table below.

Data Observatory	Population (ONS 2016)	Ethnicity (Census 2011)
East Riding	337,696	3.8% non-White,
Humber	260,200	5.1% non-White
North Yorkshire	604,900 (Whitby 13,213)	2.6% non-White

Information about the Trust's WRES work can be located on the Trust website: https://www.humber.nhs.uk/Downloads/Equality%20and%20Diversity/WRES%20workplan%202018.pdf

The 2019 Workforce Race Equality Standard submission process will commence from 1 July 2019 with a final submission deadline of 1 August 2019 for the last financial year (2018/19).

Summary analysis of the Trust's Workforce Race Equality Standard (WRES) data for 2018/19:

- BME staff uptake for training places (95%) is broadly comparable to their White colleagues (97%).
- The Trust currently has 3% of staff declaring themselves as non-White and is broadly reflective of the communities we serve.
- The ratio of shortlist to appointment is no more favourable for White applicants (0.20) compared to BME applicants (0.19).
- None of the current board members identify themselves in any non-white category which is not full representative of the Trust or the region. However, it's worth noting that a single BME board member would raise representation past 4%.
- BME staff are more likely to be experiencing bullying/harassment from patients/public/relatives (26% White and 39% BME). However, the relatively low numbers involved mean a single staff member can significantly impact this figure.
- There is a concern regarding the level of reported harassment for White (15%) and BME (26%) staff from their colleagues or managers. Again, the relatively low numbers involved mean a single staff member can significantly impact this figure.

- That BME staff (13%) are more likely to experience discrimination at work than their White colleagues (8%). As before, the relatively low numbers involved mean a single staff member can significantly impact this figure.
- BME staff report confidence in opportunities for career progression and promotion as 66% which is higher than reported by their White colleagues (57%).

4.3 Implementation of the NHS Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) that will enable NHS organisations to compare the experiences of Disabled and non-disabled staff. This information will then be used by the relevant NHS organisation to develop a local action plan, and enable them to demonstrate progress against the indicators of disability equality.

By 1st August 2019 NHS Trusts and Foundation Trusts must:

- Complete the pre-populated WDES spreadsheet and submit data to NHS England via the Strategic Data Collection Service.
- Complete and submit the WDES online reporting form.

Summary analysis of the Trust's Workforce Disability Equality Standard (WDES) data for 2018/19:

- 21% of staff declared a disability in 2018 staff survey which is far higher than 4.12% declared on the Trust Electronic Staff Record (ESR).
- 12% of disabled staff reported that the Trust has not made adequate adjustment(s) to enable staff to carry out their work. However, the disparity between ESR declaration rates and those in the staff survey demonstrate the Trust may not be aware of some issues that would require adequate adjustments.
- Disabled staff are 10% more likely than their non-disadvantaged peers to report harassment, bullying or abuse from patients/service users, their relatives or other members of the public, managers or other colleagues. However, it is worth noting that this is a relatively low number of staff when compared to the Trusts staffing.
- 54% of disabled staff believe that the Trust provides equal opportunities for career progression or promotion, which is largely in line with non-disadvantaged peers 56% and national levels.
- 72% of disabled staff report they have come to work, despite not feeling well enough to perform their duties, compared to 66% of non-disabled staff. However, this is in line with national figures for disabled staff (72.3%) but surpasses the national figures for non-disabled staff (51.3%). Furthermore, this figure represents just 11% of respondents.
- 36% of disabled staff say that they are satisfied with the extent to which their organisation values their work, this is lower than reported by their non-disabled peers (42%). However, the figure is largely in line with national levels where 40% of disabled staff say that they are satisfied with the extent to which their organisation values their work.

- 8% of shortlisted candidates with a declared disability were appointed compared to 25% of non-disadvantaged candidates, however the Trust operates a guaranteed interview scheme where a disabled candidate meets the minimum job role criteria.

4.4 NHS Accessible Information Standard (AIS)

The AIS came into effect for all NHS organisations in July 2016. In order to ensure that the Trust complies with the standard clinicians identify if a patient or service user has additional communication needs during the initial assessment. The information is captured within the patient record to inform teams of any communication needs. An alert is placed on the patient's record and is visible for clinicians to see.

In December 2018 the Trust purchased software called Browsealoud for the website. Browsealoud is a solution for making information accessible to patients, service users and carers with learning difficulties, dyslexia, mild visual impairments and those with English as a second language. The website can now be translated into 99 languages and read aloud in 40 of the most commonly spoken languages in the world. Any of the website content can be converted into an audio file and listened to offline. Also, distractions can be blocked or removed from the page allowing the individual to focus on the most important parts.

Our Communication's team produce information to ensure it is written in simple, plain English and is easy to understand and produce information in larger font sizes for the visually impaired. Patients who have a difficulty in hearing or seeing, or there is a difficulty in understanding each other's language can access our interpreter and translation services.

The Trust has access to a Healthwatch Read Right panel (East Riding Healthwatch) who provides feedback on our patient information.

Our Learning Disability (LD) Service has access to an information sheet including hints and tips for making information accessible and the service has a subscription to Widgit. The community and inpatient LD staff have access to Speech and Language Therapy Services who can advise on specific accessible information for a patient centred approach.

4.5 Provision of a System for Delivery of Interpretation and Translation Services

The Trust has two organisations that provide interpreter and translation services support to individuals accessing our services who have a difficulty in hearing or seeing, or there is a difficulty in understanding each other's language. Hull City Council provides these services to our patients in the Hull and East Riding area and The Big Word for individuals living in the Whitby, Scarborough and Ryedale region.

Hull City Council meet 90% of our patient's requirements, if Hull City Council cannot meet the needs then they go to a different provider (including out of area); British Sign Language, Global Accent, AA Global Languages, DA Languages, Leeds City Council and Kirklees Council and book interpreters from them. Hull City Council provides interpreters in over 60 languages.

5. The NHS Staff Survey 2018

In 2018 the Trust provided all staff members with the opportunity to participate in the nationally led NHS Staff Survey. We have been encouraged by the increase in the numbers of staff completing the staff survey up to 45% in 2018, from 38% in 2017 which gives the Trust increased and more representative feedback from our staff in relation to their experience of being employed by the Trust.

5.1 Areas of Strength:

- 82% of BME staff say there are shared objectives in their areas of work which is considerably higher than is reported by their white peers and +7.4% higher than the national figure which is 74.1%.
- 96% of Disabled staff say that they have never experienced discrimination from patients or a manager at the Trust, which is in line with the Trusts other non-disadvantaged staff.
- 87% of the Trusts LGBT Staff were satisfied that they had received training, learning or development in the past 12 months, which was substantially higher than reported by staff who don't identify as LGBT. Furthermore, it is +11% higher than the national outcome which is 76%.
- Overall, only 4% of all staff have reported experiencing discrimination at work in the last 12 months from patients / service users, their relatives or other members of the public. This surpasses then national figure by +3.5% which is 7.5%.

5.2 Areas for Improvement:

- There is a disparity in declaration rates between ESR 4.12% and the NHS Staff Survey 21% in relation to disability; however, this is reported nationally where figures are 3% for ESR and 18% for NHS Staff Survey.
- 26% of BME staff have reported that they have experienced harassment, bullying or abuse at work from other colleagues in the past 12 months, this is higher than the incidence reported by white staff, which is 15%. However, this is also -4.5% below the national figure which 21.5% but the relatively low numbers involved mean the figure is impacted significantly by only a few respondents.
- 31% of LGBT staff don't feel that the organisation takes positive action on health and well-being, this is a higher incidence rate (+5.3%) than reported at national levels which is 25.7%. However, the number of respondents is very low and a few responses can significantly impact the outcome of this figure.
- Only 62% of staff believe they have had training, learning or development in the last 12 months and represents a decline on the previous year by -6%, this compares to a national figure of 69.1%.
- Overall, the percentage of staff who have felt unwell in the last 12 months as a result of work place stress has increased to 48% from 44% on the previous year and compares to the national figure of 40%.
- Staff over the age of 66 are reporting the least confidence in believing the organisation acts fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age, which is largely in line with the national figures.

6. Equality Objectives

6.1 Patients, Service Users and Carers Objectives 2018/19 - Outcomes

	Objective	Key Achievements or Outcomes
1.	To ensure that our communications with the public are accessible	• In December 2018 the Trust purchased software called Browsealoud for the website. Browsealoud is a solution for making information accessible to patients, service users and carers with learning difficulties, dyslexia, mild visual impairments and those with English as a second language. The website can now be translated into 99 languages and read aloud in 40 of the most commonly spoken languages in the world. Any of the website content can be converted into an audio file and listened to offline. Also, distractions can be blocked or removed from the page allowing the individual to focus on the most important parts. • Our Communication's team produce information to ensure it is written in simple, plain English and is easy to understand and produce information in larger font sizes for the visually impaired. Patients who have a difficulty in hearing or seeing, or there is a difficulty in understanding each other's language can access our interpreter and translation services. • The Trust has access to a Healthwatch Read Right panel (East Riding Healthwatch) who provides feedback on our patient information. • Our Learning Disability (LD) Service has access to an information sheet including hints and tips for making information accessible and the service has a subscription to Widgit. The community and inpatient LD staff have access to Speech and Language Therapy Services who can advise on specific accessible information for a patient centred approach.
2.	To continue to engage with partner organisations, groups and community members where a range of protected characteristics are represented	• The EDI leads for staff, patients, service users and carers attend regular forums across the local area to engage with partnership organisations and community members where a range of protected characteristics are represented. The forums include; Hull and East Riding Lesbian, Gay, Bisexual and Transgender (LGBT) forum, East Riding Disability Advisory Group, East Riding Carers Advisory Group (CAG, Equality, Diversity and Inclusion local network and Cross Sector Engagement Group. • Partnerships are strengthening with local Black, Minority Ethnic (BME) groups in particular the

		Humber All Nations Alliance (HANA) and Ashiana. • The Trust's Chaplain provides a range of Spiritual and Pastoral care needs and has knowledge of a range of religious faiths and practices and supports individuals on a variety of issues, often complex and multi-cultural.
3.	To build on the success of the Patient and Carer Experience forums and Staff Champions of Patient Experience forum to ensure that the voice is heard from all protected characteristics groups to influence the Trust transformation agenda	• An event called 'Building our Priorities for 2019/20' took place on 25th January 2019. The purpose of the event was to work together with patients, service users, carers, staff and partner organisations to gather their views for the patient, service user and carer Equality and Diversity objectives for the next year. The keynote speakers represented Humber All Nations Alliance (HANA) and Ashiana and gave an excellent presentation on the work both organisations carry out. There was a very good representation from protected characteristics groups at the event. • There is a strong presence of protected groups at our forums who are actively encouraged to participate in Trust activities. Refer to Section 7.4 which is a poster that highlights how individuals can get involved in Trust activities.
4.	To ensure that any new business acquired by the Trust is given the same level of commitment to the EDI agenda to ensure equality across all services	• The Business Development Team considers Equality, Diversity and Inclusion on acquiring new services. The team work closely with the Equality and Diversity leads in the Trust to ensure equality is considered for the protected characteristic groups. For example, an Equality Impact Assessment is undertaken to support the new business acquisition and is subsequently taken to the relevant discussion/approval/ratification committee/forum.

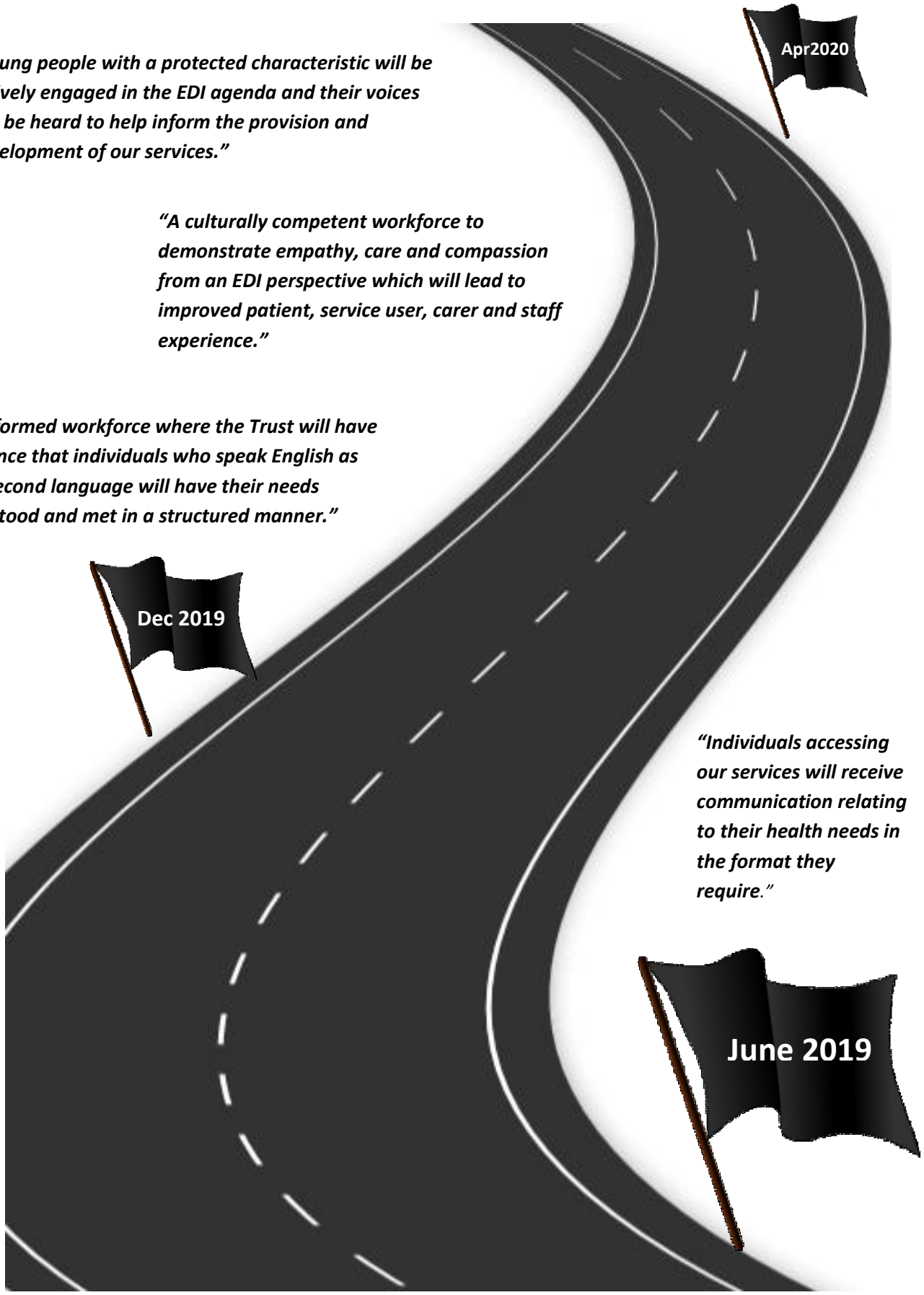
6.2 Proposed Patient, Service Users and Carer Equality Objectives 2019/20

An event called 'Building our Priorities for 2019/20' took place on 25th January 2019. The purpose of the event was to work together with patients, service users, carers, staff and partner organisations to gather their views for the patient, service user and carer Equality and Diversity objectives for the coming year.

A number of ideas where identified of which those who attended the event were given the opportunity to prioritise. From this exercise the following objectives have been identified for 2019/20.

	Trust Strategic Goals						
	Innovating Quality & Patient Safety	Enhancing prevention, wellbeing and recovery.	Fostering innovation, partnership and alliances.	Developing an effective and empowered workforce	Maximising an efficient and sustainable organisation.	Promoting people, communities and social values	
Objective							**Outcome**
1. To improve communication with our young people with a protected characteristic.	✔	✔					Young people with a protected characteristic will be actively engaged in the EDI agenda and their voices will be heard to help inform the provision and development of our services.
2. To co-produce relevant training packages with people from a diverse background so that it is representative of the protected characteristics.	✔	✔		✔			A culturally competent workforce to demonstrate empathy, care and compassion from an EDI perspective which will lead to improved patient, service user, carer and staff experience.
3. To raise awareness of the Interpretation and Translation services available to staff.	✔		✔	✔			An informed workforce where the Trust will have assurance that individuals who speak English as their second language will have their needs understood and met in a structured manner.
4. To better understand the preferred channel of communication for individuals accessing our services.	✔	✔					Individuals accessing our services will receive communication relating to their health needs in the format they require.

6.3 Patient, Service Users and Carer Equality Objectives 2019/20 Road Map



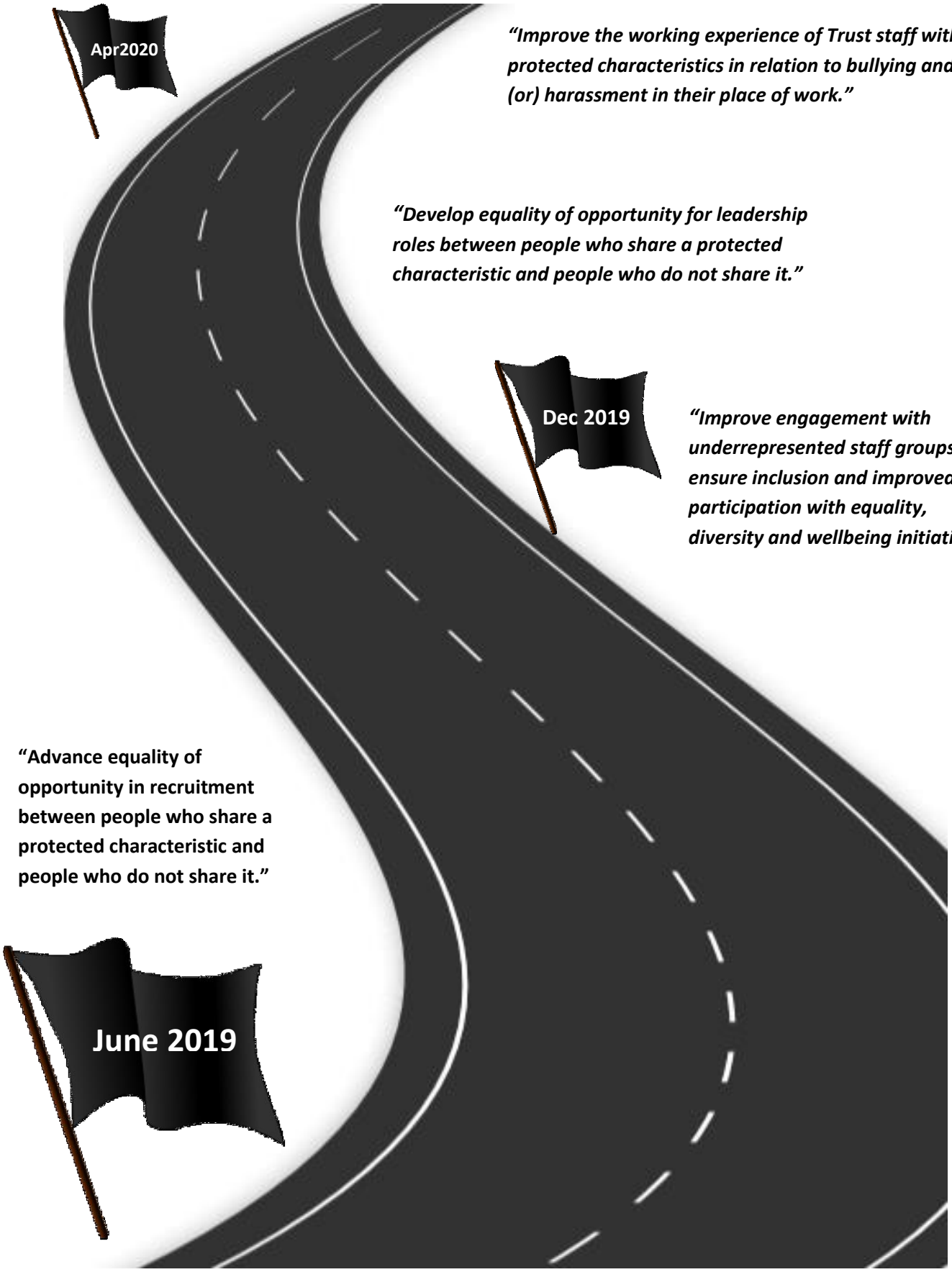
6.4 Staff Objectives 2018/19 - Outcomes

	Objective	Outcome
1	To review and strengthen the current Equality Impact Assessment approach.	After a rigorous process a suitable training provider was identified and further work is required to ensure the correct staff are trained and as a follow up action to this the Trust will ensure that trainees share good practice with the colleagues to ensure effective and robust Equality Impact Assessments take place, thereby ensuring that a Trust policy, project or scheme does not discriminate against any disadvantaged or vulnerable group.
2	To pursue the option for the Trust to be a third party hate crime reporting centre following attendance at hate crime training provided by Humberside Police.	E&D lead for staff and training manager attended hate crime training provided by Humberside police.
3	To enhance the process for collecting protected characteristics demographical information about patients, carers and staff.	Through a range of initiatives staff have been encouraged to provide incomplete data and use ESR Employee Self Service to identify any gaps, particularly protected characteristics. However, moving forward, this action will be readdressed in order to further improve the accuracy of data held by the Trust through a more direct targeting of employees with missing information.
4	To further develop the Equality and Diversity training packages both on line package and face to face.	A considerable amount of work was undertaken though the Trust Training Centre to develop a unique and highly specific Humber equality and diversity E-Learning programme, which will meet the future needs of staff and ensure equality, diversity and inclusion legislation is met.
5	To address the issue of an all White-British board.	Across the Trust, when vacancies for Board members become available the Trust reference - in its recruitment literature - that we are underrepresented at Board level and welcome applicants from a BME background, or any of the protected characteristics.

6.5 Proposed Staff Equality Objectives 2019/20

	Trust Strategic Goals						
	Innovating Quality & Patient Safety	Enhancing prevention, wellbeing and recovery.	Fostering innovation, partnership and alliances.	Developing an effective and empowered workforce	Maximising an efficient and sustainable organisation.	Promoting people, communities and social values	
Objective							**Outcome**
1. Develop an effective Equality, Diversity and Inclusion Strategy for 2020 and beyond.	✔	✔	✔	✔	✔	✔	Through an effective and relevant equality, diversity and inclusion strategy the Trust can drive improvement in line with CQC expectations and advance both equality and the working experience of staff with protected characteristics.
2. Advance equality of opportunity in recruitment between people who share a protected characteristic and people who do not share it.				✔		✔	Through effective and relevant equality, diversity and inclusion training for recruiting managers the Trust can ensure it is improving the recruitment experience for candidates with protected characteristics and better reflects the community we serve.
3. Improve engagement with underrepresented staff groups to ensure inclusion and improved participation with equality, diversity and wellbeing initiatives.	✔			✔		✔	Improving engagement with underrepresented groups should help improve the accuracy of declaration rates for protected characteristics on the ESR, so the Trust is better at supporting staff with reasonable adjustments to their work environments. Furthermore, by exploring collaborative staff groups the Trust can directly understand the issues that staff with a protected characteristic face in their working role at the Trust.
4. Develop equality of opportunity for leadership roles between people who share a protected characteristic and people who do not share it.		✔		✔		✔	Introduction of a fully inclusive leadership programme which encourages engagement from staff with protected characteristics, who want to advance their career into leadership roles, advances equality of opportunity between people who share a protected characteristic and people who do not share it.
5. Improve the working experience of Trust staff with protected characteristics in relation to bullying and (or) harassment in their place of work.	✔		✔	✔		✔	Through effective and relevant equality, diversity and inclusion training for managers the Trust can ensure it is improving the working environments for staff with protected characteristics and see a reduction in BME and disabled staff reporting higher levels of bullying and (or) harassment than other staff.

6.6 Staff Equality Objectives 2019/20 Road Map



6.7 PROUD – Investing in You, Valuing You

Our **PR**ogramme of **O**rganisational **D**evelopment with **U** at the heart of it ensures we continue to invest and value our workforce. Incorporating the views from the 2017 and 2018 staff survey, the PROUD work will enhance leadership and management development, improve the quality of appraisals and establish ways to recognise and harness the talent here at Humber.

The aim of PROUD is to:

- recognise and enhance the skills of staff
- celebrate our strengths as individuals and teams
- work collaboratively
- be solution focussed

7. 2018/ 19 Equality and Diversity Case Studies

7.1 Hull Pride 2018

The Trust is a keen supporter of Hull Pride. At July 2018's event over 50 individuals came forward to march in the parade with our Humber banner.

The Trust runs an events committee to organise the Trust's exhibition stand and activities for the day which has overwhelming support. At last year's event bunting and handmade flags were made by service users and staff and the flags were handed out to passers-by at our stand in readiness for our parade marchers to carry.

A huge thank you to all of our staff and service users who contribute towards preparations to make each Hull Pride event a success.

Preparations are underway for the 2019 Hull Pride.

7.2 Faith and Spirituality

Our wards have access to faith materials; this may include a prayer book, the Quran, bible and 'Caring for People of Different Faiths Booklet. All wards have access to telephone numbers of multi-faith and ecumenical colleagues. The Trust has a full time Chaplain who visits inpatient units on request.

Where patients have no leave, our Chaplain visits on a regular basis. On admission to units clinicians complete a spiritual assessment tool which identifies their spiritual and or religious needs and following this a care plan is developed. In addition to the full time Chaplain we have a Chaplaincy volunteer's programme which currently includes two volunteers. We do various community engagement projects, e.g. we held an Angel Festival at Hull Minster in December 2018 where we invited our patients, service users, carers, staff and members of the community to make and exhibit an Angel of any form. We have a spiritual champion forum whereby members of staff have the opportunity to be spiritual champions and attend regular forums to receive training and resources and discuss various topics in relation to spiritual and pastoral care. The Chaplain visits units and patients and families in their homes to give services, communions, bereavement counselling and support.

Staff in our Townend Court inpatient unit for patients with learning disabilities support patients to attend places of worship and other church functions when requested and also spend individual time with patients to support reading of faith materials. Easy read resources are available for patients, carers and staff to use.

7.3 Wheelchair Access to Trust Headquarters

A concern was raised verbally at a Patient and Carer Experience forum April 2018 by a participant with regards to disabled access to Trust Headquarters. The Head of Patient and Carer Experience and Engagement suggested for a walk around the ground floor of Trust HQ to identify issues. The walk around took place in July 2018 including; the patient and her partner, Head of Patient and Carer Experience and Engagement and Estates Project Officer where a number of issues where raised. The attached report captures all issues identified.

Over the past few months a number of the issues have been rectified by the Estates Department including improved signage on the ground floor and an improved process for disabled access into the building. From January 2019 Patient and Carer Experience Forums are being held in the Lecture Theatre at Trust Headquarters to help improve accessibility for wheelchair users.

7.4 Inclusive Trust Activities Poster

NHS
Humber Teaching
NHS Foundation Trust

Involvement in Trust Activities

Patient & Carer Experience Forums

Opportunities for involvement

- Help raise the profile of patient and carer experience in our services
- Have the opportunity to make positive and constructive suggestions about our services
- Participate in improving and developing services within the Trust

Email: hnf-tr.patientandcarerexperience@nhs.net
Tel: 01482 389167

For Quality Improvement initiatives, please contact:
hnf-tr.qimprove@nhs.net Twitter: @HumberQI

Sharing my Story

Opportunities for involvement

- Your story is a very valuable learning tool for staff
- Share positive or negative experiences to help drive improvement in the organisation
- Your story could prove a good support tool for others in similar situations

Email: hnf-tr.patientandcarerexperience@nhs.net
Tel: 01482 389167

Research

Opportunities for involvement

- You, and/or those close to you, could help us try out new treatments, complete questionnaires or provide samples for genetic testing. (Just some examples)
- Become a Research Ambassador and help us promote research across our Trust and community
- There may be opportunities to help guide new research ideas

Email: hnf-tr.researchteam@nhs.net
Tel: 01482 301726

Recruitment

Opportunities for involvement

- You could meet the applicants as part of a patient and carer panel
- Be part of the interview panel
- Take part in an activity such as a group discussion with the applicants

The way you want to be involved will be determined by you.

Email: hnf-tr.patientandcarerexperience@nhs.net
Tel: 01482 389167

Recovery College

Opportunities for involvement

- Get hands-on by becoming a member of our team – you could utilise your lived experience in a supportive peer volunteer role
- Share knowledge, skills and lived experience as a volunteer guest tutor by developing and delivering a course
- Take control your own mental wellbeing and develop new skills by enrolling onto our workshops and courses yourself!

Email: hnf-tr.recoverycollege@nhs.net
Tel: 01482 389124

Volunteering

Opportunities for involvement

- Use your valuable skills, knowledge and life experience to enhance our services
- Improve your own health and wellbeing through helping others
- Receive training and develop new skills

Email: hnf-tr.voluntaryservices@nhs.net
Tel: 01482 477862

Health Stars

Health Stars contributes to a thriving healthcare environment for NHS teams and their patients, by embracing generosity and investing in innovation. We promote the development of exceptional healthcare, which goes above and beyond NHS core services, through the investment in people; environments; resources; training and research.

The Circle of Wishes is the place where you can tell us about the things you feel would make a real difference to Humber Teaching NHS Foundation Trust services. The things that would bring real "sparkle" to our services our patients and the wider community.

Website: http://healthstars.org.uk/
Tel: 01482 389103

Trust Member: What does being a Member mean?

Being a member of our Trust gives you the opportunity to become involved and have a say in how our services are developed. Membership is free and you can be involved as much or as little as you would like. If you are interested in knowing more about being a Trust member please contact the membership office.

Email: hnf-tr.members@nhs.net
Tel: 01482 389132.

7.5 Trust LGBT+ Educational Poster

7.6 Trust LGBT+ Banner highlighting Support Available

8.1 Appendix 1 - Humber Teaching NHS Foundation Trust - Equality & Diversity - EDS2 Action Plan 19|20

Humber Teaching NHS Foundation Trust

Key:

Excelling	Achieving	Developing

Internal Grade	External Grade	Evidence for Rating	Continuous Quality Improvement Plan	Incorporated Into	Monitoring Group
1. Better Health Outcomes					
1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities					
Developing		Sanctuary for people in emotional distress in St Andrew's Place, St George's Road, Hull. SMASH: To improve emotional resilience and mental health of young people. Provision of a 24/7 mental health liaison service to Hull University Teaching Hospitals NHS Trust. An event was held on 25th January 2019 (Building our Priorities) where patients, service users, carers, staff and partner organisations attended. The purpose of the event was to identify Equality and Diversity priorities for patients, service users and carers for 2019/20.	The Trust will continue to work with commissioners to ensure that service specifications can meet the needs of all patients. To continue to ensure that all care pathways are inclusive. We will continue to include service user/carer involvement to assist in future Equality and Diversity developments. To endeavour to reach all the hard to reach communities and	• CQC Action Plan • Adult Mental Health Transformation programme Project Plan • Care Group Quality Improvement Plans • E&D objectives	• Quality and Patient Safety Group • Senior Operational Management Group • Trust Board • Patient and Carer Experience Forum

Internal Grade	External Grade	Evidence for Rating	Continuous Quality Improvement Plan	Incorporated Into	Monitoring Group
			ensure there is progress in provision, periodically publishing successes and issues.		
1.2 Individual people's health needs are assessed and met in appropriate and effective ways					
Achieving		Assessment tools are well developed in relation to individual groups and take into account individual needs within specified care pathways. Staff ask who the patient or service user would like their information to be shared with. Where a patient or service user relies on someone to support them with their daily activities staff are identifying and involving them in the care planning, upon consent. There is access to interpretation and translation services. Our website can now be translated into 99 languages and read aloud in 40 of the most common languages. The Browsealoud tool is a solution for making information accessible to patients, service users and carers with learning difficulties, dyslexia, mild visual impairments and those with English as a second language.	To continue to ensure that all care pathways are inclusive. To improve patient and carer involvement in the development of services and pathways. Interpreter on Wheels pilot commenced March 2019. This provides instant access to an Interpreter. Mental Health Response Service and Avondale	• CQC Action Plan • Adult Mental Health Transformation programme Project Plan • Care Group Quality Improvement Plans • E&D objectives • Quality Accounts Clinical Priorities • Patient and Carer Experience reports	• Quality and Patient Safety Group • Senior Management Team and Executive Management Team • Trust Board

Internal Grade	External Grade	Evidence for Rating	Continuous Quality Improvement Plan	Incorporated Into	Monitoring Group
			Unit are the two teams involved in the pilot. If successful to look at rolling out to all services across the Trust.		
1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse					
Developing		Safeguarding policies and procedure service specifications Allegations against staff policy Domestic Abuse Policy CQC Report Annual Safeguarding Report Duty of Candour compliance Freedom to Speak up policy and campaign Safeguarding supervision structures From 1st April, 2018 to 31st March, 2019 we have received 58 speak up contacts. This is a significant increase on numbers recorded during 2017/18. Some of the concerns received required onward signposting. An ongoing awareness campaign has been run during 2018	Work continues to promote the raising of concerns by staff. To continue to improve staff training (mandatory) Level three integrated training for children and adults is now available. A Freedom to Speak up Guardian and a deputy are now in place one of whom is a safeguarding practitioner.	• CQC Action Plan • Staff attitude survey results • Quarterly Quality & safety Report • Quarterly safeguarding reports • Monthly reportable logs • Audit • Safeguarding quality reviews • MCA reviews	• Quality and Patient Safety Group • Senior Management Team and Executive Management Team • Trust Board • Safeguarding Forum

Internal Grade	External Grade	Evidence for Rating	Continuous Quality Improvement Plan	Incorporated Into	Monitoring Group
		and October saw the first national speak up month launched. Our Trust board have completed the NHSI self assessment tool kit and we also now have a Freedom to Speak Up Vision and strategy in place.	Safeguarding training is above compliance rates trust wide and the safeguarding team offer support, supervision, monthly development days and 5 day access to specialist advice during the week for any areas of concern for safeguarding or Mental Capacity Act. The Safeguarding Team have developed a safeguarding allegations against staff policy and are always contacted if there are concerns regarding safeguarding issues and staff members.		
1.5 Screening, vaccination and other health promotion services reach and benefit all local communities					
Developing		Further development of Learning Disability service	To continue to work with our	• Care Group Quality	• Quality and Patient Safety

Internal Grade	External Grade	Evidence for Rating	Continuous Quality Improvement Plan	Incorporated Into	Monitoring Group
		provision Annual flu campaign Traveller community development All children in the East Riding are offered an evidence based Health Child Programme bringing together health, education and other main partners to deliver an effective programme for prevention and support Vaccination services are delivered to all secondary school age children in the East Riding Mental health liaison services at HEY SMASH for young people Recovery college We have worked with our commissioning partners to plan and implement a pilot scheme in primary care improving accessibility and reducing waiting times for those suspected of having a dementia.	commissioners, NHS and 3rd sector providers to raise awareness of mental illness and access to services for hard to reach communities. To improve the Trust website to include health promotion information. To improve our use of social media to reach all groups.	Improvement Plans • Staff attitude survey • E&D objectives	Group • Senior Management Team and Executive Management Team • Trust Board
2.		**Improved patient access and Experience**			
2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds					

Internal Grade	External Grade	Evidence for Rating	Continuous Quality Improvement Plan	Incorporated Into	Monitoring Group
Developing		The Trust meets its statutory duties under the equalities act for disabled groups. Most properties have access and egress and alternative arrangements can be made on an individual basis if particular needs cannot be met. We have invested significantly to refurbish our inpatient unit for people with dementia to improve way-fairing and promote recovery and well-being. Following a review of the Trust's Building Accessibility Audits, last undertaken in 2013, these are to be re-commissioned from April 2018. This will be undertaken on a phased approach, focussing on patient/public accessible buildings in the first instance. Feedback from a disabled patient accessing Trust Headquarters highlighted a number of accessibility issues. The patient worked with the Estates Department to identify the issues and a number of them have been rectified. These include; improved signage on the ground floor and an improved process for disabled access into the building. From January 2019 Patient and Carer Experience Forums have moved to the Lecture Theatre at Trust Headquarters to help improve accessibility for wheelchair users.	To ensure that our Estates Strategy includes the needs of all groups. To further improve signage to ensure it is in a large accessible easy to read and understand format. To use the Lecture Theatre at Trust Headquarters to improve accessibility when meeting with patients, service users and carers for larger meetings and events.	• Estates Strategy • Individual Service Plans • Patient and Carer Experience reports	• Quality and Patient Safety Group • Senior Management Team and Executive Management Team • Trust Board
2.2 People are informed and supported to be as involved as they wish to be in decisions about their care					

Internal Grade	External Grade	Evidence for Rating	Continuous Quality Improvement Plan	Incorporated Into	Monitoring Group
Developing		Examples of good practice for example: "Everyone struggles with different problems and situations, SMASH can deal with them all: said a child who attended SMASH 100% of the sessions but only had 60% attendance at school. Another said "I'm naughty at home but I don't argue with my parents as much and listen better in school" We have implemented family induction meetings to involve carers of people with dementia following admission to Maister Lodge. Patient Survey results. Our inpatient units hold regular community meetings to involve patients in decisions about unit life. Staff ask who the patient or service user would like their information to be shared with. Where a patient or service user relies on someone to support them with their daily activities staff are identifying and involving them in the care planning, upon consent.	To ensure that our patients and their carers have the opportunity to be involved as they wish to be in decisions about their or a loved one's care. To ensure that information regarding their care is presented in plain English so that people understand. To ensure that services have information that is readily available in an accessible format	• CQC Action Plan Patient and Carer Experience report	• Quality and Patient Safety Group • Senior Management Team and Executive Management Team • Trust Board
2.3 People report positive experience of the NHS					
Excelling		**Friends & Family Test results 2018/19:**	The Trust will continue to participate in the	• Patient and Carer Experience	• Quality and Patient Safety Group

Internal Grade	External Grade	Evidence for Rating	Continuous Quality Improvement Plan	Incorporated Into	Monitoring Group
		Over 99% - score for friendliness/helpfulness. Over 98% - score for 'Were you given enough info?' Almost 98% - score for involvement. **Patient Experience examples:** • In April 2018 the Trust launched a new 'live' data dashboard showing the results of the FFT surveys received from patients and carers. The information shows how we are performing at organisation, care group 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 and random selection of feedback comments including; main reason for recommending/or not, what we do well and what we could do better. • A patient or carer story is presented to the Trust Board every month and at Council of Governors meeting. Patient and Carer Experience forums continue on a quarterly basis to give patients, service users and carers a voice of their lived experiences to help inform service improvements and learning. The forums provide a catalyst to identify patient, service user and carer interests in order to link them to appropriate Trust staff to support Trust activities.	Always Events programme and recruit additional teams. On 17th April 2019 a workshop will take place to develop an action plan for years 2 & 3 of the Patient and Carers Experience strategy (2018 – 2023). Patients, service users, carers, staff and partner organisations from the public and voluntary sector are invited to participate in the workshop. The action plan will facilitate the Patient Experience Team's work plan for the next 2 years.	Report • CQC • Care Group Quality Improvement Plans • E&D objectives	• Senior Management Team and Executive Management Team • Quality Committee • Trust Board

Internal Grade	External Grade	Evidence for Rating	Continuous Quality Improvement Plan	Incorporated Into	Monitoring Group
		• The Trust continues to participate in the national Always Events programme, defined as "those aspects of the patient and family experience that should always occur when patients interact with healthcare professionals and the delivery system". The Learning Disabilities inpatient team at Townend moved forward with their first Always Event; "we will always be able to contact people who are important to us 24hrs a day". The second team to participate in the programme is PSYPHER who attended their launch event of cohort 6 on 1st February 2018 and have continued to progress with their programme. • The Trust had a strong presence at the 2018 Hull Pride event and over 60 patients, service users, carers and staff supported the march and manned a stand			
2.4People's complaints about services are handled respectfully and efficiently					
Excelling		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	We will 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	• Care Group Quality Improvement Plans • Complaints and PALS Policy	• Quality and Patient Safety Group • Senior Management Team and Executive Management Team

Internal Grade	External Grade	Evidence for Rating	Continuous Quality Improvement Plan	Incorporated Into	Monitoring Group
		for patients, carers and the public. Chief Executive Officer signs all complaints. During 2018/19 the Complaints and PALS policy was reviewed to reflect current practice. As a result of the amendments to the policy improvements in the complaints process is being realised.	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. To enhance and further roll out a training plan across Care Groups for Investigating Managers to improve complaints investigations.		• Quality Committee • Trust Board
3. A representative and supported workforce					
3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels					
Achieving		The trust adheres to the NHS standards for recruitment The trust is a mindful employer and has a renowned positive assets service which supports people with	E&D annual plan, WRES/WDES identify areas where the Trust	• E&D objectives	• Workforce Committee • EDI Working

Internal Grade	External Grade	Evidence for Rating	Continuous Quality Improvement Plan	Incorporated Into	Monitoring Group
		mental health conditions back into employment. The Trust is registered with the Disability Confident programme and operates a guaranteed interview scheme where a candidate meets the minimum criteria. The Trusts disability declaration rate of 4.12% slightly exceeds the NHS national rate of 3%.	can take additional positive action to enhance this recruitment process for staff in relation to the Equality Act and Public Sector Duties Improve staff disability declaration rates on ESR to ensure true representation by reducing 31.32% unspecified entry in line with WDES requirements.		Group • Executive Management Team
3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations					
Achieving		There is job evaluation process in place and the Trust has not had any equal pay claims to date. The Trust uses standardised job descriptions where possible which are all processed using the job evaluation process. The Trusts mean gender pay gap is 12.9% which is +1.84% on last year's figure of 11.06%.	E&D annual plan and WRES/WDES outlines areas where the Trust can take additional positive action. Identify pay gaps and actions to improve/reduce gaps,	• E&D objectives	• Workforce Committee • EDI Working Group • Trust Board • Executive Management Team

Internal Grade	External Grade	Evidence for Rating	Continuous Quality Improvement Plan	Incorporated Into	Monitoring Group
			where appropriate.		
3.3 training and development opportunities are taken up and positively evaluated by all staff					
Developing		Staff attitude survey (SAS) reports 62% of staff have had a training, learning or development opportunity in the past 12 months which is a decrease of -7% on 2017. In 2018 -2019 – 738 Humber NHS Foundation staff across the Trust completed Equality and Diversity online training ensuring 87.21% compliance with regulations. For 2019/20 a new Trust Specific E –Learning package with available face to face training has been developed. PADRs are expected to be undertaken on an annual basis as well as regular supervision across the trust and PADR and mandatory training are regularly reported on under the trust performance framework. SAS reports 90% of staff were appraised in the last 12 months which is an improvement of +7% on 2017.	Additional training sessions provided as need arises based on performance compliance, additional training to be undertaken for new supervisors in line with PADR. Management development programme being refreshed Leadership strategy with behavioural framework New Trust values Patient group/ diagnosis specific training programmes procured/developed	• OD action plan • SAS results and action plan • L&D strategy	• Workforce Committee • EDI Working Group • Trust Board • Executive Management Team

Internal Grade	External Grade	Evidence for Rating	Continuous Quality Improvement Plan	Incorporated Into	Monitoring Group
			The emphasis at present is on ensuring compliance with regards to completion of PADRs, in the future we will be looking at the quality of PADR's		
3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source					
		The Staff Attitude survey shows improvement continues to be needed in relation to bullying and harassment generally, with 2018 outcomes showing slight increases on those of 2017. Bullying and Harassment is discussed through the trust PADR processes. Any individual issues or concerns are dealt with as appropriate using Human Resources Department for support.	The Trust is committed to zero tolerance; however staff work in some very challenging environments within the Trust. This remains an area for improvement. Identify areas of specific concern and action local improvements to improve experience for staff	• E&D objectives • WRES • WDES • SAS results	• Workforce Committee • EDI Working Group • Trust Board • Senior Management Team
3.5 flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives					

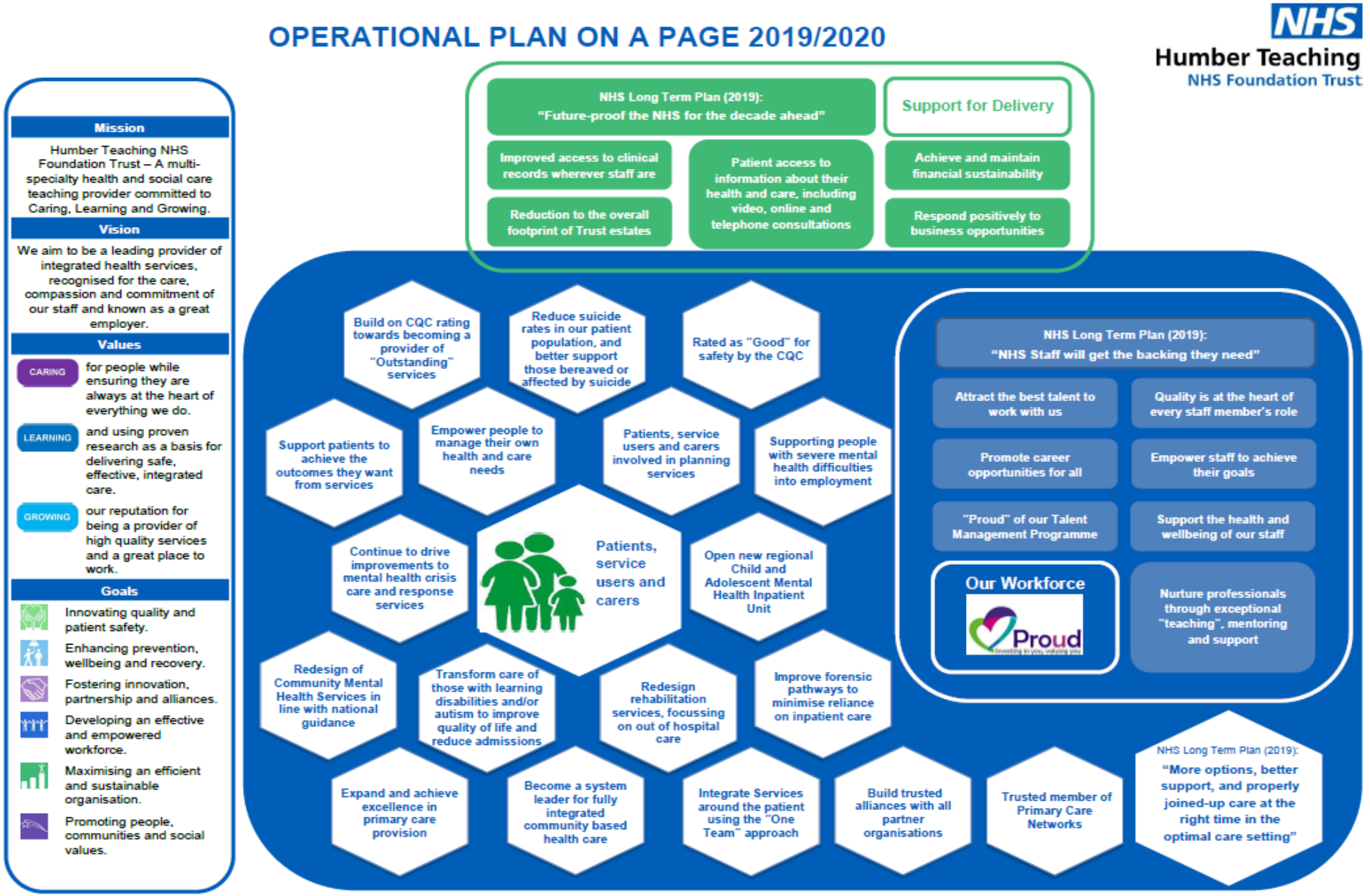
Internal Grade	External Grade	Evidence for Rating	Continuous Quality Improvement Plan	Incorporated Into	Monitoring Group
Developing		Staff attitude survey reports that 61% of staff surveyed were satisfied with the opportunities available for flexible working patterns which is an improvement of +7% on 2017's 54%. Staff are aware of how to submit flexible working requests (FWR) and wherever possible these are supported by Care Groups. HR support FWR through a supportive policy and practice but it is not centrally monitored by HR.	The Trust continues to offer and promote flexible working in the Trust. In addition to this the Trust also supports the retire and return process in order to keep valued and skilled staff. Introduce central monitoring of flexible working requests, improve HR involvement and ownership of process	• SAS results	• Workforce Committee • EDI Working Group • Trust Board • Senior Management Team
3.6 Staff report positive experience of their membership of the workforce					
Developing		Staff attitude survey 2018 reports 47% of those surveyed would recommend the Trust as a place to work which is a +4.6% improvement on 2017s 42.4% and an increase of +2% on 2016's 45%.	The Trust continues to go through unprecedented change which has an impact on staff morale. This is an area for improvement for the Trust, but the Trust remains committed to	• OD action plan • SAS results and action plan	• Workforce Committee • EDI Working Group • Trust Board • Senior Management Team

Internal Grade	External Grade	Evidence for Rating	Continuous Quality Improvement Plan	Incorporated Into	Monitoring Group
			improving the culture of and working environment for its staff. The Trust has a Staff Charter, Staff award scheme and 3 Values (Caring, Learning and Growing) It also has a Personal Responsibility framework and Leadership Development Programme Introduction and evaluation of the PROUD programme to improve occupational development across Trust.		
4.		**Inclusive leadership**			
4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations					
Developing		The recent CQC inspection report highlighted that the	The Trust Board is	• E&D	• Workforce

Internal Grade	External Grade	Evidence for Rating	Continuous Quality Improvement Plan	Incorporated Into	Monitoring Group
		Trust promotes equality and values diversity and this is included within the “healthy organisational culture” pillar of the workforce and organisational development strategy 2017-22.	committed to providing clear leadership and organisational direction in relation to the Equalities agenda	objectives • WRES • SAS results • CQC	Committee • Trust Board
4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are managed					
Developing		Equality Impact Assessments are undertaken for strategies, policies, procedures, processes, tenders and service transformations.	This remains the same as in previous years, however as the Trust has identified a need to strengthen this approach and will be focusing on a more robust process in 2018/19 paying particular attention to quality improvements.	• E&D objectives • WRES • SAS results • CQC	• Quality Committee • Trust Board
4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination					
Developing		Equality and Diversity training is mandatory and a review of the current staff charter and leadership development support/programme is underway to strengthen this in practice.	The Trust continues to meet its Public Sector duties and recognises further improvement is required	• E&D objectives • WRES • WDES • SAS results • CQC	• Senior Management Team and Executive Management Team

Internal Grade	External Grade	Evidence for Rating	Continuous Quality Improvement Plan	Incorporated Into	Monitoring Group
			Provide training for middle managers on removing unconscious bias from recruitment processes and for managing challenging conversations to reduce discrimination		• Trust Board

8.2 Appendix 2 – Operational Plan 2019/2020



CELEBRATING OUR SUCCESS

2018/2019

Innovating quality and patient safety.

Quality Improvement Strategy - Our Quality Improvement Approach (2018-2022) introduced.

Growing number of Quality Improvement (QI) Specialists leading the way towards an embedded QI culture.

Daily corporate and team safety huddles focusing on patient safety incidents.

Improved our ability to continually learn lessons from incidents that occur.

Patient Reported Outcome Measure tool developed with patients, service users and carers.

Humber Safeguarding Service has become a key contributor to the new vulnerable adult risk management processes across the region.

Cited as positive contributor to complex Prevent cases.

Two of our GPs were listed in the Top 10 for Hull and East Yorkshire.

Two of our GP surgeries, Hallgate and Chestnuts, were hailed amongst the "Best of the Best" after receiving positive feedback during the NHS England annual poll.

The Trust was "highly commended" in two categories for the most prestigious award in healthcare safety; "Changing Culture" and "Patient Safety Team of the Year" sections at the Health Service Journal's Patient Safety Awards

Enhancing prevention, wellbeing and recovery.

Reduction in the number of patients placed out of area for inpatient care.

Early Intervention in Psychosis undertaking treatment of first episode within 2 weeks for 34% more patients that required by the national standard.

Awarded capital funding and started to build a new, state of the art inpatient unit for children and young people.

Our Patient and Carer Experience Strategy (2018-2023) build on the work already done, promoting maximum involvement and engagement.

New "live" dashboard introduced for surveys received from patients and carers.

Work has commenced on a structured career pathway for employing peer support workers across our services.

A new service model for rehabilitation and recovery has been agreed and will be introduced during 2019.

Community Mental Health Services have been reviewed and changes will be implemented to make the service more responsive.

Fostering integration, partnership and alliances.

Awarded lead provider status for the delivery of perinatal mental health services across the Humber area.

Implementation of the Scarborough and Ryedale Integrated Prevention, Community Care and Support Service is progressing well.

Continued and significant involvement in the Humber Coast and Vale Health and Care Partnership and the system leader in the mental health collaborative programme.

Close working relationships with Humbercare and MIND as part of mental health transformation programme.

Close working with the Hull and East Yorkshire Smile Foundation through our Health Stars Charity.

We were chosen as the system leader for the New Models of Care for Forensic Services across Humber, Coast and Vale.

Developing an effective and empowered workforce.

Launch of PROUD; investing in and valuing our staff as they are the key to delivering high quality care to our patients.

Focused on listening to our staff and ensuring staff's views are heard when developing services.

Improved the number and quality of appraisals and clinical supervision undertaken for our staff.

Introduced a Refer a Friend Recruitment Scheme.

Introduction of a nursing associate role that provides progression into graduate level nursing.

Teams and colleagues have benefitted from the Chief Executive Engagement Fund.

Opened the newly refurbished Willerby Lecture Theatre in November 2018 to provide our teams with a conference space with an educational focus.

Maximising an efficient and sustainable organisation.

We have successfully been awarded contracts for Scarborough and Ryedale Community Services, Perinatal Mental Health and Social Prescribing.

The new contract to provide adult community services in Scarborough and Ryedale resulted in us providing care for an additional 5,000 patients and welcoming more than 200 new colleagues.

We achieved our financial targets.

Reopened Maister Lodge following half a million pound refurbishment.

Commissioners supported investment to reduce the pressure on mental health inpatient services, allowing us to increase the number of adult beds, continue provision of our Crisis Pad, provide an extra "step down" bed and provide additional support to people the mental health problems in the acute hospital.

Acquired a seventh GP practice and now delivers primary care to 36,000 patients.

Promoting people, communities and social values.

Recovery College has launched its 2019 prospectus.

Support for Health Stars has grown significantly, both inside and outside of the organisation, allowing almost 400 wishes to be submitted to date.

Health Stars launched an Impact Appeal to improve the new children and young people's hospital facilities like a sensory rich garden, state of the art kitchen and modern, comfortable furniture.

96 staff now enrolled on an apprenticeship covering a wide range of subject areas including healthcare support worker, adult care worker, and nursing associate to business admin, customer service and team leading.

Our Health Trainers launched a dedicated service to help East Coast fishermen

Agenda Item: 18

Title & Date of Meeting:	Trust Board Public Meeting - 31st July 2019
Title of Report:	Q1 2019/20 Board Assurance Framework
Author:	Oliver Sims Corporate Risk Manager
Recommendation:	To approve: ; To note: √ To discuss: ; To ratify: For information: ; To endorse:
Purpose of Paper:	The report provides the Board with the Quarter 1 2019/20 version of the Board Assurance Framework (BAF) allowing for the monitoring of progress against the Trust's six strategic goals.
Key Issues within the report:	- Progress against the aligned risks is reflected within the framework to highlight the movement of current risk ratings from the previous position at Quarter 4 2018/19. The format allows for consideration to be given to the risks, controls and assurances which enables focused review and discussion of the challenges to the delivery of the organisational objectives. - Each of the Board Assurance Framework sections have been/ or are due to be reviewed by their assigned assuring committee to provide further assurance around the management of risks to achievement of the Trust's strategic goals. **Main changes to the Board Assurance Framework from Quarter 4 2018-19 to Quarter 1 2019-20.** **Strategic Goal 1 – Innovating Quality and Patient Safety** - Overall rating remains at amber for Quarter 1 2019/20 position. Risks NQ45 and NQ44 re-scoped and risk scores refreshed following outcome of 2019 CQC inspection. **Strategic Goal 2 – Enhancing prevention, wellbeing and recovery** - Overall rating remains at amber for Quarter 1 2019/20 position. Risk OPS05 has been increased from Q4 rating. Risks LDC31, LDC32 and LDC34 have been

	included on the Board Assurance Framework following rescoring and escalation through ODG for consideration of EMT and inclusion on Trust-wide risk register. **Strategic Goal 4 – Developing and effective and empowered workforce** - Overall rating amended to yellow for Quarter 1 2019/20 position reflecting assurance in place for the strategic goal. Following a full review and re-scoping exercise of the workforce and organisational development risk register undertaken during Q1 2019/20 all of the risks represent new entries on the BAF for the quarter. **Strategic Goal 5 – Maximising and efficient and sustainable organisation** - Overall rating amended to yellow for Quarter 1 2019/20 position reflecting assurance in place for the strategic goal. Risk 205 has been reduced from the rating at Q4 but remains on the Trust-wide risk register. Risks FII213 and FII214 represent new financial risks added in the Quarter.

Monitoring and assurance framework summary:

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

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

BOARD ASSURANCE FRAMEWORK				Trust Board							
ASSURANCE OVERVIEW				31st July 2019							
Strategic Goal	Assurance Level	Reason for Assurance Level	Executive Lead	Assuring Committee	Risk Appetite	Assurance Rating					Highest current risk
						Q 4	Q 1	Q 2	Q 3	Q 4	
Innovating Quality and Patient Safety	A	Overall rating of 'good' from 2019 CQC Inspection Report. 'Must do' actions including safer staffing and supervision. 'Requires Improvement' rating for Safe domain in CQC report.	Director of Nursing	Quality Committee	Open	A	A				12
Enhancing prevention, wellbeing and recovery	A	Robust monitoring arrangements developed through monthly operational delivery group to monitor waiting times. Areas of long waits reviewed and monitored through ODG and Quality Committee. Waiting list challenges continue within the Paediatric ASD (autism assessment), Adult ASD (autism diagnosis), Hull CAMHS and Children speech and language services.	Chief Operating Officer	Quality Committee	Seek	A	A				
Fostering integration, partnership and alliances	G	Active engagement continues across all stakeholder groups with demonstrable benefits. Extensive work has taken plan in partnership work including the Mental Health Partnership and Zero Suicide Alliance. Further work undertaken with community groups such the Veterans Association. Trust involvement in Primary Care Networks.	Chief Executive	Audit Committee	Seek	G	G				
Developing an effective and empowered workforce	Y	Statutory and mandatory training performance remains above target and has done since February 2018. Rolling 12 month sickness has reduced compared to 12 months ago. Staff survey scores have increased in 51 of 64 questions. Overall turnover rate reduced compared to 12 months previous and PADR completion rates remain above target level. The Trust has implemented its 'PROUD' organisational development programme and the Workforce and OD Committee has been set up, reviewing performance via the Workforce Insight Report.	Director of Human Resources and Diversity	Workforce and OD Committee	Seek	A	Y				
Maximising an efficient and sustainable organisation	Y	Budget Reduction Strategy developed for next three years and improved cash position when compared to last year. Budget Reduction Strategy gaps identified in 19-20 plan but Trust is broadly on-plan as indicated in monthly finance reports. Improved BBPC score.	Director of Finance	Finance Committee	Seek	A	Y				
Promoting people, communities and social values	A	Place plans and Patient Engagement Strategy implemented and positive service user surveys received. Social Values Report launched and a section has been incorporated into the annual report. More work is to be undertaken to promote service users/ care groups.	Chief Executive	Quality Committee	Seek	A	A				

ASSURANCE LEVEL KEY		
Green	Significant Assurance	- System working effectively / limited further recommendations. - Effective controls in place. - Satisfied that appropriate assurance is available.
Yellow	Partial Assurance	- System well-designed but requires monitoring/ low priority recommendations. - Some effective controls in place. - Some appropriate assurances are available.
Amber	Limited Assurance	- System management needs to be addressed/ numerous actions outstanding. - Controls thought to be in place. - Assurances are uncertain and/or possibly insufficient.
Red	No Assurance	- System not working / actions not addressed. - Effective controls not in place. - Appropriate assurances are not available.

BOARD ASSURANCE FRAMEWORK				Assurance Level	Q4	Q1	Q2	Q3	Q4
STRATEGIC GOAL 1	**INNOVATING QUALITY AND PATIENT SAFETY**	**Lead Director: Dir. Nursing**	**Lead Committee: Quality Committee**		**A**	**A**			

Positive Assurance	
Assurance	**Source**
Quality and Regulations Group has been formed to drive and receive assurances in relation to all aspects of CQC compliance.	QPaS May 2019
Continued improvement maintained in relation to clinical supervision.	Quality Ctte Trust Board
Overall rating of 'good' in 2019 CQC inspection report	CQC Report May 2019

Negative Assurance	
Assurance	**Source**
'Must do' actions including safer staffing and supervision.	Trust Board CQC Report
'Requires Improvement' rating for Safe domain in CQC report.	CQC Report

Gaps in Assurance
What do we not have
Good rating in 'safe' domain for CQC rating.

Objective	Key Risk(s)	Q4 18-19 Rating	Q1 19-20 Rating	Target	Movement from prev. Quarter
Deliver high- quality, responsive care by strengthening our patient safety culture.	**NQ37 – Inability to meet Regulation 18 HSCA (RA) Regulations 2014 regarding Safer Staffing.**	**12**	**12**	**8**	⟺
	NQ38 – Inability to achieve a future rating of 'good' in the safe domain at CQC inspection.	**4**	**8**	**4**	↑
Demonstrate that we listen, respond and learn.	**NQ45 – Inability to develop robust processes that demonstrate thorough investigations undertaken in line with significant event analysis (SEA) methodology and can evidence organisational learning from SEAs.**	**6**	**12**	**3**	↑
Achieve excellent clinical practice and services.	**NQ44 – Staff are not maintaining auditable trails of clinical supervision compliance is some clinical teams to support assurance that teams are delivering high quality care.**	**4**	**9**	**4**	↑
Capitalise on our research and development.	**No risks identified.**				

Key Controls	Sources of Assurance – Reporting Mechanisms
(NQ37) Routine monitoring of staffing establishments and daily staffing levels review by care groups.	6-month safer staffing report.
(NQ37) Validated tool to agree establishments	
(NQ37) Consideration of nursing apprenticeships and nursing associate roles and greater use of the wider multi-disciplinary team in providing clinical leadership to units	Quality Committee Trust Board
(NQ38) Trust self-assessment against CQC standards.	Quality Committee Trust Board
(NQ38) Review undertaken of safety across Trust services.	
(NQ44) Improved compliance with general upward trend across Trust	
(NQ44) Policy has been reviewed to clarify minimum standard of 6 weeks for clinical supervision.	
(NQ45) SEA action plans developed in collaboration with teams	Clinical Risk Management Group

Gaps in Control	Actions
(NQ37) Focu on safer staffing from a multidisciplinary team approach.	Development of work plan with focus on safer staffing from a multidisciplinary team approach to ensure the Trust has robust systems and processes in place in relation to safer staffing (30/8/2019)
(NQ38) Trust identified as requires improvement under 'safe' domain for 2018/19 CQC inspection.	Continued drive across Trust Care Groups in identified areas for improvement (30/09/2019)
(NQ44) Timeline for ESR self-service being available to record and report supervision.	Training Lead establishing timeline for ESR self-service being available to record and report supervision (30/09/2019)
(NQ44) Robust tool for the capture and monitoring of Trust clinical supervision data.	Implementation of Health Assure for recording and monitoring of clinical supervision compliance (30/09/2019)
(NQ45) Timely completion and submission of SEA investigations.	Monitoring of SEA investigation status through Clinical Risk Management Group and escalation to Operational Delivery Group (30/09/2019)
(NQ45) Evidence of SEA action plan completion.	Ongoing review of SEA action plan tracker and supporting evidence undertaken by the Clinical Risk Management Group on regular basis (30/09/2019)

BOARD ASSURANCE FRAMEWORK				Assurance Level	Q4	Q1	Q2	Q3	Q4
STRATEGIC GOAL 2	**ENHANCING PREVENTION, WELLBEING AND RECOVERY**	**Lead Director: Chief Operating Officer**	**Lead Committee: Quality Committee**		**A**	**A**			

Positive Assurance	
Assurance	**Source**
- Waiting times continue to be an area of focus as and are reviewed monthly by the Operational Delivery Group. Work is ongoing with Trust partners. - Waiting list update reported into Quality Committee for oversight and consideration of quality impact. - Proactive contact with patients on waiting list within challenging services.	Trust Board June 2019 ODG June 2019 Quality Ctte May 2019

Negative Assurance	
Assurance	**Source**
- Waiting list challenges continue within the Paediatric ASD (autism assessment), Adult ASD (autism diagnosis), Hull CAMHS and Children speech and language services.	Trust Board Quality Ctte

Gaps in Assurance
What do we not have
Recovery-focussed culture within the Trust. Full adherence with Waiting Times policy and associated standard operating procedures.

Objective	Key Risk(s)	Q4 18-19 Rating	Q1 19-20 Rating	Target	Movement from prev. Quarter
Ensure patients, carers and families play a key role in the planning and delivery of our services **Empower people to work with us so that they can manage their own health and social care needs.** **Develop an ambitious prevention and recovery strategy**	**OPS08 – Failure to equip patients and carers with skills and knowledge need via the wider recovery model.**	**N/A**	**9**	**3**	**New risk**
Deliver responsive care that improves health and reduces health inequalities.	**OPS05 – Inability to meet early intervention targets (national – IAPT,EIP, Dementia)**	**6**	**9**	**3**	↕
	OPS06 – Inability to meet early intervention targets (local – CAHMS , ASD, CYP)	**12**	**12**	**3**	↔
	OPS04 – Patients don't have the right level of physical healthcare support and there is not a cohesive alignment of mental health and physical health services to get parity of esteem.	**9**	**9**	**6**	↔
	LDC31 – Vacancies within the CAMHS Crisis team may lead to gaps in service delivery preventing response to urgent referrals and inability to provide the crisis service overnight which may lead to other Trust services being impacted such as MHRS as well as reputational harm to the organisation.	**12**	**16**	**4**	↑
	LDC32 – As a result of increased demand for ADHD assessment and limited capacity within the service, there is a significant waiting list which may lead to increased safety risk for patients and others, impacting on the wellbeing of staff as well as reputational harm to the Trust.	**12**	**16**	**4**	↑
	LDC34 – Demand for access to Speech and Language Therapy services for children and young people in Hull exceeds capacity and funding, which may result in patients being unable to access timely diagnostic specific intervention and support services as well as potential reputational harm to the Trust.	**12**	**16**	**4**	↑

Key Controls	Sources of Assurance – Reporting Mechanisms
(OPS08) Trust Recovery Strategy	Trust Board
(OPS08) CMHT transformation work underway which will impact Recovery College due to its status as a discharge pathway.	
(OPS06) Monthly Waiting List monitoring	Monthly report to Care Group Business Meeting
(OPS06) Ongoing capacity and efficiency demand reviews	Operational Delivery Group Weekly / Monthly Care Group Reports
(LDC32) Waiting list reviewed weekly by MDT meeting.	
(LDC34) Waiting List Policy and Standard Operating Procedures in place.	

Gaps in Control	Actions
(OPS08) Service configuration feeding in to wider recovery approach.	Review of operational arrangements and pathways (30/09/2019
(OPS05) New national standards in dementia care	Review of GP and IAPT national targets (30/09/2019)
(OPS06) East Riding service under-funded for level of demand	Clarity on future investment for supporting activity (SMASH, MIND, Counselling Services) to be obtained from Commissioners (30/09/2019)
(OPS06) Limited response to increased demand from Commissioners	Contract variations to be agreed (30/08/2019)
(LDC32) Increased in waiting list following commissioning decision.	Ongoing discussion with commissioners regarding additional resources to expand capacity(30/09/2019)
(LDC34) Service Improvement Plan delivery.	Completion of actions identified in Service Improvement Plan (30/09/2019)

STRATEGIC GOAL 3	FOSTERING INTEGRATION, PARTNERSHIPS AND ALLIANCES	Lead Director: Chief Executive	Lead Committee: Audit Committee	Assurance Level	Q4	Q1	Q2	Q3	Q4
					G	G			

Positive Assurance	
Assurance	**Source**
STP/ ICS partnership events. Mental Health Partnership Board and MOUs in place. Health Expo event and Planned Members meeting. High profile visits to Trust. Visioning event across Humber Coast and Vale Lead provider role within STP Refreshed Operational and Strategic plans shared with stakeholders.	Trust Board June 2019

Negative Assurance	
Assurance	**Source**
Further work needed to take place in engaging with patient, carers and local communities to develop plans. Continued development of relationships with communities and development of membership and Governors. Clear Governor links to constitutions.	Trust Board

Gaps in Assurance
What do we not have
No gaps identified against overall assurance rating of this strategic goal. Full ICS system in place – but still developing long-term plans.

Objective	Key Risk(s)	Q4 18-19 Rating	Q1 19-20 Rating	Target	Movement from prev. Quarter
Be a leader in delivering Sustainability and Transformation Partnership plans.	**FII174 - Lack of Trust involvement or influence in work-stream activity associated with Sustainability and Transformation Programmes (STPs), will in turn impact on our ability to influence and shape local commissioning plans. This may result in a failure to deliver strategic priorities, with an associated risk of developing a poor reputation and reduced business/income opportunities that may challenge future sustainability.**	6	6	3	⟺
Build trusted alliances with voluntary, statutory/ non-statutory agencies and the private sector.	**FII180 - There is a risk to future sustainability and reputation, arising from a failure to compete effectively because we have not maintained and developed strategic alliances and partnerships and not increased our commercial/market understanding.**	6	6	3	⟺
Strive to maximise our research-based approach through education and teaching initiatives.	**FII185 - Failure to utilise evidence based practice to inform and influence business decisions, resulting in the delivery of outdated service models, an inability to effectively compete with other providers and a subsequent loss of business/ income and reputation.**	6	6	3	⟺
Foster innovation to develop new health and social care service delivery models.	**No risks identified.**				

Key Controls	Sources of Assurance – Reporting Mechanisms
(FII174) Trust Strategy, values and goals aligned with Humber, Coast and Vale STP	Regular STP updates to Trust Board Formal and informal dialogue with Commissioners
(FII174) Alignment clearly demonstrated within two year operational plan	
(FII174) Chief Executive is Senior Responsible Officer for Mental Health Work-stream.	
(FII185) Enhanced staff structure in Business Development team to explore evidence-based practice	Assurance systems for Service Plans/ Strategies Internal Clinical Audit programme R&D programme
(FII185) Formal programme to review and benchmark Trust position.	
(FII180) Marketing and communications activity available and used.	Assurance systems for Service Plan Regular feedback and dialogue to Trust committees.
(FII185) Enhanced staff structure in Business Development team to explore evidence-based practice	Assurance systems for Service Plans/ Strategies Internal Clinical Audit programme R&D programme

Gaps in Control	Actions
(FII174) Feedback arrangements with STPs representing Whitby are currently limited.	Identify Governance Structure within the STP representing Whitby and seek representation at relevant group level (30/09/2019)
(FII185) Showcasing and marketing opportunities not exploited	Recruitment of Communications and Marketing Manager to increase capacity within Trust Communications Team (30/09/2019)
(FII185) Limited internal mechanism in place to support delivery of different models	Develop skills training to support operational and corporate teams (30/09/2019)
(FII180) Trust Communications team not automatically included in external groups	Organisational review required of internal mechanisms to support the delivery of different models of care (30/09/2019)
	Improve Communications sections of Service Plans to ensure opportunities are exploited to showcase/market our services (30/09/2019)

BOARD ASSURANCE FRAMEWORK				Assurance Level	Q4	Q1	Q2	Q3	Q4
STRATEGIC GOAL 4	**DEVELOPING AN EFFECTIVE AND EMPOWERED WORKFORCE**	**Lead Director: Dir. of Workforce and OD**	**Lead Committee: Workforce and OD Committee**		**A**	**Y**			

Positive Assurance	
Assurance	**Source**
- Statutory and mandatory training – Performance remains above target and has done so since February 2018. - Rolling 12 month sickness has reduced compared to 12 months ago. - Staff survey scores increased in 51 of 64 questions. - Workforce and OD Committee created which reviews performance via a Workforce Insight report. - Overall turnover rate reduced compared to 12 months previous. - PADR completion rates remain above target level. - PROUD OD Programme in place. - Significant reductions in employee relations case work (grievances/disciplinary/bullying and harassment claims). - New staff engagement, health and wellbeing group set up.	Trust Board June 2019 / Workforce and OD Committee Workforce Insight Report 2019 (first 9 entries)
- Active Apprenticeship Scheme	Presentation to Workforce and OD Committee

Negative Assurance	
Assurance	**Source**
- Sickness levels – Whilst improving these are still above target. - Vacancies levels – Whilst June showed more staff working for the Trust than in previous months, there are still significant vacancies in Registered Nurse, Consultant and GP, and OT roles. - Staff Survey Scores – Far better than 2017, the Trust still ranks worst in 3 of the 10 categories when benchmarking against other similar Trusts - Morale, Quality of Appraisals, and Staff Engagement. - Whilst better than 12 months ago, rolling turnover is still above target.	Trust Board June 2019 / Workforce and OD Committee Workforce Insight Report 2019 (all entries)

Gaps in Assurance
What do we not have
- Clear departmental plans to tackle staff survey results. - Innovative recruitment plans at departmental level. - Innovative thinking at departmental level to use new roles to address the hard to fill traditional roles (demonstrated by the 2019/20 Workforce Plan).

Objective	Key Risk(s)	Q4 18-19 Rating	Q1 19-20 Rating	Target	Movement from prev. Quarter
Develop a healthy organisational culture. **Enable transformation and organisational development.**	**WF07 – The quality of leaders and managers across the Trust is not at the required level which may impact on ability to deliver safe and effective services.**	**N/A**	**9**	**6**	**New risk**
Invest in teams to deliver clinically excellent and responsive services	**WF03 – Current qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.**	**N/A**	**15**	**5**	**New risk**
	WF04 – With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	**N/A**	**15**	**5**	**New risk**
	WF05 – Current Consultant and GP vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	**N/A**	**15**	**5**	**New risk**
	WF10 – With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	**N/A**	**15**	**5**	**New risk**

Key Controls	Sources of Assurance – Reporting Mechanisms
(WF03) Issues discussed at STP level around place-based recruitment strategies for hard-to-fill roles across the health sector.	Trust Board Workforce and OD Committee ODG
(WF03) Recruitment and retention initiatives (refer a friend, CAMHS Band 6 Nurse Golden Hello).	
(WF04) PROUD programme.	
(WF10) Leadership and management development programmes	
(WF07) Mentoring and coaching support.	

Gaps in Control	Actions
(WF03) Refreshed Nurse Preceptorship programme.	Review and refresh of current Nurse Preceptorship programme taking account of previous feedback from newly qualified nurse who have previously undertaken the course (30/09/2019)
(WF03) Nurse Preceptorship programme for Nurse Associates.	Development of Nurse Preceptorship programme for Nurse Associates (30/09/2019)
(WF04) Lack of career development opportunities	To identify opportunities for career pathways/development opportunities (30/09/2019)
	Working Group to be established to develop recruitment and retention packages linked to qualified nurse development (31/07/2019)
(WF05) National workforce shortages	Implementation of Workforce plan for 19-20 (30/09/2019)

BOARD ASSURANCE FRAMEWORK				Assurance Level	Q4	Q1	Q2	Q3	Q4
STRATEGIC GOAL 5	**MAXIMISING AN EFFICIENT AND SUSTAINABLE ORGANISATION**	**Lead Director: Dir. Finance**	**Lead Committee: Finance Committee**		**A**	**Y**			

Positive Assurance	
Assurance	**Source**
- Budget Reduction Strategy. - Improved cash position. - Improved BBPC score. - Cyber Security Briefing undertaken.	Trust Board June 2019 Finance and Investment Ctte 2019

Negative Assurance	
Assurance	**Source**
- Budget Reduction Strategy – gaps in 2019-2020. - NHSI Control Total 2019-20.	Board Report

Gaps in Assurance
What do we not have
Longer-term financial planning information.

Objective	Key Risk(s)	Q4 18-19 Rating	Q1 19-20 Rating	Target	Movement from prev. Quarter
Be a flexible organisation that responds positively to business opportunities.	**FII180 – There is a risk to future sustainability and reputation, arising from a failure to compete effectively because we have not maintained and develop strategic alliances and partnerships and not increased our commercial/market understanding.**	**6**	**6**	**3**	⟺
Be a leading provider of integrated services	**FII177– Adverse impact of inadequate IT systems, failing to effectively support management decisions, performance management or contract compliance**	**8**	**8**	**4**	⟺
	FII186 – Trust IT systems are compromised due to a Cyber Security attack/incident - this could be a malicious attack from an external third party or an accidental attack from inside the trust network due to inappropriate actions taken by staff, patients or visitors that comprise the IT systems security.	**12**	**12**	**8**	⟺
Exceed requirements set by NHS Improvement regarding financial sustainability.	**FII205 – Risk to longer-term financial sustainability if we are unable to deliver Trust savings targets and income declines through implementation of tariff or commissioner targets.**	**20**	**15**	**5**	↓
	FII200 – The Trust's cash position deteriorates adversely where day to day functioning and financial independence is impacted.	**10**	**10**	**5**	⟺
	FII213 – If the Trust cannot achieve its Budget Reduction Strategy for 2019-20, it may affect the Trust's ability to achieve its control total which could lead to a significant impact on finances resulting in loss of funding and reputational harm.	**N/A**	**12**	**4**	**New risk**
	FII214 – Failure to achieve the NHS Improvement Use of Resources Score for 2019/20 may result in reputational harm for the Trust and significant reduction in financial independence.	**N/A**	**12**	**4**	**New risk**
Build state of the art care facilities.	**FII58 – Inability to address all risks identified as part of the capital application process due to lack of capital resource.**	**8**	**8**	**4**	⟺
	FII181 – Inability to improve the overall condition and efficiency of our estate.	**8**	**8**	**4**	⟺

Key Controls	Sources of Assurance
(FII205) Budget Reduction Strategy 2019-20 to 2020-21 established which will produce a MTFP, incorporating the CIP process.	Budget Reduction Strategy policy and procedure Finance and Investment Committee Trust Board
(FII205) Monthly reporting, monitoring and discussion with budget holders (regular confirm and challenge).	ODG monitoring progress of BRS plans. Standing item on EMT agenda/ ODG agenda. Finance and Investment Committee
(FII200) Daily monitoring of the cash position and weekly update to CE	Trust Board reporting. Finance and Investment Committee reporting. Annual Cash Flow included within NHSI planning document.
(FII200) Reporting to board and Finance committee which includes cash-flow projection and sensitivity analysis.	
(FII213) Trust Control Total agreed.	Finance and Investment Committee reporting.
(FII205) Operational plan 2019/20.	Executive Management Team. Finance and Investment Committee

Gaps in Control	Actions
(FII205) Insufficient contingency	Budget Reduction Strategy implementation 2019-20 (31/03/2020)
(FII205) NHSI Allocation Funding	Securing of allocation funding as promised by NHSI (30/09/2019)
(FII205) Delivery of BRS.	Review of workforce looking at staffing savings/ agency expenditure (30/09/2019)
(FII214) Accurate forecast expenditure position due to issues around Trust vacancies.	Ongoing Accountability review of Care Groups (31/03/2020)
(FII213) Demand too high for the level of resources available	Ongoing maintenance of relationships with commissioners (30/09/2019)

BOARD ASSURANCE FRAMEWORK				Assurance Level	Q4	Q1	Q2	Q3	Q4
STRATEGIC GOAL 6	**PROMOTING PEOPLE, COMMUNITIES AND SOCIAL VALUES**	**Lead Director: Chief Executive**	**Lead Committee: Quality Committee**		**A**	**A**			

Positive Assurance	
Assurance	**Source**
- Continual development of the Recovery College. - Health Stars developing - Wider community engagement developing through changes to constitution and more work with Governors. - More internal Trust focus on promoting wellness and recovery. - Positive service user survey results. - Trust developed in year social values reporting arrangements	Trust Board June 2019

Negative Assurance	
Assurance	**Source**
- Negative media outweighs positive media regarding promotion of communities. - Trust membership base is not fully operational and negative assurance around membership involvement. - Limited feedback on how local communities are influencing our Trust Strategy.	Trust Board

Gaps in Assurance
What do we not have
Patient outcome measures. Detailed Community engagement strategy or Relationship strategy.

Objective	Key Risk(s)	Q4 18-19 Rating	Q1 19-20 Rating	Target	Movement from prev. Quarter
Apply the principles outlined in the Social Values Act (2013)	**OPS08 – Failure to equip patients and carers with skills and knowledge need via the wider recovery model.**	**N/A**	**9**	**3**	**New risk**
'Make every contact count' via an integrated approach designed to make communities healthier.	**MD05 - Inability to implement the Trust's Equality and Diversity strategy may impact on the Trust's ability to have a workforce trained and engaged with the equality and diversity agenda, limit accessibility to services and prevent achievement of the Trust's E&D aims.**	**6**	**6**	**3**	⟺
	MD06 - Reduction in patients likely to recommend Trust services to friends and family may impact on Trust's reputation and stakeholder confidence in services provided.	**8**	**8**	**4**	⟺
Ensure our human resource priorities and services have a measurable social impact.	**No risks identified.**				
Improve recruitment and apprenticeship schemes and promote career opportunities	**WF02 - Failure to effectively utilise the funds available from the apprenticeship levy.**	**N/A**	**9**	**3**	**New risk**

Key Controls	Sources of Assurance – Reporting Mechanisms
(OPS08) Trust Recovery Strategy	Trust Board
(OPS08) CMHT transformation work underway which will impact Recovery College due to its status as a discharge pathway.	
(MD05) Supporting forums established for development of equality and diversity work within the Trust.	Quarterly reporting to Quality Committee and Clinical Quality Forum
(MD05) Equality and Diversity Leads identified for 'patient and carers' and 'staff' respectively.	
(MD06) Task and finish group identified	Reports to QPaS and Quality Committee
(MD06) All clinical teams give out FFT forms and results are fed into services through level 3 reporting system.	

Gaps in Control	Actions
(OPS08) Secured funding for Recovery College	Ongoing communication with commissioners regarding funding (30/09/2019)
(OPS08) Service configuration feeding in to wider recovery approach.	Review of operational arrangements and pathways (30/09/2019)
(OPS08) Recovery focussed practice still to be fully embedded across the Trust	Recovery conference for Q3 2019/20 to consolidate work underway (31/12/2019)
(MD05) Awareness of equality and diversity issues within the Trust.	Development of internal EIA training (30/09/2019)
(MD05) Robust approach to Equality Impact Assessments	Implementation of EIA approval process (30/09/2019)

BOARD ASSURANCE FRAMEWORK

RISK SCORING MATRIX

			IMPACT/ CONSEQUENCE				
			Negligible	Minor	Moderate	Severe	Catastrophic
			1	2	3	4	5
LIKELIHOOD	Almost Certain	5	5 x 1 = 5 **Moderate**	5 x 2 = 10 **High**	5 x 3 = 15 **Significant**	5 x 4 = 20 **Significant**	5 x 5 = 25 **Significant**
	Likely	4	4 x 1 = 4 **Moderate**	4 x 2 = 8 **High**	4 x 3 = 12 **High**	4 x 4 = 16 **Significant**	4 x 5 = 20 **Significant**
	Possible	3	3 x 1 = 3 **Low**	3 x 2 = 6 **Moderate**	3 x 3 = 9 **High**	3 x 4 = 12 **High**	3 x 5 = 15 **Significant**
	Unlikely	2	2 x 1 = 2 **Low**	2 x 2 = 4 **Moderate**	2 x 3 = 6 **Moderate**	2 x 4 = 8 **High**	2 x 5 = 10 **High**
	Rare	1	1 x 1 = 1 **Low**	1 x 2 = 2 **Low**	1 x 3 = 3 **Low**	1 x 4 = 4 **Moderate**	1 x 5 = 5 **Moderate**

RISK TERMINOLOGY DEFINITIONS	
Initial Risk Rating	The initial risk rating represents the inherent or gross risk. It is the assessment of the risk prior to the consideration of any controls or mitigations in place.
Current Risk Rating	The current risk rating presents the residual risk level. It is the assessment of the risk after identification of controls, assurances and inherent gaps, reflecting how the risk is reduced in either likelihood of occurrence or impact should it occur.
Target Risk Rating	The assessment of the anticipated score following successful implementation of identified actions to create further controls. Target risk ratings must also be considered with regard to risk appetite and the level of risk the organisation is willing to accept.
Control	Risk controls represent any action that has been taken to mitigate the level risk. Controls can reduce the likelihood of a risk being realised or the impact of risk should it occur.
Assurance	Sources of evidence used to demonstrate the effectiveness of identified controls. Assurances sources also allow for monitoring of risk controls to ensure that they are appropriate.

RISK APPETITE DEFINITIONS	
Avoid (No risk)	Avoidance of risk and uncertainty is a key organisational objective.
Minimal (Low risk)	Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.
Cautious (Moderate risk)	Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.
Open (High risk)	Willing to consider all potential delivery options and choose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc.).
Seek (Significant risk)	Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk.

NHS
Humber Teaching
NHS Foundation Trust

Agenda Item: 19

Title & Date of Meeting:	Trust Board Public Meeting – 31 July 2019
Title of Report:	Risk Register Update
Author:	Oliver Sims Corporate Risk Manager
Recommendation:	To approve: ; To note: ; To discuss: X ; To ratify: ; For information: ; To endorse:
Purpose of Paper:	The report provides the Board with an update of Trust-wide risk register (15+ risks) including the detail of any additional or closed risks since last reported to Trust Board in May 2019.
Key Issues within the report:	• The Trust-wide risk register details the risks facing the organisation scored at a current rating of 15 or higher (significant risks). There are currently **11** risks held on the Trust-wide Risk Register which was last reviewed by the Executive Management Team on 15 July 2019. • The current risks held on the Trust-wide risk register are summarised below:

Risk Description	Initial Rating	Current Rating
WF03 – Current qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	**20**	**15**
WF04 – With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	**20**	**15**
WF05 – Current Consultant/ GP vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	**20**	**15**

Risk Description	Initial Rating	Current Rating
WF10 – With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	**20**	**15**
FII205 – Risk to longer-term financial sustainability if we are unable to deliver Trust savings targets and income declines through implementation of tariff or commissioner targets.	**25**	**15**
CAMHS-C2 – Failure to recruit band 6 nurses with appropriate skills and expertise which may result in delays to the opening of the CAMHS inpatient unit.	**20**	**16**
CAMHS-C7 – There is a risk to the delivery plan for the CAMHS inpatient unit due to the inability to recruit a consultant psychiatrist with appropriate skills and expertise.	**20**	**16**
CAMHS-E8 – As a result of HMRC assessing the use of the CAMHS build as not being eligible for zero VAT rating there may be impact to the overall capital programme and Trust's ability to deliver wider projects.	**20**	**20**
LDC31 – Vacancies within the CAMHS Crisis team may lead to gaps in service delivery preventing response to urgent referrals and inability to provide the crisis service overnight which may lead to other Trust services being impacted such as MHRS as well as reputational harm to the organisation.	**20**	**16**
LDC32 – As a result of increased demand for ADHD assessment and limited capacity within the service, there is a significant waiting list which may lead to increased safety risk for patients and others, impacting on the wellbeing of staff as well as reputational harm to the Trust.	**20**	**16**
LDC34 – Demand for access to Speech and Language Therapy services for children and young people in Hull exceeds capacity and funding, which may result in patients being unable to access timely diagnostic specific intervention and support services as well as potential reputational harm to the Trust.	**20**	**16**

Monitoring and assurance framework summary:

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

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

1. Trust-wide Risk Register

There are currently **11** risks reflected on the Trust-wide risk register which records all risks currently scored at a rating of 15 or above and is reflected in ***Table 1*** below:

Table 1 - Trust-wide Risk Register (current risk rating 15+)

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
WF03	Current qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	20	15	5
WF04	With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	20	15	5
WF05	Current Consultant/ GP vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	20	15	5
WF10	With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	20	15	5
FII205	Risk to longer-term financial sustainability if we are unable to deliver Trust savings targets and income declines through implementation of tariff or commissioner targets.	25	15	5
CAMHS-C2	Failure to recruit band 6 nurses with appropriate skills and expertise which may result in delays to the opening of the CAMHS inpatient unit.	20	16	4
CAMHS-C7	There is a risk to the delivery plan for the CAMHS inpatient unit due to the inability to recruit a consultant psychiatrist with appropriate skills and expertise.	20	16	4
CAMHS-E8	As a result of HMRC assessing the use of the CAMHS build as not being eligible for zero VAT rating there may be impact to the overall capital programme and Trust's ability to deliver wider projects.	20	20	4
LDC31	Vacancies within the CAMHS Crisis team may lead to gaps in service delivery preventing response to urgent referrals and inability to provide the crisis service overnight which may lead to other Trust services being impacted such as MHRS as well as reputational harm to the organisation.	20	16	4
LDC32	As a result of increased demand for ADHD assessment and limited capacity within the service, there is a significant waiting list which may lead to increased safety risk for patients and others, impacting on the wellbeing of staff as well as reputational harm to the Trust.	20	16	4
LDC34	Demand for access to Speech and Language Therapy services for children and young people in Hull exceeds capacity and funding, which may result in patients being unable to access timely diagnostic specific intervention and support services as well as potential reputational harm to the Trust.	20	16	4

2. Closed/ De-escalated Trust-wide Risks

Two risks previously held on the Trust-wide risk register when last reported to Trust Board in May have since been closed. The risks are summarised below alongside their current status.

Table 2 – Closed/ De-escalated Risks from Trust-wide Risk Register

Risk ID	Description of Risk	Current Status
HR32	Nursing and consultant staff vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact the credibility/reputation of the organisation.	**Risk closed as split into two separate entries (WF03 and WF05 included on the Trust-wide risk register.**
HR33	Inability to retain appropriately qualified, skilled and experienced clinical workforce.	**Risk closed as split into two separate entries (WF04 and WF10 included on the Trust-wide risk register.**

4. Wider Risk Register

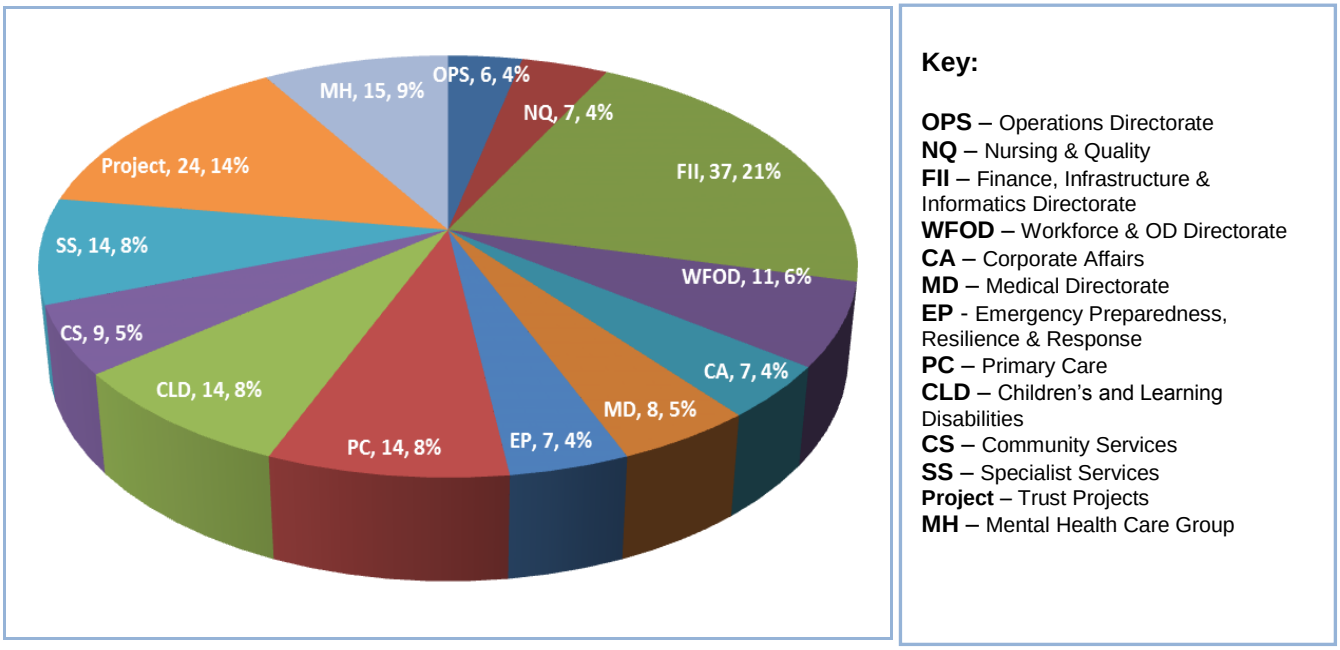
There are currently **173** risks held across the Trust's Care Group, Directorate and project risk registers. This is an overall decrease of **31** risks from the **142** reported to Trust Board in March, however this figure is now inclusive of current project risks so does not represent as significant change it total risk numbers held at Care Group/ Directorate level. The table below shows the current number of risks at each risk rating in comparison to the position presented to the May 2019 Board.

Table 4 - Total Risks by Current Risk level

Current Risk Level	Number of Risks – May 2019	Number of Risks – July 2019
20	1	1
16	0	5
15	2	5
12	38	45
10	4	5
9	32	35
8	21	27
6	35	46
5	1	1
4	6	2

Current Risk Level	Number of Risks – May 2019	Number of Risks – July 2019
3	1	1
2	1	0
Total Risks	142	173

Chart 1 – Total Risks by Care Group/ Directorate



Risk Management Plan 2019/20

Action Number	Action	Action Lead	Date for completion	Status
1	Refresh Trust Risk Management Appetite for 2019/20.	Oliver Sims	31st July 2019*	**Ongoing** ***Agenda item for Trust Board Part II Meeting 31 July 2019.**
2	Continued 'deep-dive' analysis of Care Group/ Directorate/ Project risk registers to be undertaken by the Audit Committee to provide assurance around risk management processes for 2019-2020.	Oliver Sims/ Audit Committee	2019/20 round of reviews Commenced May 2019	**Ongoing –** Specialist Services Care Group and CAMHS Inpatient Project Risk Register deep-dive to be undertaken in August 2019 committee.
3	Terms of reference for board sub-committees to be reviewed and updated to specifically reflect their role in reviewing risk and the Board Assurance Framework – *Action identified through 2019/20 Board Assurance Framework Audit*	Oliver Sims	31st July 2019	**Completed**
4	Board Assurance Framework to contain details of the dates that assurance has been received – *Action identified through 2019/20 Board Assurance Framework Audit*	Oliver Sims	31st July 2019	**Completed**
5	Testing of local risk register arrangements that are in place and the management that has been undertaken to mitigate the identified risks through risk samples across each of the Care Groups/ Directorate.	Oliver Sims	30th September 2019	**Work ongoing**

Action Number	Action	Action Lead	Date for completion	Status
6	Development of new three-year risk management strategy, ensuring alignment to Trust overall strategy.	Oliver Sims/ Trust Board	30th November 2019*	**Ongoing** ***Agenda item for Trust Board 27 November to approve strategy.**
7	Risk Management policy to be updated in line with new risk management strategy to reflect processes and systems changes regarding risk management.	Oliver Sims	30th November 2019	**Ongoing**

Trust-wide Risk Register

Row	Risk ID	Description of Risk	Impact/ Consequence Type	Likelihood (Initial)	Impact (initial)	Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls/ Controls currently failing	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
1	WF03	Current qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	Objectives	Likely	Catastrophic	20	Significant	1. Recruitment strategy. 2. Issues discussed at STP level around place-based recruitment strategies for hard-to-fill roles across the health sector. 3. Streamlining proposal at STP level reducing time to recruit. 4. Attendance at recruitment fairs. 5. Recruitment and retention initiatives. 6. Recruitment Plan.	1. Workforce and OD Committee. 2. Care Group Business Meetings. 3. EMT. 4. Trust Board 5. ODG.	1. New roles for Associate Practitioners. 2. Expansion of Advanced Clinical Practitioner roles. 3. Refreshed Nurse Preceptorship programme.. 4. Nurse Preceptorship programme for Nurse Associates. 5. Trainee Nurse Associates support programme. 6. Band 5 Nurse recruitment bespoke career development package.	1.104.3 vacancies 12.49% Q1 2019/20.	Possible	Catastrophic	15	Significant	1. Development of new roles for Associate Practitioners. 2. Expansion of the number of Advanced Clinical Practitioner roles. 3. Review and refresh of Preceptorship programme taking account of previous feedback from newly qualified nurse who have previously undertaken the course. 4. Development of Nurse Preceptorship programme for Nurse Associates. 5. Implementation of programme to support Trainee Nurse Associates through courses with aim to reduce likelihood of attrition. 6. Working Group to be established to develop recruitment and retention packages linked to qualified nurse development.	Helen Lambert	Steve McGowan	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	5	Moderate
2	WF04	With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	Objectives	Likely	Catastrophic	20	Significant	1. Organisational Development (OD) and Workforce Strategy Implementation Plan. 2. Appraisal process. 3. Leadership and management development programmes 4. Staff engagement though TCNC (Trust Consultation and Negotiation Committee), 5. Staff Health & Wellbeing Group and action plan. 6. Trust retention plan as agreed with NHSI. 7. PROUD programme launched. 8. Recruitment and retention initiative. 9. Trust-wide workforce plan.	1) Trust Board monthly performance report on turnover and on rolling 12 month basis. 2) Staff surveys. 3) Local Stress Survey. 4) Staff Family and Friends Test. 5) Workforce and OD Committee. 6) EMT 7) Workforce and OD Insight Report	1. Trust-wide workforce plan delivery. 2. Formalised Band 5 Nurse career development provision.	1. Current annual turnover 14.45% as at 30th April 2019. 2. Workforce and OD Committee newly established and developing governance processes around workforce. 3. Lack of career development opportunities indicated through employee exit interviews/questionnaires.	Possible	Catastrophic	15	Significant	1) Implementation of Workforce plan for 19-20. 2) HR Business Partners to review exit questionnaire results and identify any hot spot 3) Completion of PROUD programme implementation plan 4) To identify opportunities for career pathways/development opportunities	Helen Lambert	Steve McGowan	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	5	Moderate
3	WF05	Current Consultant/ GP vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	Objectives	Likely	Catastrophic	20	Significant	1. Consultant roles advertised at NHS jobs 2. Medical Workforce attendance at recruitment fairs. 3. Arrangement in place with recruitment head-hunter partner to identify consultant resource. 4. Attendance at recruitment fairs. 5. Recruitment and retention initiative. 6. Recruitment Plan. 7. Contract in place for consultant roles to be advertised through the BMJ.	1. Agency spend considered at Finance and Investment Committee 2. ODG. 3. EMT. 4. Workforce and OD Committee	1. National workforce shortages 2. Trust-wide workforce plan. 3. Primary care recruitment strategy.	1. 8.3 vacancies 18.9%Q1 2019/20.	Possible	Catastrophic	15	Significant	1. Implementation of Workforce plan for 19-20. 2. 2. PCCCLD Care Group to review current GP recruitment opportunities and way that Trust recruits with HR Directorate. 3. 3. Review of GP practice skill mix and different ways of working.	Helen Lambert	Steve McGowan	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	5	Moderate

Trust-wide Risk Register

Row	Risk ID	Description of Risk	Impact/ Consequence Type	Likelihood (Initial)	Impact (initial)	Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls/ Controls currently failing	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
4	WF10	With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	Objectives	Likely	Catastrophic	20	Significant	1. Organisational Development (OD) and Workforce Strategy Implementation Plan. 2. Appraisals process 3. Leadership and management development programmes 4. Staff engagement though TCNC (Trust Consultation and Negotiation Committee), 5. Staff Health & Wellbeing Group and action plan. 6. Trust retention plan as agreed with NHSI. 7. PROUD programme. 8. Recruitment and retention incentives 9. LMC - Positive staff engagement with medical workforce	1. Trust Board monthly performance report on turnover and on rolling 12 month basis. 2. Staff surveys. 3. Local Stress Survey. 4. Staff Family and Friends Test. 5. Workforce and OD Committee. 6. EMT 7. Workforce and OD Insight Report	1. Trust-wide workforce plan. 2. Lack of career development opportunities indicated through employee exit interviews/questionnaires.	1. Current annual turnover 20.97% as at 30th April 2019. 2. Workforce and OD Committee newly established and developing governance processes around workforce.	Possible	Catastrophic	15	Significant	1. HR Business Partners to review exit questionnaire results and identify any hot spot. 2. Completion of PROUD programme implementation plan. 3. Implementation of Workforce plan for 19-20.	Helen Lambert	Steve McGowan	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	5	Moderate
5	FII205	Risk to longer-term financial sustainability if we are unable to deliver Trust savings targets and income declines through implementation of tariff or commissioner targets.	Objectives	Almost Certain	Catastrophic	25	Significant	1. Budgets agreed. 2. Monthly reporting & monitoring and discussion with budget holders. 3. Small contingency / risk cover provided in plan. 4. Project management approach to delivery of BRS 5. MTFP developed to inform plans. 6. Service plans. 7. Finance Committee. 8. Budget Reduction Strategy 2018-19 to 2020-21 established which will produce a MTFP, incorporating the brs process. 9. Non-recurrent savings. 10. BRS reporting to Board on a quarterly basis. 11. Trust Control Total agreed 12. Financial plan agreed	1. Monthly reporting to Board 2. Monthly & Quarterly reporting to NHS I and NHS I feedback 3. ODG monitoring progress of BRS plans. 4. Standing item on EMT agenda/ ODG agenda. 5. Budget Reduction Strategy policy and procedure agreed by Finance and Investment Committee and Trust Board. 6. BRS reporting to Finance and Investment Committee on a monthly basis. 7. External Audit position.	1. Insufficient contingency. 2. Agreed NHSI control total. 3. Delivery of BRS.	1. MTFP Reporting once plan in place to provide assurance over medium to longer term planning. 2. Risks inherent in 2019/20 BRS plans.	Possible	Catastrophic	15	Significant	1. Budget Reduction Strategy implemented. 2. Review of workforce looking at staffing savings/ agency expenditure. 3. Ongoing Accountability review of Care Groups. 4. Securing of allocation funding as promised by NHSI.	Iain Omand	Peter Beckwith	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	5	Moderate
6	CAMHS-C2	Failure to recruit band 6 nurses with appropriate skills and expertise which may result in delays to the opening of the CAMHS inpatient unit.	Quality	Almost certain	Severe	20	Significant	1. Focussed marketing at all the colleges of health. 2. Refreshed project plan 3. Defined strategy 4. Recruitment plan developed. 5. Attendance at recruitment fairs. 6. Social media marketing. 7. Job descriptions and person specifications developed. 8. Recruitment tracker developed. 9. HR capacity identified to support. 10. Recruitment incentives agreed. 11. Contingency plan developed.	1. Partnership/Clinical Forum 2. CAMHS In-patient Executive Board. 3. Senior Responsible officer in place. 4. Bi-weekly updates to EMT.	1. Recruitment of Band 6 nurses. 2. Continuity arrangements.	Band 6 nurses ; 9 needed for unit with 2 currently recruited.	Likely	Severe	16	Significant	1. E roster to be produced with confirmed B5 and B6 staff and gaps identified. 2. Agency options explored for Specialist B6 CAMHs nurses. 3. Additional shifts offered as bank/overtime (with appropriate consideration/risk assessment of any working time directive breaches). 4.Identify availability of registered agency staff (non CAMHs) to be deployed directly onto unit. 5. Identify availability of registered agency staff to backfill so experienced registered nurses from other inpatient services can be deployed onto unit. 6. Offer overtime to Trust registered practitioners to work on unit.	Peter Flanagan	Hilary Gledhill	CAMHS In-patient Executive Board	EMT	Rare	Severe	4	Moderate

Trust-wide Risk Register

Row	Risk ID	Description of Risk	Impact/ Consequence Type	Likelihood (Initial)	Impact (initial)	Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls/ Controls currently failing	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
7	CAMHS-C7	There is a risk to the delivery plan for the CAMHS inpatient unit due to the inability to recruit a consultant psychiatrist with appropriate skills and expertise.	Quality	Almost certain	Severe	16	Significant	1) NHS Jobs advertisement. 2) Significant BMJ advertisement in journal and on website. 3) Extensively explored local networks with other CAMHS consultants. 4) Job description and person specification approved by Royal College 5) Scoped availability of Locums	1) CAMHS In-patient Executive Board. 2) Senior Responsible officer in place. 3) Bi-weekly updates to EMT.	1) National shortage of CAMHS consultants is resulting in difficulty recruiting to posts	None identified.	Likely	Severe	16	Significant	1) Seek agency involvement to assist in appointment of consultant psychiatrist. 2) Consideration Locum psychiatrist availability.	Peter Flanagan	Hilary Gledhill	CAMHS In-patient Executive Board	EMT	Rare	Severe	4	Moderate
8	CAMHS-E8	As a result of HMRC assessing the use of the CAMHS build as not being eligible for zero VAT rating there may be impact to the overall capital programme and Trust's ability to deliver wider projects.	Finance/ Claims	Almost certain	Severe	20	Significant	1) Ernst and Young support and advice.	1) CAMHS In-patient Mobilisation Board. 2) CAMHS In-patient Executive Board. 3) Senior Responsible officer in place. 4) Weekly updates to EMT.	1) HMRC declined application to classify build as zero VAT rated due to classification as hospital instead of care home. 2) Estimated VAT figure circa £1 Million.	None identified	Almost certain	Severe	20	Significant	1) Meeting to be undertaken with Ernst & Young and HRMC to review decision and understand classification. 2) Launch of appeal process dependent upon outcome of HMRC meeting.	Rob Atkinson	Peter Beckwith	CAMHS In-patient Executive Board	EMT	Rare	Severe	4	Moderate
9	LDC31	Vacancies within the CAMHS Crisis team may lead to gaps in service delivery preventing response to urgent referrals and inability to provide the crisis service overnight which may lead to other Trust services being impacted such as MHRS as well as reputational harm to the organisation.	Objectives	Almost Certain	Severe	20	Significant	1) Limited team lead capacity being covered by Service Manager and other Team Leader. 2) Use of bank staffing and overtime to cover shifts. 3) New model of care in place with new shift patterns following consultation process. 4) Agreement in place with MHRS that they will support in undertaking assessments .	1) Regular communications with the team. 2) Team leader communicating information and helping to cover shifts. 3) Care Group business meeting. 4) Regular report to Communications Meeting.	1) Existing vacancies within the team. 3) Failure in MHRS support arrangements. 4) New Team leader recruited internally but not yet in post. 5) Recruited to Band 6 vacancy but not yet in post.	None identified.	Likely	Severe	16	Significant	1. Recruitment to vacant posts to be expedited. 2. Commencement of Team Leader and Band 6 appointees.	Nia Abbott	Peter Flanagan	ODG	EMT	Rare	Severe	4	Moderate

Trust-wide Risk Register

Row	Risk ID	Description of Risk	Impact/ Consequence Type	Likelihood (Initial)	Impact (initial)	Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls/ Controls currently failing	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
10	LDC32	As a result of increased demand for ADHD assessment and limited capacity within the service, there is a significant waiting list which may lead to increased safety risk for patients and others, impacting on the wellbeing of staff as well as reputational harm to the Trust.	Objectives	Almost Certain	Severe	20	Significant	1. Agreed process to seek cover for ADHD prescriber. 2. Consideration of agency, additional hours and bank covers where able. 3. Duty line for waiters who need to speak to member of the team for access to support on day-to-day basis, if risk has escalated this will be prioritised. 4. Waiting list reviewed weekly by MDT meeting.	1. Team meeting 2. MDT meeting 3. Team Leads meeting 4. Children's and LD Services Business Meeting. 5. ODG	1. ADHD Prescriber period of leave from service. 2. Capacity in terms of psychiatry input and other professionals. 3. Increased in waiting list following commissioning decision.	1. Hull ASD Waiting list of 853 patients – 651 waiting over 18 weeks.	Likely	Severe	16	Significant	1. Cover arrangements to be made for ADHD Prescriber. 2. Ongoing discussion with commissioners regarding additional resources to expand capacity.	Nia Abbott	Peter Flanagan	ODG	EMT	Rare	Severe	4	Moderate
11	LDC34	Demand for access to Speech and Language Therapy services for children and young people in Hull exceeds capacity and funding, which may result in patients being unable to access timely diagnostic specific intervention and support services as well as potential reputational harm to the Trust.	Objectives	Almost Certain	Severe	20	Significant	1. Staff working additional hours 2. Waiting List Policy and Standard Operating Procedures in place. 3. Waiting list reviewed on a weekly basis. 4. Data validation undertaken at end of every month. 5. Accountability review of Care Group. 6. Robust management supervision within service in relation to waiting times. 7. Approval to increase staffing establishment for SLT. 8. Non-recurrent funding agreed from CCG. 9. Service development improvement plan in place. 10. Joint commissioning being explored.	1. Weekly waiting list reports 2. Monthly Care Group Reports 3. Waiting Times Report to the Trust Board 4. Waiting List Policy and Waiting List Standard Operating Procedure. 5. Clinical Network.	1. Vacancies within the service. 2. Difficulties in recruitment to qualified SLT posts. 3. Delay in commencement of recruited staff due to qualification. 4. Service Improvement Plan delivery.	1. Services not RTT 18 week compliant. 858 patients waiting for first and second contact. 152 patients waiting over 18 weeks for first face to face. 238 patients waiting over 18 weeks for second face to face.	Likely	Severe	16	Significant	1. Ongoing recruitment to service vacancies. 2. CCG reviewing speech and language service following SEND inspection. 3. Trust to attend Hull CCG quality meeting 4. Completion of actions identified in Service Improvement Plan.	Nia Abbott	Peter Flanagan	ODG	EMT	Rare	Severe	4	Moderate

Agenda Item 20

Title & Date of Meeting:	Trust Board Public Meeting – 31 July 2019
Title of Report:	Council of Governors Meeting Minutes – 9 April 2019
Author:	Name: Sharon Mays Title: Chair
Recommendation:	To approve ( ) To note ( ) To discuss ( ) To ratify ( ) For information (X) To endorse ( )
Purpose of Paper:	The minutes of the Council of Governors meeting held on 9 April were presented for information
Key Issues within the report:	Identified within the minutes

Monitoring and assurance framework summary:

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

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

Agenda Item 3

Minutes of the Council of Governors Public Meeting held on Tuesday 9 April 2019 in the Lecture Theatre, Trust Headquarters

Present:
Sharon Mays, Chair
Michele Moran, Chief Executive
Elaine Aird, Appointed Governor, East Riding of Yorkshire Council
Andy Barber, Appointed Governor, Smile Foundation
Eric Bennett, Hull Public Governor
John Cunnington, East Riding Public Governor
Mandy Dawley, Staff Governor
Christopher Duggleby, East Riding Public Governor
Craig Enderby, Staff Governor
Anne Gorman, Staff Governor
Jack Hudson, Staff Governor
Robert Hunt, Hull Public Governor
Huw Jones, East Riding Public Governor/ Lead Governor
Ros Jump, East Riding Public Governor
Gwen Lunn, Appointed Governor, Hull City Council
Sam Muzaffar, East Riding Public Governor
Mike Oxtoby, Service User/Carer Public Governor
Doff Pollard, Whitby Public Governor
Fiona Sanders, East Riding Public Governor
Jacquie White, Appointed Governor, University of Hull

In Attendance:
Peter Baren, Non Executive Director
Paula Bee, Non Executive Director
Mike Cooke, Non Executive Director
Mike Smith, Non Executive Director
Francis Patton, Non Executive Director
Pete Beckwith, Deputy Director of Finance
Steve McGowan, Director of Human Resources & Diversity
John Byrne, Medical Director
Katie Colrein, Membership Officer
Jenny Jones, Trust Secretary
Gavin Hamilton (for item 22/19)

Apologies:
Stephen Christian, Service User and Carer Governor
Paul McCourt, Appointed Governor, Humberside Fire & Rescue
Suzanne Milan, Hull Public Governor
Hilary Gledhill, Director of Nursing
Lynn Parkinson, Chief Operating Officer

19/19 **Declarations of Interest**

Any changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest they should declare the interest and remove themselves from the meeting for that item.

20/19 **Minutes of the Meeting held on 17 January 2019**

The minutes of the meeting held on 17 January 2019 were agreed as a correct record.

21/19 **Matters Arising and Actions Log**

The action log was reviewed and noted.

22/19 **Gavin's Story**

Gavin attended the meeting to relate to the Council of Governors his story of living with clinical depression, attempted suicide, affective psychosis and the road to recovery including the journey through Counselling and Community Mental Health Services.

He shared his story and experiences with Governors. After hearing the story, Governors thanked Gavin and commented that he was brave to share his story. Gavin said he wanted to share his story to help encourage others to speak out.

Mrs Dawley thanked Gavin for attending a recent event with her in Birmingham where Gavin shared his story with a large audience.

The Chair thanked Gavin for attending and sharing his experiences.

23/19 **Chair's Report**

The Chair provided a verbal update on her activities and news since the last meeting. These included:-

- Non Executive Director (NED) – Paula Bee will be stepping down from her role later in the year as she has been offered a national role which is linked to her full time Chief Executive role with Age UK. The Trust will be sorry to lose Paula, but wishes here well in her new role. Recruitment for a replacement will take place in the coming months.

- Lead Governor – Mr Huw Jones was elected as Lead Governor for the next year. Congratulations to Huw.

- Operating Plan Session – a session was held on 5 March which was well attended by Governors. For next year a session will be built into a Governor Development session. Thank you to all who attended.

- Learning the Lessons – Governors have been invited to a Learning the Lessons event on 1 May 2019. This is an opportunity to learn more about the work that is undertaken. Anyone wishing to attend please contact the Membership Officer.

- Visits to services and teams, including the Humber Centre and Psychiatric Intensive Care Unit (PICU).

- Meetings have been held with partners and stakeholders to review the progress of work taking place in Hull and East Riding and how relationships have improved over time.

Resolved: The verbal update was noted

24/19 **Chief Executive's Report**

The Chief Executive presented her report which gave an update on the local, regional and national issues. Of particular note were:-

Perinatal Visit – the Trust was visited by the national NHS England perinatal team in March, as Humber is the lead provider across the Sustainable Transformation Partnership (STP). The team were impressed with how much impact we're making on the ground hearing as they did from some of our service users.

Filming - The Patient and Carer Team have been asked by NHS Improvement (NHSI) to work with them on producing a film in relation to the patient feedback dashboard. This will be free to the Trust and will be used by all NHS trusts.

Successful Bid - Humber has been successful in our bid for wave two monies for our work in suicide prevention which is great news. More positive work by the Mental Health Partnership.

Director Portfolio Changes - In February 2019, Director portfolios were reviewed to ensure they remain appropriate. The changes took effect from 1st April 2019.

Long Term Plan – a detailed update was provided as part of the report following a request at the last meeting. Two key focusses are around Community Services and Mental Health Services. The implications of the plan are still being worked through. Ms Jump noted that at a recent meeting with East Riding, reference had been made to the Integrated Care System (ICS) and she asked if this was the new name for the STP. The Chief Executive explained that the STP terminology has been replaced with ICS however it is the same groups of people and the same work as done under the STP name. There are six ICPs in the area, Hull & East Riding, North East Lincs, North Lincs, Scarborough and York and are supported by six PLACEs in the Humber Coast and Vale patch.

Mr Jones asked how much should be invested in the ICS by and whether this is happening. The Chief Executive explained that discussions are still being held around this. The Clinical Commissioning Group (CCG) is meeting the Mental Health Investment Standard, but nor in the ways that are expected.

Visionary Event – an event was held recently where eight priorities have been agreed. Two new priorities for Eating Disorders and the management of it and Autism and ADHD have also been selected.

Chief Executive NHS Improvement – Ian Dalton, Chief Executive has stood down with Simon Stevens taking up the role. The new structure for the merged NHS Improvement and NHS England is nearing completion.

Care Quality Commission (CQC) – the report is due with the Trust in the next few weeks.

Car Parking – a 12 week consultation has started around car parking on the Trust Headquarters site. This is in response to staff concerns about not being able to park due to illegally parked vehicles and spaces taken up by non Trust people. A Number Plate Recognition system will be introduced but parking will remain free for staff and Governors. Warnings will be issued to vehicles that are illegally parked prior to action being taken. Staff side representatives have been involved

in the process.

Proud Programme – this was launched recently and has allowed teams to do activities including an Escape Room.

Ms Jump referred to a recent article in the local media which had stated that this area had the highest suicide rates in the country asking if this was accurate. Professor Cooke explained that this issue had been recently discussed at the Quality Committee. There had been 22 cases in the last 19 years. A paper had been produced based on incidents of suicides from the Coroner's Court. Four development recommendations were made. Work is also taking place with local politicians around suicide prevention for the Humber Bridge. From the work undertaken the Quality Committee was assured of the actions being taken. It was noted that nationally there has been a reduction in suicide rates. The Chief Executive confirmed that discussions are taking place around suicide prevention in relation to the Humber Bridge and the Minister with the lead for this area is attending a meeting this month with representatives of the Trust and a local MP.

Dr Byrne explained that at a strategic level work is ongoing. The Trust has a suicide prevention strategy and national data is being reviewed. Professor Nav Kapoor visited the Trust last year to discuss the work taking place. Recent data does not suggest that the Trust is an outlier for suicide incidents in terms of rates of suicide to the number of patients on case load. However it was recognised that this did not help those who are left behind, families, carers and friends. Mr Oxtoby asked if work is done with the Samaritans. He was informed that the Trust works with Mind and Humber Care, but does also have some links into the Samaritans and could be pursued further. Work also takes place with sport and men's clubs. Mr Barber said there are also opportunities to apply for funding which may be appropriate and he will look into this.

Dr White said the University is working on a Mental Health Strategy as well as linking in with the CCG and Let's Talk. She was pleased to see that the Partnership Boards are talking about environments as well as services. A bid will be made to the Officer of Students to support this work. The Chief Executive felt it would be useful to link this work into the Mental Health Partnership Board. Dr White will send the Chief Executive more information.

Mrs Gorman referred to the training that Jo Kent, Suicide Prevention Lead is encouraging people to undertake. It was felt that this training link is something that can be shared with others. It takes 20 minutes to complete and will be sent to Governors.

Mr Cunnington commented that the Annual Staff Awards is planned for 17 October. He felt that Governors should attend the event as it is an opportunity to celebrate staff achievements, but was concerned that the date clashed with the October Council meeting. The Awards is an evening event and so does not clash with the Council meeting.

Mr Duggleby asked whether improvement has been made with diagnosis for dementia in Scarborough and Ryedale during the last year as it had been low. The information was not available at the meeting, but will be provided outside of the meeting. Mr Duggleby asked if there were any specific reasons for the low level of performance. It was suggested that issues with primary care had impacted on performance and work is ongoing to address this.

Mrs Pollard asked about the time frames for progress with Whitby Hospital. The Chief Executive responded that feedback is still awaited from commissioners on the clinical models. Mrs Pollard referred to suggestions that following Grenfell hospitals should have sprinkler systems and asked how this could be factored into the redevelopment. Mr Beckwith explained that the redevelopment is an NHS Property Services scheme and it would be for them to progress. Mrs Pollard noted that the Trust's Fire Officer was in attendance and asked this was something the Trust could influence. Mr Dent, explained that although he liaised with other Fire Officers, it was not something he could influence as it was out of the Trust's jurisdiction. He pointed out that sprinklers were not compulsory for certain areas. The Chief Executive pointed out that the Firecode guidelines would need to be followed.

Resolved: The report and verbal updates were noted.
Link to the training to be circulated to Governors **Action JJ**
Details of dementia diagnosis performance to be provided to Mr Duggleby **Action MM**

Post Meeting Note
The October Council of Governors meeting date has previously been rearranged to 22 October so there is no clash.

25/19 **Public Trust Board Minutes**
The minutes of the public Board meetings for November 2018, January and February 2019 were provided for information.

Resolved: The minutes were noted.

26/19 **Performance Update**
The report provided an update on Board approved key performance indicators as at the end of
February 2019. Of particular note was that 52 week waits have increased further in February. Currently there are 70 patients waiting (excluding ASD) which is an increase from last month of 21.

Mr Jones referred to waiting times asking what is being done to address the problems. The Chief Executive explained that actions are being taken to reduce the waiting times. Autism and ADHD are issues for the STP and a project group is being established to see how this can be managed better across the patch.

For Child and Adolescent Mental Health Services (CAMHS) early work with schools and colleges is being progressed, however the increase is due to the rise in demand. Both of these issues were discussed at a recent Board to Board meeting with NHS Hull Clinical Commissioning Group (CCG).

The Quality Committee looks at the detail of the waiting lists to ensure that people are not left isolated whilst on the waiting list. Professor Cooke explained that the Quality Committee undertook a deep dive recently and was impressed with the level of contact with people on the waiting list.

Mrs Sanders asked if it was possible to have some training on the information in the report. It was felt this would be useful for all Governors to demonstrate the use of Statistical Process Charts (SPC). It was suggested this be arranged as part of a Governor Development session

Mr Hudson referred to the safer staffing dashboard and the impact of staffing on clinical activity. Comments have been made that there are more staff available during the day than at night and is something the Patient's Forum in the Humber Centre has been concerned about. Mrs Flanagan, reported that new guidance has been published by the National Quality Board which is focussed on team involvement to determine staffing levels. Mrs Flanagan will be visiting teams to progress this work which patients and staff can participate in. She explained that during the day there is usually more staff due to the availability of Allied Health Professionals (AHPs). If any patients or staff would like to take part in the work they are welcome Mr Hudson will liaise with Mrs Flanagan.

Mrs Gorman referred to recruitment and that the lack of promotion and career opportunities was stated as a reason for leaving. She queries whether the cost of the work that is being done for recruitment has been compared to the cost of giving promotion to staff. She wondered if it would be more cost effective to offer promotion opportunities especially if recruitment actions were unsuccessful. It was explained that the Proud programme includes this and looks into whether there are any opportunities. Mr McGowan said that the recruitment fair work is undertaken to try to attract people to the posts that are hard to recruit to. Mr Barber pointed out that in some cases it may be appropriate to let people leave the organisation and if they had received promotion within the NHS this should be celebrated.

Resolved: The report was noted.
Training on the performance report and SPCs to be arranged for a Governor Development Session **Action PBec**

26/19 **Finance Report**

The report covered the period December 2018 to February 2019. Of particular note were:

- The Trust reported an operational surplus of £0.357m to the end of February 2019.
- The Trust has a Control Total to deliver a £1.151m Surplus by the end of the financial year.
- The Cash Balance at the end of February 2019 was £13.641m.
- Agency Costs continue to remain within the ceiling set by NHS Improvement and represent a reduction on previous years expenditure.
- Capital expenditure at the end February 2019 was £5.667m.
- The current Use of Resource Score for the Trust is 1

Mr Patton said the finance team should be congratulated on the financial position which had significantly improved over the last 12 months. Mr Jones agreed commenting that the Finance and Audit Governor Group had seen improvement over the course of the year. He felt congratulations should be extended to front line staff too who will have made changes to help with the financial position. The Governor Group recognised the work that has been undertaken to reach this position. Mr Jones also pointed out that the Budget Reduction Strategy (BRS) target is £3 million and perhaps staff needed the detail of how this will be achieved.

Mr Oxtoby commented on the key variances and asked about the number of consultant vacancies. The Chief Executive explained that the Trust is meeting its ceiling target for agency costs. There are 9.3 consultant psychiatrist vacancies.

Mrs Gorman asked if there were any opportunities within the STP to help with the vacancies. The Chief Executive said that the Trust has had success in bringing people into the organisation. There is also the Refer a Friend scheme which has recently been launched. Generally it was felt that a more positive picture of the NHS was needed to promote vacancies.

Resolved: The report was noted.

27/19 **Governor Groups Feedback and Activity**

The report provided feedback from the Governors Groups that have been held recently. Governor recorded activity was also included.

Mr Muzaffar reported that Non Executive Director appraisals will take place in the coming weeks and Governors will be asked to comment on the performance of the Non Executive Directors. He asked that when the request is made that Governors take the time to respond.

Mr Jones informed Governors that the Finance and Audit Governor Group now incorporates Strategy and Quality. It gives Governors the opportunity to gain assurance that the work of the Quality Committee and other work being undertaken to ensure that quality is delivered within the organisation. The Governor Group will be identifying specific areas to focus on at each meeting. A recommendation was made and supported by the Council to use the 2020 January Governor Development session to discuss the Operating Plan.

Resolved: The report and verbal updates were noted.

28/19 **Responses to Governor Questions**

There were no current or outstanding Governor questions or issues.

Resolved: The report was noted.

29/19 **Governor/Director Visits Update**

The current visit programme was provided for information. Feedback has been received about the purpose of the visits and the Chair suggested that a Governor Development session be held with a view to a Governor, a Non Executive Director and an Executive Director to lead the session. The intention is for everyone involved in the visits to get the most out of it.

Mrs Pollard asked how feedback should be provided and whether it should be written or in another format. The Chair explained that visits should not be treated as inspections and therefore written reports were not required. Staff feedback is that they receive a number of visits from different sources which can impact on patient care if the unit has high occupancy or activity levels.

Resolved: The report was noted.
A Governor Development session will be arranged led by a Governor, Non Executive Director and an Executive Director to find the best way of facilitating visits. **Action SM**

30/19 **Any Other Business**

No other business was raised.

31/19 **Date and Time of Next Meeting**

Thursday 11 July 2019, 2.00pm in the Lecture Theatre, Trust Headquarters
Thursday 22 October 2019, 2.00pm in the Lecture Theatre, Trust Headquarters

Signed…… Date
Chair