NHS
Humber Teaching
NHS Foundation Trust

Trust Board Meeting 26 January 2022
Agenda - Public Meeting

For a meeting to be held at 9.30am Wednesday 26 January 2022, via Microsoft Teams

		Lead	Action	Report Format
	Standing Items			
1.	Apologies for Absence	CF	To note	verbal
2.	Declarations of Interest	CF	To receive & note	√
3.	Minutes of the Meeting held on 24 November 2021	CF	To receive & approve	√
4.	Action Log and Matters Arising	CF	To receive & discuss	√
5.	Annual Quality Health Survey Presentation – Charlie Bosher, Consultant Quality Health attending	JB	To receive & note	√
6.	Chair's Report	CF	To note	verbal
7.	Chief Executives Report	MM	To receive, approve & ratify	√
8.	Publications and Highlights Report	MM	To receive & note	√
	Performance & Finance			
9.	Winter Pressures and Operational Performance Trends Overview Report	LP	To receive & note	√
10.	Performance Report	PBec	To receive & note	√
11.	Finance Report	PBec	To receive & note	√
	Assurance Committee Reports			
12.	Workforce & Organisational Development Committee Assurance Report & 17 November 2021 Minutes	DR	To receive & note	√
13.	Humber Coast and Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative – Collaborative Committee Report – November & December 2021 Meetings	PB	To receive & note	√
14.	Finance & Investment Committee Assurance Reports December 2021 and January 2022	FP	To receive & note	√
	Quality and Clinical Governance			
15.	Six-month Review of Safer Staffing – Inpatient units (April 2021- Sept 2021)- Tracy Flanagan, Deputy Director of Nursing attending	HG	To receive & ratify	√
	Strategy			
16.	Research & Development Report - Cathryn Hart, Assistant Director of Research & Development attending	JB	To receive & note	√
	Corporate			
17.	Annual Declarations Report	PBec	To receive & note	√

Caring, Learning & Growing Together

18.	Council of Governors 7 October 2021 Minutes	CF	To receive & note	√
19.	Health Inequalities and an approach in Humber Teaching NHS Ft	JB	To receive & note	√
20.	East Riding SEND Inspection	LP	To receive & note	√
21.	Vaccines as a Condition of Deployment (VCOD)	SMcG	To receive & note	√
22.	Items for Escalation	All	To note	verbal
23.	**Any Other Business**			
24.	**Exclusion of Members of the Public from the Part II Meeting**			
25.	**Date, Time and Venue of Next Meeting** Wednesday 23 February 2022, 9.30am via Microsoft Teams			

Caring, Learning & Growing Together

Title & Date of Meeting:	Trust Board Public Meeting – 26 January 2022				
Title of Report:	Declarations of Interest				
Author/s:	Name: Caroline Flint Title: Chair				
Recommendation:	To approve		To receive & note	✓	
	For information		To ratify		
Purpose of Paper:	The report provides the Board with a list of current Executive Directors and Non Executive Directors interests.				

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

Key Issues within the report:	• Contained within the report

Monitoring and assurance framework summary:

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

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

Directors' Declaration of Interests

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

	• Non Executive Director for The Rotherham NHS Foundation Trust • Chair of Charitable Funds Committee at The Rotherham NHS Foundation Trust • Trustee - The Rotherham Minster Development Trust
Mr Francis Patton, Non Executive Director (Voting Member)	• Non Executive Chair, The Cask Marque Trust • Treasurer, All Party Parliamentary Beer Group • Industry Advisor The BII (British Institute of Innkeeping) • Managing Director, Patton Consultancy • Non Executive Director of SIBA and Chair of SIBA Commercial, The Society of Independent Brewers
Mr Dean Royles, Non Executive Director (Voting Member)	• Director Dean Royles Ltd • Owner Dean Royles Ltd • Advisory Board of Sheffield Business School • Strategic Advisor Skills for Health • Associate for KPMG
Mr Hanif Malik, Associate Non Executive Director (Non Voting Member)	• Non Executive Director, Karbon Homes

Trust Board Meeting
Minutes of the virtual Public Trust Board Meeting held on Wednesday 24 November 2021 via Microsoft Teams (in person for Board members only)

Present:	Rt Hon Caroline Flint, Chair
	Mrs Michele Moran, Chief Executive
	Mr Peter Baren, Non-Executive Director
	Mr Hanif Malik OBE, Associate Non-Executive Director
	Mr Francis Patton, Non-Executive Director
	Mr Dean Royles, Non-Executive Director
	Mr Mike Smith, Non-Executive Director
	Mr Peter Beckwith, Director of Finance
	Dr John Byrne, Medical Director
	Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
	Mr Steve McGowan, Director of Workforce and Organisational Development
	Mrs Lynn Parkinson, Chief Operating Officer
In Attendance:	Mrs Michelle Hughes, Head of Corporate Affairs
	Hayley (for item 222/21)
	Mandy Dawley, Head of Patient and Carer Experience (for item 222/21)
	Claire Marshall, Specialist Perinatal Mental Health Liaison Nurse (for item 222/21)
	Mr Oliver Sims, Corporate Risk & Compliance Manager (for items 237/21 & 238/21)
	Mrs Jenny Jones, Trust Secretary (minutes)
Apologies:	None

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

218/21 **Declarations of Interest**
The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they declare their interest and remove themselves from the meeting for that item.

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

219/21 **Minutes of the Meeting held 27 October 2021**
The minutes of the meeting held on 27 October 2021 were agreed as a correct record with the following amendment: -

213/21 Board Briefing Safeguarding Adults Review (SAR) published September 2021 by Norfolk Safeguarding Adults Board

Mrs Gledhill suggested that the second paragraph should read ''A closed culture was an area highlighted in the report. The Trust has raised awareness of closed cultures across teams and is testing staff understanding and awareness via the peer review process''

220/21 **Matters Arising and Actions Log**
The action log and work plan were noted.

222/21 **Patient Story – Hayley's Story Moving On**
Hayley joined the Board meeting to share her experiences of the Perinatal service and how the service has helped her to move on.

Hayley was supported by Ms Dawley and Ms Marshall who helped her when in treatment. Her story was emotive and she told of the difficulties encountered from growing up into adult life and the effect of her illness on her own family.

Dr Byrne said the story highlighted the social and health inequalities there were in the system for both physical and psychological symptoms. Lived experience is an opportunity to get the balance right for patients.

Mrs Parkinson explained that the work around the Community Mental Health Team transformation has been fantastic and an example of co-production. Mrs Parkinson also has responsibility for the Perinatal Services across the Humber Coast and Vale, South Bank and the Trust and asked if there was anything the service could do differently based on Hayley's experience. Hayley felt that more support for families is key as during her journey she struggled with family life. Some support was available through the Children's Centre, but they did not have an understanding of the mental health issues which would have been helpful and signposting to other areas. The Chief Executive reported that some funding has been made available for midwifery and maternity services and it is about using this to the maximum potential in the right areas. Hayley explained that sometimes it was the language that was a barrier as even when she was in hospital issues were not picked up. She felt this could have been that she was not able to explain how she was feeling, but once she had talked to Ms Marshall, it was a relief for her to talk to someone who knew what she was going through.

Mr Royles thanked Hayley for sharing her story which was emotive. He asked whether she thought that physical health was taken more seriously than mental health problems. Hayley felt that mental health problems are more difficult to fix and it was not as easy as seeing a physical problem and being able to get treated for it.

Mr Malik referred to the language used and how off putting this can sometimes be which can lead to difficulty for someone coming forward with a problem. He asked if the language was off putting? Hayley explained that it was more about her not having the words to express herself and how she was feeling as it was not spoken about when she was growing up.

Ms Marshall congratulated Hayley for sharing her story and her inspirational journey. She explained that over recent years the Perinatal team has become larger and now covers a larger area than it did when Hayley was involved with the service. The team now includes Occupational Therapists and Social Workers.

The Chair thanked Hayley for sharing her journey with the Board.

223/21 **Chair's Report**
The Chair provided a verbal update on areas she has been involved in since the last meeting including: -

- A series of meetings with individuals held during the month including Alison Flack, Transformational Programme Director who works in the Humber Coast and Vale (HCV)
- Meetings with other Chairs

- Leading on the developing the Integrated Care Partnership work
- Meetings with Cllr Jonathan Owen, Leader of East Riding Council and Dr Anne Jeffries, Chair of East Riding Clinical Commissioning Group (CCG)
- Individual catch ups with public Governors and staff Governors
- Chairing a Governor development session where there were discussions on Autism waiting times, the Well Led Review and an update on the work of the Engaging with Members group.
- Virtual visits during the month which included the IT team to see how this works in the organisation and the work taking place to to deal with Cyber attacks
- A visit to Inspire Unit to talk with the team and to see the building which has won awards for its design. It was good to spend some time there and to learn more about their work.
- Attendance at the Humber Youth Action Group with the Chief Executive who was asked questions about her role.
- Representing the organisation at Hull City Council's Remembrance Service. Mr Beckwith attended the service in Beverley on behalf of the organisation.
- Joining the Trust's online Remembrance service
- An update was provided on the Non-Executive Director recruitment campaign with interviews being held next week. An Extra Ordinary Council of Governors meeting is planned to ratify any appointments made.

Resolved: The verbal updates were noted

224/21 **Chief Executive's Report**
The report provided updates from each of the Directors along with a summary of activities undertaken by the Chief Executive. Of particular note were: -

Appointment Panel
The Chief Executive was part of an appointment panel for the Deputy Chief Constable Promotion Board in North Yorkshire

Strategy Refresh Update
 The strategy refresh process is progressing well. The initial round of engagement with staff and Patient and Carer Engagement Groups has been completed and an analysis of the findings has been carried out.

Kite Mark
Congratulations to the Training Team who after extensive work have been awarded the Skills for Health Kite Mark.

Awards - Regional Health Care Support Workers
Congratulations to Dave Ager, who, won the Rising Star award and Matt Gossip who won the technology award. They were presented with an award certificate, an e-voucher for £200 each

Inspire
Inspire continues to win awards this time the Grand Prix Award, which was for the best overall projects

Lecture Theatre
After a successful transformation into a Covid Vaccination Centre our Lecture Theatre is being converted back for use as a lecture theatre and will be ready for use on 1st December. Details on the vaccination programme that was delivered was included in the report.

Vaccination Update
Work continues on the vaccination programmes. Mr McGowan is the Senior Responsible Officer (SRO) and will provide an update at the next meeting.

Winter Planning
A separate report is included later on the agenda and this will be provided for the coming months to give an update to the Board.

Care Quality Commission (CQC)
Congratulations were extended to the Market Weighton GP Practice for their positive inspection report

Policies
Two policies were presented for ratification – the Document Control Policy and the Tissue Viability Policy, Prevention of Management of Wounds. The Chief Executive highlighted that the key change to the Document Control Policy was that EMT was now the approving committee for Trust policies.

Mr Royles was supportive of the changes to the Document Control Policy but enquired whether the Board should have sight of the policy and the full Document Control Policy will be shared with Board. Following discussion, it was noted that Committee members would often be included at the consultation stage and that the assurance role of committees remains in place and they will receive a report at least annually that details the status of all policies within the scope of that committee. It was agreed the policy could be ratified and any issues that may remain these can be highlighted at the next Board.

Both policies were ratified.

Covid Report
Mrs Parkinson reported that pressure remains high across the system and over the last month the operational level has been OPEL 2 & 3. Staff absence related to Covid 19 is stable, however there is pressures relating to staff availability due to a combination of Covid related absence and the vaccination position. Additional funding has been provided to help over the winter period. There is a focus on staffing to ensure that services are safe and there are robust business continuity plans in place.

Communications
Mrs Hughes drew the Board's attention to the Humber Youth Action Group work where the Communications Team is supporting young people to manage their own Instagram accounts. The team has also supported a number of awareness sessions including Quality Improvement and stress awareness. In 2021, the Trust has won 10 awards and been shortlisted 6 times which is a fantastic achievement.

0-19 Tender
Mr Beckwith reported that there has been some slippage in the timescales for the tender due to some clarification that is required.

Mr Baren congratulated Maister Lodge with the additional beds and the work that has been done on the therapeutic environment. As Board members have not been able to visit due to Covid restrictions, it was agreed that photographs would be shared of the work that has been completed. The Chief Executive suggested that a video tour could be put together and published on the website.

Mr Baren acknowledged the work of Market Weighton on their CQC report. The Chair and Chief Executive have also written to staff to thank them for their work.

An update on the staff survey was included in the report and Mr Smith asked what actions are being taken to encourage those staff who have not yet completed the survey. Mr McGowan explained that through the Executive Management Team, it has been promoted that there is protected time to complete the survey and consistent messages have been regularly sent to staff. Mrs Parkinson reported that Divisions are taking an active approach ensuring that staff are aware that time is available to complete the survey as well as the regular messages.

Mr Smith referred to cyber security referring to an experience he has seen with an IT outage for 24 – 48 hours. He asked if the Trust's IT system has adequate measures in place to keep patient care going should anything similar happen here. Mr Beckwith explained that the the digital back up is to route the network via Whitby. Operationally when there was an online attack previously, operations reverted back to paper systems. The Emergency Planning team also review this and there has been at least one outage in the last 18 months. A back up generator is being put into Miranda House following some issues and this will be on site in the new year.

Mr Patton recognised that despite what is happening with Covid, the Trust continues to win awards which is a credit to the organisation. He thought the positive assets individual placements support and the case studies were very good. Mrs Parkinson said these are important roles for mental health service users and having dedicated support in place to support those who need it to access employment. This work was disrupted by Covid, but focus is continuing. It is a small service and input has been secured from the ICS and working with other key services such as the Recovery College. This is a good base to grow the approach around recovery from. The Chair asked if there is support from Job Centre Plus and was informed, they are a key partner in the scheme.

Mr Malik commented that there have been a few references to recruitment in particular areas including the international recruitment fair attended. He felt that this is an area that is a risk to the organisation. Mr McGowan agreed explaining this is one of the highest risks which is discussed at the Workforce and Organisational Development Committee. Mr Malik felt as a Board that this is a risk that should be given prominence in future discussions. The Chief Executive said it is a high risk and has been for some time and suggested that the Workforce and Organisational Development Committee consider this risk to see if anything further can be done. International recruitment is positive and the next cohort is being planned. From an organisational point of view the Trust is not an outlier and is doing well to recruit and retain people and are growing our own staff.

Dr Byrne highlighted the success of the IT and digital pass programme which has boosted our organisation and getting a first around the electronic patient record and success going to give investment in time to work with clinical colleagues and patients and what the system needs to look like going forward and access to future capital.

Mr Royles referred to the zero carbon for green plan asking if there is any opportunity to engage with the youth forum to pick up any ambition and to hold them to account on these important issues. This will be raised with the team to take forward.

Resolved: The report was noted,
Vaccination update to be included in the next report **Action SMcG**
Video tour of Maister Lodge to be shared with the Board and published on the website **Action PBec**
The full Document Control Policy will be shared with the Board **Action MH**

225/21   **Publications and Highlights Report**
The report provided an update on recent publications and policy with updates provided by the Lead Executives.

Resolved: The report was noted.

226/21   **Performance Report**
Mr Beckwith presented the report relating to the current levels of performance as at the end of October 2021. Commentary for indicators that fell outside of normal variation was included in the report.

Mrs Parkinson reported that improvement continues to be seen in the Child and Adolescent

Mental Health Services (CAMHS) Autistic Spectrum Diagnosis (ASD), but overall there has been an increase in the number of people waiting over 52 weeks in other areas. Demand for CAMHS continues to be high and the most significant area is the ADHD element. This was a subject of focus at a recent Governor Development session that also covered ASD and the measures in place to manage waiting lists. With the Neuro diversity pathway changes starting in January a transformational change should be seen however it will take time to embed. In some areas staff availability to fill vacancies is having an impact and plans are in place to address this.

Mr Patton acknowledged that sickness is increasing at a time when winter pressures are also being seen which has been noticeable over the last few months. The Chair asked how much of sickness is stress related. Mr McGowan said this is usually around 45%. Mr Royles noted that with sickness the NHS is subject to different rules around isolation and when infection rates increase so does sickness due to the restrictions around infection control.

Mr Baren noted that Delayed Discharges of Care were also increasing and that this was an area not always within the Trust's gift to resolve. He asked if there has been any change in the position since the report was produced and whether there are any plans to free up any beds to help with winter pressures as has been done in previous years. Mrs Parkinson reported there had been no improvement with the Delayed Discharges of care position. Some of the delays are with a complex group of service users and a rise is being seen in this area. Systems and processes are in place with the highest being mental health and learning disability service users. Some are waiting for bespoken enhancement packages. There are staffing issues in the Local Authority which is also having an impact. The issue has been raised at a senior level with system partners. The Chief Executive explained that the system is trying to be more proactive with these individuals and work is taking place across the partnership to prevent people being delayed.

Mr Patton commented that out of area placements have started to reduce. He asked what the national picture is like given that other areas seem to be struggling. The Chief Executive said the organisation is in the middle of the pack nationally. The additional beds at Maister Lodge will help across the system as there are still less beds due to Covid restrictions and the organisation does have a low bed bed base too. Some partner organisations have closed some units down which is an additional pressure. The Trust has committed to have no out of area placements by the end of the financial year which has to be delivered.

Dr Byrne agreed there are out of area challenges and is an important area of focus. It is also about safety of wards with the infection prevention restrictions and keeping patients and staff safe on wards. The organisation has been lucky and not had many outbreaks on inpatient units unlike other areas. The metrics for out of area placements showed inconvenience and a poor experience for service users and their families. Mr Patton asked if this was the same for other organisations, where the beds are coming from. The Chief Executive said this is the national picture for Children and Young People's services and is a risk issue due to the rising acuity and the associated issues.

Mr Royles commented that the session with the Governors had been helpful around the waiting lists. Mrs Parkinson gave a presentation and there was good discussion on the work that has been undertaken. Mrs Parkinson appreciated the opportunity to talk to Governors and to respond to their concerns around access to services for Children and Young People and to share the impact of this with them. Details of the service model was also provided. The Chair asked for the presentation to be circulated to Board members for information.

Resolved: The report and verbal updates were noted
Presentation given to Governors to be circulated to Board members **Action LP**

227/21 **Finance Report**
Mr Beckwith presented the highlights from the finance paper at the end of October 2021. Highlights included:-

- The Trust recorded an overall operating surplus of £0.286m
- Within the reported position at Month 7 is Covid expenditure of £2.848m and income top up of £1.503m.
- Cash balance at the end of Month 7 was £26.507m
- The Year-to-Date Agency expenditure was £4.183m which is £0.048m more than the previous year's equivalent month 7 position.

Mr Beckwith reported that the block funding arrangements continue. An operation surplus was reported and outstanding Section 75 monies has been received and discussions taken place with the auditors around the treatment in the ledger for the £1.4 m surplus.

Mr Smith referred to the £610k underspend for Mental Health Services noting that if staff had been able to be recruited that the agency position would likely be overspent. He saw this as an issue for other organisations in recruiting staff and asked for assurance that there is no compromise on patient care due to staff shortages.

Mr Beckwith explained that when the plan was set for the year it was based on fully funded posts. There have been some recruitment changes in the areas which the Board has been notified of throughout the year. Where there is potential for non-recurrent invoices for winter months that require staffing resources investment funding is used flexibly. Mrs Parkinson and Mrs Gledhill review safer staffing and there is some expected slippage as new schemes come on stream. Within proposals for winter schemes, consideration is given to the staff available and the predicated level of non agency workforce working with third sector partners. Other measures are also being looked at including increasing the numbers of Health Care Assistants and using them flexibly. There is an underlying pressure around hard to recruit posts which are being pursued by the HR Team. Mr Smith appreciated the responses provided which gave him assurance

Mr Patton noted an underspend in Corporate Services. The detail was not available at the meeting and a post meeting note will be included in the minutes to respond to this query.

It was noted that agency spend reduced in month due to a reduction in consultant agency spend. Mr Baren asked if the figures for the rest of the year could be included in the report. He also suggested a table to show capital expenditure as some schemes are coming through and there will also be more towards the end of the financial year. Mr Beckwith will include in the January report. Detail on consultant agency spend will be shared with Mr Baren outside of the meeting. Mrs Parkinson reported that this was in relation to secure services and an underspend position associated with the recruitment of a consultant.

Resolved: The report was noted.
A post meeting note regarding the Corporate Services underspend to be included in the minutes **Action PBec**
January report to include a table to show capital expenditure **Action PBec**
Consultant agency spend detail to be shared with Mr Baren outside of the meeting **Action PBec**

Post Meeting Note
The Corporate Services underspend at Month 8 was £0.888m, the main element of this underspend was on finance technical (0.717m) and relates to the Trust reserves/contingency budget which remain in place with no spend against, which enables the overall financial position to be balanced with the ICS planning requirement.

228/21 **Humber Coast and Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative – Collaborative Committee Report**
The report provided an update from the meeting held on 28 October. Mr Baren congratulated the team for its work in the four weeks of being live.

At the meeting areas including quality assurance, quality dashboard and serious incident reporting were discussed. It was noted that the Terms of Reference should have been included in the report as a change has been made to the quorum. These will be come to the next meeting.

Mr Smith was pleased to see a Learning Disability and Autism Pathway Panel has been established and the work that this panel will progress.

The Chief Executive thanked Mr Baren for the work he has done with the Committee. It was good to have the quality piece and the Committees views including that more assurance is needed for service users and families in relation to commissioned services.

Resolved: The report was noted.
Revised Terms of Reference to be included in the next report **Action PBec**

229/21 **Charitable Funds Assurance Report and 22 September 2021 Minutes**
Mr Baren presented the report following the meeting on 16 November. An update was provided on the Whitby appeal and he reminded Board members that the bricks for the garden are £20 each as part of the appeal.

Generally, charity giving is quite low currently and the Smile team is producing a report for mid January to reinvigorate some ideas of how to improve charitable donations. Discussion took place around the reasons for this including Covid and the economic situation, but the Committee agreed this has impacted more this year.

The Chief Executive reported that she is looking at ideas for her Challenge and welcomed suggestions from the Board for this. Dr Byrne felt that fundraising is more difficult now and asked if there is any intelligence from other charities as to why this is or what they are doing to address it. Mr Baren said his personal view was that the organisation is not alone and the lack of personal contact and not being able to hold social events was a factor. He hoped that as restrictions change that this can improve in the future.

It was noted that there has been success with Inspire, Whitby and Maister Lodge to raise funds to add sparkle to these areas from a Charitable Funds perspective and there are other initiatives that need to be discussed and promoted.

Mr Smith declared an interest in this item as he is Chair of The Rotherham NHS Trust's Charitable Funds Committee. He explained that this is not a unique situation as social events such as Karaoke are not happening. The Charity has been supported by the NHS Charities and received monies from this which has been used to support staff which is important. He acknowledged the desire to raise money and felt that funds are being spent appropriately although different ways of fund raising going forward are needed.

Mr Malik commented that the figures did look disappointing, but this was not unusual for the not for profit sector. He agreed with the good work that Smile have done and to look at what else may be possible in the future, for example how this sector is going to look post Covid with more digital fund raising which needs to be included in our strategy. Karaoke is always a big attraction, but there needed to be alternatives available. Dr Byrne agreed but did feel that the general public did not all have dispersible income available to donate.

Mr McGowan explained there is a strategic direction for the charity, but an understanding of what it is being asked to fund is needed as this helps with fundraising if it is something specific. Mr Patton agreed and referred to the recent Children In Need and MND fund raising as a good example. With the amount raised he felt that people will donate and suggested the charity could consider having a local figurehead which might help.

The Chief Executive said other charities have had some success this year and found innovative

ways of fundraising which are being discussed at the meetings.

Resolved: The report and minutes were noted

230/21   **Quality Committee Assurance Report & 11 August 2021 Minutes**
The report provided a summary of discussions held at the meeting on 2nd November 2021. The approved minutes of the meeting held on 11th August 2021 were presented for information.

Mr Smith is the interim Chair of the Committee and reported that the annual patient safety report was reviewed and assurance provided that safety runs throughout the organisation. In the non clinical safety report reference is made to the unsung heroes in the Estates team who also keep people safe in the organisation with the work they do. International recruitment was discussed which brings new nurses to the organisation and helps with staffing issues. A presentation on the role of Patient Safety Specialists was well received and a recommendation made for the Board to have a patient safety presentation from a staff perspective which has been scheduled for the February meeting. Mrs Gledhill explained that patient safety is always discussed at meetings and reported in the annual report. Discussion will take place around a Board Time out session to look at the approach to patient safety and national changes.

The Chair thanked Mr Smith for taking on the chairing of the Committee

Resolved: The report and minutes were noted
Discussion to take place for a Board Time Out session to look at the approach to patient safety and national changes **Action HG/MM**

231/21   **Workforce & Organisational Development Committee Assurance Report & 15 September 2021 Minutes**
An executive summary of discussions held at the meeting held on 17th November 2021 and the minutes of the meeting held on 15 September 2021 were presented to the Board. Mr Royles reported that vacancies, the work to fill them and how to support people in work was discussed at the meeting. Data from a deep dive into leavers was presented and discussion held around the level of variance in the reasons for leaving to try and reduce any that are avoidable.

In terms of Equality Diversion and Inclusion, the Committee was pleased to note that all chairs of the network groups are in place.

Good work has taken place to cleanse the data on the Electronic Service Record (ESR). There were areas that were not completed and the team has worked hade to update these.

The Workforce Insight report which contained data that is reviewed by Managers of the Operational teams. Over the last 18 months the Operational teams have done a fantastic job to deal with changes in ways of working, increased absences, Covid and ensuring that safe care is provided to patients. They have also ensured that they don't breach financial rules and are not putting more pressure on staff while maintaining an appropriate balance. There are still areas that can be improved for example better trajectories for statutory and mandatory training.

Resolved: The Board noted the report and minutes.

232/21   **Mental Health Legislation Committee Assurance Report**
Mr Smith presented the report following the meeting held on 4 November 2021.

The Committee was informed about the Norfolk Safeguarding Adults Review into the deaths of 3 patients at Cawston Park Hospital and that the report had been considered in various forums. There were implications for the Committee regarding the RRI work, particularly in one of the reported case studies, but the Trust's response gave assurance in this regard.

The Integrated Board Report was reviewed and noted the rising level of patient acuity being seen that are coming through services. An update from Multi Agency Public Protection

Association (MAPPA) was received and Mr Smith had attended a level 2 meeting where he gained further assurance around the process.

Resolved The report was noted.

233/21 **Audit Committee Assurance Report**
The Assurance report provided an executive summary of discussions held at the meeting held on the 9th November 2021. Of particular note were: -

- 5 Internal Audit reports received in the period and assurance provided that all areas are being well managed.
- Review of the Counter Fraud arrangements and Mr Baren encouraged Board members to read the content of any email alerts that are circulated.
- An update from the External Auditors who explained that there has been no clear decision made around the year end timescales for next year. It is hoped this will be published by the end of January.
- The action plan from the CORS assessment was presented and areas continue to be managed and progressed.

The Chief Executive thanked Mr Baren for his leadership and contribution to the Committee.

Resolved: The Board noted the report

234/21 **Trust Winter Plan (summary) – 2021/2022 Update**
The report provided an update on the further work and development that has taken place to finalise the Winter Plan for 2021/2022. The plan was a summarised version of detailed divisional plans that have been developed and formulated based on what worked well during the winter of 2020/21 and within the context of the ongoing expectation that the Covid-19 pandemic will continue throughout the winter months.

Winter 2021/22 is predicted to be very challenging, and all system partners are expected to maximise opportunities to support the NHS recovery programme. Whilst vaccination has proven its effectiveness at reducing deaths, there are still high levels of covid within the community. The high level plan has been shared with system partners and an update will be provided at each Board meeting during the winter months.

Discussions are taking place around winter plans across the various sector partners which will continue over the coming weeks. It is anticipated there will be an increase in demand and growing system wide pressures, particularly for the acute sector and ambulance service.

Mr Baren asked if there are plans to have a ban of staff for the Integrated Care System ICS) that different organisations can access. The Chief Executive said a shared bank across the system will be looked at as the ICS develops further. There has been mutual support throughout the pandemic with sharing of resources where possible and this will continue. Work for winter planning is looking at what else can be done. Mr McGowan reported that some ICSs' have a bank of staff but there are concerns from some organisations about losing staff. The Trust does not share these concerns and will be a willing participant. There are robust mechanisms in place and with Mental Health trust partners for mutual aid arrangements and bed capacity and staffing. Discussions are taking place at an operational level to see how this can be taken further forward as there are significant pressures around Local Authority provision.

Mrs Gledhill reported that in terms of Covid restrictions if staff have come into contact with someone who tested positive there is a vigorous risk assessment undertaken which is is satisfactory, they can come back into work.

Mr Royles thought this would be the most difficult winter the NHS has faced yet with Flu, restrictions, social distancing and potentially the weather. It was positive that flexible

approaches are being adopted and the Operations teams are using their skills to get through this period.

Resolved: The report and verbal updates were noted

235/21 **Health Inequalities and the Humber Approach**
The Chair announced that this item would not be discussed at today's meeting and would be deferred to January's meeting. This would allow time to look at the local impacts on the organisation and any implications from the Local Authority perspective as it is important to align health inequalities to identify any issues to be addressed.

Resolved: The update was noted.
A report will be provided for the January 2022 meeting **Action JB**

236/21 **Council of Governors 8 July 2021 Minutes**
The minutes of the meeting held on 8 July were presented for information.

The Chair reported that Governors are keen to meet in person and work is progressing which will be dependent on the restrictions guidelines at that time.

Resolved: The minutes were noted

237/21 **Board Assurance Framework**
The report covered the Q3 2021/22 version of the Board Assurance Framework (BAF). Progress against the aligned risks is reflected within the framework to highlight the movement of current risk ratings from the previous position at Quarter 2 2021/22.

Overall assurance rating for each of the strategic goals is applied based on the review of the positive assurance, negative assurance and gaps in assurance identified against the individual goal, as well as with consideration of the current risk scores of all identified risks aligned to that strategic goal. The overall rating is not applied solely based on the highest rated risk aligned to that section of the framework and instead represents the overall assurance available to the Executive Lead at the time of review.

Discussions have been held at the Executive Management Team (EMT) and some changes have not yet fed into this report. It is a working document and it will be interesting to see what the Well Led Review outcome is around this. There have been some fluctuations, but No no increases or decreases in scores or changes to the risk appetite.

For the Strategic Goals under the Chief Executive, it was updated that there is active engagement and development of partnerships taking place with ongoing influence to the wider ICS and smaller groups. In relation to the Promoting Social Values goal there is a very good Social Values report led by Dr Byrne and some excellent work taking place on co-production.

Mr Sims explained that for the individual rationale for the score a paragraph has been include in the report and will be seeking to include an overall assurance rating in future reports. Work is progressing with the overarching balance of score which will be running by Q4. This work is taking place with the Deputy Chief Operating Officer to ensure there is input from the Operational Delivery Group (ODG).

Resolved: The report was noted.

238/21 **Risk Register Update**
The report gave an update on the Trust-wide risk register (15+ risks) including the detail of any additional or closed risks since last reported to the Board in September 2021.

Eight risks are held on the Trust-wide Risk Register and three risks previously held on the Trust-wide risk register have been closed /de-escalated since the last report. There are

currently 200 risks held across the Trust's risk registers. The current position represents an overall decrease of 21 risks from the 179 reported to Trust Board in September 2021.

Two risks have been escalated from the Divisional registers SR 29, Increased clinical activity - Scarborough Community core service provision and SK 15 staffing/vacancy rates at Malton. Both risks are being monitored by the Divisions.

Mr Baren reported that deep dives into areas of the Divisional risk registers take place at each Audit Committee meeting and members have the opportunity to ask questions about the risks to the service representatives in attendance. Dr Byrne commented that the risks on the register felt "real" and that it is reviewed by a number of forums. With the growing demand on services and the acuity being seen the register was a picture of what is going on in the organisation.

Resolved: The report and updates were noted.

239/21   **Items for Escalation**
No items were raised.

240/21   **Any Other Business**
No other business was raised

241/21   **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.

242/21   **Date and Time of Next Meeting**
Wednesday 26 January 2022, 9.30am via Microsoft Teams

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

Action Log:
Actions Arising from Public Trust Board Meetings

Summary of actions from November 2021 Board meeting and update report on earlier actions due for delivery in January 2022
Rows greyed out indicate action closed and update provided here

Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
24.11.21	224/21(a)	Chief Executive's Report	Vaccination update to be included in the next report	Director of Workforce & Organisational Development	January 2022	Item included for the part II meeting
24.11.21	224/21(b)	Chief Executive's Report	Video tour of Maister Lodge to be shared with the Board and published on the website	Director of Finance	January 2022	Included as part of Chief Executive's report
24.11.21	224/2(c)	Chief Executive's Report	The full Document Control Policy will be shared with the Board	Head of Corporate Affairs	November 2021	Distributed on 24/11/21
24.11.21	226/21	Performance Report	Presentation given to Governors to be circulated to Board members	Chief Operating Officer	January 2022	Presentation circulated by e mail 10.1.22
24.11.21	227/21(a)	Finance Report	A post meeting note regarding the Corporate Services underspend to be included in the minutes	Director of Finance	January 2022	Post meeting note added to the minutes
24.11.21	227/21(b)	Finance Report	January report to include a table to show capital expenditure	Director of Finance	January 2022	Capital Spend included in January Report
24.11.21	227/21(c)	Finance Report	Consultant agency spend detail to be shared with Mr Baren outside of the meeting	Director of Finance	December 2021	Agency Deepdive to Finance Committee in December

Date	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
24.11.21	228/21	Humber Coast and Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative – Collaborative Committee Report	Revised Terms of Reference to be included in the next report	Director of Finance	January 2022	On agenda for January Collaborative Meeting and will be included in the next assurance report to the Board (February)
24.11.21	230/21	Quality Committee Assurance Report & 11 August 2021 Minutes	Discussion to take place for a Board Time Out session to look at the approach to patient safety and national changes	Chief Executive/ Director of Nursing, Allied Health and Social Care Professionals	June 2022	Agreed for discussion to take place in June 2022
24.11.21	235/21	Health Inequalities and the Humber Approach	A report will be provided for the January 2022 meeting	Medical Director	January 2022	Item on the 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**
27.8.21	144/21	Chief Executive's Report	Update on Peer Support Worker to come back to the Board in 6 – 8 Months	Chief Operating Officer	February 2022	Item not yet due
27.10.21	204/21	Performance Report	A comprehensive overview of the position, pressures and trends relating to service areas to come to either November or January Board meeting	Chief Operating Officer	January 2022	Item on the agenda
27.10.21	205/21	Finance Report	Suggestion made for the Finance & Investment Committee to review agency spend in more detail	Director of Finance	December 2021	Agency Review took place at December Meeting
27.10.21	206/21	Finance and Investment Committee	Pharmacy services proposed to be a future staff story	Director of Workforce & Organisational	April 2022	Item not yet due.

		Assurance Report		Development		

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

Board Public Workplan 2021/2022 – *(no August or December meeting) (v14)*

Chair of Board: ___Caroline Flint_____
Executive Lead: _____Michele Moran_____

Reports:	Strategic Headings	LEAD	28 Apr 2021 (Strategy)	19 May 2021	30 June 2021 (Strategy)	28 Jul 2021	29 Sep 2021	27 Oct 2021 Strategy)	24 Nov 2021	26 Jan 2022	23 Feb 2022 Strategy)	30 Mar 2022
Standing Items - monthly												
Minutes of the Last Meeting	Corporate	Cf	x	x	x	x	x	x	x	x	x	x
Actions Log	Corporate	CF	x	x	x	x	x	x	x	x	x	x
Chair's Report	Corporate	CF	x	x	x	x	x	x	x	x	x	x
Chief Executives Report includes:- Policy ratification, Comms Update, Health Stars Update, Directors updates	Corporate	MM	x	x	x	x	x	x	x	x	x	x
Publications and Highlights Report	Corporate	MM	x	x	x	x	x	x	x	x	x	x
Monthly Items												
Performance Report	Perf & Del	PBec	x	x	x	x	x	x	x	x	x	x
Finance Report	Perf & Del	PBec	x	x	x	x	x	x	x	x	x	x
Humber Coast and Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative – Collaborative Committee Report	Committees	PB						x	x	x	x	x
Quarterly Items												
Finance & Investment Committee Assurance Report	Committees	FP	x		X		x	x		x	x	
Charitable Funds Committee Assurance Report	Committees	PB		x		x	x		x			x
Workforce & Organisational Development Committee	Committees	DR		x		x	x		x	x		x
Quality Committee Assurance Report	Committees	MS	x				x	x			x	
Mental Health Legislation Committee Assurance Report	Committees	MS		x			x		x		x	
Audit Committee Assurance Report	Committees	PB		x			x		x		x	
Board Assurance Framework	Corporate	MM			X		x		x			x
Risk Register	Corporate	HG			X		x		x			x
HCV MH & LDA Collaborative Programme Update Update Update (moved from part II Nov 21)	Corporate	MM									X	
6 Monthly items												
Trust Strategy Refresh/Update	Strategy	MM						X update				x
Freedom to Speak Up Report	Quality & ClinGov	MM	x					**x**	X came in Oct			
MAPPA Strategic Management Board Report inc in CE report	Strategy	LP					x					x
Safer Staffing 6 Monthly Report	Quality & ClinGov	HG					x			x		
Research & Development Report	Quality & ClinGov	JB					x			x		
Annual Agenda Items												

Reports:	Strategic Headings	LEAD	28 Apr 2021 (Strategy)	19 May 2021	30 June 2021 (Strategy)	28 Jul 2021	29 Sep 2021	27 Oct 2021 Strategy)	24 Nov 2021	26 Jan 2022	23 Feb 2022 Strategy)	30 Mar 2022
Review of Strategic Suicide Prevention Strategy	Strategy	JB										x
Recovery Strategy Update (item not yet due workplan to be updated)	Strategy	LP	x				X					
Mental Health Managers Annual Progress Report **inc in Assurance Report**	Quality&ClinGov	LP		x								
Patient & Carer Experience Strategy not due until 2023	Quality &ClinGov	JB			x							
Presentation of Annual Community Survey – Quality Health	Quality &ClinGov	JB								x		
Guardian of Safeworking Annual Report	Quality &ClinGov	JB					x					
Patient & Carer Experience (incl Complaints and PALs) Annual Report moved to Sep 21	Quality &ClinGov	JB			x		x					
Quality Accounts	Reg.Comp	HG		x						x		
Risk Management Strategy (deferred to March 2022 in order to present an annual update for 2020-21 against the priorities in the plan)	Strategy	HG								X def		x
Infection Control Strategy (moved to Sept)	Strategy	HG					X					
Infection Prevention Control Annual Report	Quality &ClinGov	HG					x					
Safeguarding Annual Report	Quality &ClinGov	HG					X					
Annual EPRR Assurance Report	Quality &ClinGov	LP	x									
EPRR Core Standards (def due to late receipt into organisation)	Corporate	LP					X def					
Patient Led Assessment of the Care Environment (PLACE) Update – was Sept 18, but 2019 visits took place Oct	Quality &ClinGov	LP										
Health Stars Strategy Annual Review (moved to May in Apr 21)	Strategy	MM	x									
Health Stars Operations Plan Update	Perf & Delivery	MM										x
Annual Operating Plan	Strategy	MM									xdraft	x
Report on the use of the Trust Seal	Corporate	MM	x									
Review of Standing Order Scheme of Delegation and Standing Financial Instructions	Corporate	MH					x					
Annual Non Clinical Safety Report (moved to June – Apr 21)	Corporate	PBec		X def	X							
Annual Declarations Report	Corporate	PBec		x								
Charitable Funds Annual Accounts	Corporate	PBec						x				
Equality Delivery Scheme Self Assessment moved to May 22	Corporate	SMcG							X moved to May 22			
Gender Pay Gap moved to July	Corporate	SMcG			X	x						
WDES Report — reports into Workforce & Organisational Development Committee , but separate report to the Board moved to July	Reg. Compl	SMcG			X	x						
WRES Report reports into Workforce Committee,with report to Board	Corporate	SMcG				x						
Equality Diversity and Inclusion Annual Report moved to July	Corporate	SMcG			X	x						
Board Terms of Reference Review	Corporate	CF		x								
Committee Chair Report	Corporate	CF										x
Annual Committee Effectiveness Reviews & Terms of Reference (one paper)	Corporate	MH		x								

Board Dates:- / Reports:	Strategic Headings	LEAD	28 Apr 2021 (Strategy)	19 May 2021	30 June 2021 (Strategy)	28 Jul 2021	29 Sep 2021	27 Oct 2021 Strategy)	24 Nov 2021	26 Jan 2022	23 Feb 2022 Strategy)	30 Mar 2022
Reaffirmation of Slavery and Human Trafficking Policy Statement in Chief Executive report	Corporate	MM									X	
Disciplinary Case Review (added March 21)	Corporate	SMcG										x
Workplan for 2021/22: To agree	Corporate	CF/MM		x								
Deleted /Removed Items												
Digital Plan Annual Update – reports into Finance and Investment Committee		PBec		x	x	x						
Estates Strategy Review –reports into Finance and Investment Committee		PBec				x			x			
Estates Annual Update - reports into Finance and Investment Committee		PBec				x						
Procurement Strategy Annual Review – reports into Finance and Investment Committee		MM				x			x			
Workforce & OD Strategy including an Annual Refresh – reports into Workforce & Organisational Development Committee		SMcG		x					x			
Guardian of Safeworking Quarterly Report – reports into Workforce & Organisational Development Committee		JB	x			x		x	x			
Sustainable Development Management Plan Update –reports into Finance and Investment Committee		PBec										
Equality Diversity and Inclusion Public Sector Duties- reports into Workforce & Organisational Development Committee		SMcG										
Safeguarding Annual Report (internal) – reports into Quality Committee		HG					x					
Internal Audit Annual Report – reports into Audit Committee		PBec										
Review Risk Appetite moved to July as per previous year and moved to part II July		HG				x						

Title & Date of Meeting:	Trust Board Public Meeting -26 January 2022				
Title of Report:	Community Mental Health Service User Survey 2021: Quality Health Presentation				
Author/s:	Mandy Dawley (Head of Patient and Carer Experience and Engagement)				
Recommendation:	To approve		To receive & note		
	For information	x	To ratify		
Purpose of Paper:	Quality Health will provide the Trust Board with a presentation of the findings from the Community Mental Health Service User Survey (2021).				

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

Key Issues within the report:	• Charlie Bosher (Quality Health) will be in attendance to share a presentation of the findings from the 2021 Community Mental Health Survey.

Monitoring and assurance framework summary:

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

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

Title & Date of Meeting:	Trust Board Public Meeting – 26 January 2022			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve	✓	To receive & note	✓
	For information		To ratify	✓
Purpose of Paper:	To provide the Board with an update on local, regional and national issues.			

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

Key Issues within the report:	• Identified within the report • Board to approve the resuming of voting rights for the Chief Operating Officer/Deputy Chief Executive with immediate effect • Ratification of policies • Secondment Policy • Work Experience Policy • Recruitment & Selection Policy • Statutory and Mandatory Training Policy

Monitoring and assurance framework summary:

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

Caring, Learning & Growing Together

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

Chief Executive's Report

1 Around the Trust

1.1 Board Voting
At the July Board, in order to address the interim situation where, due to the retirement of a non-executive director and to allow time for recruitment, it was agreed that one of the Executive Directors be identified and abstain from any vote until the recruitment process has concluded.

This was to comply with our constitution that states "the operation of 23.2 [the Board of Directors is to comprise] shall be such that, at all times, at least half of the Board of Directors, excluding the Chair, shall be Non-Executive Directors". At that time there would have been a period where we had the same number of Executive and Non-Executive Directors in the event of an issue being voted on.

Given our Standing Orders stipulates Executive Directors must include a Chief Executive, a Finance Director, a Registered Medical Practitioner and a Registered Nurse, it was agreed that the Chief Operating Officer would abstain from any vote until the recruitment process concluded.

With effect from 1st February 2022, a new non-executive director will be in post and the Chief Operating Officer will resume voting rights.

1.2 Integrated Care System (ICS) Update

Interviews:
I was asked to be part of the appointing panel for the recent ICS Executive Director roles which have been recruited to during the month, conformation of appointments is as follows:

Chief Operating Officer - Amanda Bloor
Director of Nursing - Teresa French
Medical Director - Dr Nigel Wells
Director of People - Jayne Adamson
Director of Finance - To be appointment Wednesday, still in recruitment process

Despite the nationally delayed implementation of the ICS, it is Humber Coast and Vale intention to go into shadow form from 1st April.

1.3 Productive Meetings
I continue to hold my productive meeting with our local MPs.

1.4 Winter Summit
In my role of Collaborative Lead I led a Mental Health and Learning Disability Winter summit with all the providers to establish a single business continuity plan as part of the Mental Health Collaborate work. Mutual aid and support counties as required.

1.5 NHS England (NHSE)
I was asked with a few other Chief Executives to discuss systems pressures with NHSE Chief Executive Amanda Prichard. These along with my national focus group work, feed into NHSE planning processes.

1.6 Staff Engagement
I have continued my virtual walkabouts and conversations with staff alongside undertaking a few face to face clinical visits during the month. Staff remain remarkable and morale is high but staff are tired. The team are looking to see how we can continue to support staff. We will also be asking staff and will be sending out a short survey.

The Executive team have also started, in addition to "Ask the Exec" calls, weekly Covid calls, which is another opportunity for staff to ask any questions of the Executive team.

1.7 Breast Feeding Guardian.
The latest update from the work of the integrated breast feeding team is presented below

Infant Feeding Summary April 2021- January 2022
Introduction
It has been an extremely busy year and challenging due to the pandemic, the pace of change and competing priorities. The Integrated Specialist Public Health Nursing Service (ISPHNS) and Children Centre (CC)have continued to jointly prioritise infant feeding and develop innovative solutions to the challenges presented by the COVID-19 pandemic. We have seen COVID-19 not just as a threat, but also as an opportunity and we have adapted services to meet the needs of babies, mothers and families. Maintaining a joint Gold service has been challenging we have worked hard to maintain Baby Friendly Initiative (BFI)standards through effective leadership, robust monitoring and by promoting a positive culture that supports mothers, families and staff

Background.
This year the ISPHNS have adapted the national public health modernised health visiting and school nursing service delivery model that is 'Universal in reach – Personalised in response'. It supersedes '4-5-6' models for health visiting and school nursing. Universal, Universal Plus and Universal Partnership Plus have also been superseded and instead reference is made to universal, targeted and specialist services. We are also revising our place-based, community-centred, approach to further support the development of community breastfeeding services. We have been (and continue) working jointly together to ensure our local communities have access to our services, especially those needing advice and support. We have adapted some of our provision to ensure we are able to support our clients in different ways, such as via telephone, text messaging or video calls, crucially face-to-face contact with clients is still taking place.

All service changes were carefully risk assessed to ensure any adaptations were in the best interests of clients and were as temporary as possible. Where some provision had to temporarily suspended for example face to face antenatal parent education, alternative arrangements were made to ensure clients could still access online. We have been working to ensure clients feel supported and to avoid any unnecessary stress or feelings of isolation. We are sharing messages regularly on ISPHNS website, through the ISPHNS Single Point of Contact, across our CCs and various social media channels to provide clarity for our staff and clients around any restrictions – such as face to face contact home visiting, groups, social distancing and the use of masks and PPE – which continue.

We continue to work closely in partnership with maternity colleagues and across the local healthcare and social care as we continue to focus on our Covid19 response. The vast majority of our services have returned to 'business as usual' – with some adaptations.

There are a number of key points to note:
- We have continued to deliver on our joint four year overarching Strategic Goal
- More babies in East Yorkshire will be breast-fed, and for longer, and the current inequalities in breastfeeding rates between groups and areas will be reduced.
- The strategic goal will be delivered through a number of interrelated key actions between 2019-2023
- Breastfeeding rates at 10 days, 6 weeks, 3 months and 6 months are monitored they remain within expected parameters (see quarterly performance report).
- A coordinated infant feeding support model which is inclusive of ISPHNs, maternity and CC is being further developed
- ISPHNS continue to provide face to face home visits

- ISPHNS provide face to face appointment only Child Health clinics
- ISPHNS led sessions for parents (3-4 month)contact includes maximising breastmilk & introducing solids,
- ISPHNS provide online infant feeding parent education sessions
- Six trainees, International Board Certified Lactation Consultants (IBCLC) have been funded by the trust they will qualify in October 2022, (5 ISPHNs and 1 perinatal mental health professional)
- ISPHNS, IBCLC/trainee IBCLC provide face to face specialist breastfeeding community support
- Promoting Breastfeeding in Bridlington project is a collaborative approach (maternity, CC and ISPHNS), it also includes Bridlington becoming the first East Riding/Yorkshire breastfeeding friendly Town. Funding secured for project from Local Maternity System and East Riding Public Health
- Review of Vit D policy
- Review of specialist breastfeeding guidance
- Development of a East Yorkshire/Riding breastfeeding support web page hosted by Humber ISPHNS web site
- Development of a East Yorkshire/Riding breastfeeding logo
- Baby Friendly Initiative annual audit of 40 ISPHN staff and 34 mothers, the audit results are very good all over 85%
- Infant feeding training for ISPHNS staff is all up-to-date
- Annual Infant Feeding Report 2020-21 awaiting sign off
- Cultural competence in practice-infant feeding one of three regional representative
- Breastfeeding and the environment one of five regional representative
- Baby Friendly Initiative Gold revalidation submission is due March 2022, there are no identified issues.
- Current Infant Feeding Lead retiring March 31,2002, succession plan in place

2 Around the Region

2.1 Shadow Boards
The Place Boards are developing with Hull reviewing the previous Place Board and redefining the Health and Wellbeing Board: -

North Yorkshire (NYY) has developed an overarching Leadership Group
York - An alliance is in development
North Lincolnshire - Developing a Place structure
North East Lincolnshire - Developing an Alliance Approach
East Riding - Shadow Health and Care Committee has met.
Hull – Is developing a Health and Care Committee approach

I am a member of our four main boards and we have involvement with all the developments.

3 National News

3.1 Care Bill
As noted previously the Care Bill, a revised target date of 1 July 2022 has been agreed for the new arrangements to take effect and Integrated Care Boards (ICBs) to be legally and operationally established. This replaces the previously stated target date of 1 April 2022. This new targe date will provide some extra flexibility as we prepare for the new statutory arrangements

and manage the immediate priorities in the pandemic response, while maintaining our momentum towards more effective system working.

An implementation date of 1 July would mean the current statutory arrangements would remain in place until then with the first quarter of 2022/23 serving as a continued preparatory period.

3.2 Covid Inquiry
Former High Court Judge Baroness Hallett has been announced as the Covid-19 Inquiry chair, with the public inquiry due to commence in Spring 2022. Our work planning internally has commenced.

3.3 Royal College of Nursing
Pat Cullen, General Secretary & Chief Executive has written to organisations to ask that organisations confirm to them that they value the contribution that our members are making day in and day out and will not leave them professionally vulnerable in anyway.

To update the Board, below is a list of all the thank you initiatives that have been provided to staff.

2022	
January 2022	Substantive staff have been awarded an extra day's annual leave
2021	
December 2021	Christmas card and chocolates delivered to each member of staff.
October 2021	COVID-19 Booster Vaccination Programme – we held a COVID-19 booster vaccination event at our vaccination Hub in Willerby.
September 2021	Staff Thank You and Celebration Week (6-10 Sept) A virtual week-long event where we focused on and celebrated all staff across the Trust for their resilience, resolve and dedication to the Trust over the last 18 months. As part of the event, each member of staff received an extra £10 in their pay. Flu Vaccinations – our flu vaccination campaign was launched in September
August 2021	HumberNet is launched. Our new intranet platform brought a fresh updated site to provide staff with the best online experience. We launched our Humbelievable Facebook page to support our on-going recruitment campaign.
July 2021	NHS Birthday Celebrations – Every member of staff received a branded tote bag containing a Thank You card and cake bar in celebration of the NHS's 73 Birthday. We launched the You're a Star Fund as part of our Staff Thank You and Celebration programme. Each team was allocated some funds to plan a local celebration event in a way that felt right for them.
June 2021	Virgin Pulse GO – The Trust invested in the nine-week challenge to help staff get more active.
May 2021	Together We Can Book – Second edition launched which focused on the second wave of the pandemic. COVID-19 badges – As a small token of appreciation every member of

	staff who had their COVID-19 vaccine received a card and badge to say thank you.
April 2021	Random Act of Kindness Week. Staff were encouraged to nominate a colleague to receive a gift. EMT reviewed the nominations and chose winners to receive a letterbox gift containing brownies.
Mar 2021	Easter Eggs delivered to all staff.
Feb 2021	Birthday Day Off - an extra day's annual leave given to all staff. COVID-19 vaccination clinic – staff were invited to book their COVID-19 vaccination at our Vaccination Hub at Willerby Hill or at York and Scarborough Teaching NHS Foundation Trust.
Jan 2021	Staff Vaccination Programme
2020	
Dec 2020	Christmas Gift and Hampers
Nov 2020	Lateral Flow Testing Programme Roll Out
Oct 2020	£10 Thank You Voucher
Sept 2020	Together We Can Book printed
August 2020	Humbelievable Cards and Lanyards Sent
July 2020	Staff Wellbeing Week
June 2020	MSK Self-Referral Scheme
May 2020	Revive Pamper Packages
April 2020	Shiny Minds App Launched
March 2020	Weekly food parcel deliveries

4 Covid-19 Summary Update – January 2021

This update provides an overview of the ongoing arrangements and continuing work in place in the Trust and with partner organisations to manage the ongoing Covid-19 emergency. On 12th December 2021 the **UK coronavirus (COVID-19) alert level increased from Level 3 to Level 4** following advice from the UK Health Security Agency and in light of the rapid increase in the new covid variant Omicron cases. Transmission of COVID-19 was already high in the community, mainly still driven by Delta, but the emergence of Omicron adds additional and rapidly increasing risk to the public and healthcare services. Evidence shows that Omicron is spreading much faster than Delta and that vaccine protection against symptomatic disease from Omicron is reduced. Data on severity will become clearer over the coming weeks but hospitalisations from Omicron are already occurring and are likely to increase. The advice stated that when vaccine protection is reduced in the way that is happening with Omicron it is essential to improve that protection with a booster vaccine. Both booster vaccines (Pfizer and Moderna) increase the immune response substantially and show good effectiveness although with some reduction compared to Delta.

In light of this **NHS England and Improvement raised the national incident alert level from 3 to level 4** on 13th December in recognition of the impact on the NHS of both supporting the vital increase in the vaccination programme and preparing for a potentially significant increase in Covid-

19 cases. Amanda Pritchard, NHS Chief Executive and Professor Stephen Powis, Chief Executive of NHS Improvement sent a letter setting out the actions every part of the NHS needs to put in place to prepare for and respond to the Omicron variant and other winter pressures. The actions are summarised below:

- Clinically prioritising services in primary care and across the NHS to free up maximum capacity to support the COVID-19 vaccination programme over the next few weeks, alongside delivering urgent or emergency care and other priority services.
- Delivering at scale whilst also retaining the focus on vaccination of those at greatest risk, including those who are housebound. Continuing to maximise uptake of first and second doses including through identifying dedicated resources to work alongside directors of public health locally.
- Creating capacity, both by maximising throughput, efficiency and opening times of existing sites to operate 12 hours per day as standard, seven days per week as well as running 24 hours where relevant for the local community, and through opening additional pop-up and new sites.
- Increasing training capacity with immediate effect to support lead employers with rapid onboarding and deployment of new vaccinators.
- Maximise the availability of COVID-19 treatments for patients at highest risk of severe disease and hospitalisation.
- Maximise capacity across acute and community settings, enabling the maximum number of people to be discharged safely and quickly and supporting people in their own homes. The operational imperative is to create the maximum possible capacity within acute care settings to support patient safety in the urgent care pathway. Work together with local authorities, and partners across local systems including hospices and care homes to release the maximum number of beds (and a minimum of at least half of current delayed discharges).
- Systems must focus on eliminating ambulance handover delays. Local systems should take immediate steps to maximise referrals from 999 to the two-hour Urgent Community Response services.
- Systems are asked to ensure that access to community-based mental health services and learning disability and autism services are retained throughout the COVID-19 surge to ensure that people at risk of escalating mental health problems and those who are most vulnerable can access treatment and care and avoid escalation to crisis point, with face-to-face care retained as far as possible. Healthcare colleagues are asked to make every contact count this winter with people with SMI and LD – to ensure promotion of health checks and interventions as well as access to COVID-19 and flu vaccination.
- Whilst it is not known what the demand from Omicron will be on critical care facilities it is essential that trusts familiarise themselves with existing plans for managing a surge in patients being admitted with COVID-19, with particular focus on the management of oxygen supplies, including optimising use at ward level.
- As in the COVID-19 wave last winter, it is crucial that we continue to deliver elective care and ensure that the highest clinical priority patients –including patients on cancer pathways and those with the longest waits continue to be prioritised.
- Local systems should stress test their plans to confirm that the elements that helped to sustain cancer services in previous waves are in place, and to ensure that rapid access, including tests and checks for patients with suspected cancer, as well as screening services, are maintained.
- Support staff, and maximise their availability, revisit your staff wellbeing offer to ensure it has kept pace with the changing nature of the pandemic, with a continued focus on ongoing health and wellbeing conversations taking place for staff. Employers should be ready to communicate any changes in testing and isolation guidance associated with Omicron.
- System leaders and NHS organisations should review workforce plans for the next three months to ensure that, as per surge plan testing that the appropriate workforce is in place to deal with an increase in the number of COVID-19 patients and to support the ramp up of the COVID-19 vaccination programme. Organisations should continue to use their staff flexibly to manage the most urgent priorities, working across systems as appropriate. Trusts should seek to accelerate recruitment plans where possible, including for healthcare support workers, and

where possible bringing forward the arrival of internationally recruited nurses, ensuring they are well supported as they start work in the NHS.

- Volunteers play an important part in supporting patients, carers and staff and Trusts are encouraged to take advantage of the available support to restore volunteering and strengthen volunteer management in ways which can contribute significantly to reducing service pressures, including NHS Reserves.
- Ensure surge plans and processes are ready to be implemented if needed. NHS organisations will need to review incident coordination centre arrangements, and should ensure that these are now stood up, including to receive communication and act as the single point of contact.
- Staff and organisations should continue to follow the recommendations in the UK Infection Prevention and Control (IPC) guidance.

In the Humber, Coast and Vale ICS, system leaders have been identified to lead and coordinate the response to deliver the key actions set out above.

As of the 12th January 2021 the confirmed cases of Covid-19 for Yorkshire and the Humber are:

Positive Test and Trace Update – Case increase and latest 7-day rate per 100,000.		
Area	**Actual increase in positive tests in latest 7 days** **(2nd January – 8th January)**	**7-day rate per 100,000 for 7 days previous*** **(2nd January – 8th January)**
East Riding of Yorkshire	6.228	2510.6
Hull	5,178	1998.3
North East Lincolnshire	8,006	1886.2
North Lincolnshire	3,151	1824
Yorkshire and Humber	106,809,097	1932.7
England	942,037	1665.8
Source: PHE Daily Briefing *Test results are updated every day and so rates are liable to change.*		

For the same period the 7-day rate per 100,000 population for Scarborough is 1500.0, for Ryedale is 1134.0 and Hambleton is 1439.0. The overall 7- day rate for North Yorkshire is 1475.0

As of 12th January 2022, there have been 1,576 hospital deaths due to COVID-19 across the Humber area. This includes 1,005 deaths registered by HUTH, 545 deaths registered by NLAG, 27 deaths registered by CHCP (East Riding Community Hospital) and 2 deaths registered by HTFT. York Teaching Hospitals NHS Trust recorded 755 deaths over the same period.
The Trust has recorded six new cases of a Covid-19 positive inpatient during the last month. Staff sickness absence related to Covid rose significantly in early January and contributed to an increase in operational pressures across all services.

Covid Absence
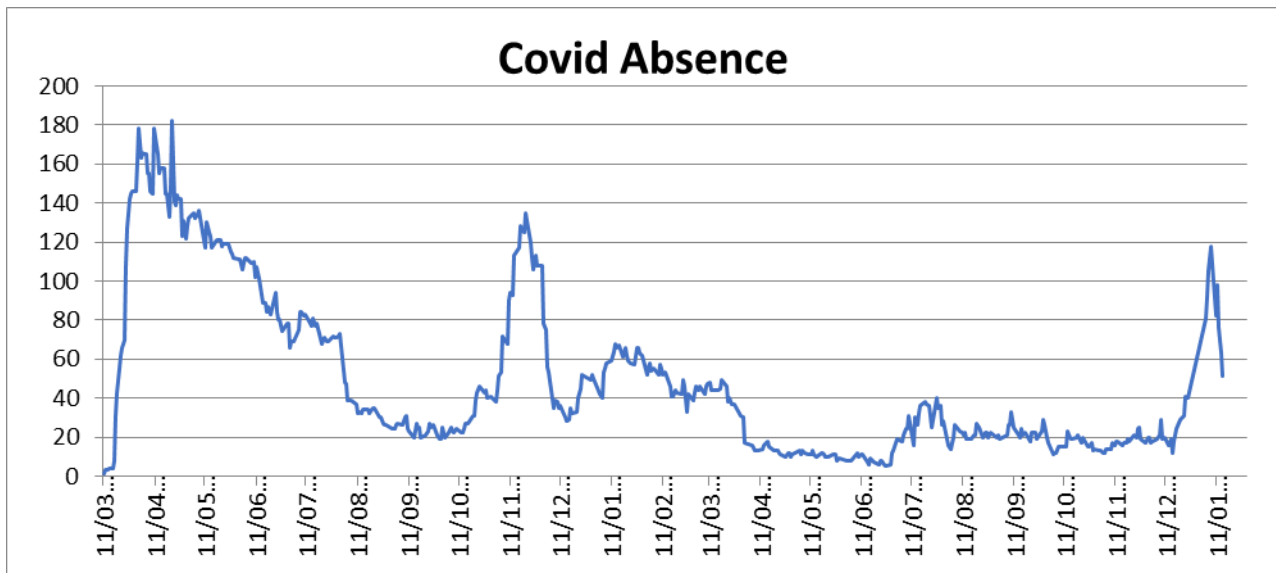
The Trust's emergency planning **command arrangements have now been stood** up, with gold, silver and bronze commands now being held each week in response to the Omicron threat. Twice weekly Sitrep reporting remains in place to monitor the ongoing impact of the pandemic on our services (supported by daily reporting of the staff absence position). These command arrangements will remain under close monitoring and will either increase in frequency or reduce as necessary. Rotas were in place to maintain the arrangements during the Christmas and new year period. System emergency planning arrangements have also been stood up or are now meeting more frequently. Local resilience forums are meeting, and the Humber forum have declared a major emergency in response to the Omicron threat.

Operational service pressures remained very high in some areas in December and increased further in early January due to the rise in staff absence. The highest pressures were seen in our mental health inpatient beds due to having the highest rate of covid related absence along with a high level of demand. Community services in Scarborough, Ryedale and Whitby due to further high demand from the acute hospitals for discharges to be supported along with ongoing high demand for primary care. Primary care activity was further impacted by the need to support the national requirement to deliver the covid booster vaccination programme at pace. This led to the Trust experiencing overall operational pressures escalation levels (OPEL) of 3 (severe pressure) predominantly for periods during December and early January.

Child and Adolescent Mental Health (CAMHS) services are continuing to experience high demand for both community and inpatient services in line with the nationally anticipated surge due to the direct impact of the pandemic on children, young people and their families. Demand has continued to plateau during December and early January at a higher level than typical for this time of year, with presenting needs continuing to be of high levels of acuity and complexity. Break down of placements for young people in residential care continues to lead to urgent and crisis admissions to mental health and acute hospital beds. System and ICS work is ongoing to enhance provision to support out of hospital care and investment has been approved.
Further work is taking placed to develop a proposal for a short stay assessment facility to be based at Inspire alongside ongoing work with children's social care to provide additional emergency placements.

Focus continues on reducing waiting times in these services, particularly in relation to autism diagnosis. Our CAMHs PICU ward (Nova) remains open with two of its four beds available, and this has supported the clinical management of the very high complexity of patients within our general adolescent ward (Orion). We will open the remaining two PICU beds as soon as our newly recruited staff team are able to safely do that by the end of January 2021.

Nationally requirements are in place to eradicate the use of out of area beds and our services are implementing plans to achieve this, this remains a challenge however as covid safe working

practice guidelines remain in place across the NHS. Our out of area bed use had seen an improved position in November, which had been significantly supported by the new additional five beds at Maister Court having been fully occupied since they opened. Our overall bed occupancy has remained above its usual level in December and January with the pressures especially high for mental health, learning disability beds and our community beds at Malton and Whitby Hospitals, it has been between 77.4 – 85.0%. The overall number of available beds remains reduced due to the need to provide isolation/cohort beds for covid symptomatic and positive patients and infection control requirements, beds remain reinstated where alternative provision has been made in some areas for donning and doffing of PPE. To address this shortfall and ensure beds are available when required the Trust has continued to block book independent sector beds and the position is continuing to be monitored very closely.

On 7th January Gold command supported a plan to temporarily adjust the cohorting arrangements in place for adult mental health beds, this was due to high demand locally for beds, no availability of mental health beds nationally and the increased number of covid positive patients in our beds. The plan was developed with and supported by the Trusts infection prevention and control leads and allowed for patients to be cohorted at Newbridges ward along with the ongoing arrangement at Millview Court. The plan was risk assessed and allowed for mental health bed flow to be maintained. At the time of writing this report there are currently now no covid positive patients at Newbridges, the position continues to be closely monitored by silver and gold command.

System pressures have increased further in North Yorkshire and York and in the Humber areas in December and January for both health and social care, system command arrangements remain in place. Acute hospital partners in all parts of our area have reported pressures at OPEL 4 for periods of time during the last month. Local authorities have also seen their pressures rise further due to the impact of Omicron on staff availability and the national requirement that all patients who do not meet the criteria to reside in an acute hospital should be discharged. Ambulance services have continued to experience pressures and delays in handover times at acute hospitals. The combined impact of these pressures has seen system overall pressures reach OPEL 4.

During December and early January, the position relating to sickness absence was impacted by staff having to isolate due to contact tracing requirements and non-covid related absence in line with the predicted national and local modelling. Ongoing work has been taking place by our recruitment team to increase the number of staff available to us on our bank, whilst this has had success in attracting new unregistered and administrative staff, interest from registered staff remains problematic. Staff availability remains an area of operational priority as we respond to the ongoing pandemic and winter pressures. To further address this the recruitment team has been tasked by Gold command to prioritise clinical posts.   Elements of business continuity plans for learning disability and adult mental health services were enacted to support escalating pressures and high acuity in December and January, with community staff redirected to support inpatient areas and clinical prioritisation of caseloads taking place.

Testing and Isolation Arrangements
The Trust continues to carry out swab or **polymerase chain reaction (PCR**) tests for any patients in our inpatient beds that have symptoms of Covid-19. Isolation areas remain in place for all of our inpatient services. Mill View Court, our Covid-19 positive isolation cohort ward for our mental health and learning disability patients remains operational and isolation beds remain available on Darley ward at the Humber Centre. As set out above, a temporary change to isolation arrangements has been put in place because of the wider system pressures and the need to apply infection control guidance whilst maintaining mental health acute bed flow adequately.

Access to PCR tests and delays in receiving results became problematic during late December and early January in line with the national position. To support our staff and prevent unnecessary absence, the Trust was able to negotiate increased access to pillar 1 testing via the acute hospitals.

Lateral Flow (asymptomatic staff testing)
The Trust continues to encourage all staff to undertake twice weekly Lateral Flow Antigen Testing. Over 83,000 tests have been reported since mid-December with 147 positive results which have been followed up by PCR tests and infection control procedures.

New self-isolation guidance for NHS staff came into effect on 16 August 2021 allowing fully vaccinated NHS staff and students who are identified as a contact of a positive Covid- 19 case to no longer be expected to isolate and to return to work if the required safeguards are met and implemented. This guidance was updated on 16th December to reflect self-isolation changes when in contact with a confirmed or suspected Omicron variant case. Staff who are a contact, have no symptoms and are fully vaccinated can continue to return work if the safeguards are met.
Like PCR testing, availability of lateral flow devices was also disrupted during the same period. Advice was that this was due to distribution issues, not lack of supply and that the problems have now been resolved. The Trust did however manage to secure additional supply, and this was distributed quickly to those areas where staff are unable to work from home.

Covid-19 Vaccine
Our plan to deliver the booster covid- 19 vaccine to staff was completed in October 2021. We also completed our plan to vaccinate 12 – 15-year-olds as part of the regional programme. The small vaccine team were supported by our Integrated Specialist Public Health Nursing Service (ISPHNs) who are skilled in child immunisation. This programme was extremely successful with very positive feedback received from the young people and their families. This then enabled the Lecture Theatre on the Willerby Hill site to be re-established as a venue for mandatory training that can only be delivered face to face e.g., De-escalation Management and Intervention training (DMI) in order to support recovery of compliance with training requirements.

Local system partners subsequently asked the Trust to consider stepping up a vaccine centre as part of the national response to the Omicron variant and the need to expedite vaccination capacity at scale. Dr John Byrne, Medical Director remains our senior responsible officer (SRO) for our covid vaccination programme and he rapidly set up a task group to establish a new hospital hub. The new location for the vaccine centre is our Trust Headquarters at Willerby Hill. The estates team worked at pace to put these arrangements in place. Peer vaccinators, other trust staff and our volunteers were mobilised to commence the new vaccination programme on Saturday 18th December. Clinical corporate staff are supporting the new hub in order to enable our frontline clinicians to remain in their usual clinical areas given the ongoing pressures on services. Recent government guidance that suspends the need for most people to wait for fifteen minutes after receiving a covid vaccine enhanced capacity across the national programme.

Operational guidance issued by the government regarding the requirement for people working or deployed in care homes to have been fully vaccinated against Covid-19, unless exempt came into effect from 11th November 2021. All care home workers and anyone entering a care home now need to be fully vaccinated, unless they are exempt under the regulations. Operational managers have ensured that unvaccinated staff in our services who need to access care homes are fully aware of this requirement.

Processes were in place to address the position for the very small number of staff who were neither exempt nor vaccinated, and from 11th November sufficient vaccinated staff were available in all areas in order to maintain service delivery. Future recruitment to these areas will address the vaccination status of new staff. The position will continue to be monitored closely.

The Department of Health and Social Care (DHSC) formally announced, on 9th November, that individuals undertaking **CQC regulated activities in England must be fully vaccinated against COVID-19 to protect patients, no later than 1 April 2022.** This means that unvaccinated individuals will need to have had their first dose by **3 February 2022,** in order to have received their second dose by the **1 April 2022**. The policy applies to the first and second dose of the COVID-19 vaccination, and not to boosters or the flu vaccination at this stage. This has been communicated to our staff and managers are asked to undertake supportive conversation with

those staff who are unvaccinated in order to encourage uptake. Steve McGowan, Director of Workforce and OD, is the SRO for the trusts plan to address the requirements.

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

Our established robust systems to ensure that staff have access to the appropriate Personal Protective Equipment (PPE) remain in place. Stock continues to be received via a PUSH delivery system from the NHS Supply chain and SITREPS are used to determine the content and frequency of deliveries. Currently, the supplies of PPE remain at good levels. The government moved England to Plan B on the 8th December 2021 following the rapid spread of the Omicron variant in the UK. NHS England have instructed that Public Health England's infection prevention control guidelines and hospital visiting guidance remain in place for all staff and visitors. Updated National Infection Prevention and Control guidance was published in November and it specifies that:

- universal use of face masks for staff and face masks/ coverings for all patients/visitors to remain as an IPC measure within health and care settings over the winter period. This is likely to be until at least March/April 2022
- recommendation that physical distancing should be at least 1 metre, increasing whenever feasible to 2 metres across all health and care settings
- recommendation that physical distancing should remain at 2 metres where patients with suspected or confirmed respiratory infection are being cared for or managed

On 1st January 2021, national guidance for visiting inpatient settings was also updated and set out the requirement for visitors to undertake a lateral flow test prior to a visit.

Safe Working in our Environments

We continue to reiterate our guidance to staff that remote working is maintained whenever possible, that face-to-face meetings should be irregular and for a specific purpose such as clinical supervision, colleague contact and support and that social distancing and infection control guidelines need to be maintained.

Staff Health and Wellbeing

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

Our staff have now experienced and worked through the pandemic for 21 months and in some areas service demand and operational pressures remain very high, they are continuing to tell us that they are feeling fatigued. Staff continue to have access to a range of options for wellbeing support and the Trust continues enhance its offer of wellbeing resources via the "ShinyMind" app. The Humber Coast and Vale Resilience Hub to support frontline staff remains operational and providing an increased offer of psychological and emotional wellbeing support for our staff.

Our communications team have continued their efforts to maintain a focus on staff health and wellbeing. Monthly "Ask the Exec" sessions continue, and these are positively received. As national guidance has been changing in rapidly in response to the Omicron threat, weekly all staff calls have been taking place with the executive management team over recent weeks. These have been helpful in supporting staff to understand the changes and to address concerns when PCR testing and availability of lateral flow devices were disrupted.

Focus has been maintained on those groups of staff that are more vulnerable to Covid-19, such as those with underlying health conditions, older staff, pregnant women, people from Black, Asian and Minority Ethnic (BAME) backgrounds and men. The guidance requires managers to liaise frequently with staff in any of the increased risk groups in order to support them and to consider if adaptations are needed to their roles. Uptake of the use of the risk assessment continues to be

monitored closely to ensure that it has been offered to all vulnerable staff. This is a dynamic process and reviews of completed assessments are required to ensure that mitigation being taken to reduce risks and work role adaptations are effective.

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

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

- ensuring that our covid related changes and interventions do not increase restrictive practices.
- reviewing clinical pathways to ensure that use of digital technologies promotes inclusion and maintains recovery rates.
- Reviewing and revising the visiting guidance for inpatient areas considering the Omicron variant.

Operational Planning - Recovery and Restore
The NHS Priorities and Operational Planning Guidance 2021/2022 published on 25th March 2021 set out the following priorities:

- Supporting the health and wellbeing of staff and taking action on recruitment and retention.
- Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19.
- Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services.
- Expanding primary care capacity to improve access, local health outcomes and address health inequalities.
- Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay.
- Working collaboratively across systems to deliver on these priorities.

On 30th September, NHS England/Improvement published the 2021/22 **Priorities and Operational Planning Guidance: October 2021 to March 2022**. It reiterates that the priorities set out above remain in place. It remains committed to continue the focus on the five priority areas for tackling health inequalities set out in the previous guidance and to seeing sustained progress across the areas detailed in the NHS Long Term Plan, including early cancer diagnosis, hypertension detection, respiratory disease, annual health checks for people with severe mental illness, continuity of maternity care, and improvements in the care of children and young people. It places emphasis on continuing to restore elective services and reduce waiting times. The key requirements are:

- Restoring full operation of all cancer services
- Expanding and improving mental health services and services for people with a learning disability and/or autism
- Delivering improvements in maternity care, including responding to the recommendations of the Ockenden review
- Restoring and increasing access to primary care services
- Transforming community services and improving discharge
- Managing the increasing pressure within urgent and emergency care and supporting winter resilience
- Developing ICSs as organisations to meet the expectations set out in Integrating care

The Trust is focussing its work on these areas utilising a range of forums with partners to contribute to place and Integrated Care System (ICS) plans. These priorities need to be supported through the use of data and digital technologies and we continue to make progress and enhance our use of technology. The **operational planning guidance for 2022/2023** was published on 24th December. It sets out that the NHS's financial arrangements for 2022/23 will continue to support a system-based approach to planning and delivery and will align to the new ICS boundaries agreed during 2021/22. It asks systems to focus on the following priorities for 2022/23:

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

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

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

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

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

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

- Continue to develop our approach to population health management, prevent ill health and address health inequalities – using data and analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities.

- Exploit the potential of digital technologies to transform the delivery of care and patient outcomes – achieving a core level of digitisation in every service across systems.

- Make the most effective use of our resources – moving back to and beyond pre pandemic levels of productivity when the context allows this.

- Establish ICBs and collaborative system working – working together with local authorities and other partners across their ICS to develop a five-year strategic plan for their system and places.

The Trust continues to effectively manage the impact of Covid-19 within its ongoing arrangements. The current continuing phase of delivery and planning is crucial to ensure that we can sustain our services supported with adequate capacity to manage the ongoing and anticipated increase in demand and the impact of the omicron variant threat. The impact of ongoing winter pressures and the threat of the Omicron variant however does make it increasingly likely that elements of business continuity plans will need to be implemented over the coming weeks. The ICS Mental Health, Learning Disability and Autism collaborative has reviewed the winter plans across all the providers and identified services that can be reduced or stopped if surge pressures increase.

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

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

5 Director's Updates

5.1 Chief Operating Officer Update

5.1.1 Older Peoples Acute Community Service

Due to an increase in demand for services (particularly inpatient beds) for older people with acute and complex needs during the Covid- 19 pandemic and new Acute Community Service (ACS) began on 7th December 2020. The service has now undertaken its 4th quarterly report for the period ending 10th December 2021. The service commenced as a pilot and aimed to complement and work with the existing Crisis Intervention Team for Older People (CITOP). The service runs during normal working hours Monday – Friday 9am – 5pm and offers a range of intensive interventions. Out of hours patient needs are met by CITOP.

It is designed for older patients who present with acute and complex mental health needs with symptoms of high level anxiety, suicidal ideation and depression.

It aims primarily to reduce the need for inpatient admissions by providing an effective and safe alternative to inpatient care, with a focus on risk management, containment, and interventions which improve the coping and self-management skills of this patient group. A secondary aim is to facilitate safe and timely discharges from inpatient care. It therefore aims to:

- Reduce admissions to older adult inpatient beds within the Trust.
- Facilitate safe and timely discharges from inpatient care by using ACS for step support.
- Reduce the use of out of area beds.

The service model focuses on three key aspects which are safety and crisis management, containment and regulation (coping skills). Care plans are tailored to the individual, for example, one patient may need a very intensive approach to avoid admission and may attend 5 days a week for several weeks alongside evening and weekend support. Another patient may only require the intensive psychological intervention and so could attend 3 days per week for a shorter period. Interventions are offered in the form of group activity and 1:1 support. Break out rooms are available for those struggling with the intervention and these are staffed to work with risk and help promote engagement.

Between December 2020 and December 2021, the service has been utilised by 77 patients (a greater number than we would currently have capacity to offer older adult inpatient beds to within the Trust). 76.6% of referrals were intended to prevent admission and of those admission was avoided in 89.8% of cases. The remaining 23.4% of referrals were to facilitate safe and timely discharge from inpatient care. This was successfully facilitated in all cases.

Outcome measures have indicated improvements in anxiety, depression, suicidality, and quality of life. Service user feedback has also been very positive. These outcomes were achieved from an average of just 11.1 days of attendance.

Once a patient had completed their agreed time at the ACS, they were given the opportunity to leave feedback for the service. Patients were asked a series of quantitative and qualitative questions. Below are some examples taken from patient responses, the questions were presented in a Likert scale, where '5' was the most positive response. The graph displays the mean patient feedback scores:
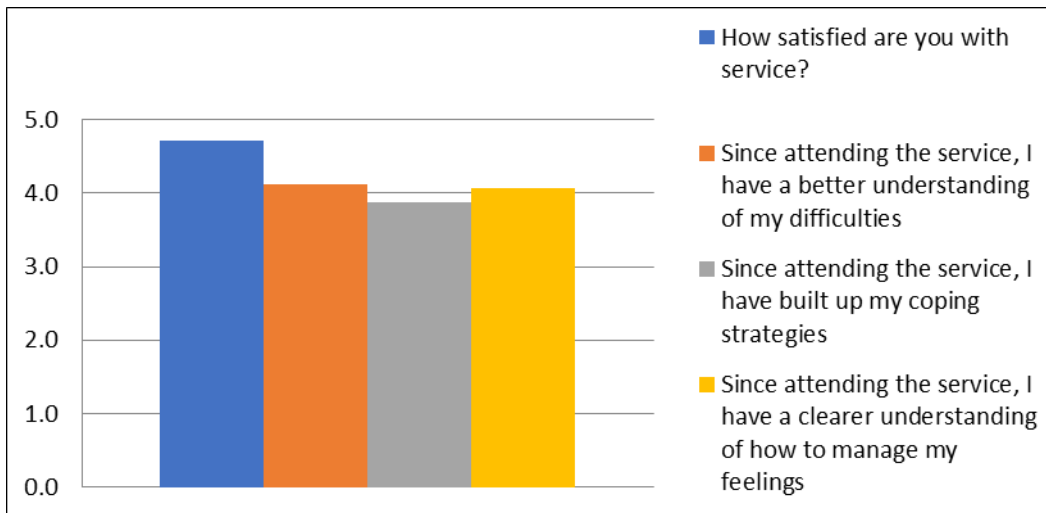
The plan is to continue to embed and improve upon the existing model and to seek to expand the service further by making it available 7 days per week.

Comments from service users

"I was in a very dark place and didn't want to live. This centre has given me hope to carry on"

"[It has helped me] realise there are other people in the same situation as myself"

"[It's] helped me through a really bad time…The staff and how they've taught me to start to value myself [has been the most beneficial]"

"Very useful advice around sleeping problems. I now sleep well and don't worry about it"

"This team helped me set a realistic course of life…I can now handle my stress and move on with a life worth living"

"I've gained a lot and found it very interesting and supportive"

5.1.2 Redesigning Adult Inpatient Mental Health Services
No formal feedback has been received from the New Hospital Programme (NHP) in relation to the expression of interest (EOI) that we submitted for our scheme. Plans are in place expand the membership of the programme board and scope of the project, to link further with the Humber Acute Services Review who have also submitted an EOI. The purpose of doing this is to ensure that synergies in our cases complement each other and represent maximum value for our local populations and our Integrated Care System (ICS) strategy. In addition, a proposal to broaden stakeholder engagement as part of developing a Pre-consultation Business Case have been developed which will develop further our Strategic Outline Case (SOC) that was approved by the board.

5.2 Director of Nursing, Allied Health and Social Care Professionals

5.2.1 Infection Prevention and Control- Board Assurance Framework (IPC BAF).
A revised national IPC BAF has been published (24 December 2021 version 1.8).
Building on the learning from the Pandemic the refreshed version has been extensively refreshed. In summary it includes standards in relation to winter plans, undertaking staff and patient risk assessments, monitoring of IPC practices, mask availability, monitoring of healthcare cleanliness, antimicrobial use, visiting, patient testing, management of respiratory infection and facilities for staff.

The infection control team together with estates, human resources and occupational health are currently working through the BAF standards to ensure all related guidance and standard operating procedures are aligned. Monitoring is already underway for many of the standards, but some additional monitoring will be required. The team aims to have the BAF completed for presentation to the March Board.

5.2.2 Care Quality Commission (CQC): Must and Should do actions update.
The Trust were last inspected by the CQC in January and February 2019 with the report of findings published in May 2019. Ratings for the Trust were as follows:

Overall rating for this trust	Good ●
Are services safe?	Requires improvement ●
Are services effective?	Good ●
Are services caring?	Good ●
Are services responsive?	Good ●
Are services well-led?	Good ●

CQC told the trust that it must take action to bring services into line with six regulations in respect of thirteen breaches of legal requirements. This action related to four services: acute wards for adults of working age and psychiatric intensive care units, Community health services for adults, forensic services and specialist community mental health services for children and young people. In addition to the 13 must do actions CQC informed the Trust of 26 actions that should be done to comply with minor breaches that did not justify regulatory action to prevent it failing to comply with legal requirements in the future.

Prior to the Pandemic extensive work had been undertaken to address both the must and should do actions. All actions had been completed with monitoring in place to check actions were embedded in practice. In readiness for our next CQC inspection the plans and ongoing monitoring arrangements have been recently reviewed and will be presented to QPAS in January and the Quality Committee in February prior to submission to the Board.

Work has also recently been undertaken to self-assess ourselves against all of the CQC key lines of enquiry to identify areas where we feel we could strengthen our approach by undertaking further actions. This has led to further actions being identified in the safe, effective and responsive domains. Work is progressing to address these areas with a report to the Quality Committee in February.

5.2.3 International Nurses Update
The Trust has 8 international nurses 7 Registered General Nurses (RGN) and 1 Registered Mental Health Nurse (RMHN) who have successfully passed their OSCE exam and have obtained their NMC registration. They are now working clinically in Primary Care, Granville Court and Fitzwilliam ward. As with all newly registered they are commencing a period of preceptorship where they are supported in making the transition to a newly registered nurse in the UK.

A further cohort of 6 nurses; 5 RGN and 1 RMHN are due to arrive in the UK by 17th January and a further 6 nurses; 5 RMHN and 1 RGN are due to arrive at the end of February, this will complete the Trusts commitment with NHSEI funding to recruit 20 International Nurses.

NHSEI released further funding for 2022/2023 for International Nurse Recruitment. The Trust submitted a bid committing to recruit a further 30 international nurses to include RMHN, RGN and Registered Learning Disability Nurses. The bid was successful, and the Trust has been awarded 115K to support the recruitment process.

HTFT also adheres to the ethical recruitment process in line with NHSEI and World Health Organisation (WHO) guidelines. HTFT continue to work with agencies to support International Recruitment and will be exploring all options including other agencies and NHS to NHS services to support ongoing successful application of International Nurse Recruitment. The Trust have already appointed 3 nurses from the commitment of 30 nurses, due to arrive in the May cohort.

The learning from the first cohort of nurses in terms of the on boarding process, challenges regarding education and pastoral support will be reflected within a SOP currently being developed to guide and structure the International Nurse Recruitment project going forward.

5.2.4 Professional Nurse Educators (PNE's)
In December 2021 we were invited by NHSE & I to submit a bid for £100,000 of new funding to resource two supernumerary PNE roles (Band7). The bid has been successful. The focus of the role is to provide education and support to our mental health inpatient units addressing areas of need identified by the clinical leads and matrons. There is an expectation that they will support newly qualified staff and any international nurses along with providing continuing professional development to the rest of the mental health nursing workforce.

These posts are for a year and will be evaluated nationally as to the benefit and possible further funding. NHSE/I are providing a national job description and support to implement and evaluate the roles.

The role will sit under the Professional Lead Educator who will provide managerial/professional supervision and ensure that there are governance arrangements in place. This will ensure the roles remain supernumerary.

5.2.5 Risk Management Strategy Update
The report has been deferred to March 2022 in order to present an annual update for 2020-21 against the priorities in the plan.

5.3 Medical Director Updates

5.3.1 Psychology for Board Jan 2022
A number of new roles are being introduced within the Family of Psychology. The Clinical Associate Psychologist (CAPs) role is now underway in the Trust with 4 students joining the adult mental health services. Five psychology staff are in training to take on the Approved Clinician role which is excellent career development and a big positive change for the service. Mental Health Wellbeing Practitioners are also coming into the service starting on a training band. The move toward new roles helps to fulfil the NHS plan and the identified need for more therapists with a mixture of skills so that service users can see the right person at the right time.

5.3.2 Patient and Carer Experience
Mandy Dawley along with colleagues from corporate services have held preliminary meetings with Imperial University to see how we can potentially support their research into the use of 'natural language processing' technology in capturing enhanced qualitative feedback from the use of friends and Family test data. Initial thinking is that we may use our primary care data sets as a possible arm of their study (which is currently very secondary care focussed). More details of the scale and scope of the project, being supported by the Health Foundation can be found here Scale, spread and embed (health.org.uk)

5.4 Director of Workforce & Organisational Development Update

5.4.1 Flu
So far, 64% of front line staff have taken up the offer of a flu vaccine. 100% of staff and bank workers have been offered the flu vaccine. Clinics and peer vaccinators continue to provide access to staff to take up this important vaccination.

5.4.2 COHORT Upgrade
Cohort is the Trust Occupational Health management system. Work has commenced to upgrade the system from the current version, 9, to Health cloud. A key upgrade, this will see all files moving from paper based to electronic held in the Cloud. This will further enable remote working and improve access to data. It is anticipated this work will complete by April 2022.

5.5 Director of Finance Update

5.5.1 Planning Guidance
NHS England and improvement published the 2022/23 planning guidance (*2022/23 priorities and operational planning guidance*) on the 24th December 2021.

The guidance has been written in the context of:

a. Objectives set are based on a scenario where COVID-19 returns to a low level.
b. A target date of the 1st July 2022 for the statutory arrangements to take effect and for Integrated Care Board to legally and operationally established.

A number of documents reference in the guidance have still to be issued at the time of writing this report.

Systems are being asked to deliver against 10 key priorities, the following table identifies the main priorities and key headlines

Priority Area	Headlines
Invest in the Workforce	- Deliver the People Plan 2020/21 - Improve belonging - Work differently (New roles) - Grow for the Future(International recruitment)
Respond to COVID 19 more effectively	£90m made available - Post Covid services access (increase 6 weeks, decrease 15 weeks) - Vaccination remains a priority
Address the Elective Backlog	£2.3bn of Elective Recovery Funding - Eliminate 104 week waits as a priority - Reduce 78 week waits *(3 monthly reviews for over 52 week waits from July)* - Reduced Outpatient Follow Ups - Cancer Waiting Times - Increased community diagnostic capacity - Maternity Care (Ockendon Report - £93m funding)
Improve Urgent and Emergency are Responsiveness	- Reduce 12 hour waits in ED - Minimise handover delays - Development of virtual wards (£200m), national ambition for 40-50 wards per 100,000 population by December 2023 70% target for all urgent community response

Priority Area	Headlines
	• services within 2 hours • Anticipatory care from 2023/23 (National Model expected) • Reduction in community services waiting lists • Hospital Discharge Funding not continuing into 2022/23
Timely access to Primary Care	• Integrated Working at Neighbourhood/Place • ICB to take on commissioning (Some in 22/23 all in 23/24) • Workforce expansion (20,500 FTE PCN role by end of 22/23) • Access arrangements and digital first primary care
Improving Mental Health Services	• Alternatives to A&E and improved Ambulance MH response • MHIS remains a mandatory requirement • Continuation of SDF funding • Plan required for CAMHS bed requirements
Population Health Management	• Technical capability required by April 2023 • Focussed on reducing health inequalities
Digital Technologies	• £250m capital to support digitisation • LA to be connected to Shared Care Records by March 2023
Improving productivity	• Detailed annexes not yet published • 1 Yr Revenue allocations to ICS • 3 Yr Capital allocations • Financial balance at system level • Return to signed contracts (Local ownership for payment values)
Collaborative system working	• Extended preparatory phase to 1st July • Consultation on CCG Boundary changes • CCG remain statutory organisations in Q1 • NHSE retain direct commissioning responsibility

The Planning timetable is being kept under revie and has been extended to the end of April 2022, it is expected that draft plans will be due Mid March

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

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

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

Details of notifications received during 2021 are summarised in the table below:

	Issued	Deployed or no Action required	Awaiting deployment, action or testing	Not Applicable (do not use the system the Care Cert relates to)
High Priority	11	5	0	6
CareCert Bulletins	56	56	0	0

There were no Distributed Denial of Service (DDoS) attacks against the Trusts internet connections during December 2021.

The Trust IT Service desk responded to 90 calls for Out of Hours support during December 2021.

5.2.3 Digital Aspirant plus
The Trust has been confirmed as one of the three digital aspirant plus mental health and community Trusts. This provides access to funds (greater than £6M) and resources to provide a system which significantly improves the mental health pathway and improves the supplier market for clinical systems.

The Trust has carried out the first set of staff engagement workshop at the end of 2021. Initial system developments are focused on user experience, interoperability, and business intelligence. The next stage of the process is to develop the strategic outline case to set our approach and expected benefits of being part of the digital aspirant plus programme.

5.2.4 2017 to 2021 Digital Plan Progress Update
The Trust has made excellent progress against it Digital plan, and the focus is now to build on getting the digital basics right as the Trust is moving into a leading role for the region, which includes

- The Trust role in leading the Yorkshire & Humber Care Record
- Becoming paperless and using electronic prescribing with Lorenzo,
- moving Lorenzo to the cloud,
- video conferencing,
- implementing patient held records,
- having a strong cyber foundation, and implementing office 365.

Below shows the progress we have made to delivering the 2017 to 2021 objectives in the digital plan.

Become paperless by 2020 (P)

Start the procurement to replace Lorenzo and SystmOne as the contract end in July 2021.

Implement SNOMED clinical coding (P)

Patients have secure access to their electronic record. (X)

Maintain Cyber Essentials accreditation

Become a BCS organisation

Move data centre to Cloud (P)

Interoperability with local authority systems using LHCRE. (P)

Replace windows 7 with windows 10 operating system.

Move all paper or MS Office processes to the existing electronic systems

Phase 2 of ESR / Health Roster system improvements (X)

Implement the electronic referral service (eRS) for Mental Health services (X)

Implement LHCRE interoperability with NHS organisations' systems.

Implementation of electronic prescribing across the Trust.

Centre circle: 2020/21 | 2017/18 | 2019/20 | 2018/19

Deliver a paper-lite electronic patient record for Lorenzo.

Deliver a paper-lite electronic patient record using SystmOne for Whitby, 0-19 and Pocklington

Implement the electronic referral service (eRS) for Consultant outpatients.

Upgraded the network and telephony

SCR and CP-IS implemented

Improve the capability of business intelligence for making informed decisions.

Implement the new Health and Social Care Network framework to replace N3

Implement mobile working.

Implement technology across our services in Scarborough and Ryedale

Build LHCRE interoperability with NHS organisations' systems.

Prepare to implementation of electronic prescribing across the Trust.

Phase 1 of ESR / Health Roster system improvements

Goal 01   Innovating quality and patient safety
Goal 02   Enhancing prevention, wellbeing and recovery
Goal 03   Fostering Integration, partnership and alliances
Goal 04   Developing an effective and empowered workforce
Goal 05   Maximising an efficient and sustainable organisation
Goal 06   Promoting people, communities and social values

Completed

Partial (P)

No completed and moved into 21/22 (X)

5.2.5 Upstream Portal & YHCR Update

As part of the ongoing developments of the Yorkshire and Humber Shared Care Record programme, we now have data available from other providers clinical systems that will be presented through the Upstream Portal, beginning with Hull University Teaching Hospitals (HUTH).

All providers have a phased approach to their data provision. Therefore in the first phase, only limited information will be available which from HUTH includes appointments and details of the practitioner caring for the patient, but this will be added to in the coming months.

Also coming on stream in the near future will be information from York and Scarborough Teaching Hospitals, and for our Scarborough and Ryedale colleagues, social care information from North Yorkshire Council.

This builds upon the existing GP information provided by the YHCR.

5.2.6 Blend and Thrive – agile working for corporate teams
The project is moving forward and final costed designs for the new office building are expected by mid January.

It is likely that the completion of alteration works will be delayed and occupation will be after the planned date of April 2022, the date will be confirmed once tenders have been accepted in early March.

A pilot digitisation project for HR records is being explored which will release office space to support the internal post service and support the paperless/ green agenda.

5.2.7 Capital Works Update
Ward refurbishment works have now completed at PICU, Avondale, Newbridges and Westlands with works at Mill View paused due to COVID-19.   A contractor has been appointed for the window replacement within inpatient areas at Townend Court.

The Café area at Trust HQ has been repurposed for use as the Trusts Vaccination Centre.

21 Staff areas have now been completed, with 2 schemes on site and 17 others in the tender process (9 schemes have contractors appointed and 8 schemes are in the process of tender assessment). The installation of secure bicycle storage is expected to commence in February, this includes the provision of electric cycle charging points.

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

Policy Name	Date Approved	Lead Director
Secondment Policy	13/12/21	Director of Workforce & OD
Work Experience Policy	13/12/21	Director of Workforce & OD
Recruitment and Selection Policy	13/12/21	Director of Workforce & OD
Statutory and Mandatory Training Policy	13/12/21	Director of Workforce & OD

7 Communications Update

Key Projects

- **Brand Centre**

The Trust Brand Centre has seen an increase (November) and then decrease (December) in the number of users over the last couple of months. 329 visitors to the site were first time users. This data demonstrates that the brand centre is proving a useful resource for staff who are logging in to access relevant templates. The average session duration also suggests that people are finding what they're looking for quickly as they become more familiar with the brand centre and navigating their way around it.

The number of users in general fell in December – which we would expect due to the Christmas holidays, staff annual leave and winter pressures.

We are continuously looking at ways in which we can improve the brand centre and will be reviewing templates and contents in Q1 to ensure all information is still relevant and up to date. We will also run another brand session in Q1 to introduce the brand and templates etc to any new starters at the Trust. This may help improve levels of engagement over the coming months.

Brand Centre analytics	Users	Page views	Avg Session Duration	Most viewed page	Most used Templates
February	130	635	1:19 mins	/home/ (327 *views*)	Corporate
March	223	1,246	1:14 mins	/home/ (632 *views*)	Corporate
April	181	889	1:12 mins	/home/ (464 views)	Corporate
May	278	1,540	1:15 mins	/home/ (756 views)	Corporate
June	285	1,320	1:09 mins	/home/ (679 views)	Corporate
July	263	1,133	1:04 mins	/home/ (513 views)	Corporate

August	480	2,312	1:09 mins	/home/ (1,100 views)	Corporate
September	474	1.800	0:55s	/home/ (783 views)	Corporate
October	220	1,105	0:58s	/home (557views)	Corporate
November	448	1,336	0:38s	/Corporate templates (546 views)	Corporate
December	178	779	0:53s	/home (399)	Corporate

External Communications

- **Service Support**

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

Recruitment: New Year, New Job Campaign

Our New Year, New Job recruitment campaign launched late December 2021.

The overall aim of this campaign is to capture the attention of those looking for new job opportunities in the New Year. Research shows that the most popular time of year for people to consider a new job, is between Christmas and New Year, followed by the first week of January.

As a result, we are targeting potential recruits (covering all areas of the Trust – from clinical to corporate staff) for a period of 4 weeks from w/c 27th December onwards.

As part of this concentrated campaign, we have created a new recruitment message that complements our existing Humbelievable branding, which asks people if they're ready for a fresh start. We have designed a series of new graphics to be used alongside this messaging, which will be shared on social media, our website, in the local media and through our existing recruitment channels, such as Trac.

We have also prepared two media partnerships to help us spread the word on additional platforms, allowing us to target new audiences within the very locations we hope to recruit – North and East Yorkshire. The first partnership is with Bauer Media, who manage popular radio stations such as Viking FM in our local patch. A pre-recorded message is going to be aired multiple times a day, every day, for a period of two weeks, asking people to visit our Join Humber website and take a look at our vacancies. The second partnership is with JPi Media, who own outlets such as Yorkshire Post, Pocklington Post, Whitby Gazette, Scarborough News and Bridlington Free Press. These outlets will be sharing our messaging on both their digital platforms and in traditional print media. This collaborative approach will help us be seen by those in the various areas across our extensive patch.

We will also be running a paid for social media advertising campaign to target healthcare professionals in our region and beyond.

We expect to be able to share results of the campaign at the end of next month (February 2022).

HYAG brand development

The communications team have been working with the Humber Youth Action Group (HYAG) to help them create a new brand for their group. We have contributed to a number of workshop sessions and a new logo and brand guidelines document is currently being prepared for roll out in the new year.

Three members of the HYAG have declared an interest in helping run their social media (Instagram) account so we delivered training ahead of the Christmas holidays to ensure they're fully equipped and informed to start sharing messages in the New Year. Safeguarding measures have been put into place to protect the young people 'managing' the account. It will be overseen by the project leader, Bethia Dennis.

We hope that this group of young people will continue to build and grow and we'll be able to work with them to gain some insight into how we can improve both our services and communications to younger residents and service users within our locality.

Covid Guidance Comms
We have continued to support the efforts with regards to Covid communications. This has included pushing out messaging to plug the vaccination clinics in the last month. One of the clinics was aimed at 12 – 15 year olds. As well as targeting parents/ guardians/ family members of young people within our workforce, we engaged with a member of the HYAG who has been vaccinated to gather some video content about her vaccination experience – and shared this via external social media channels. This session was fully booked 24 hours before it commenced

- **Media Coverage**

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

We have worked closely with teams to develop stories that attract positive media attention and promote timely Trust and national key messages such as the YOURhealth Blue Monday campaign and SMASH Tree4Life project.

Positive new stories published		Negative new stories	
Local media	21	Local media	3
Humber website	11		
TOTAL	**32**		**3**

Please note, all 3 negative news stories were about the same case, covered in slightly different ways, by different outlets.

- **Awareness Days**

December and January are a relatively quiet time of year for awareness days; however, November was an extremely busy month, in which we covered many dates, including Stress Awareness Week, Alcohol Awareness Week and Safeguarding Week.

Stress Awareness Week
This Stress Awareness Week we focused on showing our external audiences what support is available to them in the Humber, Coast and Vale region. This included working with our YOURhealth team to demonstrate the free support sessions they offer with their Mental Health and Wellbeing Coaches. In addition, we also focused internally on the support available for NHS staff and volunteers.

Alcohol Awareness Week
During Alcohol Awareness Week, we used national resources in collaboration with our Health Trainers alcohol consumption service to promote ways to reduce alcohol intake and improve health and wellbeing across Hull and the East Riding. These posts were well received on our external channels, most evidently on Twitter where we received high levels of engagement.

Awards
Hull and East Yorkshire Mind have been shortlisted for Best Not for Profit Working in Partnership with the NHS at the HSJ Partnership Awards 2022 for their work with the Humber, Coast and Vale Health and Care Partnership in supporting local people bereaved or affected by suicide.

The award shortlist recognises their outstanding contribution to healthcare, in what has been an exceptional and challenging period across the sector.

We are in the process of preparing some communications to share internally and externally about the announcement.

- **Trust Website Update**

	Target	Performance over period
Bounce Rate	50%	64.22%
Social Referrals	12% (a 10% increase in 2019 position)	0.86%*

Other key stats of note:

Users: 28,271 (of which 25,204 were new)
Pages per session: 2.08
Average session duration: 1:32 mins

- **Social media**

	Target	Performance over period
Engagement Rate	4%	7%
Reach	+50,000 p/m	124,495
Link Clicks	1500 p/m	3,779

Our reach and link clicks have increased since the last board report.

Internal Communications

COVID-19 Communications
We continue to issue twice weekly COVID-19 news bulletins to staff on a Wednesday and Friday as part of our Global Newsletter. We have also re-introduced the Gold Command Update bulletin which is issued once per-week following a Gold Command meeting.

Covid-19 Vaccination and Booster Programmes
We continued to support the COVID-19 booster programme for staff and the public through December and January. This included issuing dedicated communications through Poppulo, on our intranet and social media channels.

Staff Christmas Draw & Other Christmas Activity
As a special thank you to staff for their hard work over the past year, the Chief Executive Michele Moran wanted to hold a Staff Christmas Draw.

The communications team planned and delivered the draw which took place on 17 December 2021.

Staff were entered into the draw for free using a unique number. The Executive Management Team picked the winners using a unique random number generator. The winners received their prize money in their December pay.

We also supported the 'Best dressed Christmas Tree' and 'Design a Christmas Card' competitions and announced the winner via Global Comms. Healthstars hosted a festive quiz in the run up to the Christmas break, which we assisted with, and we facilitated a Trust Christmas/ Thank You card to be sent out (along with a gift) to each member of staff.

MS Teams/ Webinars Survey
To determine how effectively the current set up for sending MS Team invites for webinars is working, we ran a short survey to ask staff how and when they would like to receive invitations of this nature and will implement a number of enhancements following feedback received.

Office 365

We continue to support the internal project team with the communications around the migration to new Office 365 software. We have prepared and sent out communications in December about the progress of the migration and are poised to pick up the next piece of work – which focuses on the move away from Survey Monkey to MS Forms – from 1st April 2022.

Flu Vaccination Campaign

We continue to support the flu vaccination campaign using our internal communications channels. As part of our flu marketing campaign we launched our new short animation that encourages staff to get their flu vaccination. It includes testimonials from staff about why they feel it's important to have the flu vaccination.

We are now working with the flu working group to better understand where we have some gaps with specific teams in regards to vaccinations so that we can target some direct 'reminder communications'.

Poppulo – Internal Emails

Between 13 November 2021 and 13 January 2022 we issued 26 internal communications to staff. We are pleased to report that Click Through Rates remain above the national average engagement rates. However, our Open Rates have dropped by 3.7% since November. The drop could be attributed to the current situation with Omicron and also the Christmas holidays. We will continue to monitor the situation over the next couple of months.

	Trust average engagement rates	National Average
Open Rate	66.8%	65%
Click Through Rates	7%	10%

Intranet

- Planning is underway to add a new clinical teams' area to our staff intranet. It will include information about each clinical team and their referral criteria.

- Our intranet platform has been visited 360,153 times between 13 November 2022 and 13 January 2022.

	Target	Performance over period
Bounce Rate	40%	57.37%
Visits	+20% on 2020 average	-9.27%

Second to our home page which had 248 visits, our staff lateral flow test recording form was the second most visited page with 9,119 visits within this period.

8 Health Stars

Events

As we enter in to 2022 the Health Stars team are excited to have the 2022 Events plan well underway.

Dates have been secured for this year's CEO Challenge which will take place on the 20th June and our Health Stars Golf Day is scheduled for the 9th September. I look forward to sharing more information with you all as the finer details for these events are confirmed.

Whitby Hospital Appeal

The fundraising T&F group will meet again on the 24th January 2022 at 11:00am to scope and develop future fundraising plans for the appeal as we discuss the move into legacy giving for the Hospital as we transition into the next stage of the Whitby Hospital Appeal.

The Mayor of Whitby Town Council, Councillor Linda Wild is keen to support the ongoing work of the appeal following on from the Whitby Hospital Art Exhibitions which took place in November and December 2021, the team are working closely with Whitby Governor Doff Pollard to bring this offer of support to fruition.

To date the Charity team are working to fundraising £85,559.22 To date Health Stars have successfully raised £42,069.30 so far through events and donations. This figure includes the generous £2,000 donation which was received from the Jack Brunton Charitable Trust Fund which the team made a grant application too in 2021.

Health Stars and Our Trust communications team continue to work together with support from the CCG to promote the opportunity to leave a legacy for all to see within the hospital new dementia friendly garden. Following on from the recent social media campaign and article within the local gazette promoting the fundraising bricks the team have seen an influx of enquiries over the Christmas period. This work continues with support of the local community.

Wishes
The Health Stars team continue to work hard granting wish requests which span the breadth of Humber Teaching NHS Foundation Trust. The team had been working extra hard in the run up to Christmas to ensure they could spread a little 'sparkle' across the Trust this Christmas.

The highlights of wishes of which were granted in December include:
- Yoga day and PAT dog experience at the Humber Centre
- Tablets to support MBT
- Kenwood Chef for sunshine house
- Sensory toys to support DBT
- Christmas ward parties
- Christmas Tree and decorations for Bridlington surgery
- Christmas Trees and decorations for King street medical practice
- Patient Christmas presents for Millview
- Patient Christmas presents for Whitby
- Patient Christmas presents for Malton
- Christmas Trees and decorations for Whitby Hospital
- Christmas Tree and decorations for Prospect hub Scarborough
- Christmas Tree for Inspire

As we enter into 2022 Health Stars continue to work closely with staff teams to promote the work of the charity and how charitable funds can be accessed to enhance Trust services.

Please continue to showcase the difference Health Stars continue to make across our Trust and continue to access our Charitable funds through the Health Stars 'circle of wish' process - Submit Your Wish — Health Stars

Together we can make a lasting impact across our Trust.

Michele Moran
Chief Executive
January 2022

Title & Date of Meeting:	Trust Board Public Meeting – 26 January 2022			
Title of Report:	Publications and Policy Highlights			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	
	For information	✓	To ratify	
Purpose of Paper:	To update the Trust Board on recent publications and policy.			

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	12/1
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Key Issues within the report:	i. The health and social care approach to winter ii. 2022/23 priorities and operational planning guidance iii. CQC prioritises activity to help create more capacity in adult social care over winter iv. One year on from Out of Sight – what's changed? v. Collaboration and challenge in mental health care for children and young people during the pandemic vi. Model collaborative commissioning agreements vii. Additional in-year funding to further accelerate the recruitment and development of healthcare support workers to support winter preparedness viii. Enhancing board oversight: a new approach to non-executive director champion roles ix. The future of NHS human resources and organisational development report x. Making research matter: Chief Nursing Officer for England's strategic plan for research

Monitoring and assurance framework summary:

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

Publications and Policy Highlights

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

1. **The health and social care approach to winter** Department of Health and Social Care 3 December 2021

Sets out the wide range of preparations made to ensure that health and social care services remain resilient, joined up and available to patients over the coming months. It also announces the allocation of the £700 million Targeted Investment Fund.

https://www.gov.uk/government/publications/the-health-and-social-care-approach-to-winter/the-health-and-social-care-approach-to-winter

Lead: Chief Operating Officer

We have worked very closely with all system partners including social care to develop our winter plan. This includes those areas where we have received winter pressures funding to ensure that they achieve the impact on the wider system as set out in this report. Our plan reflects the impact of winter and the ongoing Covid- 19 pandemic and has been shared with system partners both locally and within the ICS. The plan will continue to be monitored closely.

2. **2022/23 priorities and operational planning guidance** NHS England 24 December 2021

The 2022/23 priorities and operational planning guidance sets out our priorities for the year ahead. This guidance reconfirms the ongoing needed to restore services, meet new care demands and reduce the care backlogs that are a direct consequence of the pandemic. https://www.england.nhs.uk/wp-content/uploads/2021/12/B1160-2022-23-priorities-and-operational-planning-guidance.pdf

Lead: Director of Finance

Guidance has been reviewed at EMT and the Trust are awaiting publication of the detailed annexes which will inform the operational planning round.   The current planning timetable has been extended to the end of April, this is however being kept under review.

A brief summary of the guidance is included in the Chief Executive Report.

3. **CQC prioritises activity to help create more capacity in adult social care over winter** CQC 21 December 2021

As many across the health and social care system work incredibly hard to accelerate and deliver the national booster programme we are continuing to keep our regulatory approach under review.

On 13 December we updated that we were postponing inspections of services who are delivering or supporting the delivery of the booster programme, except where there is evidence of risk to life, or the immediate risk of serious harm to people. This remains the case and we do not expect any change to this approach in early January.
This approach will be kept under continual review and we will continue to update providers of any changes to our approach - for other services we are continuing to inspect only where there is a clear risk to safety, or where we can support increasing capacity across the system.

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

Approach by the CQC noted.

4. One year on from Out of Sight – what's changed? CQC 2 December 2021

In our Out of sight – who cares? report, published in October last year we made recommendations to support changes in care for people with a learning disability, autistic people, and people with mental ill health. We have published a progress report to highlight what has been achieved so far and which areas need more focus since the recommendations made in the 2020 Out of sight – who cares? Restraint, segregation and seclusion review.
Key findings:
*   The health and care system has taken action to understand the needs of people with a learning disability and autistic people in inpatient units
*   It has also made a commitment to increase the range of community support available to help prevent hospital admissions
However,
*   The commitment around increasing community support needs to be converted into real change
*   Commissioning the right support and services for people with a learning disability and autistic people is not happening quickly enough
*   People are still being placed in services which are not able to give them the right care

Overall, we found that more progress must be made in reducing restraint, segregation and seclusion and the fundamental change in approach needed to tackle this has not yet been translated into care settings. We also found that COVID-19 has had an undoubtable effect on delaying progress in this area.

Lead: Chief Operating Officer/Medical Director

This CQC report covers many complex themes and issues which relate not just to provision at a service level but also about how services are commissioned and overall national policy. This report captures some of the progress across those 3 themes. A focus for us in Humber has been our work on what the CQC refer to as Closed Cultures but also referred to as reducing restrictive interventions(RRI). This report has been shared with senior clinical leaders in the RRI group, LD and forensic services. Of particular interest is how the CQC are working with 'Talking Mats' as a way to capture patient experience and this has been shared with Mandy Dawley for a perspective. We have also updated our Closed Culture web pages to reflect this report publication, including the easy read version which is particularly helpful.

5. Collaboration and challenge in mental health care for children and young people during the pandemic CQC 17 November 2021

In June and July 2021, the Care Quality Commission carried out reviews in seven areas of England to explore how services were working together to support children and young people's mental health during the pandemic. The review teams followed the journey of a number of individuals as they moved through the health and social care system – as well as hearing from young people, their families, and people who work in services.

The report also highlights how the pandemic has also highlighted and deepened health inequalities faced by some children and young people, in particular those people living in deprived areas. While some areas were taking steps to tackle this, more needs to be done. Significantly, concerns in this review also echo many of those found by CQC in 2018's Are we listening? A review of children and young people's mental health services.

Lead: Chief Operating Officer

This is an important report that sets out the significant impact that the pandemic has had on children's mental health needs. We have seen a rise in acuity and complexity in our CAMH services. Engaging with children and their families and hearing their experience remains a priority for the Trust and is made evident in the establishment of our Youth Board. This report has been shared with the Children's and Learning Disability division in order that it can shape their service developments. Challenges that need to be addressed at local and ICS system level are being taken forward in appropriate forums.

6. Model collaborative commissioning agreements NHS England 24 December

Updated Model Collaborative Commissioning Agreements for use by commissioners when they are commissioning healthcare services through the NHS Standard Contract on a single contract basis have been published.   A separate version is available to cover situations where commissioners wish to cover multiple contracts through one collaborative agreement.

Lead: Director of Finance

This document sets out the terms under which Commissioners may collaborate and adopt a lead commissioner (acting as the coordinating commissioner) for the provision of services.

7. Additional in-year funding to further accelerate the recruitment and development of healthcare support workers to support winter preparedness NHS England 8 December

Letter detailing the further workforce funding available in 2021/22 to accelerate the recruitment and development of healthcare support workers (HCSWs).

Lead: Director of Workforce & Organisational Development

The Trust has applied to access this funding.

8. **Enhancing board oversight: a new approach to non-executive director champion roles** NHS England 7 December 2021

This guidance sets out a new approach to ensuring board oversight of important issues by discharging the activities and responsibilities previously held by some non-executive director champion roles, through committee structures. It also describes which roles should be retained and provides further sources of information on each issue.
https://www.england.nhs.uk/wp-content/uploads/2021/12/B0994_Enhancing-board-oversight-a-new-approach-to-non-executive-director-champion-roles_December-2021.pdf

Lead: Chief Executive

The publication is noted and as an organisation we have lead Non Executive roles which work well. However in partnership with the Chair the CEO will review the publication and update the Board at a future meeting.

9. **The future of NHS human resources and organisational development report** NHS England 22 November 2021

This report outlines the ten-year strategy for the human resources (HR) and organisational development (OD) services in the NHS. It is aimed at HR and OD directors, chief people officers, HR and OD practitioners, managers, leaders and anyone with an interest in HR and OD.
https://www.england.nhs.uk/wp-content/uploads/2021/11/B0659_The-future-of-NHS-human-resources-and-organisational-development-report_22112021.pdf

Lead: Director of Workforce & Organisational Development

A report detailing the implications of this will be prepared for the next Workforce and OD Committee.

10. **Making research matter: Chief Nursing Officer for England's strategic plan for research** NHS England 29 November 2021

This strategic plan for research sets out a policy framework for developing and investing in research activity across the NHS in partnership with others.
https://www.england.nhs.uk/wp-content/uploads/2021/11/B0880-cno-for-englands-strategic-plan-fo-research.pdf

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

The vision: a people-centred research environment that empowers nurses to lead, participate in and deliver research, where research is fully embedded in practice and professional decision-making, for public benefit.

The strategy identifies 5 themes underpinning the vision for increasing nurse led research:

1. **Aligning nurse led research with public need**
2. **Releasing nurses research potential**
3. **Building the best research system**
4. **Developing future nurse leaders of research**
5. **Digitally enabled nurse research**

A plan to progress the strategy is due in spring which will be delivered in 3 phases: discover, build, and sustain.

The Director of Nursing and Deputy Director of Nursing have met with the Assistant Director of Research and Development to discuss the strategy and how we can start to increase nurse led research in the Trust. A nurse specific profession forum is to be established to include a focus on increasing nursing research in the Trust.

Title & Date of Meeting:	Trust Board Public Meeting – 26 January 2022				
Title of Report:	Winter Pressures and Operational Performance Trends Overview Report				
Author/s:	Lynn Parkinson Deputy Chief Executive & Chief Operating Officer				
Recommendation:	To approve		To receive & note	✓	
	For information		To ratify		
Purpose of Paper:	The purpose of this report is to provide an overview of the impact of winter, the ongoing covid- 19 pandemic and other pressures on operational performance since the commencement of the winter period from October 2021.				

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

Key Issues within the report:	The report focusses on the following key areas where performance has been adversely impacted but will also reflect areas where service change and performance have been maintained and improved. Areas that have been adversely impacted are:
	
	• Staff absences
	
	• Waiting times
	
	    ▪ Improving Access to Psychological Therapies (IAPT)
	
	    ▪ Early Interventions in Psychosis
	
	    ▪ Children's Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD)
	
	    ▪ Access to core CAMHS Service
	
	• Activity in Primary Care
	
	• Out of Area placements and Delayed Transfers of Care
	
	The paper sets out the current position relating to performance, the key issues challenging compliance and

improvement and an overview of the plans in place to recover the position. Recovery plans are in place for all areas which require them, these are monitored and reviewed regularly via the Operational Delivery Group (ODG), Performance and Accountability Reviews and the Executive Management Team (EMT). Where operational performance has been impacted by covid and winter pressures, these are all areas that are in line with the overall national picture. The Trust continues to utilise local and national benchmarking data to assess our position.

Monitoring and assurance framework summary:

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

Winter Pressures and Operational Performance Trends Overview Report

1. Introduction

The purpose of this report is to provide an overview of the impact of winter, the ongoing covid-19 pandemic and other pressures on operational performance since the commencement of the winter period from October 2021. The report will focus on the following key areas where performance has been adversely impacted but will also reflect areas where service change and performance have been maintained and improved. Areas that have been adversely impacted are:

- Staff absences
- Waiting times
  - Improving Access to Psychological Therapies (IAPT)
  - Early Interventions in Psychosis
  - Children's Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD)
  - Access to core CAMHS Service
- Activity in Primary Care
- Out of Area placements and Delayed Transfers of Care

The paper sets out the current position relating to performance, the key issues challenging compliance and improvement and an overview of the plans in place to recover the position. Recovery plans are in place for all areas which require them, these are monitored and reviewed regularly via the Operational Delivery Group (ODG), Performance and Accountability Reviews and the Executive Management Team (EMT). Where operational performance has been impacted by covid and winter pressures, these are all areas that are in line with the overall national picture. The Trust continues to utilise local and national benchmarking data to assess our position.

2. Overview Position on each Performance Indicator

Staff absences

Current Performance Trend

The impact of Covid 19 on Trust absence performance had been stabilising since August 2021, however the latest surge in infections related to the Omicron variant has seen this position deteriorate again. This rise in absence is challenging some of the progress being made against performance recovery plans that are in place being achieved.

The chart below clearly demonstrates the trend in covid staff absence since the start of the pandemic and indicates that the latest increase is approaching levels experienced towards the end of 2020. The second chart demonstrates this against the usual absence level. Some operational areas have pressures also related to non-covid absence. Our staff have now experienced and worked through the pandemic for 21 months and in some areas service demand and operational pressures remain very high, they are continuing to tell us that they are feeling fatigued.

Covid Absence
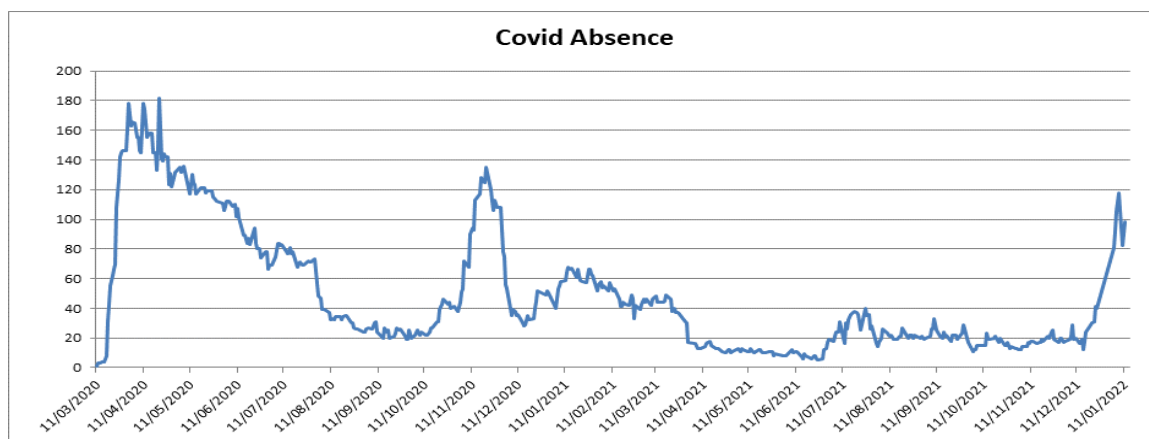
Trend: All Absence vs Normal Absence – % (showing last 30 days)
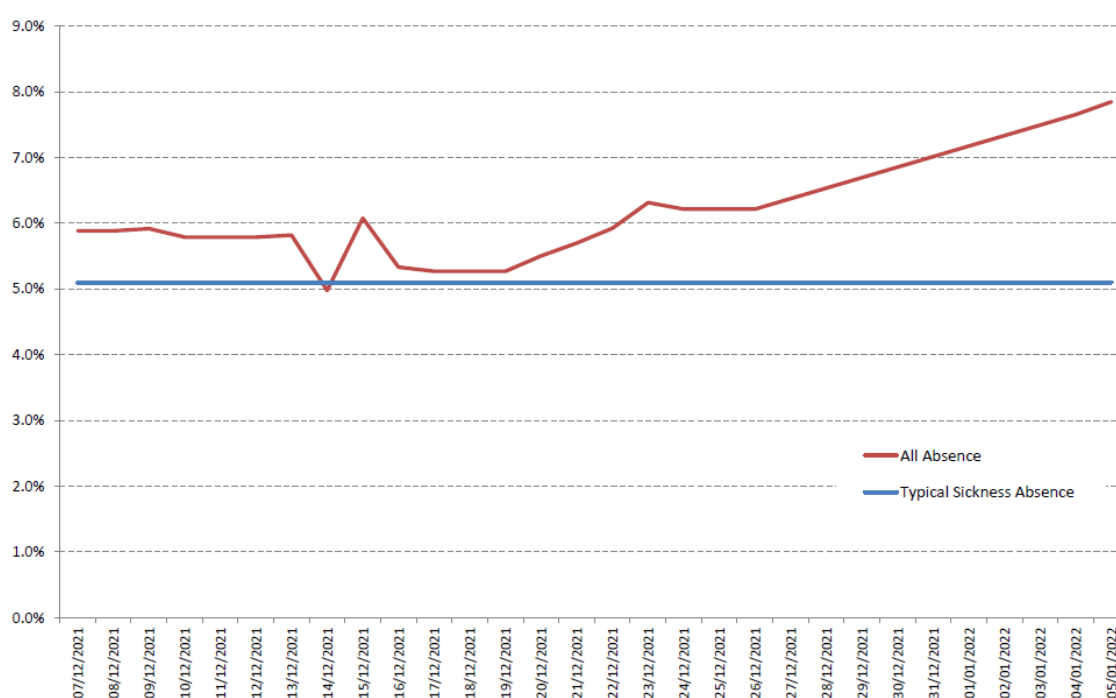
Staffing availability is clearly impacted also by the vacancy position. The chart below demonstrates the number of vacancies and those positions currently within the recruitment process. The overall Trust level of vacancies is an average of 12% and operational division and the Workforce and Organisational Development Directorate remain focussed on recruiting

	Posts In the recruitment process	Posts that are cleared and have start d	Number of adverts	Number of posts in shortlisting	Number of posts in Interview
Childrens and LD	33	16	11	6	11
Community and PC	28	14	24	11	9
MHUP	26	10	9	2	11
MHP	26	27	13	2	13
Secure service	8	2	2	1	1
Corporarte	16	9	9	3	4
other, i.e bank, or return to practice	23	0	4	2	0
Total	**160**	**78**	72	**27**	49

and filling posts.

Summary of challenges

The recent increase in staff absences has impacted across all areas, with a higher rise seen in adult mental health inpatient services as detailed in the chart below which provides a breakdown of absence by operational division.

This level of absence impacts on staffing availability in all areas but particularly inpatient areas, with a greater reliance on bank and agency staff to fill vacant shifts to maintain safer staffing levels. The most recent increase in absence has resulted in some use of off framework agencies, whilst measures are in place to ensure that the relevant staffing checks take place when these staff and agencies are used, the much-preferred position is to use on-framework organisations.
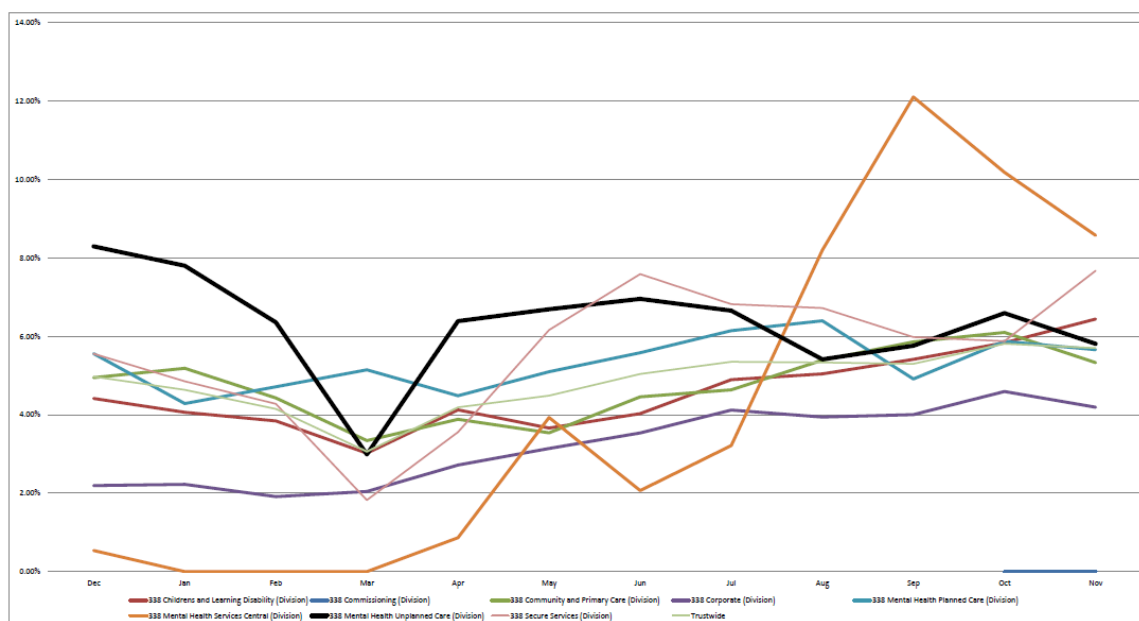
Service Area	Absence %											
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
338 Childrens and Learning Disability (Division)	4.42%	4.06%	3.84%	3.02%	4.13%	3.66%	4.03%	4.89%	5.04%	5.41%	5.83%	6.44%
338 Commissioning (Division)											0.00%	0.00%
338 Community and Primary Care (Division)	4.95%	5.19%	4.43%	3.34%	3.88%	3.54%	4.46%	4.64%	5.39%	5.86%	6.10%	5.33%
338 Corporate (Division)	2.19%	2.23%	1.91%	2.04%	2.72%	3.14%	3.54%	4.12%	3.94%	4.00%	4.59%	4.19%
338 Mental Health Planned Care (Division)	5.56%	4.29%	4.71%	5.15%	4.49%	5.10%	5.58%	6.14%	6.40%	4.91%	5.87%	5.66%
338 Mental Health Services Central (Division)	0.54%	0.00%	0.00%	0.00%	0.87%	3.93%	2.07%	3.21%	8.20%	12.10%	10.18%	8.58%
338 Mental Health Unplanned Care (Division)	8.29%	7.80%	6.35%	2.99%	6.39%	6.69%	6.95%	6.65%	5.41%	5.76%	6.59%	5.81%
338 Secure Services (Division)	5.55%	4.85%	4.28%	1.82%	3.56%	6.16%	7.59%	6.82%	6.72%	5.98%	5.88%	7.67%
Trustwide	4.97%	4.64%	4.15%	3.06%	4.19%	4.49%	5.04%	5.35%	5.33%	5.30%	5.81%	5.70%

Recovery Plan

To mitigate these levels of staff absences and vacancy position, the operational divisions are working closely with their HR business partners and the wider HR teams to implement plans to fill the vacancies, improve the fill rates by utilising substantive bank staff and improve further the time from recruitment to staff commencing in post. Several new initiatives have been introduced to achieve this including:

- Progress made against the hard to recruit to plan, significantly the success of the recent recruitment of international nurses and the plan in place to recruit more.
- Funding secured from a national initiative to improve recruitment into Health Care Support Worker roles
- The expansion of the weekly Winter Pressures and Safer Staffing meetings to focus on optimising the deployment of substantive staff across all the divisions and reduce reliance on agency use, particularly off framework use.
- Continued promotion of the staff vaccination campaign to minimise the impact of Covid and flu on the workforce.

- Maintained focus on usual staff support initiatives to include supervision, return to work interviews, appraisals, flexible working etc.
- Continued to strong focus on staff health and wellbeing supported by significant investment in additional resources to support this agenda e.g., staff restroom refurbishment and new health trainer post.

<u>Waiting times</u>

<u>*East Riding of Yorkshire (ERY) Improving Access to Psychological Therapies (IAPT)*</u>

Current Position

Since August 2021 there has been a deteriorating position in the number of patients seen within 6 weeks. The standard is set at 75% and to date performance is at just over 55%. The 18-week standard has however been met and maintained, whilst the service has experienced pressures, maintaining the 18-week standard has been prioritised ensuring that longer waits do not occur.
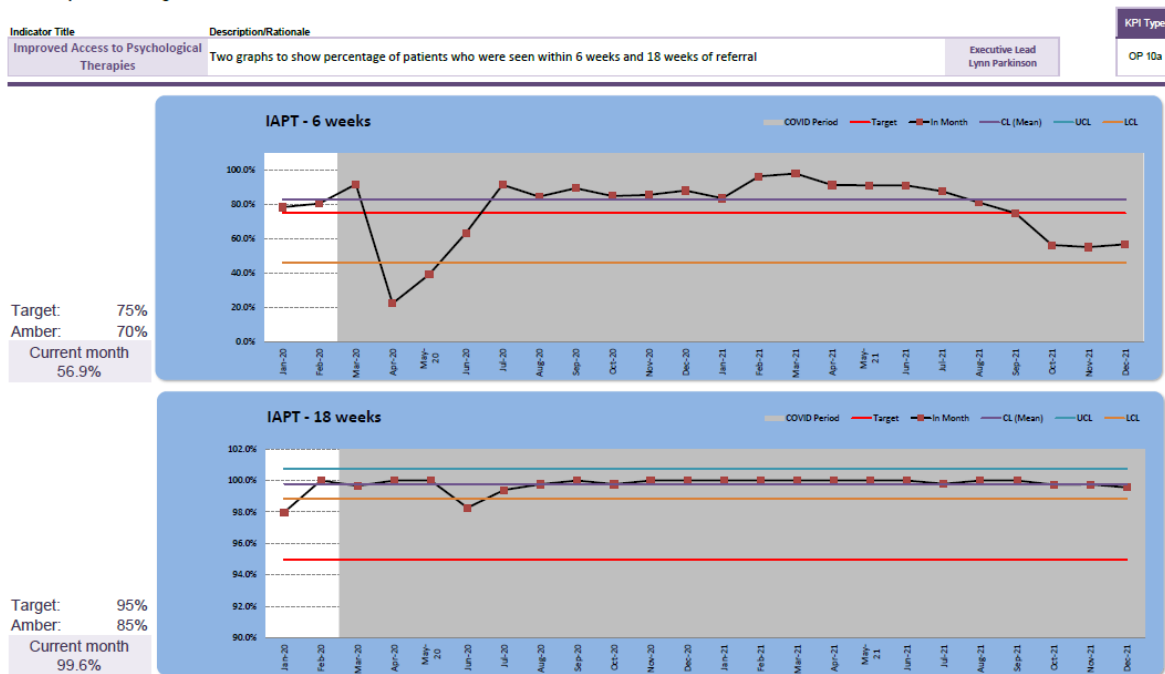
Summary of challenges

The pandemic has resulted in an increase in private companies offering Psychological therapies creating an even more competitive market and challenge in the recruitment of IAPT trained therapists. NHS IAPT services have struggled to compete with the independent sector who can offer significant financial benefits.

The increased competition to recruit IAPT trained staff has had an adverse effect on one of our current subcontracted providers who rely on the recruitment of IAPT trained staff who seek employment in the not-for-profit sector. This has led to increased treatment waits and some adverse effect on recovery rates, although as the chart below demonstrates these remain above target and continue to benchmark well nationally.

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

IAPT - Moving to Recovery

Target: 50%
Amber: 45%
Current month stands at 50.6%
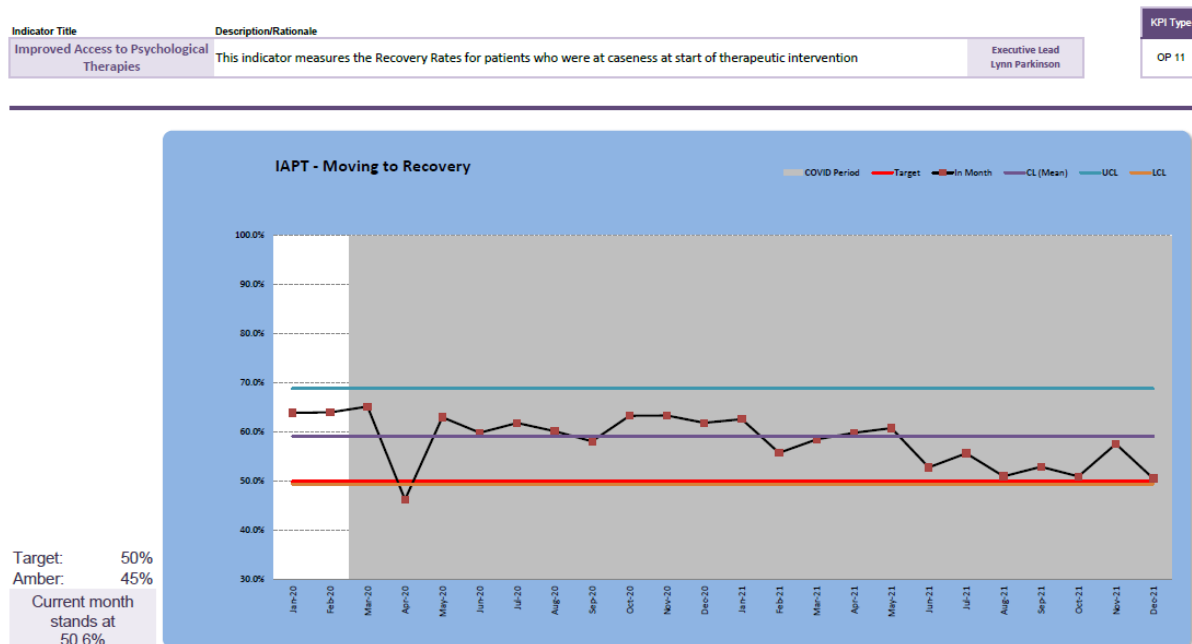
The complexity of clinical cases is increasing due to Covid and this has resulted in greater pressures on our staff and some increase in staff absences in the service. Staff requests for part time hours have increased and for the first time some trainees have left the service before qualifying due to the indirect and direct impact of covid. To remain attractive and competitive in recruiting staff, the service has introduced roles that can be delivered entirely by remote interventions. Therefore, it is not now relying solely on local recruitment. This is a service that fully appreciates the important role of clinical supervision and a range of supportive measures are in place to address this impact.

Recovery Plan

The recovery plan is focussed on creating more capacity internally and through contracting processes, ensuring that any future subcontracted providers are robust and can deliver the workforce required to meet the performance requirements. To achieve this, the service is making the following changes:

- The introduction of a new clinical role focussed on Long Covid. Expanding the capacity to work with those with Long Term Conditions (comorbid mental and physical health needs), including the introduction of a Health Psychologist post which supports the LTC guidance.
- Introduce a new community Connector Role to support access to the service to meet the prevalence and access performance targets set out in the long-term plan.
- Apply for apprenticeship Psychological Wellbeing Practitioner (PWP) places.
- Identify alternative assessment options to address shortfall in PWP recruitment
- Appoint a further triage post with an assertive outreach component to address attrition of those patients who start but don't complete therapy.
- Embed a new data analyst post into the service, the role of the data analyst will be to work closely with the team and the community connector post to support access, waiting times, assessment performance requirements and identify early areas of pressure.
- Maintain effective focus on staff engagement and wellbeing to improve support further and reduce sickness absence.

It is anticipated that by developing the service, this will attract new applicants as the opportunities available for enhancing staff clinical experience and development will be much wider.

Early Interventions in Psychosis

Current Position

The chart details the proportion of referrals whose first contact takes place within the 14-day target. It indicates that performance against this standard has been challenging since September 2020 with the only month achieving the target being January 2021. This is a relatively small service with 20.0 whole time equivalent clinical staff currently in post.
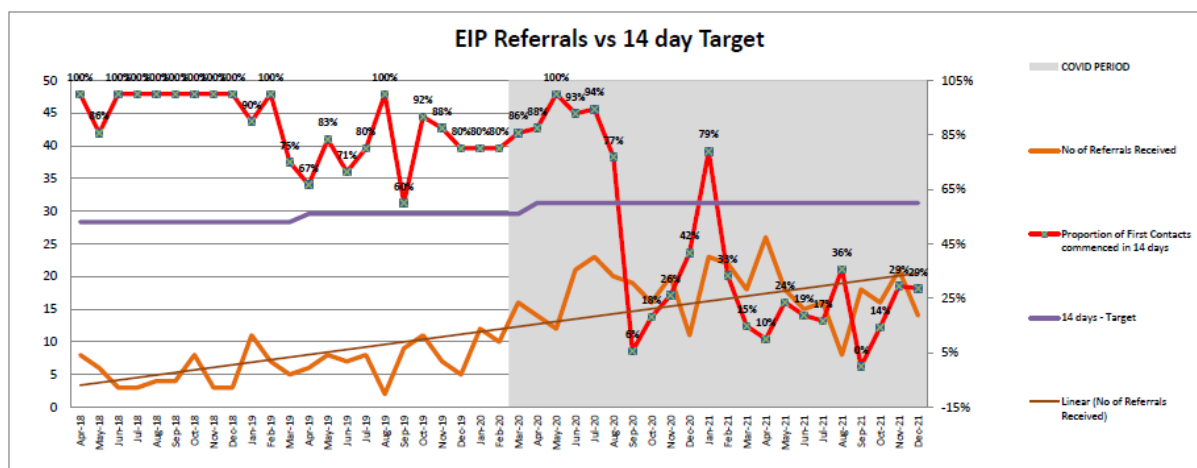
Summary of challenges

There have been increasing numbers of referrals for EIP, at a time when staff absences have increased due to Covid, other absences and staff vacancies, particularly amongst the team who undertake these specialist assessments.

Recovery Plan

Recovery plans are in place and are progressing well. With new staff recruited and undertaking induction and preceptorship who will be able to work with a full complement of clinical caseloads over the next few months. Staff sickness absence is monitored in line with Trust Policy and the senior management team meet routinely with the service to support improvement in productivity and access times. Further work is also underway to ensure referrals for patients meet the criteria for the service or are redirected to the correct pathway in a timely way. Recovery of the waiting times is expected to be achieved in quarter 4 2022/2023. Further investment has been supported by the commissioners which recognises the increase in demand and recruitment to additional posts is now taking place.

Children's Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD)

Current Position

The chart below indicates the current position in relation to achieving reduction of the longest waiting patients for ASD assessment. The chart sets out the position for both Hull CCG and ER CCG, which clearly indicates the difference in volume of the length of wait by CCG with Hull having a significantly greater number of patients waiting.

Over 52 wks Hull and ERoY Expected c.f. Actual Waiting List
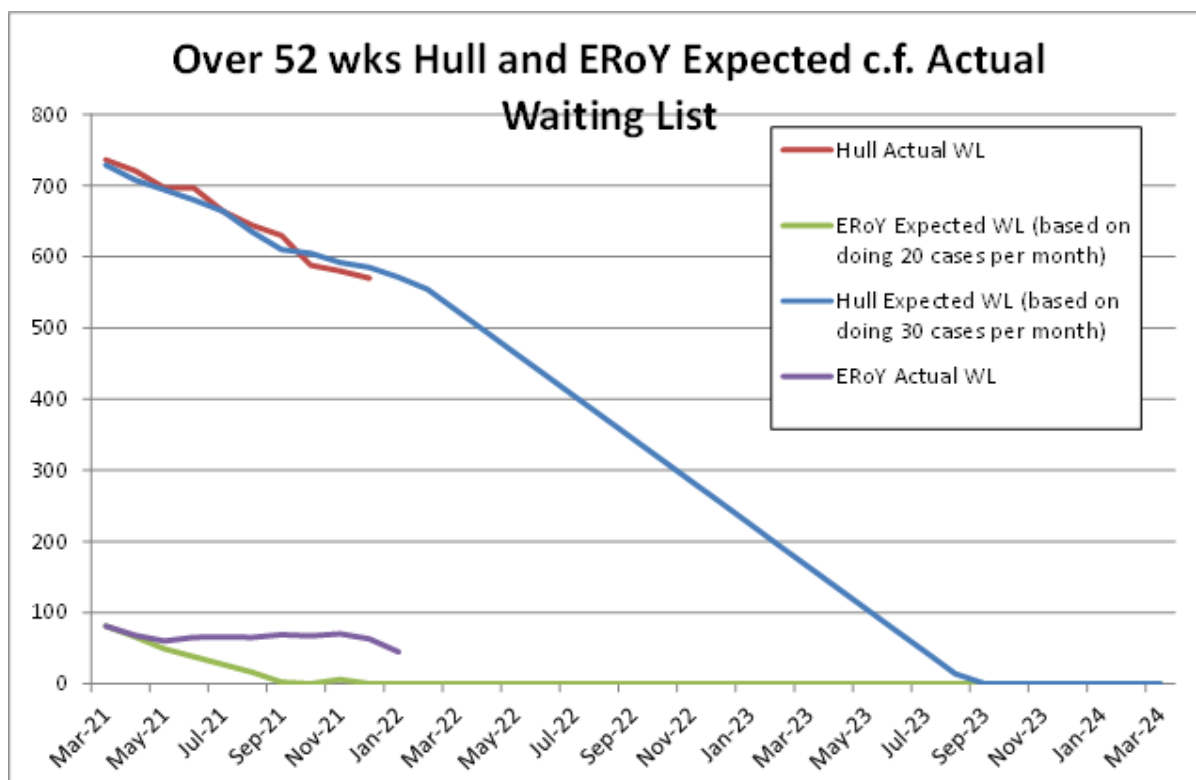
Summary of challenges

A direct impact of Covid- 19 occurred with the closure of schools during lockdown periods and the inability to assess patients in an educational setting leading to further increase in waiting times. Rapid changes have been made to the clinical pathway to address this challenge using remote technologies along with face-to-face contact where this is applicable. Staff absence has also impacted the service which has been particularly evident in the East Riding element.

Recovery Plan

The service is undertaking a transformation programme to not only reduce the long waiting times for patients and their families but also to operationalise a new neurodiversity service. This new service will provide an initial assessment for patients and their families focussed on providing rapid access to support and only diagnosing those where this is clinically indicated. The current system wide approach is focussed on diagnosis, leading to some children being on a long waiting list who then do not receive a diagnosis of ASD once assessed. The new multi-organisational service commences in January 2022 and will support children and their families with both ASD and ADHD.

Whilst this transformation programme is being implemented, the service continues to focus on the current patients waiting. To improve the position further a new external provider has been commissioned to increase assessment capacity supported by additional funding made available by the Trust. This expands and complements the existing additional provision already in place to increase the rate of reduction with the longest waiting patients the new provider who will commence in January 2022. The service is assessing patients in chronological order (unless clinical risk and acuity is high and needs to be prioritised) and is working closely with CCG colleagues to oversee the improvement programme. The current trajectories are now being revised in line with the additional capacity and new service model which will expedite the rate of reduction for those waiting. These revised trajectories will be available by the end of quarter 4 2022.

Access to core CAMHS Service

Current Performance Trend

The chart below indicates that the number of long waiting patients for the core CAMHS community service was within its normal variation until October and has now reached the upper control limit. Presently the Core CAMHS waiting list includes ADHD patients and referrals for this need have increased significantly during the pandemic.

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

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

COVID Period — Target (0) — In Month — CL (Mean) — UCL — LCL

Target: 0
Amber: 0

Current month stands at 253

Summary of challenges

CAMHS has continued to see higher numbers of urgent referrals with greater levels of acuity/complexity, whilst the team prioritise these high priority referrals, the routine waiting list times have increased. This is in line with the overall national picture. This position is also made more complex by some patients receiving an ASD assessment and then being transferred for an ADHD assessment (the new neurodiversity service will prevent this occurring in future) resulting in an accumulated long wait. Referrals for patients with eating disorders increased after the initial lockdown periods, this has now reduced to within normal variation however the level of clinical complexity associated with these referrals was more complex than usual.

Recovery Plan

Recovery and reduction in waiting times for the core CAMHS service this area will be achieved by:

- Separating and extracting the waiting list for ADHD to produce useful management information and transparency. This requires clinical oversight to ensure the process of transferring/moving patients is undertaken safely.
- Introducing the new neurodiversity service which will provide an initial assessment of patient and family needs, signpost for support and if diagnosis is indicated the patient is assigned to the correct pathway, the first time. This will impact the overall waiting times for core CAMHS.
- Maintain focus on recruitment to vacancies with bespoke recruitment campaigns.
- Continue to review the capacity and demand modelling work for each of the pathways to ensure that the service has sufficient clinical capacity to eliminate all over 52 week waits.

- Revise the core CAMHS improvement trajectories in Q4 2021/2022 to reflect the impact of the new neurodiversity service on the core pathways.

Activity in Primary Care

Current Performance Trend

Demand and activity in primary care has been rising during the current winter period and our services have experienced the same challenges of covid and non-covid related absences as other areas. The table below demonstrates that whilst overall activity has increased the demand and need for face-to-face appointments has also risen.
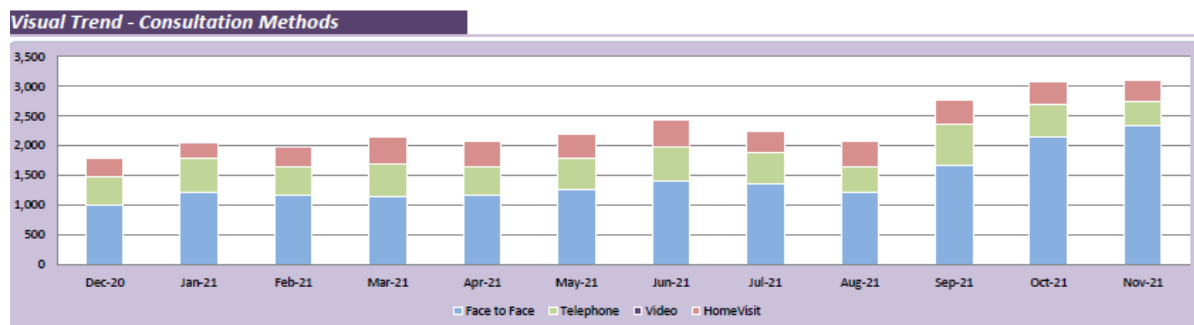
Summary of challenges

Whilst demand has increased the size of practice populations remain stable as detailed below.
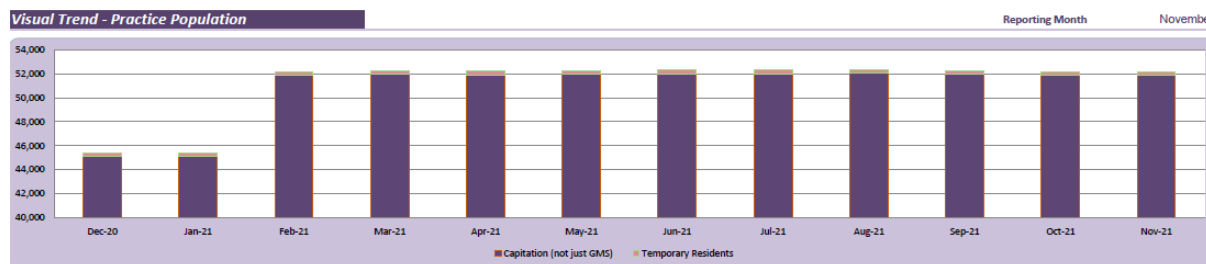
The growing demand for appointments is impacted by the levels of staff absence and vacancies.
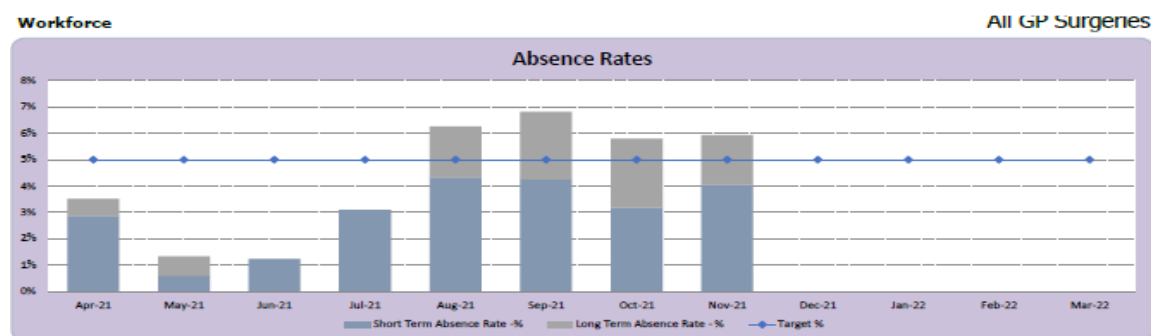
Recovery Plan

Patient feedback remains good. The service recovery plan is focussing on effectively managing staff absence and recruiting to vacant posts. To achieve this:

- Clinical leadership capacity has recently been increased in the service and this time is focussed on providing clinical supervision, peer support and leading GP recruitment.

- Plans are already in place to join practices together where the geographical location makes this feasible to optimise clinical staffing and resources.
- A bespoke recruitment campaign will be undertaken in quarter 4.
- The data demonstrates that use of video consultation is not taking place, we know however this is available and happening. Data recording will be improved to reflect this whilst the clinical teams also identify how this can be expanded and deployed further.

Out of Area placements

Current Performance Trend

The chart below indicates the position with the use of out of area mental health beds. The chart demonstrates that from November 2020 the use of out of area beds was above the upper control limit but had reduced to below it in November 2021. The reduction had been achieved by reinstating beds that had been closed due to infection prevention and control requirements (supported by estates changes) and the opening of the new beds at Maister Court.
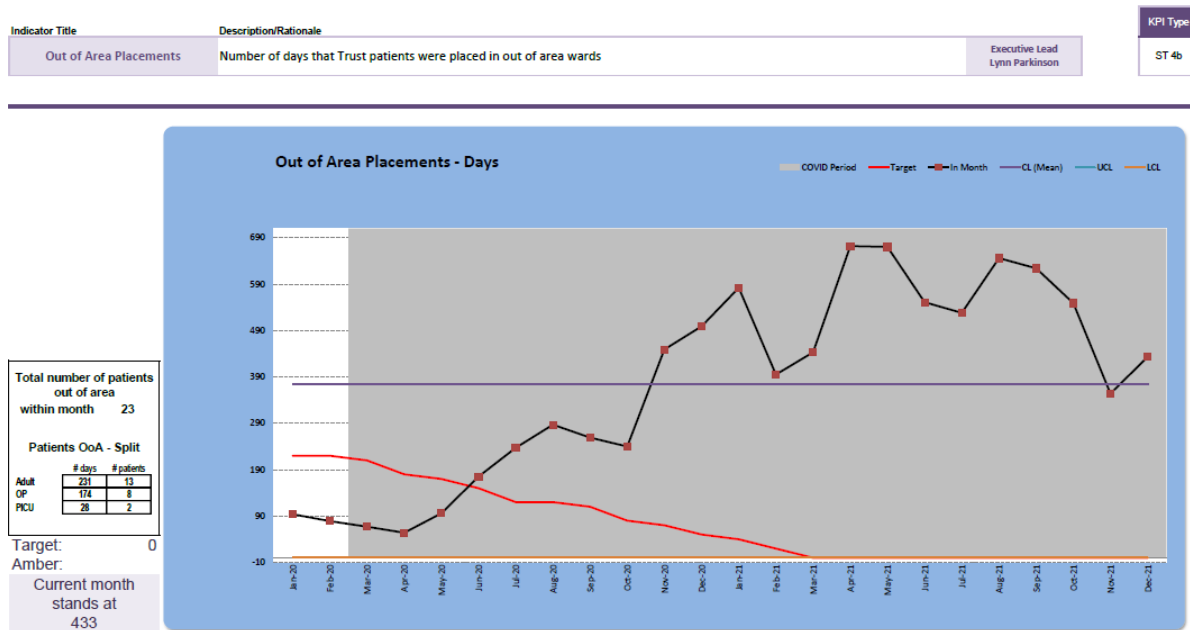
Summary of challenges

The reduced bed base and ward closures due to covid outbreaks led to increased out of area placements. The recent surge of the Omicron variant resulted in further ward closures in December and January. The Trust continues to have access to block booked out of area beds, this supports timely access for patients when a bed is required and improves patient communication as the number of providers our clinical teams are working with is reduced. Delayed transfer of care for mental health beds exceeded the upper control limit in October and this impedes patient flow and increases the likelihood of out of area beds being required. Patients who are currently delayed have very complex needs and require supported residential placements. Availability of this type of placement has become increasingly limited during the pandemic due to increased pressure on local authorities and their provider market.

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

Target: 7.5%
Amber: 7.0%
Current month stands at 5.3%
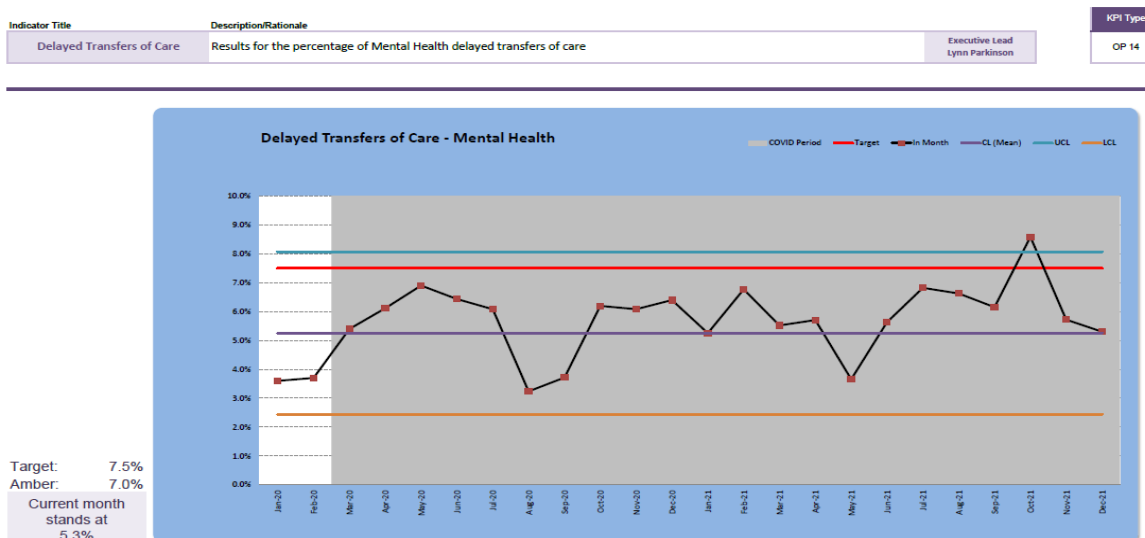
Recovery Plan

A plan is in place to eliminate our use of out of area placements and is focussed on:

- Continuing to review Infection Prevention and Control requirements to optimise the use of beds whilst minimising the transmission of infections. Trust data demonstrates that the number of covid positive patients and outbreaks has been low when compared with other similar Trusts.
- Optimising the patient flow through all beds ensuring that the out of hospital acute pathway is effective
- Continuing to review and expand the older people's acute community service where evidence demonstrates that admission is being effectively avoided.
- Remain focussed on timely discharge; ensuring there is clear admission criteria and a robust MDT approach for planning and supporting complex discharges.
- Work with system partners to develop effective community-based support and accommodation for those patients with complex mental health and autism needs.

3. Summary Overview of areas where Performance is being Maintained or Improved

This report has focussed specifically on areas which have been adversely impacted by the ongoing covid- 19 pandemic, winter, and other pressures on operational performance since the commencement of the winter period from October 2021. A higher than usual level of staff absence due to sickness, the ongoing vacancy position and increase in the complexity and acuity needs of our patients underlies many of the areas identified. Where operational challenges exist, it remains crucial that this data is triangulated with the information that demonstrates impact on patient safety, quality of care and patient experience. Our clinical governance mechanisms do this robustly and our risk assessments set out the actions taken to mitigate any adverse impact.

Operational services have however continued to progress and implement significant transformation programmes which improve and enhance the outcomes for our patients. Examples of these include:
- Community Mental Health Team transformation and the development of the mental health primary care service
- Increased the number of peer support workers
- Developed the Minor Injuries Unit at Whitby Hospital to become an Urgent Treatment Centre

- Enhanced community services in Whitby, Scarborough and Ryedale to support acute hospital discharges and managed increased demand and activity.
- Established an acute community service for older people to prevent the need for admission to hospital.
- Redesigned the mental health response service and enhanced 24/7 access by introducing a new dedicated telephone support service in conjunction with Hull and ERY Mind
- Developed a new children "safe space" to provide support and care to avoid admission to hospital.
- Mobilised a new children's home-based treatment service to enhance the acute care pathway and provide an intensive support service to support early discharge and prevent admission to hospital.
- Led the implementation of the new Neurodiversity Service

4. Conclusion

The board is asked to note the areas of operational performance and recovery plans identified in this report. The combination of winter and ongoing impact of the covid- 19 pandemic make this a uniquely challenging time for operational delivery of services. Focus will be maintained on supporting staff, recruitment, and service transformation to optimise the use of resources to improve the outcomes for our patients. Many of the performance indicators adversely impacted in this report are the same areas that are being experienced nationally. Continuing effective system working is necessary to support and sustain improvement as the Trust needs to work well with partner organisations to achieve this, leading this work where is appropriate.

Title & Date of Meeting:	Trust Board Public Meeting– 26ᵗʰ January 2022			
Title of Report:	Performance Report - Month 9 (December)			
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	This purpose of this report is to inform the Trust Board on the current levels of performance as at the end of December 2021. 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.			

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

Key Issues within the report: *Please ensure you also complete the monitoring and assurance framework summary below:*	Commentary for indicators that fall outside of normal variation is included below: **Safer Staffing Dashboard** – key headlines from the safer staffing dashboard include Despite some low level of fill rates across units Care Hours Per Patient Day (CHPPD) remains above Threshold Sickness is a significant issue across all the wards (*with the exception of New Bridges, PICU and Westlands*). Some areas are impacted by long term sickness (Ouse) whilst others are experiencing high levels of short-term sickness and absence associated with Covid-19. STARS remain below target for Clinical supervision at 58% and this is being addressed locally. A full review of ILS and BLS compliance has been undertaken and reported to the workforce and OD committee, additional

Caring, Learning & Growing Together

capacity has been bought in and recovery trajectories are being monitored.

Training and Supervision compliance at Malton has been impacted by the number of registered vacancies, which has required the use of agency staff. These vacancies have now been filled with international recruits.

More detailed narrative is included in the body of the report.

CPA Reviews - The impact of the CPA review as part of the Early Intervention Service, which is being run as part of the Social Work workstream has impacted positively on the CPA performance.

The work has progressed well and extended beyond the AMH Division and further work is underway to improve timely reviews in other divisions.

IAPT - A Recovery Plan is in place and is being monitored to improve the IAPT 6 week target. Staff recruitment is being concluded and preceptorships will commence to enable the service to provide capacity to meet current levels of demand.

Waiting Times - There continues to be a focus at performance meetings on improving Referral to Treatment Incomplete waits across services which can be seen in the upturn in performance this month.

This monitoring will continue and be supported by the commencement of the Patient Access & Performance Manager who will review processes and reporting across operational divisions and corporate colleagues.

A report appears elsewhere on the agenda which covers Winter Pressures and Operational Performance Trends.

Sickness - Sickness has increased as a result both directly and indirectly of COVID 19. The trust continues to provide support to staff when they are off sick and through measures to help alleviate work demands.

These measures include agency cover, bank usage and incentives to take up shifts.

A more detailed breakdown of sickness was provided to the Workforce and OD Committee in January. Health and wellbeing initiatives in the past 12 months have seen a fast track physio service, a dedicated staff health trainer, improved staff rest areas, increased counselling support for staff and an extra days annual leave.

Monitoring and assurance framework summary:

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

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.

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team

Reporting Month:
Dec-21

Caring, Learning and Growing

Humber Teaching NHS Foundation Trust
Integrated Board Report

For the period ending:	Dec 2021

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	Proportion of posts vacant when compared to the budgeted establishment. This information is taken from the Trust financial ledger.
Goal 1	Clinical Supervision	Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks
Goal 1	FFT - Patient Recommendation	Results where patients would recommend the Trust 's services to their family and friends
Goal 2	FFT - Patient Involvement	Results where patients felt they were involved in their care
Goal 2	72 hour follow ups	Percentage of patients who had a follow up within 72 hours (3 days) of discharge from hospital
Goal 2	CPA - Reviews	Percentage of patients who are on CPA and have had a review in the last 12 months

Humber Teaching NHS Foundation Trust
Integrated Board Report

For the period ending:	Dec 2021

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

PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Dec 2021**

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

Mandatory Training - Overall Compliance

Legend: Covid Period — Target — In Month — CL (Mean) — UCL — LCL
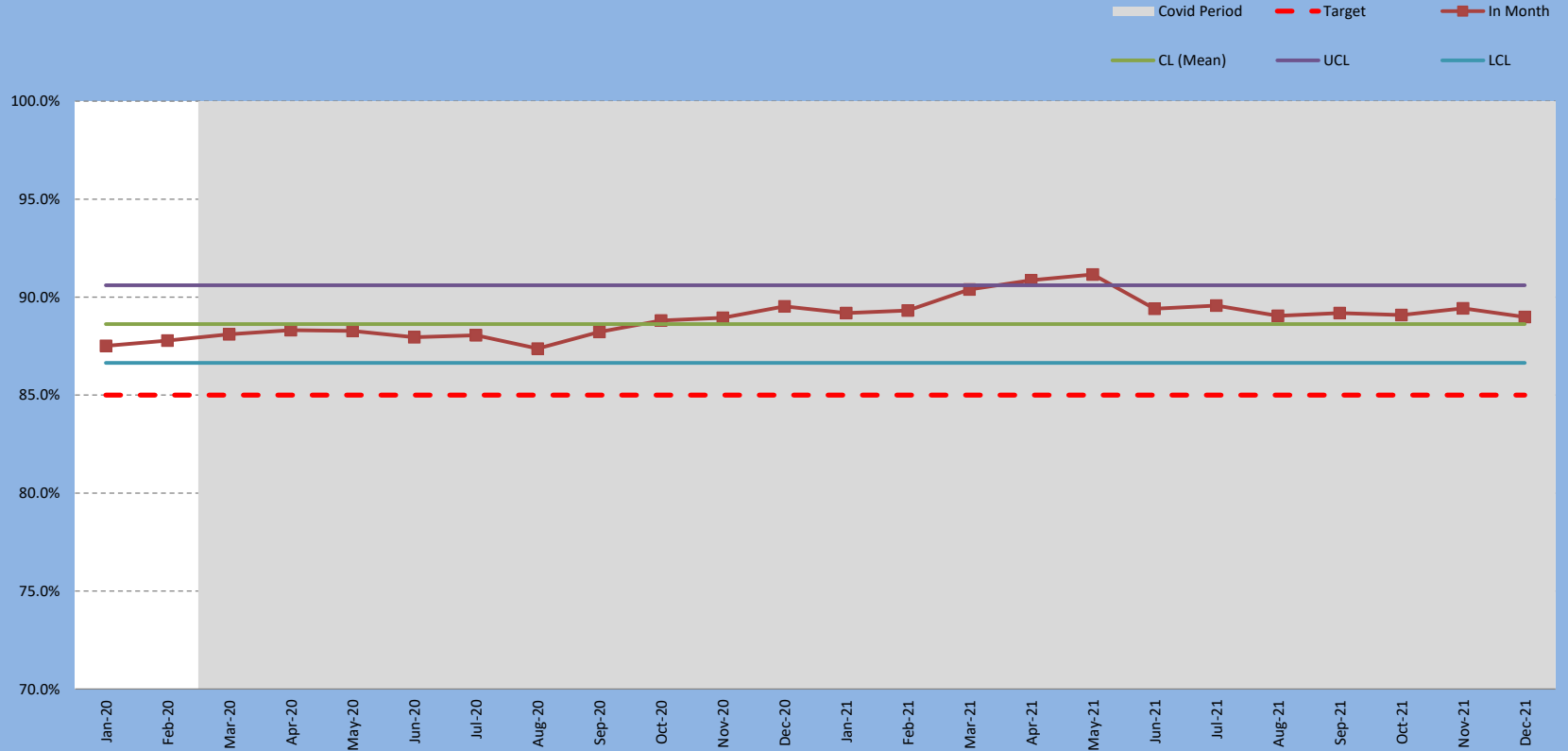
Target: 85%
Amber: 80%

Current month stands at 89.0%

PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Dec 2021**

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

All Vacancies as a percentage of Trustwide Establishment %

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

Nursing Vacancy as a percentage of Nursing Establishment

Legend: Covid Period — In Month
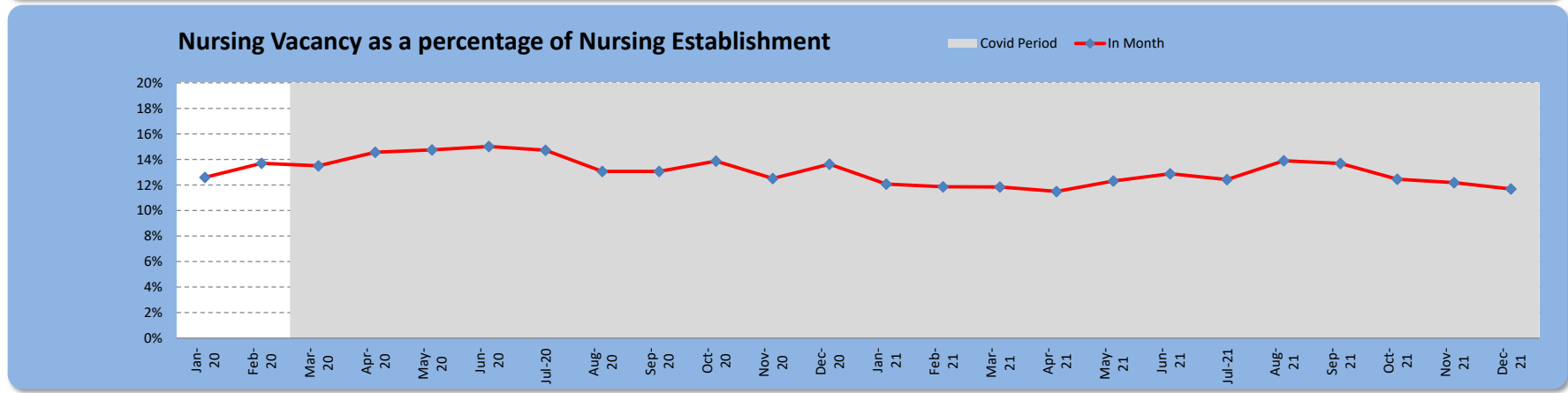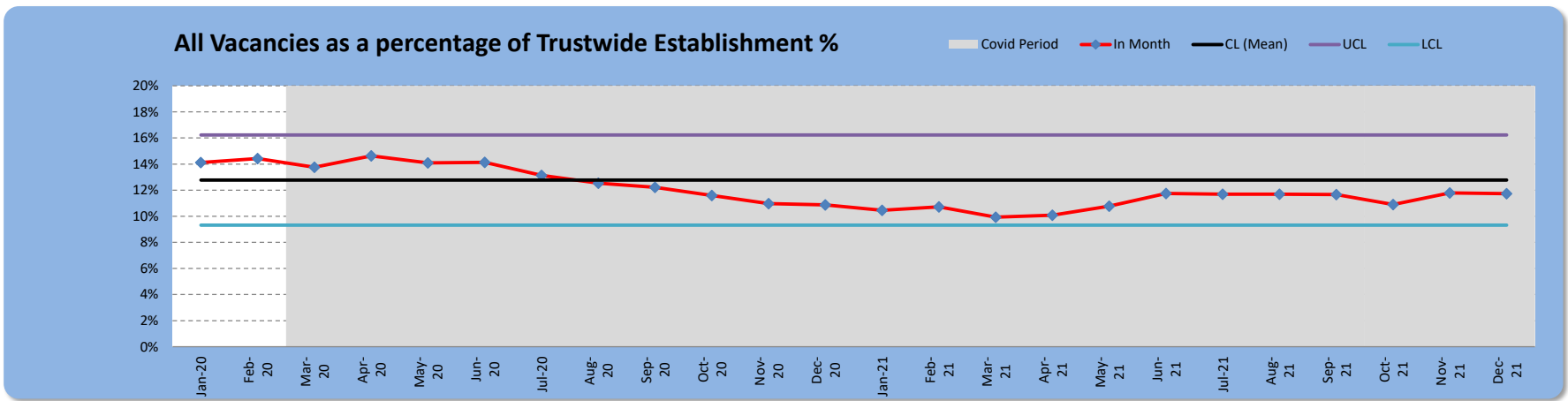
Current month stands at 11.7%

PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: Dec 2021

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

Number of Total Incidents Reported

Legend: Covid Period — LCL — In Month — CL (Mean) — UCL
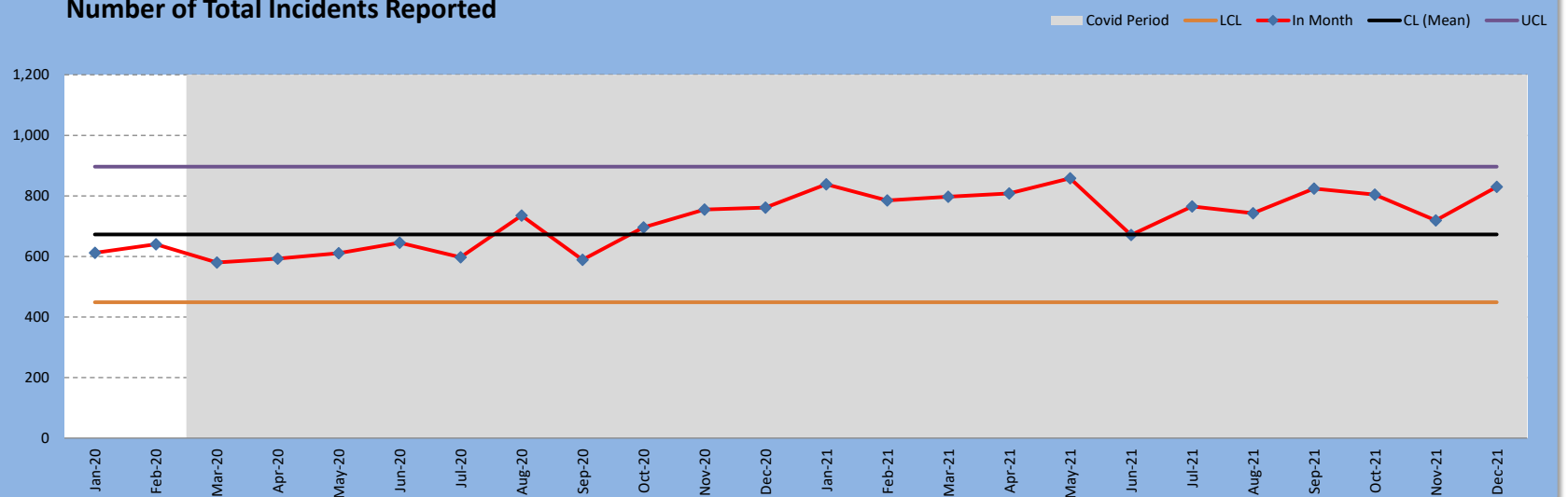
UCL: 897
LCL: 449

Current month stands at 830

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

Severity of Harm (current financial year)

Severity	Count
Severe Harm	17
Death	40
Mod Harm	147
Low Harm	1398
No Harm	5364

PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Dec 2021**

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

Clinical Supervisions carried out in Timescale

Legend: Covid Period — Target — In Month — CL (Mean) — UCL — LCL
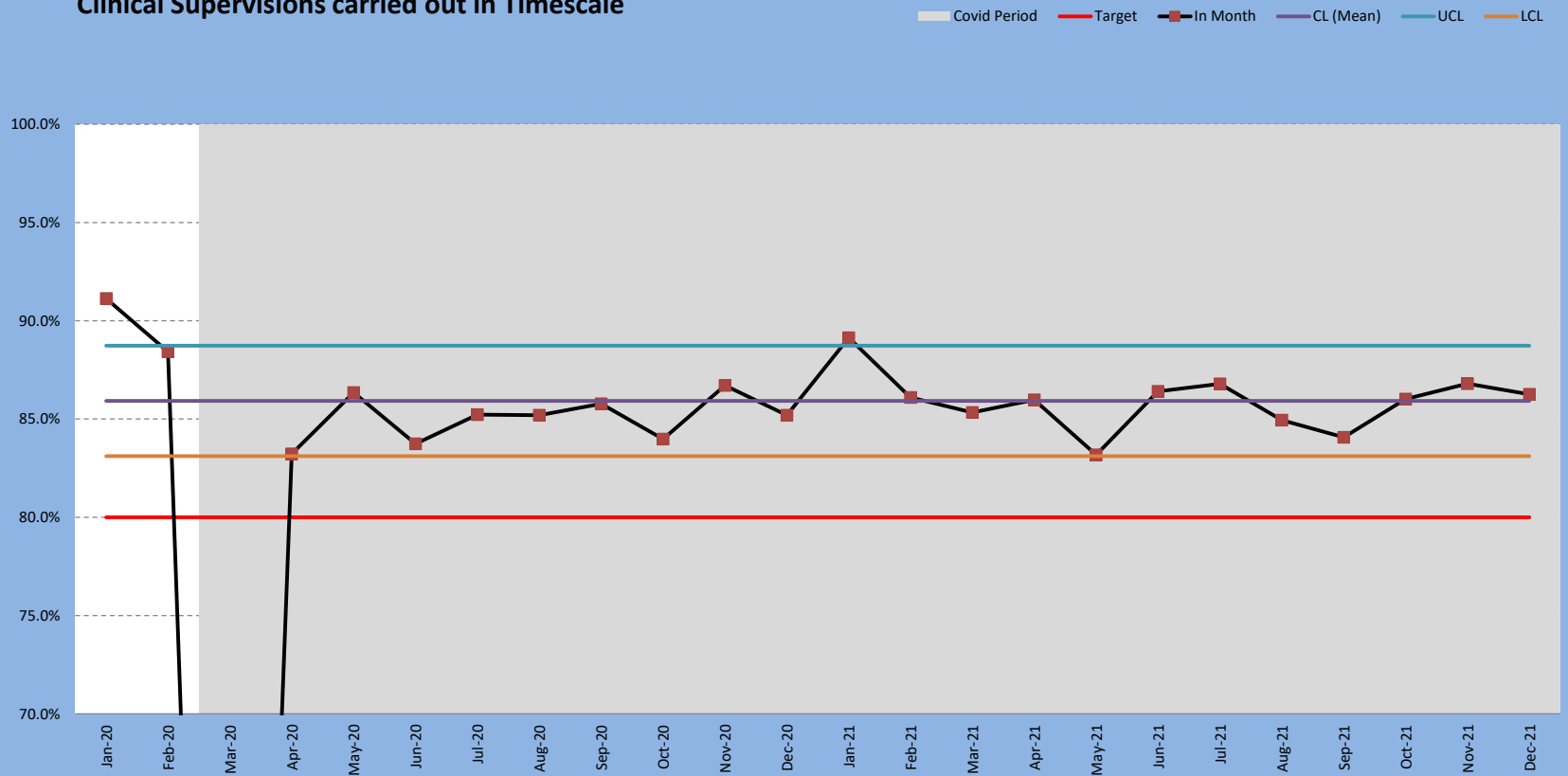
Target: 80%
Amber: 75%

Current month stands at

86.3%

HUMBER TEACHING NHS FOUNDATION TRUST
SAFER STAFFING INPATIENT DASHBOARD

	Staffing and Quality Indicators
Contract Period:	2021-22
Reporting Month:	Nov-21

Shown one month in arrears

Speciality	Ward	Speciality	WTE	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day Registered	Day Un Registered	Night Registered	Night Un Registered	Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Oct-21	Nov-21
Adult MH	Avondale	Adult MH Assessment	31.8	81%	11.6	22.3%	↓	3.1%	↑	88%	82%	102%	98%	2	18	6	0	86.7%	92.3%	80.0%	82.4%	8.6%	2.0	0	1
Adult MH	New Bridges	Adult MH Treatment (M)	41.9	102%	8.65	11.3%	↑	5.8%	↑	83%	102%	95%	128%	0	38	0	0	78.9%	95.8%	93.3%	79.3%	4.0%	0.1	4	1
Adult MH	Westlands	Adult MH Treatment (F)	37.4	91%	8.45	13.0%	↑	10.0%	↑	79%	85%	99%	115%	2	75	6	0	85.3%	83.4%	50.0%	63.6%	3.3%	1.0	3	2
Adult MH	Mill View Court	Adult MH Treatment	28.9	111%	10.19	32.7%	↓	8.8%	↓	77%	72%	90%	96%	0	13	2	0	100.0%	91.3%	62.5%	86.7%	4.6%	6.8	3	3
Adult MH	STARS	Adult MH Rehabilitation	36.7	99%	27.72	9.1%	↓	0.0%	↑	59%	49%	100%	100%	1	15	0	0	57.9%	96.7%	92.3%	92.0%	7.3%	0.4	5	5
Adult MH	PICU	Adult MH Acute Intensive	30.9	86%	18.12	31.4%	↓	16.0%	↑	90%	86%	88%	119%	1	65	0	0	100.0%	88.6%	84.6%	78.6%	0.7%	3.0	2	0
OP MH	Maister Lodge	Older People Dementia Treatment	31.6	70%	19.57	16.5%	↑	1.1%	↑	111%	84%	103%	101%	0	29	0	0	100.0%	91.8%	75.0%	61.9%	5.9%	2.0	2	2
OP MH	Mill View Lodge	Older People Treatment	20.6	97%	12.13	26.6%	↓	15.6%	↓	52%	85%	104%	128%	5	23	0	0	78.9%	91.6%	72.7%	58.3%	16.1%	2.7	4	4
	Pine View	Forensic Low Secure	25.3	99%	7.44	30.7%	↓	0.0%	→	91%	97%	51%	97%	4	10	1	33	80.0%	94.5%	81.8%	88.2%	12.3%	2.6	3	3
	Derwent	Forensic Medium Secure	30.4	92%	11.76	15.8%	↑	0.0%	→	72%	81%	100%	101%	0	10	2	0	96.0%	92.3%	72.7%	78.9%	9.0%	-0.8	3	2
	Ouse	Forensic Medium Secure	24.5	95%	6.61	8.6%	↑	0.0%	→	52%	89%	100%	94%	2	5	1	15	91.7%	95.9%	87.5%	78.9%	11.3%	2.6	4	3
	Swale	Personality Disorder Medium Secure	26.4	91%	10.46	41.1%	↓	0.0%	→	51%	114%	105%	121%	1	11	4	27	79.2%	92.7%	66.7%	82.4%	11.8%	3.0	2	2
	Ullswater	Learning Disability Medium Secure	33.8	52%	16.21	15.3%	↑	0.0%	→	85%	96%	92%	97%	0	27	5	4	72.0%	87.1%	62.5%	77.8%	7.5%	2.4	1	3
Child & LD	Townend Court	Learning Disability	38.6	65%	29.10	28.8%	↓	0.0%	→	59%	68%	55%	117%	9	72	1	0	79.3%	92.9%	71.4%	90.5%	17.7%	2.1	4	4
Child & LD	Inspire	CAMHS	50.0	81%	18.97	32.7%	↓	16.3%	↓	51%	82%	75%	96%	7	69	1	0	86.7%	81.7%	78.6%	93.8%	10.8%	0.7	1	1
Child & LD	Granville Court	Learning Disability Nursing Treatment	52.3	n/a	n/a	32.8%	↓	4.0%	↑	121%	78%	100%	102%	1	4	0	0	96.3%	82.6%	70.0%	86.1%	11.8%	2.0	1	1
CH	Whitby Hospital	Physical Health Community Hospital	42.7	81%	9.18	2.1%	↑	3.4%	↓	86%	83%	100%	98%	3	0	0	0	81.8%	82.2%	93.8%	55.0%	8.9%	3.6	2	2
CH	Malton Hospital	Physical Health Community Hospital	30.0	74%	10.05	Not on eRoster	→	Not on eRoster	→	83%	96%	98%	87%	1	0	1	0	100.0%	73.0%	66.7%	45.5%	5.1%	3.0	5	2

HUMBER TEACHING NHS FOUNDATION TRUST
SAFER STAFFING INPATIENT DASHBOARD

Staffing and Quality Indicators	
Contract Period:	**2021-22**
Reporting Month:	**Nov-21**

NHS Humber Teaching NHS Foundation Trust

Exception Reporting and Operational Commentary

Safer Staffing Dashboard Narrative : October

Six wards have below target levels of fill rates on days. The registered fill rates on nights are all above the threshold with the exception of Pine View and Townend Court (TEC) which are both showing fill rates of 51% and 55% respectively. In most instances the lower fill rates indicate that the shifts are being run with one registered nurse and on TEC one registered nurse is covering both units on nights. However, CHPPD levels remain above the threshold.

The registered fill rates on days for the STARS team have improved from 48% to 59%. The low fill rates on STARS are because there is often one OT on shift during the day, but this is not being reflected in the demand template. This will be addressed in the next safer staffing review.

Despite the low fill rates on TEC due to one registered nurse on duty at times they have good CHPPD levels

Sickness is a significant issue across all the wards with the exception of New Bridges, PICU and Westlands. Some areas are impacted by long term sickness (Ouse) whilst others are experiencing high levels of short-term sickness and absence associated with C19.

STARS remain below target for Clinical supervision at 58%. This is being addressed locally. They are flagged as red for OBD but as a small unit they would expect to be full.

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

Malton have been experiencing significant pressures due to the number of registered vacancies and have required the use of agency staff which has impacted on supervision and training compliance. These vacancies have now been filled with international recruits.

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

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

Registered Nurse Vacancy Rates (Rolling 12 months)

Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
11.16%	11.90%	10.30%	8.40%	8.80%	10.10%	8.92%	8.70%	11.20%	8.70%	10.90%	10.30%

Slips/Trips and Falls (Rolling 3 months)

	Oct-21	Nov-21	Dec-21
Maister Lodge	5	8	3
Mill View Lodge	6	2	5
Malton IPU	2	1	4
Whitby IPU	5	1	0

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

Quality Dashboard

Description : Learning from Mortality Reviews

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

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

	Q3 20-21	Q4 20-21	Q1 21-22	Q2 21-22	Q3 21-22	Last 12 months
Total Number of Deaths	195	137	136	127	141	541
Total Number of Natural Deaths	175	125	121	117	126	489
Proportion of Natural Deaths	89.7%	91.2%	89.0%	92.1%	89.4%	90.4%
Total Number of Deaths - Community Hospitals	2	2	2	6	9	19
Total Number of Deaths - MH Inpatients	1	2	1	2	1	6
Total Number of Deaths - LD Inpatients	0	0	0	0	0	0
Total Number of Deaths - Forensics Inpatients	0	0	0	0	0	0
Total Number of Deaths - All Community excl. MH	75	60	74	54	73	261
Total Number of Deaths - Addictions	7	8	8	10	7	33
Total Number of Deaths - MH Community	56	71	50	55	52	228

Review Process

	Q3 20-21	Q4 20-21	Q1 21-22	Q2 21-22	Q3 21-22	Last 12 months
Reported as Mortality Review	0	0	0	0	1	1
No Further Action - Reviewed by CRMG / Safety Huddle	167	116	115	117	121	469
No Further Action - Expected Death	0	0	0	0	0	0
Reported as Serious Incident	1	1	3	2	0	6
Reported as SEA	5	7	2	2	5	16
Child Death Review	0	0	0	0	0	0
Statements Being Produced For Coroners	1	1	0	0	0	1
Total Deaths Reviewed	174	125	120	121	127	493
Awaiting Cause of Death	4	7	14	1	5	27
Not Yet Reported	17	5	2	5	9	21

Total Number of Deaths per quarter

	Q1 20-21	Q2 20-21	Q3 20-21	Q4 20-21	Q1 21-22	Q2 21-22	Q3 21-22
Total Number of Deaths	177	107	195	137	136	127	141
Total Number of Natural Deaths	162	91	175	125	121	117	126

Outcome of Death Reviews (2021 Calendar Year)

	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Reported as SEA	2	2	0	1	3	1	2	2	3	1	1	0	1	0	1	3	2	0
Reported as Serious Incident	0	0	0	1	0	0	0	1	0	1	1	1	0	2	0	0	0	0
No Further Action - Expected Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
No Further Action - Reviewed by CRMG / Safety Huddle	23	43	19	60	56	51	46	34	36	34	54	27	32	37	48	47	37	37
Awaiting Cause of Death	3	0	0	2	2	0	1	4	2	3	4	7	0	1	0	1	1	3
Reported as Mortality Review	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1

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

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

	Q3 20-21	Q4 20-21	Q1 21-22	Q2 21-22	Q3 21-22	Last 12 months
Number of LD Deaths in Inpatients	0	3	1	3	0	7

PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Dec 2021**

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

Friends and Family - Recommendation - Trustwide

Friends and Family - Recommendation - GP

Friends and Family - Recommendation - Non GP
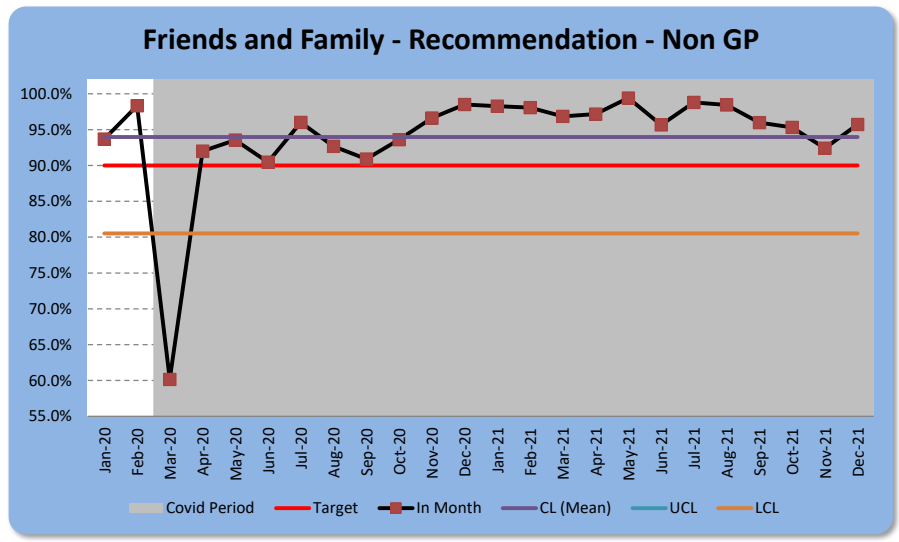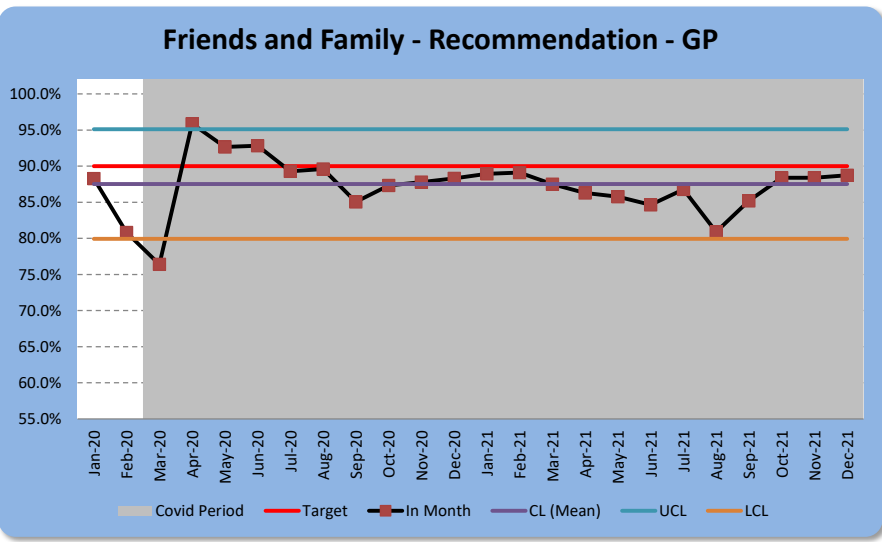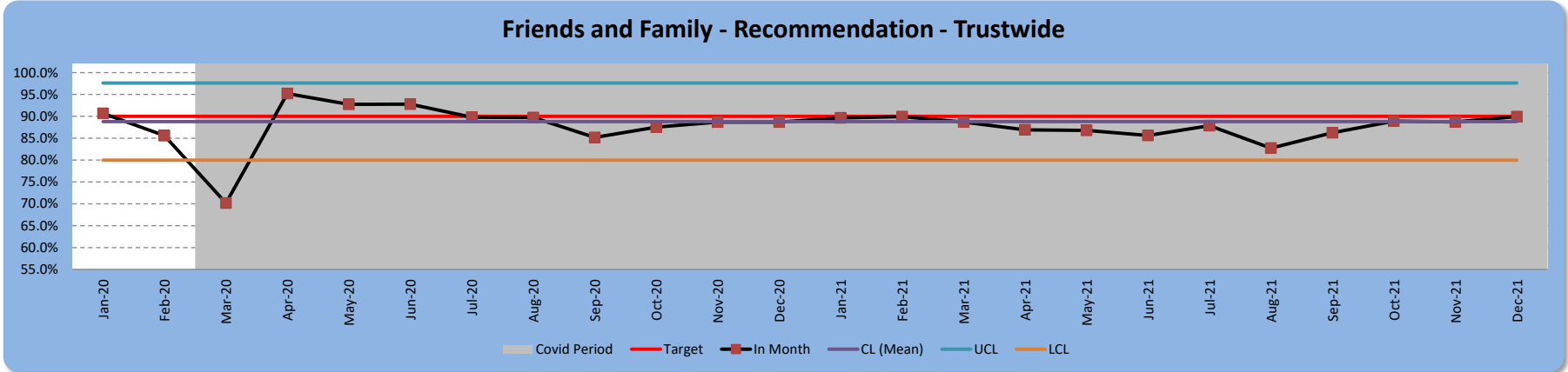
Target: 90%
Amber: 80%

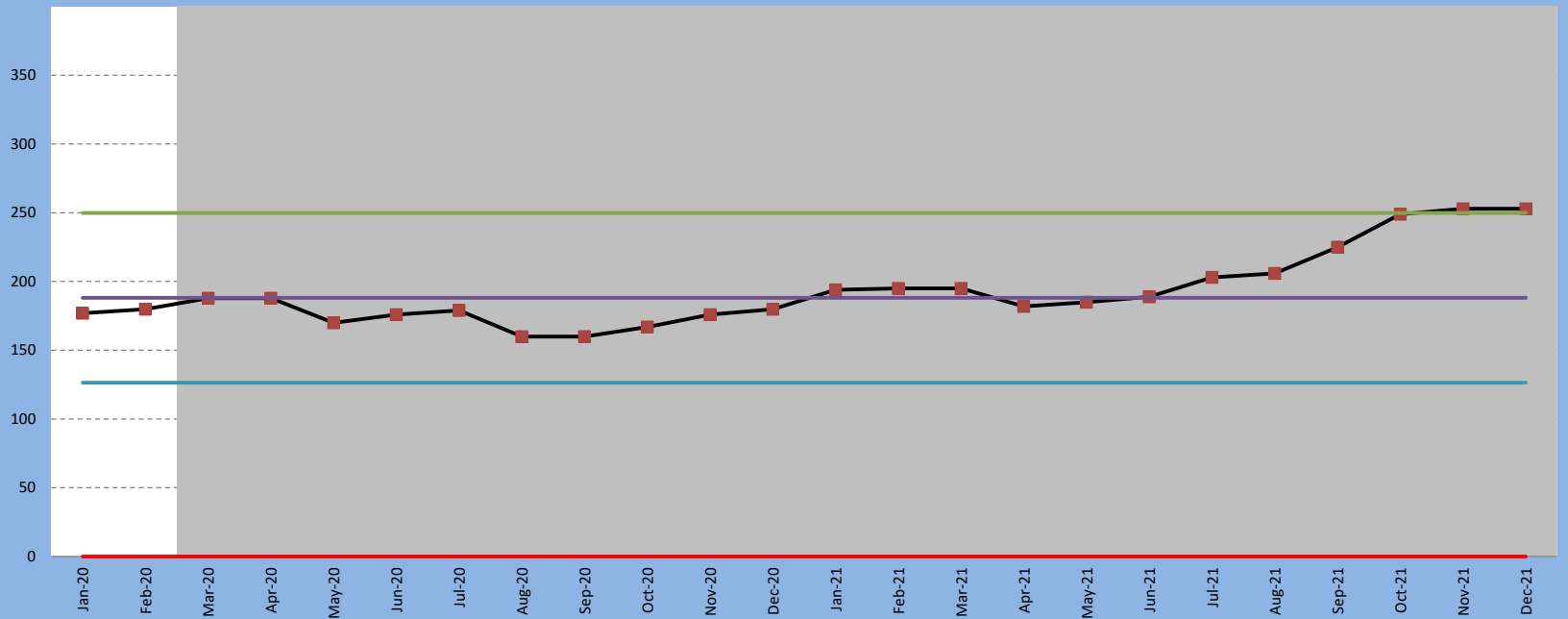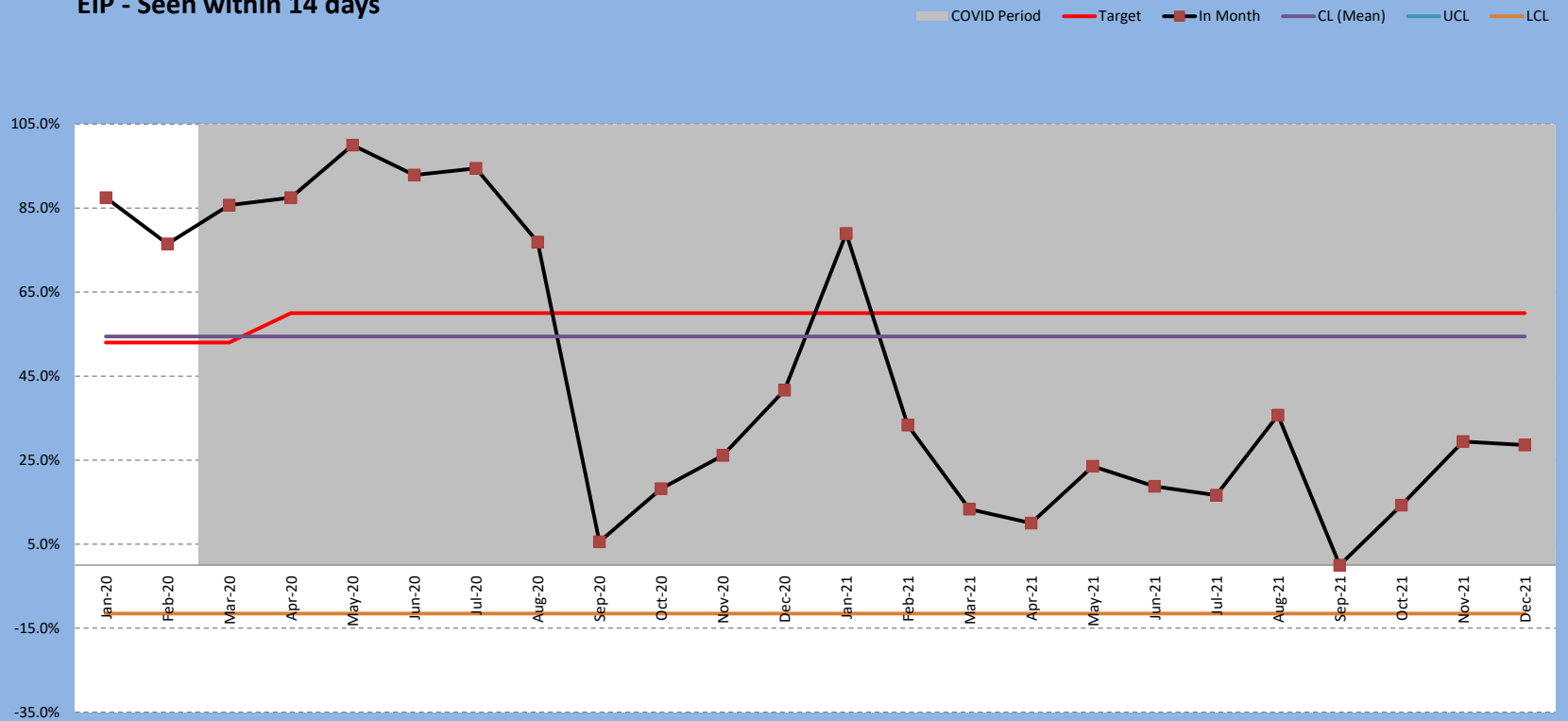Current month stands at 89.9%

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2021**

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

Friends and Family - Involvement (Non GP Services only)

Legend: COVID Period, Target, In Month, CL (Mean), UCL, LCL
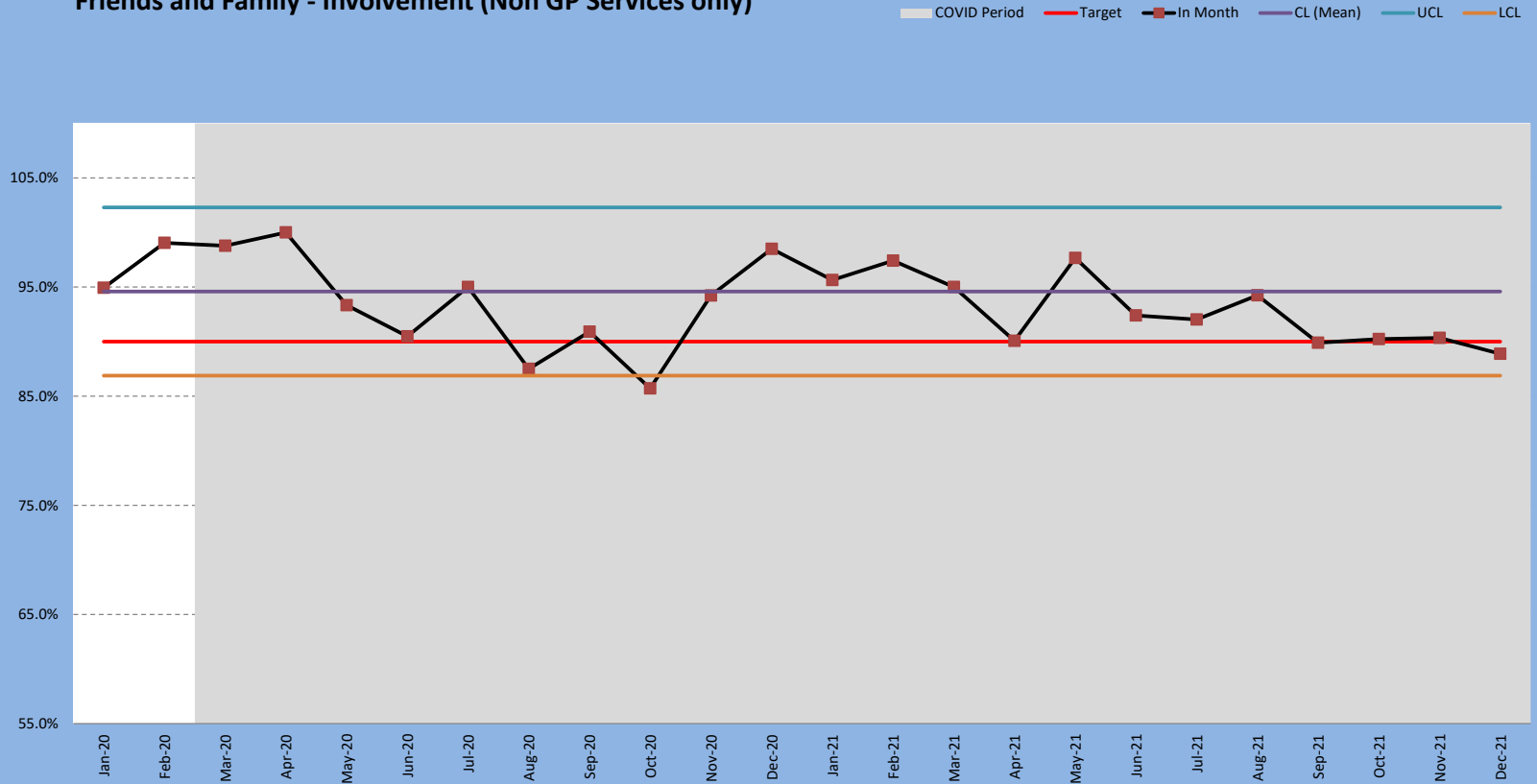
Target: 90%
Amber: 80%

Current month stands at 88.9%

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PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2021**

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

72 Hour Follow Ups

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

CPA 7 Day Follow Ups

Legend: COVID Period — Target — In Month — CL (Mean) — UCL — LCL
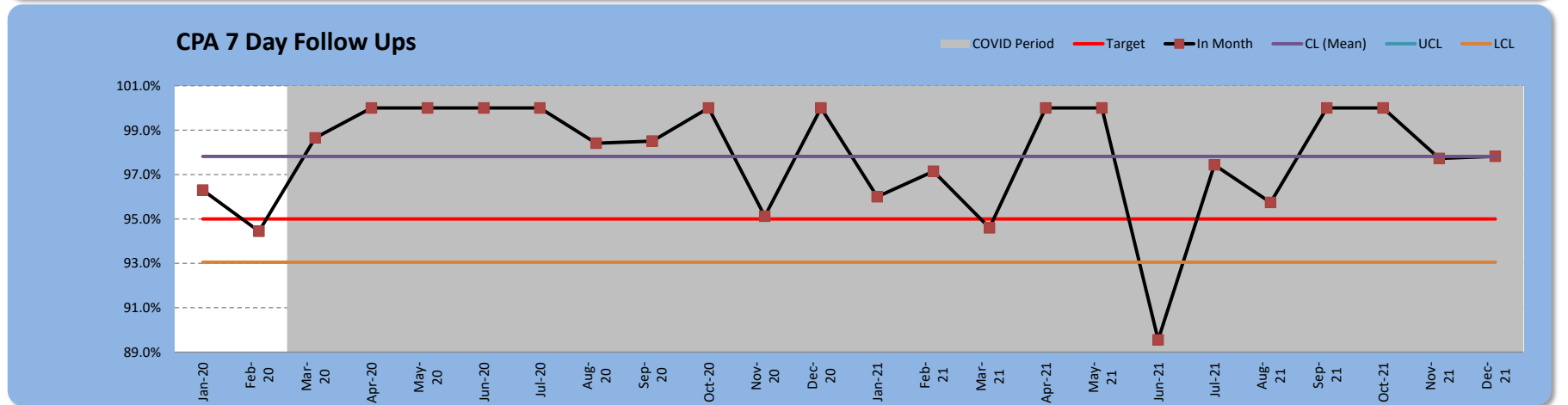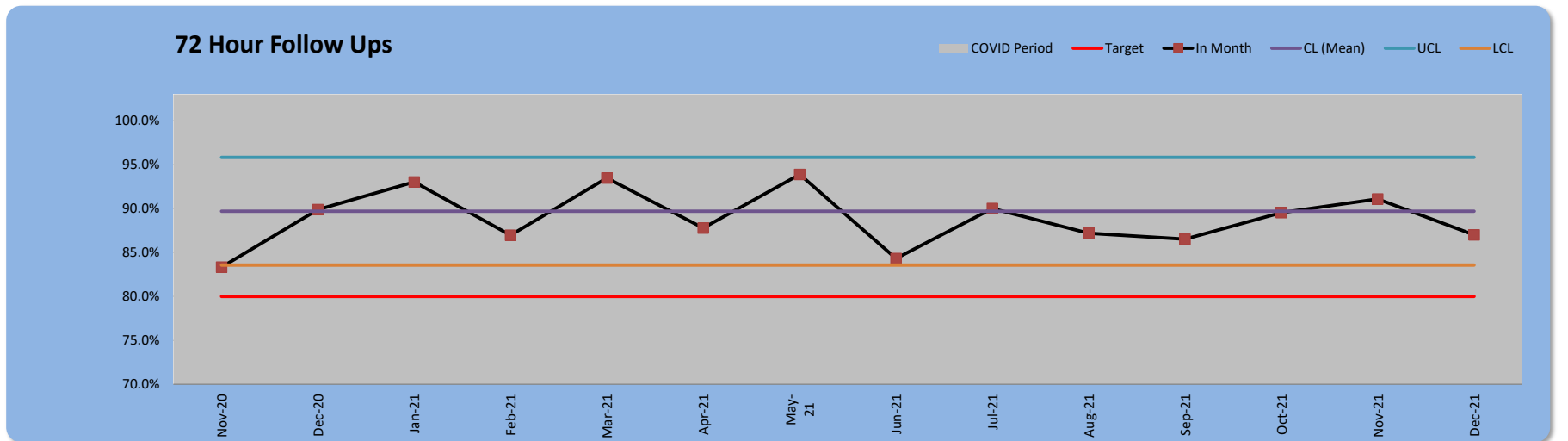
Target: 80%
Amber: 60%

Current month 72 hr stands at 87.0%

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2021**

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

CPA Reviews

Legend: COVID Period — Target — In Month — CL (Mean) — UCL — LCL
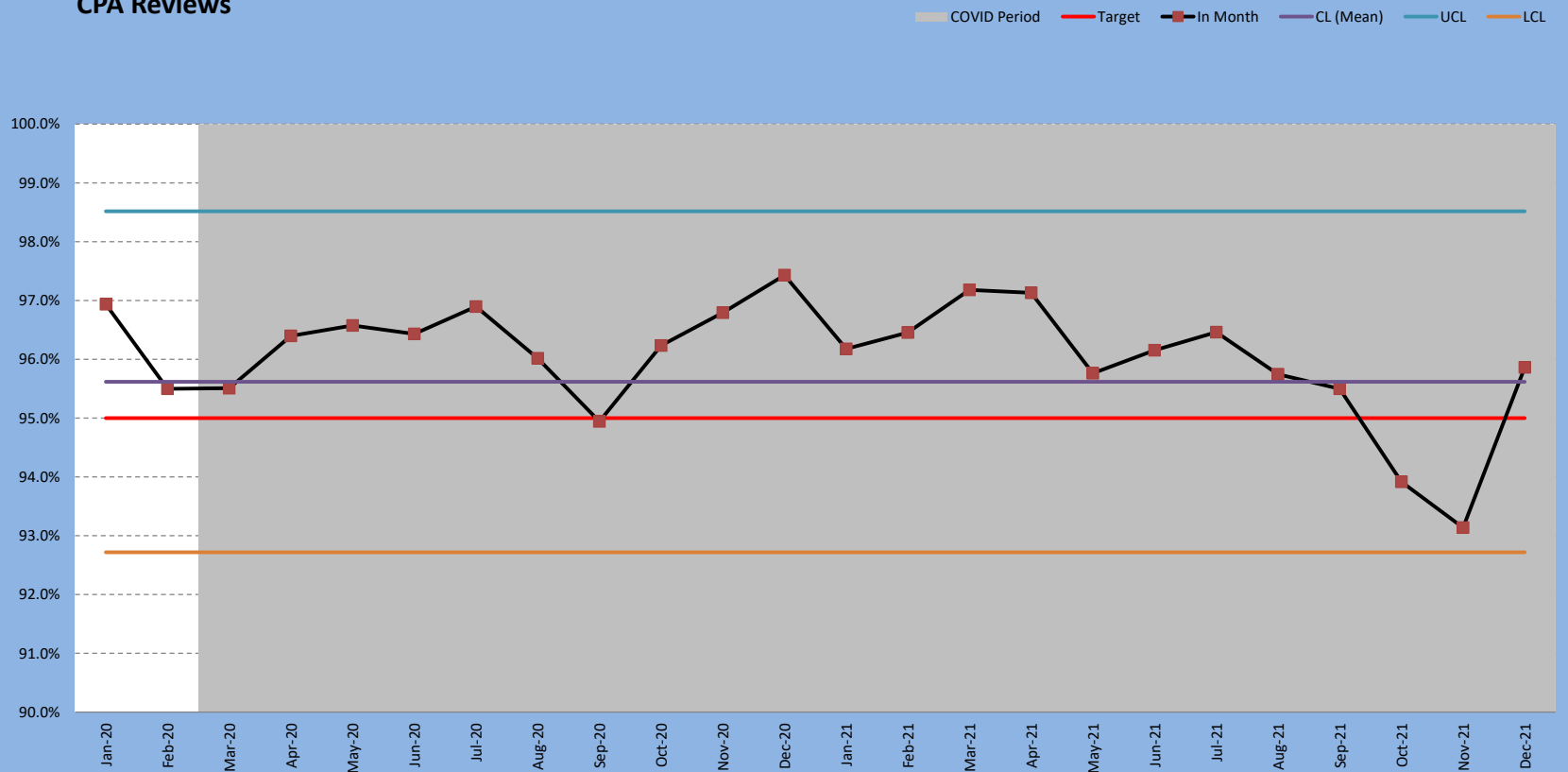
Target: 95%
Amber: 85%

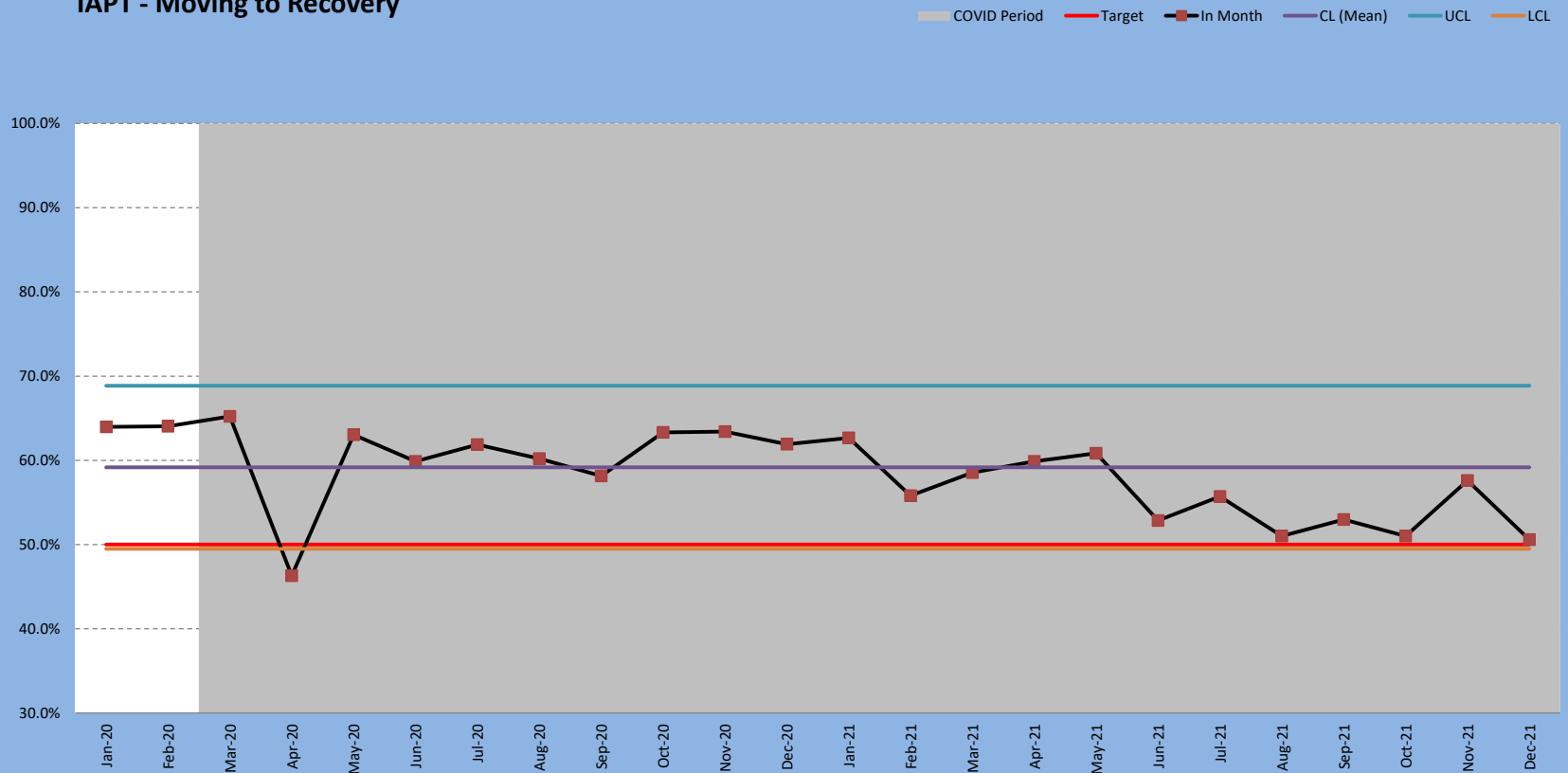Current month stands at 95.9%

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2021**

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

RTT Waits - Complete

COVID Period — Target — In Month — CL (Mean) — UCL — LCL
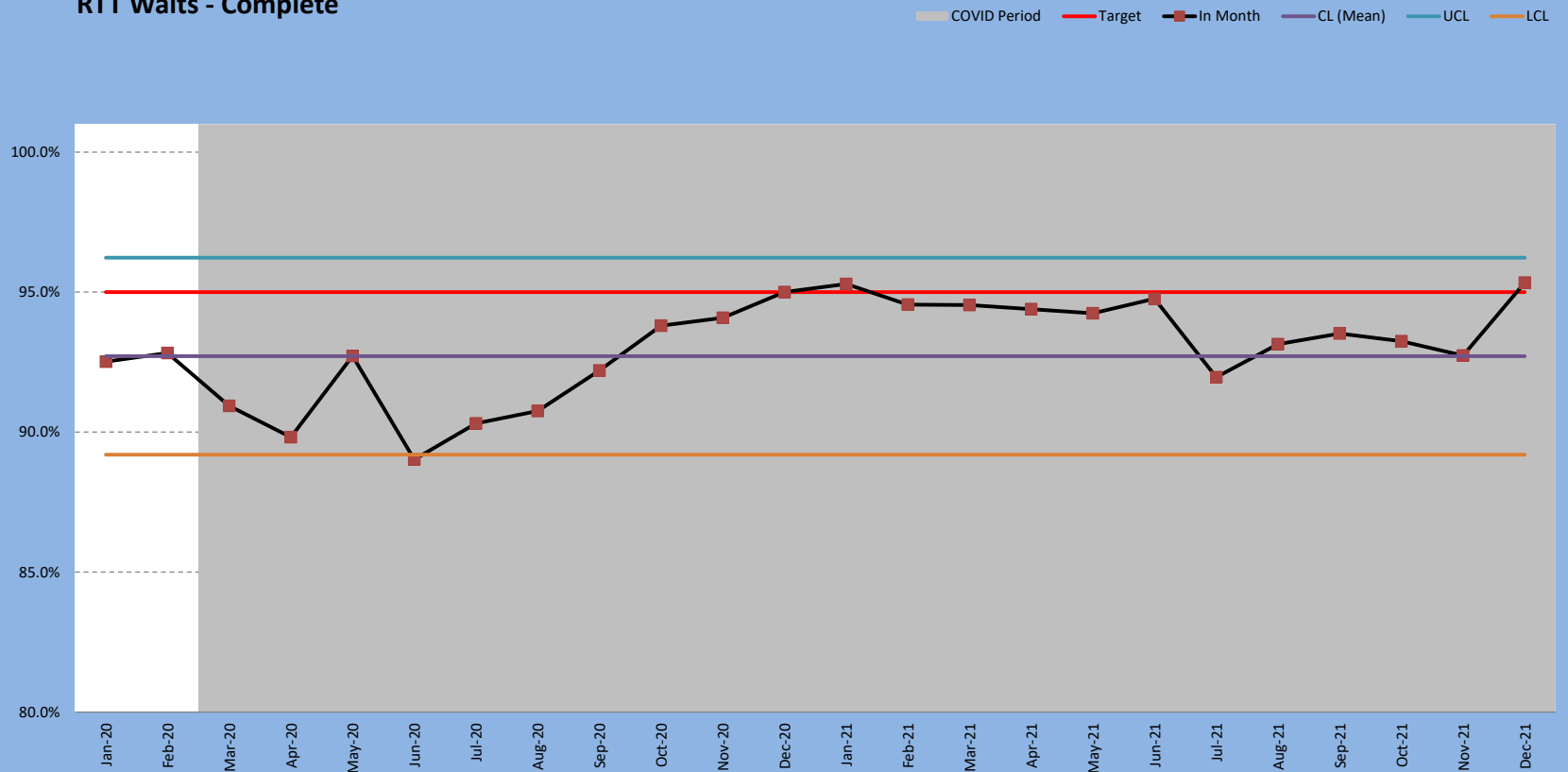
Target: 95%
Amber: 85%

Current month stands at 95.3%

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PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Dec 2021

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

RTT Waits - Incomplete

Legend: COVID Period — Target — In Month — CL (Mean) — UCL — LCL
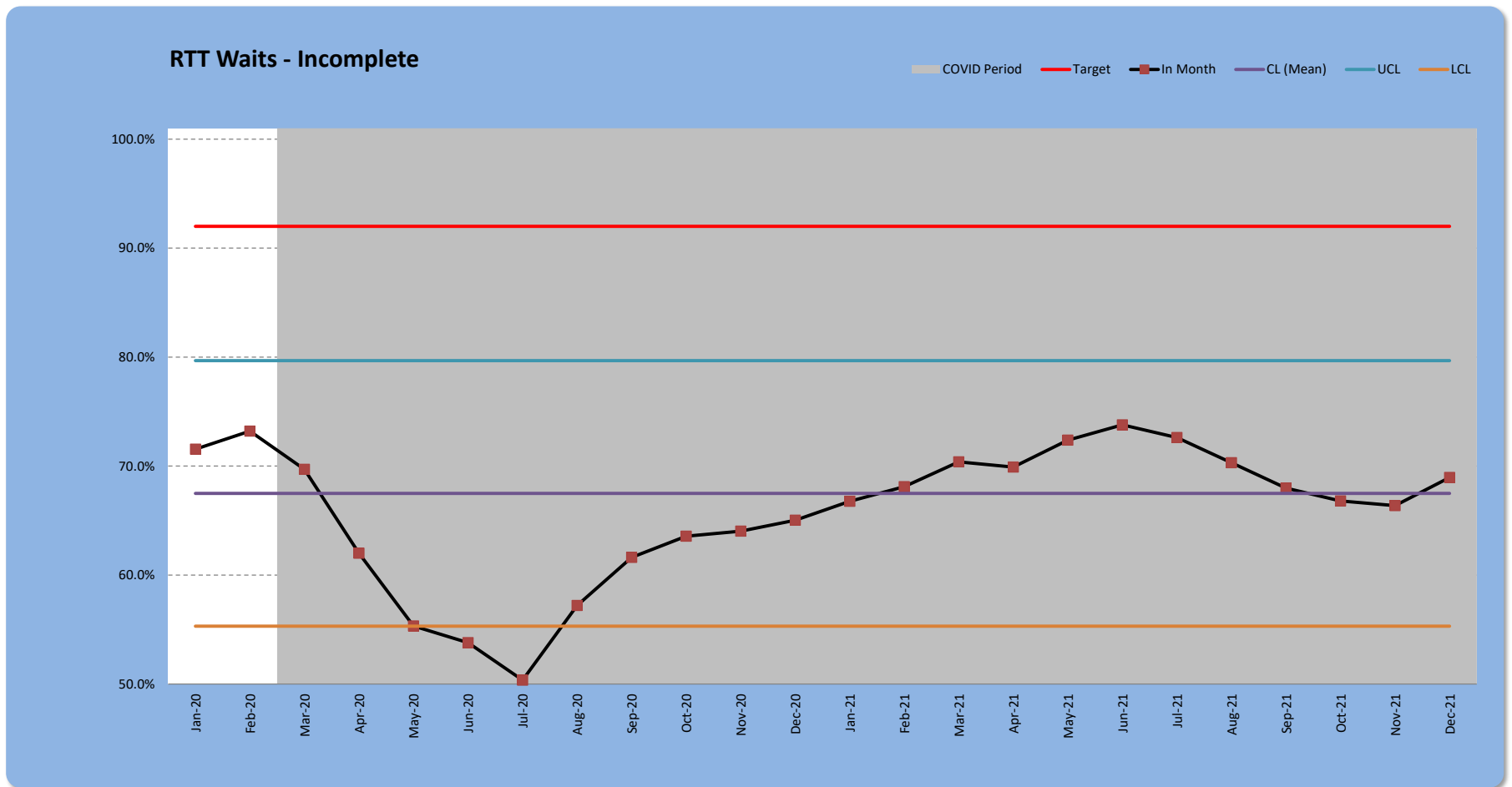
Target: 92%
Amber: 85%

Current month stands at 68.9%

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Dec   2021

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

Number of patients waiting 52 weeks for treatment (excluding ASD for Paediatrics and Adults)

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

Target: 0
Amber: 0

Current month stands at 455

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2021**

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

Number of patients waiting 52 weeks for assessment and Diagnosis for Adult ASD

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

Target: 0
Amber: 0

Current month stands at 90

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Dec 2021

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

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

COVID Period   —— Target (0)   ——■— In Month
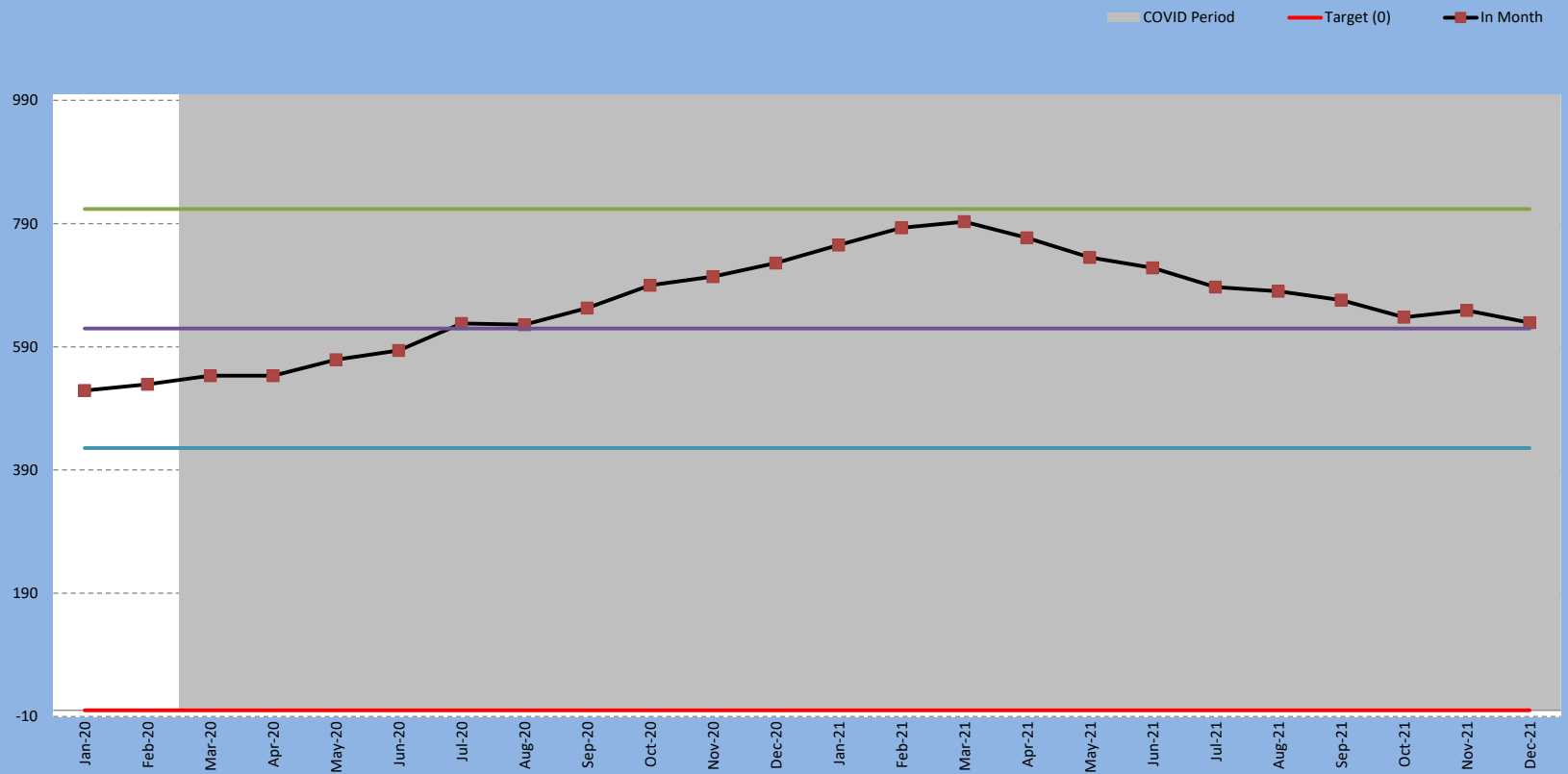
Target: 0
Amber: 0

Current month stands at 629

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2021**

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

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

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

Target: 0
Amber: 0

Current month stands at 253

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2021**

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

EIP - Seen within 14 days

Legend: COVID Period | Target | In Month | CL (Mean) | UCL | LCL

Target: 60%
Amber: 55%

Current month stands at 28.6%

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Dec 2021

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

IAPT - 6 weeks

Legend: COVID Period | Target | In Month | CL (Mean) | UCL | LCL
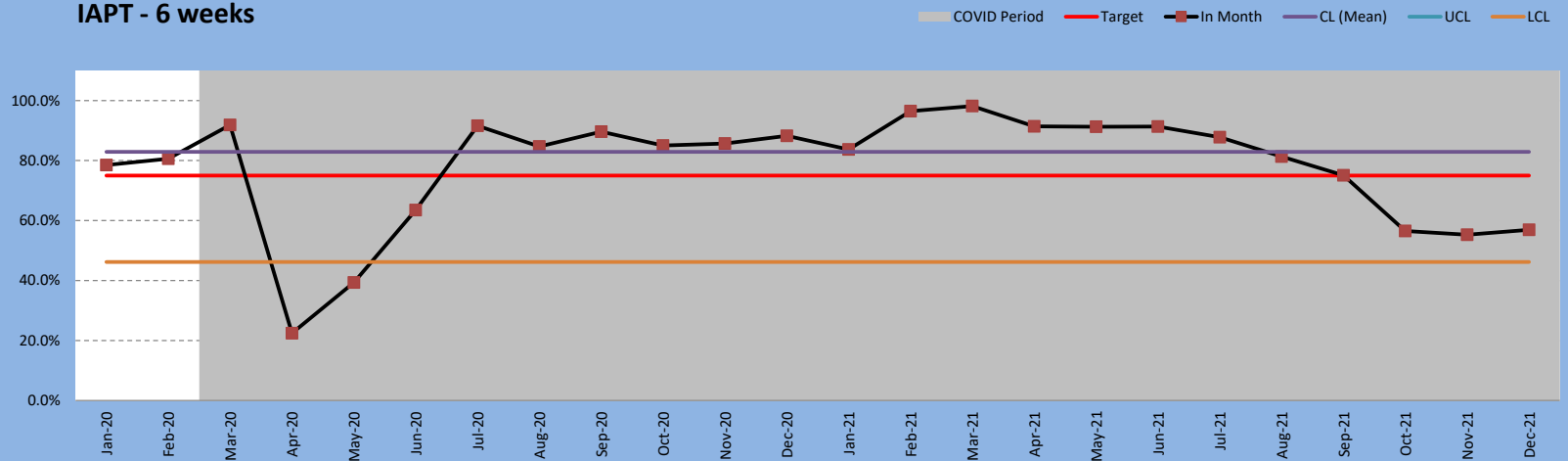
Target: 75%
Amber: 70%

Current month
56.9%

IAPT - 18 weeks

Legend: COVID Period | Target | In Month | CL (Mean) | UCL | LCL
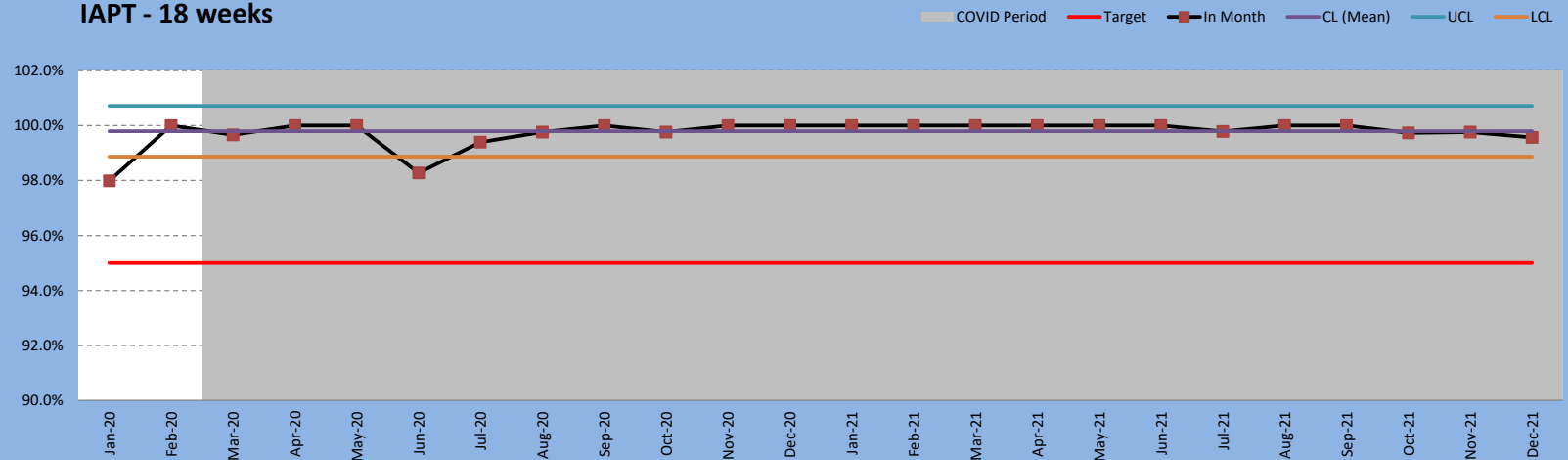
Target: 95%
Amber: 85%

Current month
99.6%

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2021**

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

IAPT - Moving to Recovery

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

Target: 50%
Amber: 45%

Current month stands at 50.6%

PI RETURN FORM 2021-22

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Dec 2021**

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

Out of Area Placements - Days

Legend: COVID Period — Target — In Month — CL (Mean) — UCL — LCL
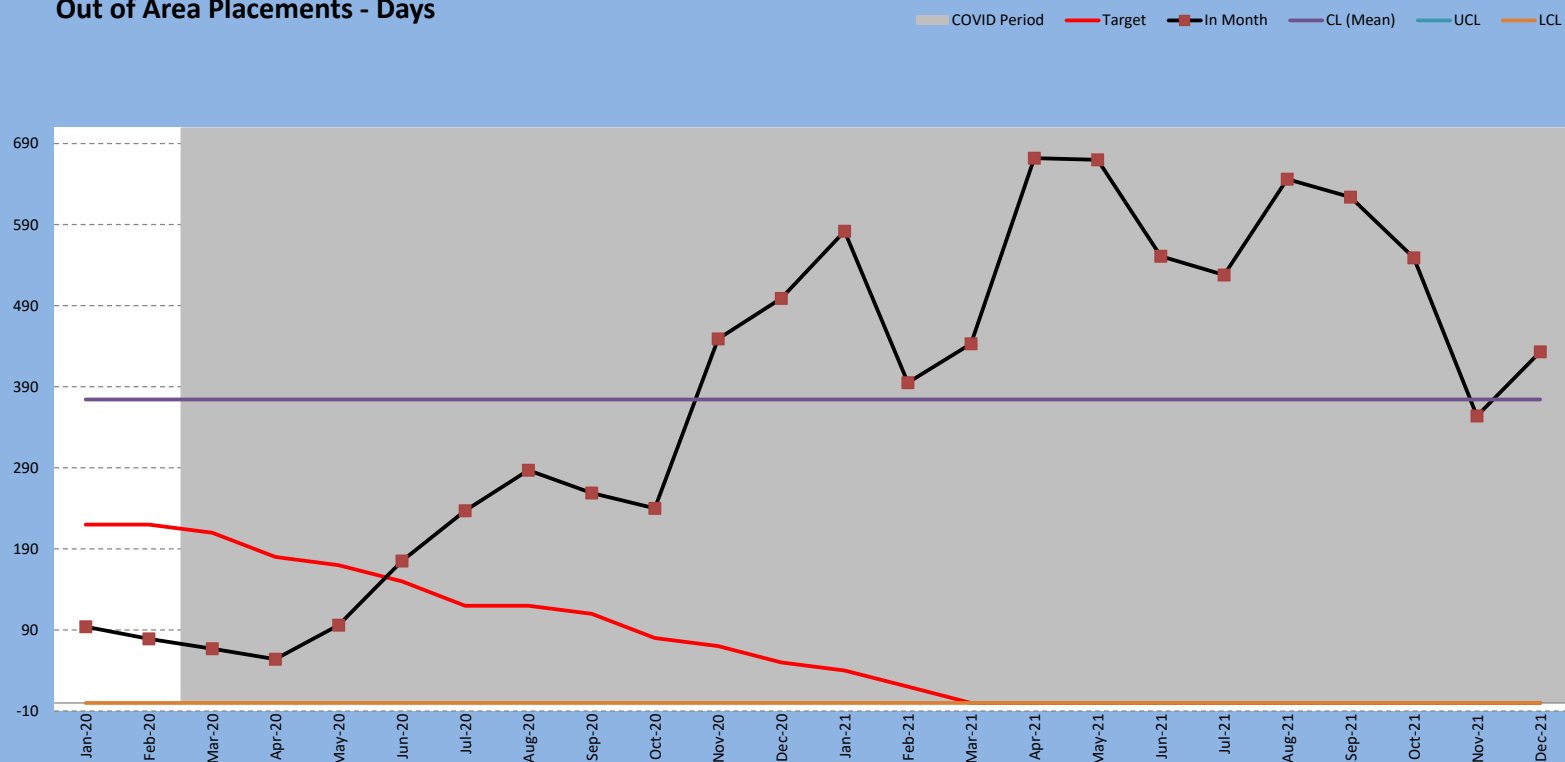
Total number of patients out of area		
within month		**23**

Patients OoA - Split

	# days	# patients
Adult	231	13
OP	174	8
PICU	28	2

Target: 0

Amber:

Current month stands at 433

PI RETURN FORM 2021-22

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Dec 2021**

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

Out of Area Placements - Adult

Legend: COVID Period — In Month — CL (Mean) — UCL — LCL
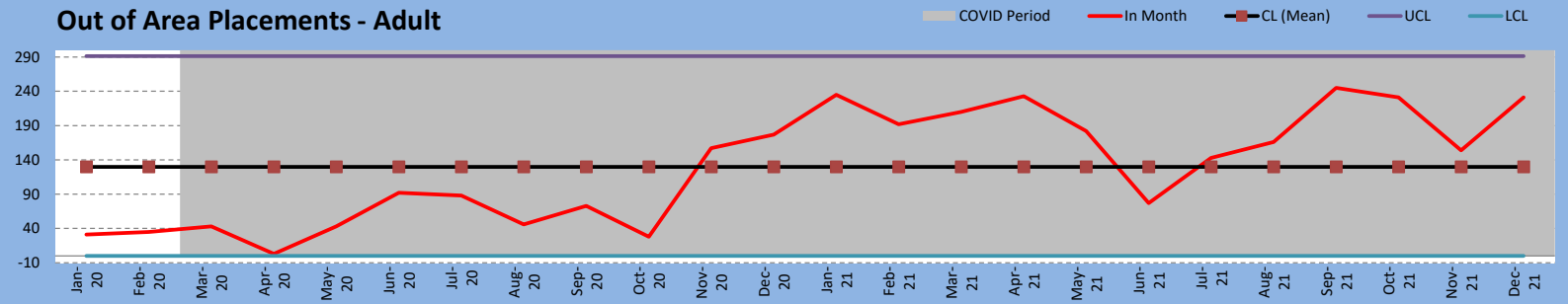
Out of Area Placements - Older People

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

Out of Area Placements - PICU

Legend: COVID Period — In Month — CL (Mean) — UCL — LCL
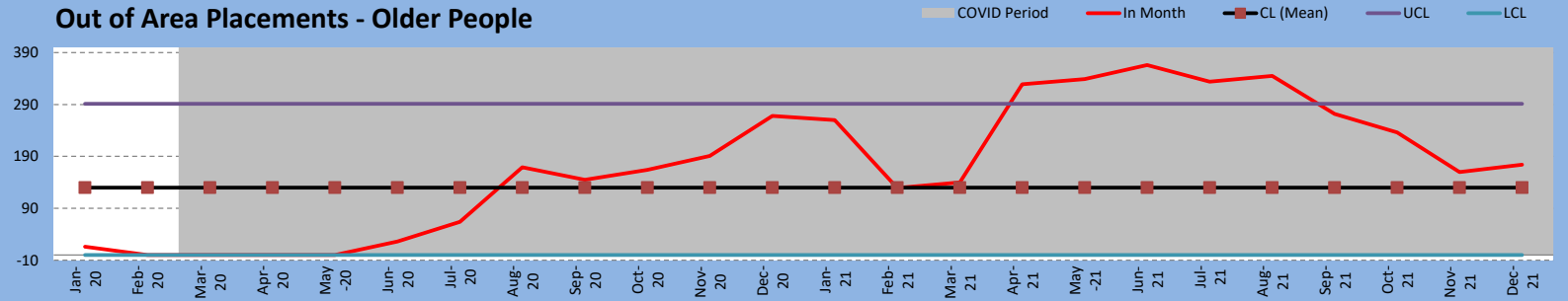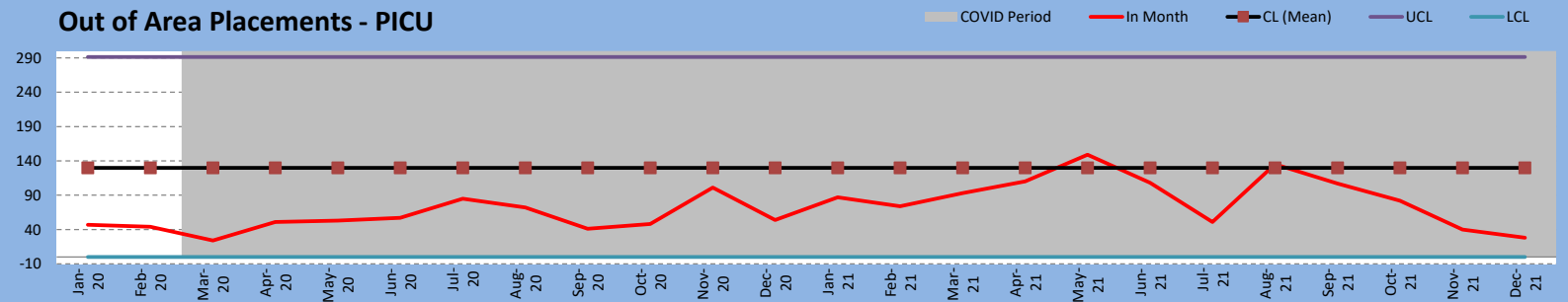
The split for the current month is as follows:

Dec-21	
231	Adult
174	OP
28	PICU
433	Total

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Dec 2021**

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

Target: 7.5%

Amber: 7.0%

Current month stands at 5.3%

Delayed Transfers of Care - Mental Health
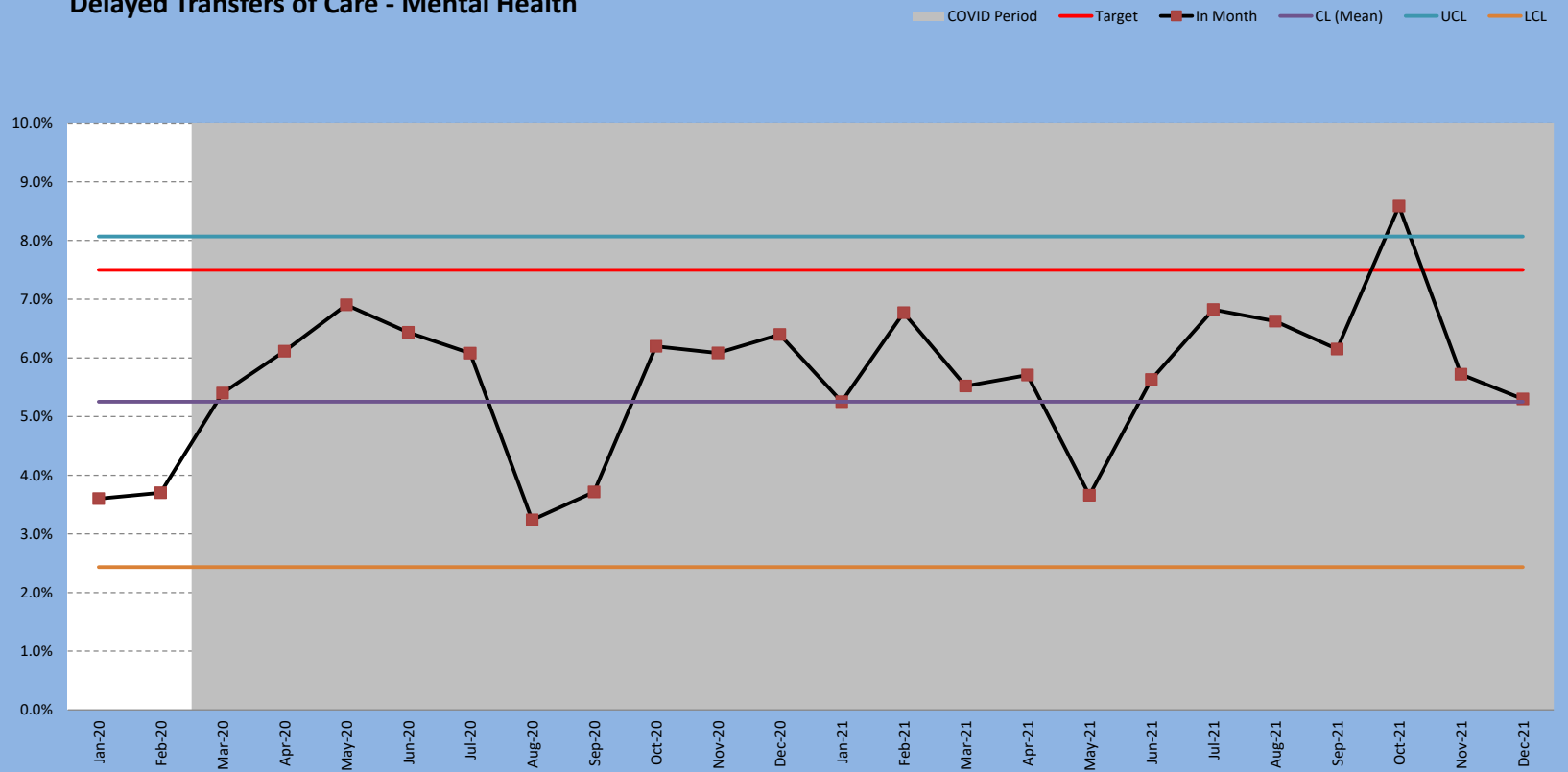
PI RETURN FORM 2021-22

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Dec 2021**

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

Sickness Absence

Legend: COVID Period, Target, In Month, CL (Mean), UCL, LCL, Rolling 12M

Trustwide Covid Sickness

Covid Sickness values: Mar-21 0.30%, Apr-21 0.24%, May-21 0.20%, Jun-21 0.14%, Jul-21 0.27%, Aug-21 0.33%, Sep-21 0.43%, Oct-21 0.25%, Nov-21 0.35%, Dec-21 0.55%, Jan-22 0.00%, Feb-22 0.00%, Mar-22 0.00%
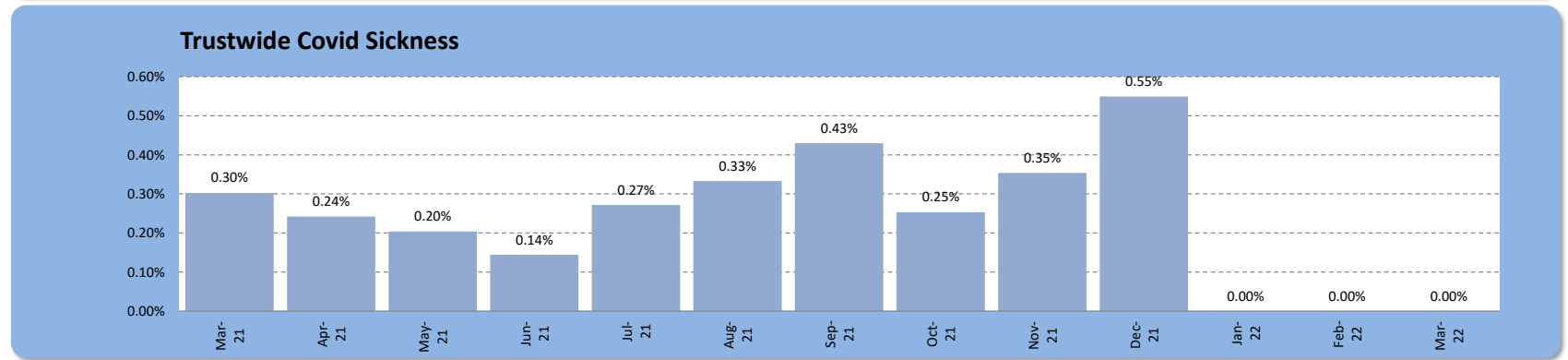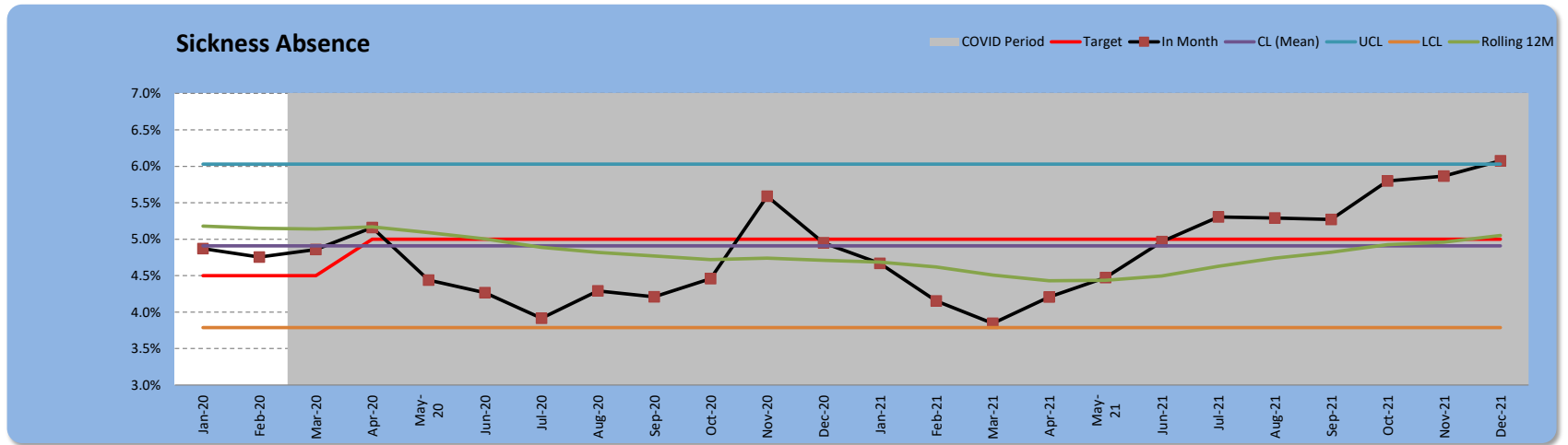
Target: 5.0%
Amber: 5.2%

Current month
5.72%

PI RETURN FORM 2021-22

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Dec 2021**

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

Target: 0.83%
Amber: 0.70%

Current month stands at 1.1%

Staff Turnover - Monthly
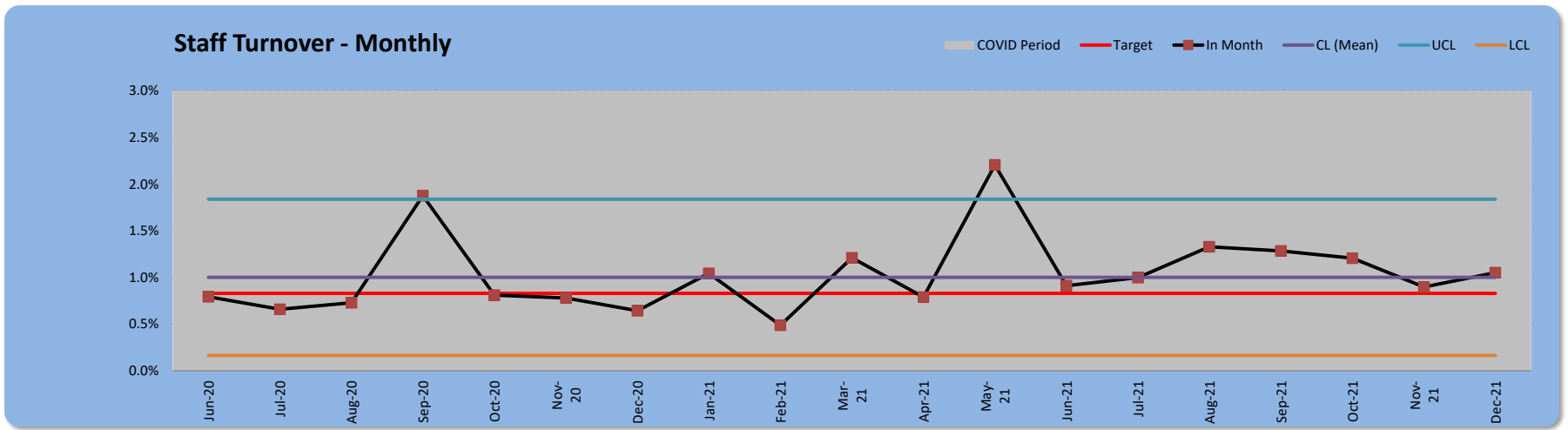
Target: 10%
Amber: 9%

Current month stands at 13.8%
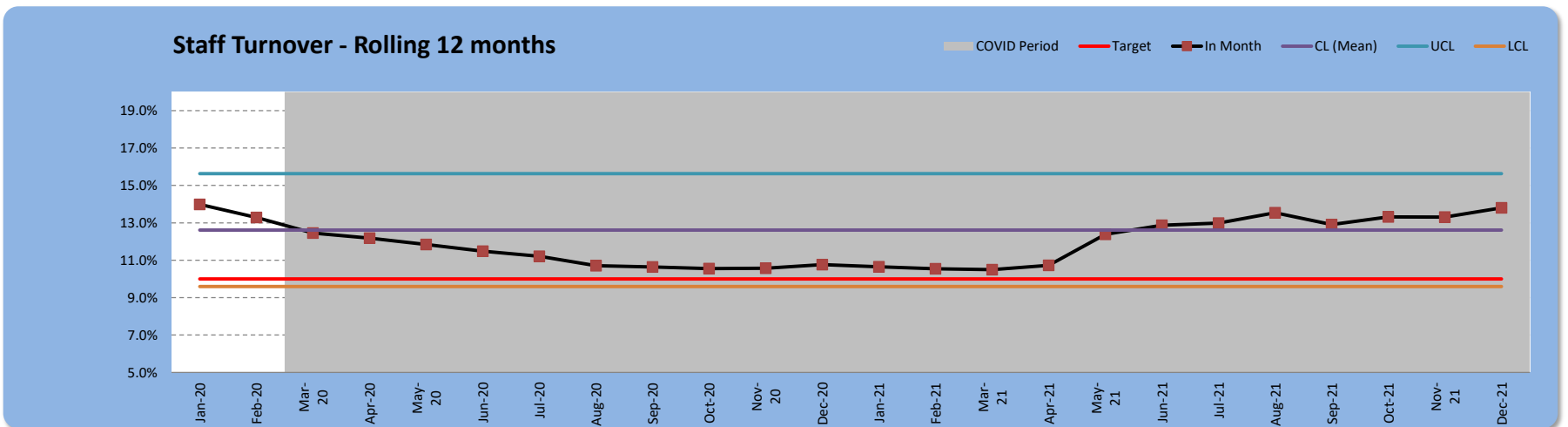
Staff Turnover - Rolling 12 months

PI RETURN FORM 2021-22

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: Dec 2021

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
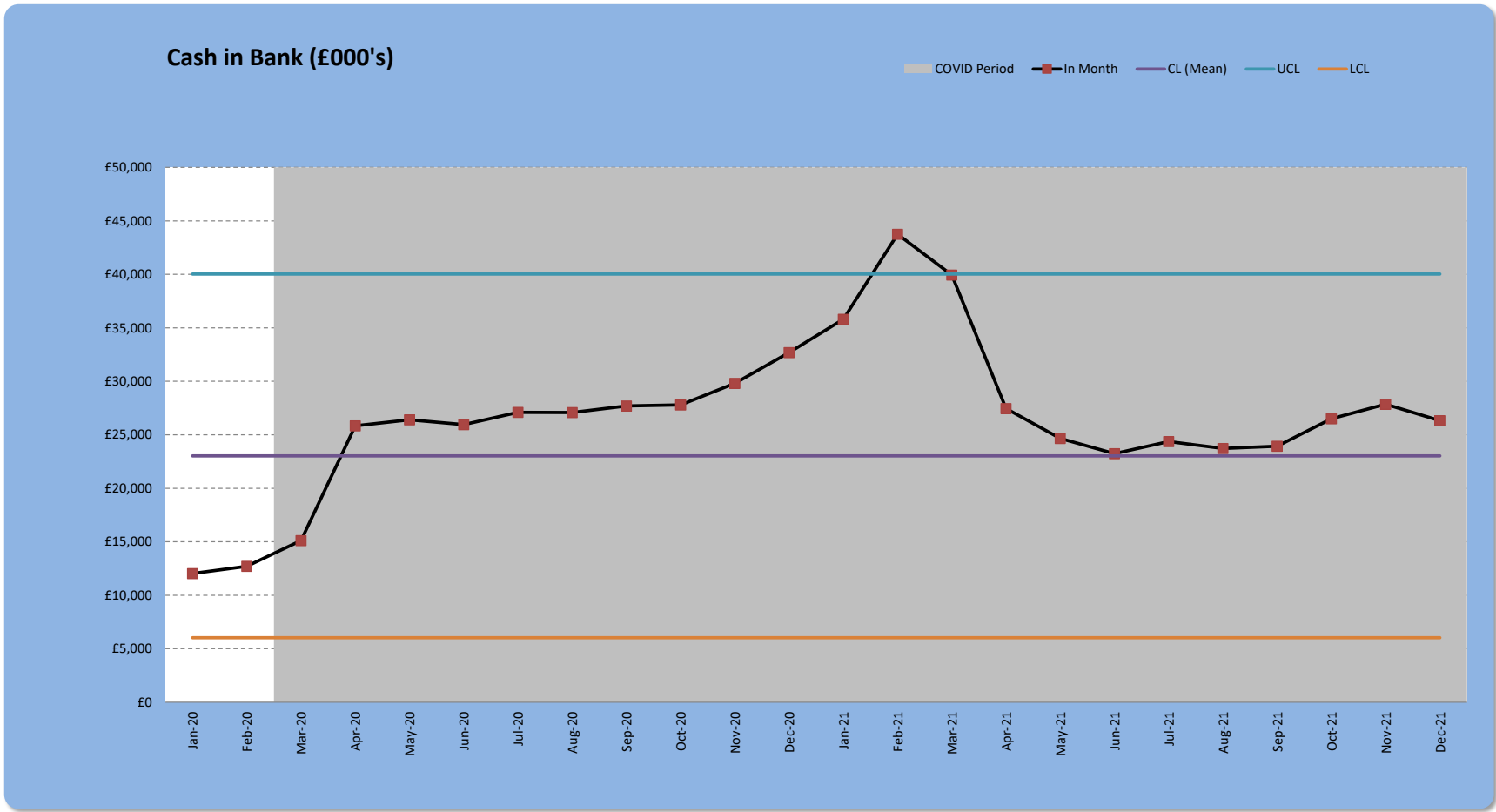
Cash in Bank (£000's)

Legend: COVID Period, In Month, CL (Mean), UCL, LCL

Current month stands at £26,329 ,000

PI RETURN FORM 2021-22

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Dec 2021**

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

Income and Expenditure - Actual (£000's)

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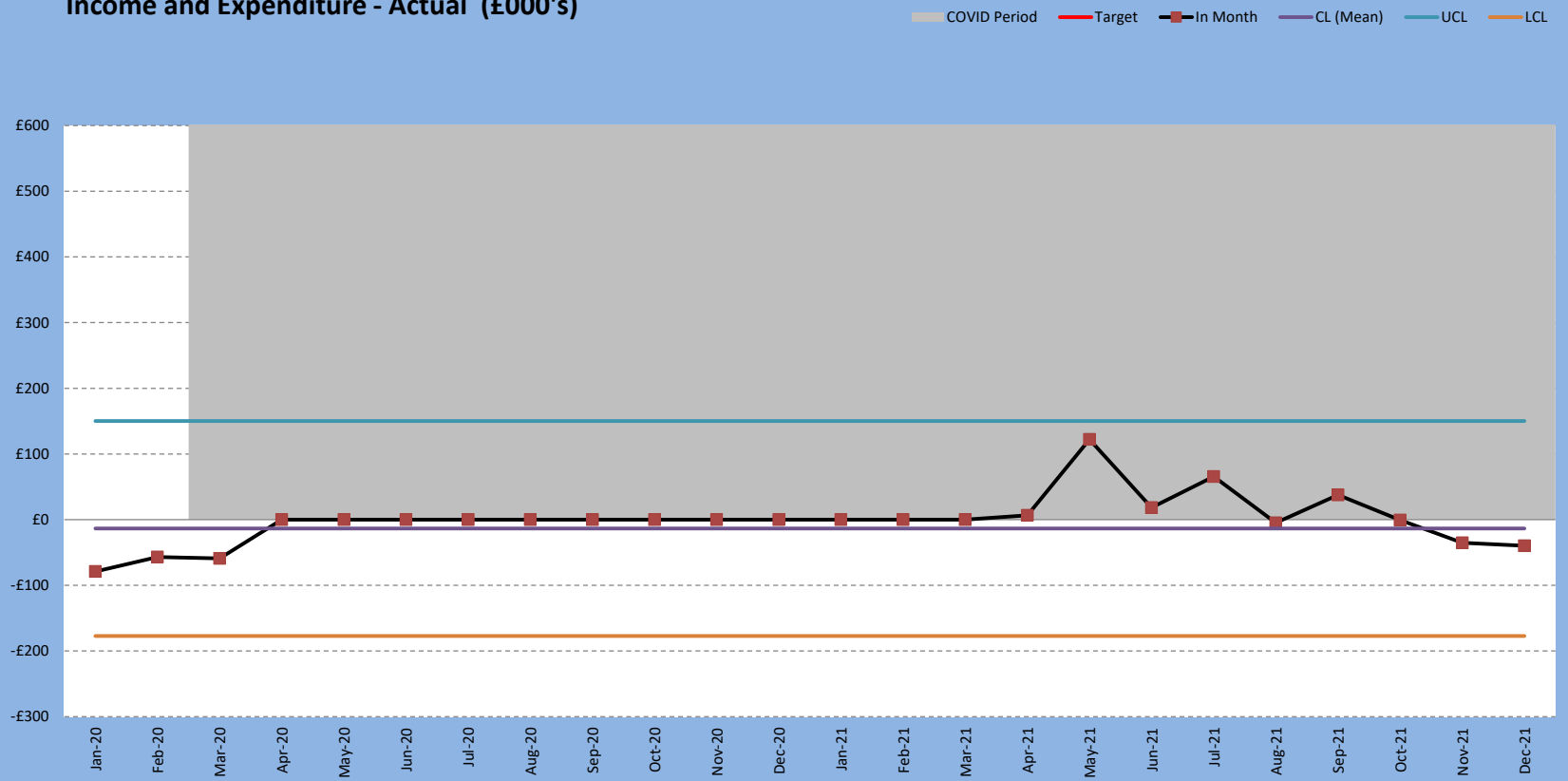
Target:

Amber:

Current month stands at -£40 ,000

PI RETURN FORM 2021-22

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Dec 2021**

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Complaints	The number of Complaints Responded to and Upheld.	John Byrne	IQ 1
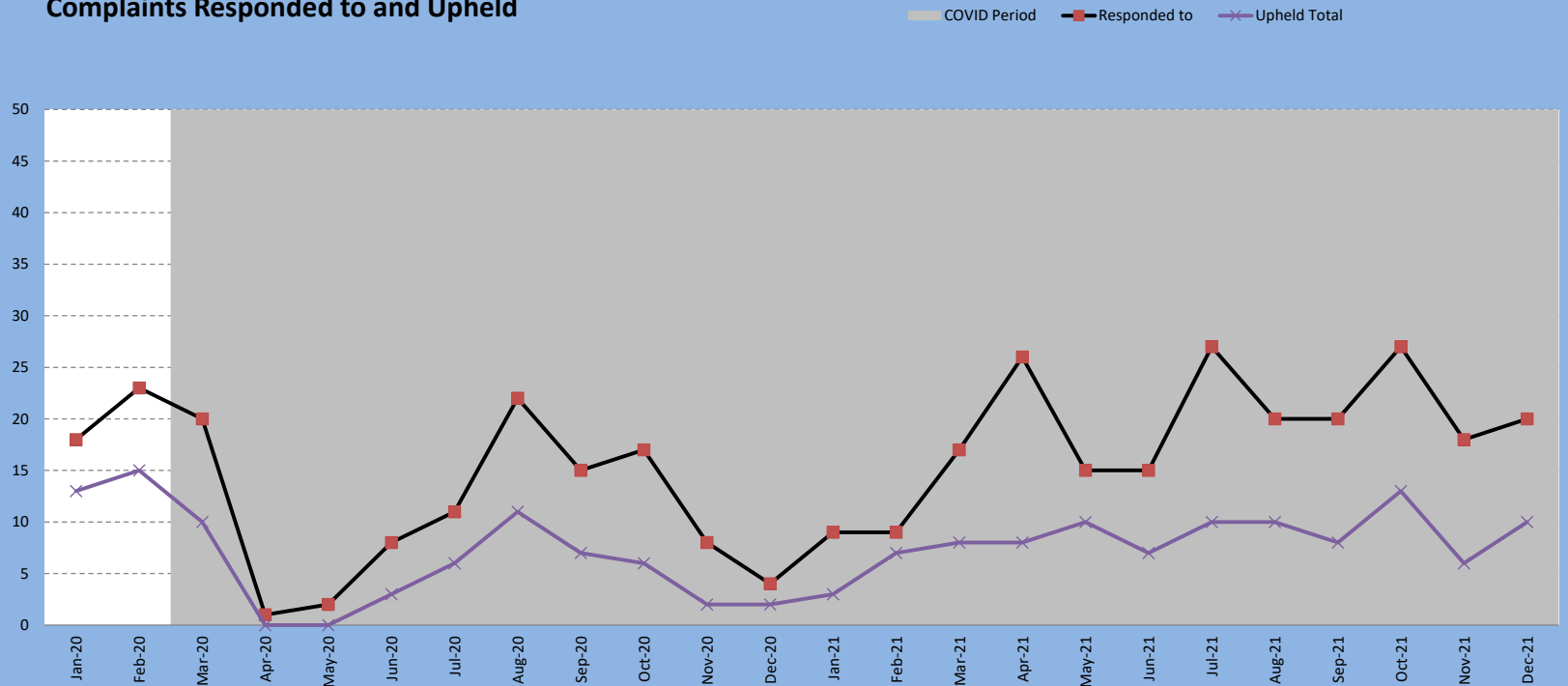
Of the number of complaints responded to in the month
10
were upheld which equates to

50.0%

YTD Upheld

50.0%

Complaints Responded to and Upheld

COVID Period — Responded to — Upheld Total

PI RETURN FORM 2021-22

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Dec 2021**

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

Number of Compliments

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

Target: 0
Amber: 0

Current month stands at 21

Title & Date of Meeting:	Trust Board Public Meeting – 26 January 2022			
Title of Report:	Finance Report 2021/22: Month 9 (December 2021)			
Author/s:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To receive & note	☑
	For information		To ratify	
	The Trust Board are asked to note the Finance report for December and comment accordingly.			
Purpose of Paper:	This report is being brought to Board Members to provide the financial position for the Trust as at the 31 December 2021 (Month 9). 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.			

Governance: *Please indicate which group or committee this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee	19.01	Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Key Issues within the report: *Please ensure you also complete the monitoring and assurance framework summary below:*	• The Trust recorded an overall operating surplus of £0.170m, a position consistent with the Trust's planning target. • Within the reported position at Month 9 is Covid expenditure of £3.577m and income top up of £1.997m. • Cash balance at the end of Month 9 was £26.329m of which £2.600m relates to the Provider Collaborative • The Year to Date Agency expenditure was £5.620m, this is £0.476m more than the previous year's equivalent month 9 position.

Caring, Learning & Growing Together

Monitoring and assurance framework summary:

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

FINANCE REPORT – December 2021

1.   Introduction

This report is being presented to The Board to present the financial position for the Trust as at the 31st December 2021 (Month 9). The report provides assurance regarding financial performance, key financial targets and objectives.

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

2.   Position as at 31st December 2021

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

Confirmation of the required target for the second half of the year (H2) has recently been received and the Trust is asked to deliver a annual break even position, this requires the Trust to deliver a by the Trust and is a deficit of £0.315m which will mean an annual break even position.

Table 1 shows for the period ended 31st December 2021 the Trust recorded an operating surplus of £0.170m, details of which are summarised in the table on the following page.

There are 3 items which don't count against the Trust's financial control targets, these are

i)   The Trust has billed Hull City Council for the amount of expenditure undertaken on the Yorkshire and Humber Care Record, this totals £2.958m

ii)   Donated Asset Depreciation (totals £0.044m year to date)

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

Including the above items, the overall Ledger Position is a £3.148m surplus.

**Table 1: 2021/22
Income and Expenditure**

	21/22 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Income							
Trust Income	**130,340**	**10,962**	**10,458**	**(503)**	**97,520**	**98,105**	**586**
Clinical Income	**16,176**	**1,284**	**1,407**	**123**	**12,244**	**13,105**	**861**
Covid 19 Income	**6,300**	**763**	**1,451**	**688**	**5,638**	**7,548**	**1,910**
Total Income	**152,815**	**13,008**	**13,316**	**308**	**115,402**	**118,758**	**3,356**
Expenditure							
Clinical Services							
Children's & Learning Disability	30,079	2,504	2,556	(52)	22,558	22,800	(242)
Community & Primary Care	29,331	2,520	2,707	(187)	21,980	22,762	(782)
Mental Health	51,720	4,518	4,710	(192)	39,154	38,586	568
Forensic Services	11,866	1,009	919	91	8,864	8,556	308
	122,995	10,551	10,892	(341)	92,555	92,703	(148)
Corporate Services							
	29,336	1,850	1,854	(4)	22,250	20,938	1,312
Total Expenditure	**152,331**	**12,402**	**12,747**	**(345)**	**114,805**	**113,641**	**1,164**
EBITDA	**484**	**607**	**569**	**(37)**	**597**	**5,117**	**4,520**
Depreciation	4,031	336	418	(82)	3,023	3,072	(48)
Interest	148	12	(12)	25	111	111	(0)
PDC Dividends Payable	2,341	195	195	-	1,756	1,756	-
ICS Contribution	-	-	9	(9)	-	9	(9)
Operating Total	**(6,036)**	**63**	**(40)**	**(103)**	**(4,293)**	**170**	**4,463**
BRS	(6,036)	103	-	103	(4,463)	-	(4,463)
Operating Total	**1**	**(40)**	**(40)**	**(0)**	**170**	**170**	**(0)**
Excluded from Control Total							
YHCR Section 75 Income	-	-	139	(139)	-	(2,958)	2,958
Profit on Assets Held for Sale	-	-	-	-	-	(64)	64
Donated Depreciation	70	6	5	1	52	44	8
	(69)	(45)	(184)	(139)	117	3,148	3,031
Excluded							
Commissioning	1	39	(4)	43	116	(0)	116
Ledger Position	**(70)**	**(84)**	**(180)**	**(96)**	**2**	**3,149**	**3,147**
EBITDA %	**0.3%**	**4.7%**	**4.3%**		**0.5%**	**4.3%**	
Surplus %	**-3.9%**	**0.5%**	**-0.3%**		**-3.7%**	**0.1%**	

2.2   Income

Trust Income is overachieving against budget by £0.586m this is due to the Trust being in receipt of the backdated pay award funding, additional SDF and Spending Review monies which have been transacted by the CCGs.

The additional £0.861m of Clinical Income relates to a number of areas across the Trust and includes:

i)   Non recurrent income from commissioners for Out of Area placements provides £0.331m.

ii)   Additional income in In Community and Primary Care and Addictions of £0.230m

The remaining overachievement relates to a number of minor additional amounts in Children's and LD.

Covid 19 income is showing an overachievement against budget of £1.910m and is being utilised as an efficiency to offset the pressure of the pay award.

2.3   Divisional Expenditure

The overall Operational Divisional Gross Expenditure is showing an overspend of £0.148m.

2.3.1   Children's and Learning Disability

Children's and LD is reporting a £0.242m overspend year to date.

CAMHS Inpatient Service is reporting a significant pressure this financial year with a year to date overspend of £0.681m. The pressure to open the PICU beds and the acuity of the patients has resulted in increased staffing levels and pay is overspent by £0.651m. The cost of the doctors for the ward is £0.317m over spent year to date due to the difficultly recruiting and the use of agency consultants.

Nursing is £0.405m overspent due to the use of agency, maternity cover and the staffing levels required.

Within LD there are pressures particularly at Granville Court with a year to date overspend of £0.360m. This has been picked up with East Riding CCG who are aware of the pressures at Granville Court and there is an understanding that when the detailed planning work is undertaken this is a high priority in terms of appropriate funding.

2.3.2   Community and Primary Care

Community and Primary Care is reporting an overspend of £0.782m.

Primary Care is showing an overspend of £0.673m which is primarily due to pressures caused by the required increase of Locum Doctors which are significantly more expensive than substantive staff, this is particularly the case at Market Weighton and Practice 2.

2.3.3 Mental Health

The Division is showing an underspend of £0.568m. There are pressures on medical staffing budgets due to the use of agency locums, but this is offset by underspends across the division due to vacancies across a number of service areas reflecting in part recruitment to new posts/services which have been funded for the full year within the Trusts plan. There are agency staff being employed to fill essential roles and this is being constantly reviewed.

2.3.4 Forensic (Secure) Services

The year to date position of Forensic Services is an underspend of £0.308m.

2.3.5 Corporate Services

Corporate Services are reporting an underspend of £1.312m, this is primarily in Finance Technical and relates to reserves/contingency budgets

3. COVID Expenditure

At the end of December, the Trust recorded £3.577m of Covid related expenditure and £1.997m of Income Top Up, details of which are summarised below:

Table 2 Covid Costs

Covid Costs	Total £m
Pay	1.133
Non Pay	2.444
Expenditure	3.577
Income Top Up	1.997
Total	5.574

4. Cash

As at the end of Month 9 the Trust held the following cash balances:

Table 3: Cash Balance

Cash Balances	£000s
Cash with GBS	26,083
Nat West Commercial Account	197
Petty cash	50
Total	26,329

Included within this amount is the Provider Collaborative cash amount of £2.600m

5. Agency

Actual agency expenditure for December was £0.878m. The year to date spend is £5.620m, which is £0.476m above the same period in the previous year.
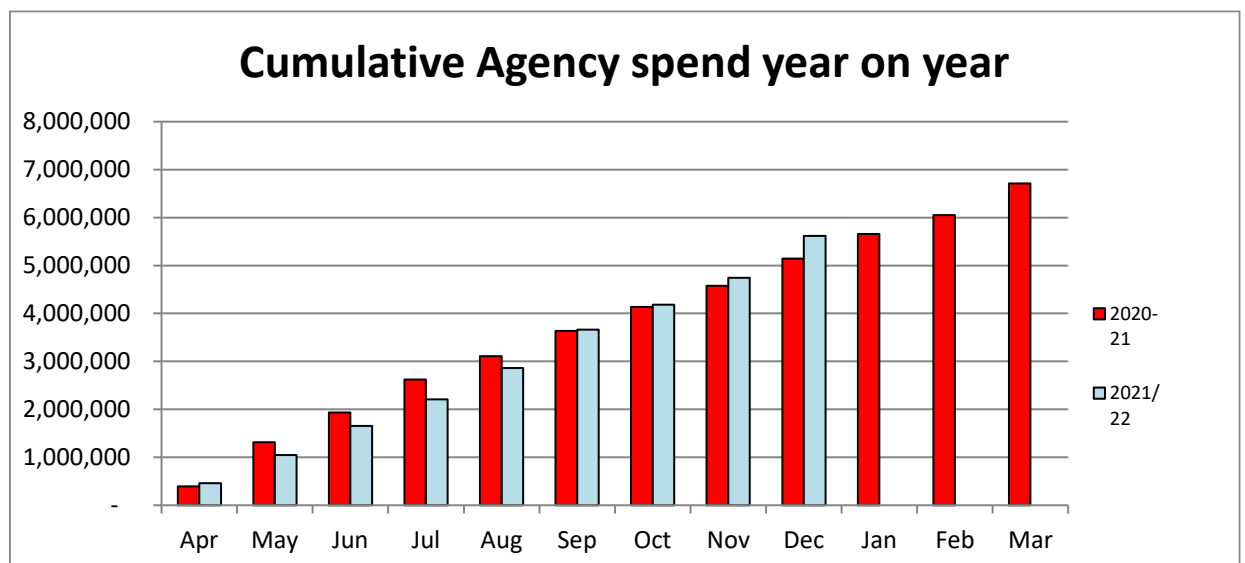
Cumulative Agency spend year on year

Staff Type	Apr-21 £000	May-21 £000	Jun-21 £000	Jul-21 £000	Aug-21 £000	Sep-21 £000	Oct-21 £000	Nov-21 £000	Dec-21 £000	Total £000
Consultant	390	342	456	432	505	542	327	405	560	3,958
Nursing	27	152	106	81	58	186	123	132	221	1,086
AHPs	10	51	(1)	6	16	(11)	(2)	5	43	118
Clinical Support Staff	13	26	18	22	42	64	32	32	48	299
Administration & Clerical	17	20	24	17	30	18	43	(16)	5	159
Grand Total	457	592	602	558	652	799	522	559	878	5,620

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

6. Statement of Financial Position

The Statement of Financial Position in Appendix 1 shows the Trust's assets and liabilities as at 31st December 2021. A comparison has been made against November 21.

At £138.974m net assets have decreased since November reflecting the reduced year to date retained earnings. The reduction in other liabilities reflects the release of deferred income and the increase in general accruals.

7. Capital Programme

Table 6 below shows a summary of the Capital Programme at Month 9

Table 6 Capital Programme to Date

Programmes	Budget	Expenditure & Committments at 31 Dec 21
	£	£
Estates	8,415,000	2,334,056
IT/ Digital	1,000,000	703,881
YHCR	4,100,000	2,958,025
LIMS	350,000	126,000
Decarbonisation	1,741,000	0
Total	**15,606,000**	**6,121,962**

The total capital expenditure and commitments total £6.122m and this represents 40% of the total allocation. The Trust's position is similar to other Providers within the ICS

Slippage of £1.665m has been identified, some of which can be managed through the deferral of the sale of Westend. The Trust is exploring opportunities to bring forward expenditure from 2022/23 to maximise the use of capital resource but the current expectation is a £1.065m underspend.

8. Recommendations

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

Statement of Finance Position – 31 December 2021

	Dec-21 £000	Nov-21 £000	Movement £000	Comments
Non-current assets				
Property, Plant & Equipment	87,962	87,769	193	
Intangible Assets	13,337	14,220	-882	Additions less depreciation
Total non-current assets	101,299	101,989	-690	
Current assets				
Cash	26,329	27,855	-1,526	Reduction in cash - paid more relating to Provider Collab and NHS due to uplifts
Receivables	10,592	10,647	-55	
Inventory	155	155	0	
Assets held for sale	599	599	0	
Total current assets	37,674	39,256	-1,581	
Current liabilities				
Payables	6,149	5,556	593	Due to increase in Non PO Invoices accrual - waiting to be approved and paid
Accrued liabilities	15,340	16,966	-1,626	Less Accruals/Creditors both NHS & Non NHS in general
Other liabilities	8,928	9,986	-1,058	Release of various deferred income streams
Total current liabities	30,417	32,508	-2,091	
Net current assets	7,257	6,748	510	
Long Term Liabilities				
Non-current borrowings	3,420	3,420	0	
Non-current- other liabilities	3,899	3,899	0	
Total Long term Liabilities	7,319	7,319	0	
Total Net Assets	101,237	101,417	-180	
Revaluation Reserve	16,250	16,250	0	
PDC	69,652	69,652	0	
Retained earnings reserve	17,409	17,589	-180	
Other	(2,073)	(2,073)	0	
Total Taxpayers Equity	101,237	101,417	-180	
Total Liabilties	138,974	141,244	-2,271	

Title & Date of Meeting:	Trust Board Public Meeting – 26th January 2022
Title of Report:	Workforce and OD Committee Assurance Report
Author:	Name: Dean Royles Title: Non-Executive Director and Chair of Workforce and OD Committee

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

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

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 12th January 2022 and a summary of key points for the board to note. The minutes of the meeting held on 17 November are attached for information
Any Issues for Escalation to the Board:	No issues or items to escalate to Trust Board were raised.

Executive Summary - Assurance Report:

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

A summary of the key areas within the Workforce Insight Report and Risk Register were discussed. The committee received an update on the staff survey as well as updates from the reporting groups Equality, Diversity and Inclusion, Staff Health and Wellbeing and the

Medical Education Committee. Reports were received on the Recruitment Task and Finish Group and Guardian of Safe Working. Verbal updates on the staff survey first cut and progress on revised trajectories for safeguarding training were also given. The Freedom to Speak up Policy and Procedure was also brought to the committee for consideration.

Key Issues:

The key areas of note arising from the committee meeting held on 12th January 2022 were:

Due to the agenda been agreed before the Christmas period and before the Omnicom wave and legislation on mandatory vaccination, an initial discussion at the start of the meeting was held to cover items that were not on the agenda but were items which people wished to highlight to the committee for information or areas where the committee could support. The discussions included current absence levels, rise of Omnicom, safer staffing, mandatory vaccination of staff and testing issues.

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

A verbal update of the discussions held at the last staff health and wellbeing engagement group was given to the committee. Though pressures are still faced by staff the group continues to be active and good progress has been made in relation to the workplan. There had been particular focus on staff rest areas. The Committee continues to get assurance on the work the group is undertaking, and the committee agreed to continue receiving regular updates to keep focus on health and wellbeing.

The Committee received a verbal update regarding the Equality Diversity and Inclusion Group whose last meeting was stood down due to operational pressures. An update was given in terms of appointment of chairs and a more detailed update will be provided to the next committee after the next two meetings of the group take place. The Committee welcomed the appoint of network chairs.

An update on the Medical Education Committee was provided. The minutes and chairs log of the last meeting was taken as read. A verbal update was given to provide further reassurance on the positive progress being made and details of the future issues around medical education and nursing placements. The committee agreed with the recommendation made at the meeting to use trainees' positive experiences as a potential staff story at Trust Board.

The Workforce Insight report was received. The report was well received and highlighted the key current and future issues. The Committee reviewed the vacancies and risk areas and how the Trust is responding. Overall appreciation was given in terms of the content of the report and how it focuses on the areas that are important. The Committee discussed rule breaks, DBS checking and areas with high levels of vacancies.

An overview to recent changes to the Risk Register was given. A further update in terms of the controls and details in gaps to be made as well as making sure those related to the pandemic are accurately reflected. The committee asked the executives to have a look, in the context of the pandemic and the implications of Omicron on absence, whether everything is accurately reflected in the risks or do they present new risks. The Committee escalated to Trust Board the potential impact of mandatory vaccination.

The Hard to Fill Recruitment Task and Finish group update was presented to the Committee. The report continues to give assurance of the work been undertaken and the

report will continue to be brought to the committee to continue to provide assurance. The Committee noted in the increase in registered nurses and the glide path.

Guardian of Safe Working Hours Quarterly Report was taken as read. Highlight was drawn to the progress being made at Miranda House as well as with the requirements of mobile phones for the doctors. Assurance was given that those few items still needing attention are being looked into and that the overall junior doctor's environment is good.

A verbal update on the progress of providing a revised trajectory for safeguarding training was given to the committee. This was an action from the last committee meeting following the statutory mandatory training deep dive. It was noted by the committee the amount of work been put into the review of the training by the team and the benefits and challenges this will bring. The work been undertaken will be highlighted to the quality committee and once completed will come back to this committee with the revised trajectory.

The revised Freedom to Speak up Procedure was presented to the Committee. The minor changes made were noted and an updated version will be taken to the Executive Management Team meeting as well as the Trust Consultation and Negotiation Committee policy meeting for consideration and approval.

An update on the staff survey results was given looking at areas where changes were. The Committee recognised that comparison data and further comparisons that will be received once final reports are received next month. The early sight of data will facilitate the preparation of action plans.

Minutes of the
Workforce and Organisational Development Committee
Held on
Wednesday 17th November 2021
14:00-16:01pm
Microsoft Teams

Present:
Members:

Mr Dean Royles (DR)	Non-Executive Director Chair
Mr Francis Patton (FP)	Non-Executive Director
Steve McGowan (SMc)	Director of Workforce and OD
Mrs Hilary Gledhill (HG)	Director of Nursing
Michele Moran (MM)	Chief Executive (from 14:10)

Other attendees:

Mrs Karen Phillips (KP)	Deputy Director of Workforce and Organisational Development
Dr John Byrne (JB)	Medical Director
Miss Jessica Norton (JN)	Personal Assistant (Note taker)
Mrs Lynn Parkinson (LP)	Chief Operating Officer
Abbie Hudson (AH)	Senior HR Business Partner (until 14:38)

91/21	**Apologies for Absence** Hanif Malik (HM)　　　　　　Non-Executive Director
92/21	**Declarations of Interest** None declared.
93/21	**Minutes of the meeting held in September 2021** The minutes of the meeting held in September were accepted as an accurate record subject to rewording of sentence on assurance on training on page five under workforce insight report section.
94/21	**Action Log** Action Log was reviewed and discussed.
95/21	**Leavers Report** Ms Hudson presented an overview of the leaver report to the committee. The main content of the report was taken as read with highlight drawn to the current leavers position which shows a slightly worse position as of the end of September 2021. Turnover increased across the trust from 10.62% to 12.93%. The Trusts vacancy rates also increased from 10.08% to 11.66%. In terms of hard to recruit roles, there was a reduction of staff in post for nursing but there was an increase of staff in post for consultants compared to the beginning of the reporting period. The consultants saw turnover remaining low whereas nursing leavers are exceeding the number of new nursing appointments. The trust previously had a lower turnover rate compared to national and local data obtained from NHS Improvement in the Integrated Care System (ICS). As of the end of September, this has changed slightly due to the turnover increase, so the gap has reduced. This has resulted in the turnover been slightly below now rather than significantly below in the previous reporting period. We are also now above the target nursing turnover rate but lower than the national mental health clinical staff turnover rate.

At a Trust level, most staff who left within the 6-month period had between 1-2 years' service, followed by those with 3-5 years' service. This was the same when looking at the data purely for the Nursing staff group, although more Nursing staff left with less than 1 years' service, compared with those who have 3-5 years' service.

The highest reason for leaving is retirement, followed by work-life balance. Staff leaving due to work-life balance is more prevalent in this report, compared with the previous period, particularly when looking at the Nursing staff group. Of the staff that left with less than 2 years' service, retirement was not one of the top 3 reasons for leaving. Retirement then became the secondary reason for leaving with staff who had 3-5 years' service, despite this being the highest leaving reason across the Trust.

A fifth of the total leavers are Nurses. The highest number of Nursing leavers remains in Community & Primary Care, although this has reduced since the previous report, closely followed by Mental Health Planned. There was issue with retention in Scarborough and Ryedale and this seems to have remained the same.

Mrs Gledhill asked about fixed term contract leavers as she would be interested to see where these people are and understand what areas these are under. Miss Hudson confirmed that she would provide details. In length of service for less than 1 year, the highest reason for leaving is fixed term. Mr Byrne asked about whether junior doctors are included as they do move as this is part of their role and as such would leave within 1 year as a nature of their job. Miss Hudson to confirm.

Mr Patton liked the report and the information it provided which was very useful. However, it only provided the current position and didn't answer the "so what" question. Going forward he would like to see how this information was being used and what actions were being taken.

Completion of exit questionnaires had declined. Previously was 13.5% and now 7.2% in this report.

Mrs Moran said that, when this went to the Executive Management Team meeting, the teams are looking into the data and taking it to the accountability reviews.

Mrs Parkinson and Mrs Gledhill were tasked to look at the data and come back to the Executive Management Team meeting with some proposals.

Mr Patton said that he agrees that the committee shouldn't get involved in operational matters but do need assurance that it is been dealt with. Mrs Gledhill confirmed that she will be looking at Nursing in terms of the high retirement rate and see how many were retire and returns.

Mr Byrne said that data shows work life balance is one of the main reasons, so questions what as an organisation could we do differently. Staff are needed to get the services delivered and corporate is there to support them. Is there an issue or this is something that is happening everywhere and we are making a big issue out of something we cannot do anything about. Mrs Phillips added that don't centrally record flexible working but there is a piece to move this onto ESR so can have oversight on what this looks like. Believes that this is an educational piece speaking to managers to support them via HR to support conversations with staff to see if an agreement can be made rather than staff leaving.

Mr McGowan added that we have provided good information and data into the organisation to do work around this so would expect managers to look at the issues and feedback any issues or blockers as to why people are leaving. All policies, procedures and information is in place, but there are doubts about how consistently these are applied by managers.

Mrs Parkinson drew attention to the fact that people starting now and within the last 1 to 2 years have worked nearly all or most of their time at the trust in the pandemic and it would be good to examine the effect that has had.

	Mr Byrne queried whether, when those that have retired and returned, are we at risk of double counting. Mrs Gledhill highlighted that it was discussed at the Executive Management Team meeting and an ask was made to include retire and return into the next report. Mrs Moran expects this to be discussed at accountability reviews to discuss data and share any best practices. Mrs Parkinson confirmed that it would be discussed at the next accountability reviews which are in 2 weeks' time. **Resolved:** The report was received and noted. AH to provide more detail of those on fixed term contracts to HG. **Action: AH**
96/21	**Chairs logs from any groups reporting to this committee** a) Ms Hudson updated the committee on the progress of the Staff Health, Wellbeing Engagement Group. Call took place on 9th November which Mr McGowan chaired in Mrs Parkinson's absence. The meeting was a good meeting with good progress as work continues in terms of the estate facilities work. Breakrooms are due to be completed by end of year and the feedback from those sites where work has been done has being positive. There are still 18 sites left to respond with their requirements. A lot of the hot spots seems to be in one area, so estates are going to speak to the service manager to get this moving forward quicker. Professional nurse advocate course feedback was given. By January, the aim is to increase the qualified staff by two nurses. The plan is that following January, will be internal communication campaign once the staff are in place. The new health trainer and staff wellbeing co-ordinator were on the call. Both are working together to deliver the wellbeing initiative across the Trust. The workplan had three actions closed this month and work remains on track with the rest of the activities. The workforce performance data was shared at the group and the workforce scorecard was discussed and works alongside the work plan. Mr Royles added that he was at the meeting as the health and wellbeing champion. He felt it was a very engaged group that wish to make a difference which is positive. Mr Patton said that it would be good if the two new staff could come to the next committee meeting to introduce themselves. b) Mrs Phillips updated the committee on the progress of the Equality, Diversity and Inclusion (EDI) Group. She highlighted that the group meetings are now aligned to the new workforce committee dates from 2022. All the network chairs attend the meeting. Up until recently the trust didn't have a chair for disability or LGBQT but these chairs are now in post. They attended their first group meeting and gave an overview of all the work completed since they came into post including the work during black history month as well as their ongoing agenda. John Duncan presented his quarterly EDI report. The data looks at local and our trust figures in terms of representation in minority groups. This led to a conversation on representation in leadership roles and how this can be support going forward. For those in minority groups, the group are looking at getting them access to the leadership programmes for them to progress into leadership roles. The group is a good forum as the group has operational representation which allows the group to work through any issues and look at solutions for anything that may be going on within the trust. It also provides an environment for open and safe discussions. An update on the ESR data cleanse was given. There is an ongoing issue in terms of capturing new starters, but a process is in place to check data upon staff starting. Mr Patton expressed good work on ESR piece. Mrs Parkinson asked about the PROUD programme and content in terms of covering EDI. Mrs Phillips confirmed that John Duncan did write to all BAME staff to ask if wished to attend the NHSI programme. c) Dr Byrne updated the committee on the progress of the Medical Group. There had not been a meeting since the last committee. Since the last meeting the training results have come in and we are showing as top 5 in the region. A formal report will be shared down the governance route when received.

	Resolved: Chairs logs were welcomed and noted.
97/21	**Staff Survey Recap** Mr McGowan presented a staff survey presentation covering the response rates for 2019 compared to 2020, response rates breakdown by occupational groups, the 2020 national staff survey theme results, the trust staff survey theme results, statistically significant differences since 2019, comparison against our benchmark group across the 10 key themes, friends and family tests, the good news for reasons to celebrate for those good scoring questions, areas that need continuing focus, most improve scores of 40% or less, benchmarking groups (some categories have changed for 2021 survey) and the changes for 2021 which is now aligned to the people promise. Mr McGowan stated that the trust receives weekly updates on the response rates for this year's survey and so far, it is looking promising. In terms of the embargoed report. Mr McGowan said that these are due before the end of December with the final reports due in February. Mr Byrne added that he thought the response rates show the positive work that managers are doing as well as the Trust considering the circumstances of the pandemic. **Resolved:** The presentation was noted.
98/21	**Workforce Insight Report** The Workforce Insight report was taken as read. Mr McGowan highlighted that the team have aligned the report the NHS People Plan. Mr Royles raised DBS checks considering the recent events in the news. Mr McGowan confirmed that there is a robust process already in place and reports go out on a weekly basis of those that have not . In terms of third parties, these are also checked but he will ask Mr Beckwith to provide assurance on this matter. In terms of the flu data, the data consists of the trusts records and those records held elsewhere if staff let the trust know they have had the flu jab externally by contacting occupational health. Mr Patton asked in terms of recruitment, whether all of the consultant's jobs that are vacant are being advertised even those being covered by locum and agency?. Mr Byrne confirmed that they are, but not all on TRAC. He confirmed that all jobs will be advertised even those that have agency or locums in place. Though sickness is increasing, the rate has improved dramatically over the years. Mr Royles asked about agency costs. Mr Patton confirmed that agency costs were going to be reviewed at the Finance and Investment Committee where a deep dive report was going to be reviewed. Any actions arising from this will be highlighted to Workforce & OD Committee at the next meeting. Mrs Phillips highlighted that the Insight report is a HPMA award winner. The committee expressed their congratulations for this well-deserved reward. Mr Byrne drew attention to fact that there is comparative data month on month which is using the same basis to compare process but there is a national emphasis on flu and COVID which uses data sets that may be different. Once they become clear, the trust can review the data accordingly. Mr Royles asked about the increase in rule breaks. Mr Parkinson said that pressure are growing not diminishing and what the trust are now starting to find is that staff are no longer wanting to undertake additional hours due to tiredness, so this leads to pressures. She added that it takes a lot of operational time to keep safer staffing across all areas. Mr McGowan supported Mrs Parkinson's in terms of resources been difficult and the impact vacancies is having on staff resulting in staff burnout. Managers are trying all they can, and the reality is that it is difficult. Committee confirmed that they felt assured that the rule breaks are being reviewed and they

	recognised the pressure on the service.

Mr Byrne said that when 6 months into the pandemic the sickness rate was good, but the trust knew it would not last and we are now seeing that vacancies and demand are increasing as expected but staff are now exhausted resulting in the increased sickness rate the trust is seeing.

Mrs Moran said that there is business continuity plan in terms of what can be stopped, and conversation are held at the Executive Management Team meetings. She added that it is great to benchmark and will continue to monitor the situation as need to be mindful of services as go into winter. She further added that there is an escalation process for units when pressures are high as well.

Resolved: The report was received and noted.

SMc to speak to Mr Beckwith to remind about third part DBS checks.
Action: SMc |
| 99/21 | **Statutory Mandatory Training Recovery Plans**
The Statutory Mandatory training report was taken as read. It was noted that there were multiple authors to the report to cover those areas where they are the executive lead.

Mr Patton asked about the did not attend figures as well as those that went to a training session but then didn't complete the online training to complete the full course. Mrs Gledhill confirmed that, for those people that are not completing the second part of safeguarding level three, this is due to the course having six sections in ESR and getting the time to do all those courses can be a challenge. The team are relooking at how the course is delivered now that the lecture theatre is opening back up to bring the course back to face-to-face learning to try and get back on track but also offer remote for those that need it as need to make it accessible to them. This will then hopefully reduce the numbers of do not attends. For those areas that are below, there are trajectories to get them back on track and this is monitored in the accountability reviews.

Mr Byrne queried whether do not attend could be changed to could not attend as to him, it suggests staff couldn't be bothered to turn up for training but due to pressures this may not be the case and a change to the name may better reflect staff circumstances. Mr McGowan said that those reported as do not attend are people that haven't given notice that they cannot attended. It doesn't include those that did give notice. Mrs Moran said that she doesn't think that we should change the language and the way it is done is the right way. She also agrees that as a team, they need to gear staff to do their courses and to facilitate time to get them on the courses. It is important to keep staff and patients safe and being up to date with training is part of this. Mrs Moran added that there is a cultural piece to change people's mindset. Mr Royles agreed.

The committee agreed that the number were helpful in terms of the safeguarding and paediatric sections of the report. However, on safeguarding, they questioned whether the revised trajectory is what will happen or is there more up to date ones to be produced. Mrs Gledhill confirmed that this was a proposed trajectory but until get the course resumes face to face, the team will struggle to achieve the proposed target. The team are also looking at staff and their requirements as some staff are down as needing the course, but it isn't relevant to their role. A query was raised in terms of whether, considering the discussion today, the trajectories need redoing. Mrs Gledhill confirmed that they will be reviewed once the work has been done on the courses. The committee therefore asked for revised trajectories that are achievable to be brought to the next committee meeting in January. Mr Byrne asked whether the current training model works on the basis that trust has a widely diverse organisation and queries whether a short-term investment to offer more availability out of core hours be a solution. Mrs Gledhill confirmed that already some of the courses are offered outside of 9-5 as well as been offered online.

Resolved: The report was received and noted.

HG to bring revised trajectory for safeguarding to January's committees meeting.
Action: HG |

100/21	**Risk Register** The risk register was presented to the committee by Mrs Phillips. The risk register was taken as read. Mrs Phillips highlighting the following changes: • Risk 25 regarding national shortage on consultants was scored at 20 but this has now reduced to 10 as, though there are vacancies, they have long term agency cover. The risk has now moved to a finance risk regarding the use of agency, and this will be monitored at the Finance and Investment Committee. • Risk 10 wording has been changed as this was initially about the inability to maintain medics. This is stable at present, so the risk has been changed to specifically relate to GPs. • There is a new risk added regarding off framework agency which has increased recently so this has been added to manage and monitor going forward. Mrs Phillips added that there is a possible emerging risk of payments to medics for recruitment and retention purpose which is going to the Executive Management Team meeting for discussion. Mrs Gledhill asked that the information contained in the statutory and mandatory deep dive paper be included into the relevant risks. Mrs Phillips confirmed that she will look at getting this added into the register. Mrs Moran highlighted another possible emerging risk relating to potential for strike action relating to pay. **Resolved:** The risk register was received and noted. KP to amend statutory and mandatory training risk register with the information from the deep dive. **Action: KP.**
101/21	**Guardian of Safe Working Hours Quarterly Report** The Guardian of Safe Working report was taken as read. No comments raised. **Resolved:** The report was received and noted.
102/21	**Recruitment Task and Finish Group** Mr McGowan presented the updated recruitment data for September. The report was taken as read. Mrs Gledhill added that, in terms of newly qualified nurses, they have taken on 32 nurses to date. The trust has also had 5 nurse associates and has recently bid for 30 more international nurses with a bid in for money to support the international nurses process going forward. In terms of support for those already in post, Mrs Gledhill confirmed that they are all settling in and are already making a difference. They have a support network in place and the team are welcoming feedback for improvements for the next cohort. Those that didn't pass their courses are having to retake as only two out of seven passed but the bar is very high. **Resolved:** The report was received and noted.
103/21	**To Review the Meeting** Those in attendance agreed it was a good meeting with good papers.
104/21	**Any Other Business** Mr Byrne queried whether the risk of those that are not vaccinated should be added to the risk register due to the guidance recently issued. Mr Royles suggested that, based on the work still ongoing by the Trust and the national team around this, will look at bringing an update to decide on the risk once the final national guidance is released. Mr McGowan added that, as SRO on this matter, his team are still working on establishing those that would be affected by the change and the findings will go to the Executive Management Team before coming to Workforce committee. Committee agreed to await an update on January committee before deciding to add as a risk to

	the register.
105/21	**Date and Time of Meetings in 2021:** Wednesday 12th January 2022

Title & Date of Meeting:	Trust Board Public Meeting – 26 January 2022				
Title of Report:	Humber Coast and Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative – Collaborative Committee Report				
Author/s:	Peter Baren Non-Executive Director and Chair of the Collaborative Committee				
Recommendation:	To approve			To receive & note	
	For information	√		To ratify	
Purpose of Paper:	The Collaborative Commissioning Committee is one of the sub committees of the Trust Board This paper provides an executive summary of discussions held at the meeting on Tuesday 30 November 2021 and Tuesday 21 December 2021 and a summary of key points for the Humber Teaching NHS Foundation Trust Board to note.				

Governance:		Date		Date	
	Audit Committee		Remuneration & Nominations Committee		
	Quality Committee		Workforce & Organisational Development Committee		
	Finance & Investment Committee		Executive Management Team		
	Mental Health Legislation Committee		Operational Delivery Group		
	Charitable Funds Committee		Other (please detail) *Collaborative Commissioning Committee*	*30 November 2021*	

Key Issues within the report:	- Safe and Wellbeing Reviews for Learning Disability and Autism - Quality Improvement and Assurance - Contracting Update

Monitoring and assurance framework summary:

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

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

Executive Summary - Assurance Report:

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

To demonstrate robust governance in its role as Lead Provider and avoid conflicts of interest with its provision arm, HTFT as Lead Provider has delegated some of its responsibilities to a new Commissioning Team which is accountable to the Commissioning Committee.

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

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

Key Issues:

Key areas for noting from the meeting on **30 November 2021**:

Finance

- Queries with NHS E in October 2021 have now been resolved
- Initial block contract allocation is consistent with NHS E agreed position
- Some issues with invoicing process we have inherited with NHS E and queries re individual specific funding packages. These are being scrutinised by the CQPaT and HTFT Finance team with providers.

Quality Assurance and Improvement

Safe and Wellbeing Reviews – Learning Disability and Autism
- Distinction between 6–8-week reviews which are undertaken as practice for people with Learning Disability and Autism – unfortunately we had inherited a lack of NHS E compliance with the routine 6–8-week reviews when we went live on 1 October 2021 – considerable work has been undertaken and as of 26 November we are at 96% compliance for these reviews

- Safe and Wellbeing Reviews – NHS E have stated a one of intensive review – these enhanced reviews to be undertaken by 31 January 2022 – Regional NHS E have advised there are 29 reviews to be undertaken for service users who HCV PC have responsibility for – agreed to also include the 3 people who are due for discharge
- Plan has been developed to ensure all reviews are undertaken within the NHS E timescales with support from partner providers, NHS E, and the Key Worker project (who have a LD nurse in the team)
- Agreed to add to the Risk Register the Safe and Wellbeing Reviews and 31 January 2022 deadline
- HCV panel to be established to review the Safe and Wellbeing Reviews

Provider Quality Data
- Information is being received and monitored by the CQPAT from Q2 contracts
- In secure care quality issues at Stockton Hall regarding Covid-19 and inability of the provider to provide booster and 4 whistle blowing incidents in the last 4 months re staffing levels at the hospital – CQPaT working closely with Stockton Hall and CQC

Quality Monitoring
- Issues raised by NHS E regarding interface between HUTH and HTFT and CAMHS
- Quality Assurance visit to Schoen Clinic following their 2020 CQC inadequate review

Work Streams

Key issues to note from each workstream -

CAMHS

- CAMHS visioning event to be held in January 2022 so we can review how things are working at present and how we further enhance partnership and develop a strategic plan.
- Continued high level of referrals from other Provider Collaborative areas
- Reduction in Outside of Natural Clinical Flow placements

Adult Eating Disorder

- FREED Champion positive feedback to reporting from CHCP/Evolve from Bethlam and Maudsley Hospitals who nationally lead the FREED Champion programme
- Established a weekly bed management meeting, this is working well with in-patient and community providers, starting to trial the new Single Point of Access and review in 1 month to develop learn and develop further
- People with Lived Experience joining our work stream meeting on 28 October 2021

Adult Secure
- Reduction of out of natural clinical flow to 33%
- Currently 9 Delayed Transfers of Care
- Reviewing high levels of LD and Autism length of stay and comparison to national position
- Improving Access assessments
- Operations group looking at options for developing and enhancing the workforce
- Humber TCP Board have agreed to support and fund increased advocacy for Learning Disability and Autism in secure services across Humber Coast and Vale. Positive learning from The Humber Centre to be replicated into Stockton Hall Hospital.

Contracting Update

- Sub-contract meetings in the diary for the week of 13 December and Lead Provider to Lead Provider meetings are ongoing.
- NHS E have asked to review all our sub-contracts prior to signature at Trust Board in January 2022. This was disputed at the Committee and will be fed back to NHS E Regional Team.

Key areas for noting from the meeting on **21 December 2021:**

Quality Assurance and Improvement

Safe and Wellbeing Reviews – Learning Disability and Autism

Following the publication of the review of Cawston Park Hospital NHSE has requested that all service users registered on the Assuring Transformation Platform as of the 31st October 2021 have a Safe and Wellbeing Review. These reviews must be caried out in person (where possible) and be completed by 31st January 2022.

- There are 29 patients that require a Safe and Wellbeing Review
    - 2 are Priority for review
    - There is a desk top review, questionnaire to service user, family/carer, hospital and significant others involved. There is a set template from NHS E which needs to be completed for each

review. At any time during the review process concerns can be escalated immediately and do not need to wait for the Safe and Wellbeing Panel to consider.

- All but one has a review booked within with deadlines set by NHSE
- There is very close liaison with Lauren Kerrigan at the Regional NHSE team and our SITREP is shared with NHS E each week as specialised secure and CAMHS placements are monitored by NHS E; the ICS are copied into our weekly SITREP so they have the overall picture
- The Provider Collaborative team are is working very closely under the leadership of the ICS with CCGs, TCP and LDA NHSE representatives in preparing the LDA S&W oversight panel
- The Safe and Wellbeing panel is led by the HCV ICS – 72 reviews in total – across the HCV ICS. Michele Moran is the Senior Responsible Officer, and the panel will be delegated to Alison Flack
- Panels are being scheduled for January and February 2022 to meet the NHS E Panel timescale of end of February 2022

Stockton Hall Hospital – Quality Visit

Gareth Flanders visited Stockton Hall Hospital (SHH) – Low and Medium Secure hospital with Maria Pink, Case Manager on 13 December 2021

- In July 2021 a STEIS incident reported of serious self-harm in July 2021
- On 23 October a reported outbreak of COVID-19 involving both patients and staff across four wards
- On 12 November 2021a lack of firm plan for accessing COVID-19 booster vaccinations despite these being due imminently
- On 19 November 2021 notification from the CQC that four anonymous whistleblowing reports had been received about staffing levels over the preceding four weeks
- On the 21 November 2021 a STEIS incident reported of an unauthorised absence meeting SI criterion

Links have been made with CQC and staffing levels on site are now appropriate to the care of patient. SHH has shared narrative re staffing levels, and this does not support the whistle blowing and CQC have decided not to investigate further at this time.

Of the 2 STEIS incidents – both incidents were submitted to NHS E and action plans completed, lessons learned meeting will be held in New Year

Covid-19 and Infection Control – system and process are now in place for correct use of PPE, the Priory hospital regional infection control lead has visited, and assurance has been provided. Staff were seen during the visit adhering to Covid-19 guidelines. Discussions were held during the visit with individual patients who all were positive in the discussions about the service and care received.

Monthly meetings will continue with SHH senior officers and Gareth Flanders so that we continue to provide support and have oversight.

View is at present we are assured by SHH and there is an open culture of sharing and learning with good practice.

NHS E Regional Team have been made aware of the visit and have fed back that they did not view the incidents required further

Agenda Item 14

Title & Date of Meeting:	Trust Board Public Meeting – 26 January 2022				
Title of Report:	Finance and Investment Committee Assurance Report December 2021				
Author:	Name: Francis Patton Title: Non-Executive Director and Chair of Finance Committee				
Recommendation	To approve		To receive & note	✓	
	For information		To ratify		
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 15th December 2021 and a summary of key points for the Board to note.				
Governance		Date		Date	
	Audit Committee		Remuneration & Nominations Committee		
	Quality Committee		Workforce & Organisational Development Committee		
	Finance & Investment Committee	✓	Executive Management Team		
	Mental Health Legislation Committee		Operational Delivery Group		
	Charitable Funds Committee		Collaborative Committee		
			Other (please detail)		
Any Issues for Escalation to the Board:	The committee recommends that the Board: - • Notes the month eight outturn showing a surplus of £0.210m. • Notes the month eight BRS performance which is just behind plan and the work undertaken on the 3-year plan for 2022 - 25. • Notes the proposed ICS and Sub geographical outturn plans for H2. • Notes the assurance gained in terms of the Capital programme.				

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| | • Note the detailed work undertaken on Agency expenditure and the plans to review it.
• Notes that the Trust has developed and submitted its Green Plan 2022 – 25. |
|---|---|

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 eight had an operational surplus of £0.210m.

The Trust has a strong cash position and is controlling creditors and debtors well and the BRS programme continues to deliver if slightly behind plan. Good work has been undertaken in developing the BRS plan for 2022 – 25.

The Committee received a paper giving an update on the ICS sub geographical outturn plans for H2 and the Trusts ask within that plan.

The Committee received and gained assurance from a report on the Capital Programme.

The Committee received the latest BAF and risk register which they signed off.

The Committee received a deep dive report on Agency spend and gained assurance on how it would be addressed and monitored through ET and FIC.

The Committee received the Green Plan 2022 – 25 and complimented the team on the quality of the plan which has now been submitted to the ICS.

The Committee reviewed the Digital Delivery Group and Capital Programme Board & Estates Strategy Delivery Group Assurance reports.

Key Issues:

The key areas of note arising from the Committee meeting held on 15th December were:
- In terms of the Insight report the key issues raised were: -
  - At Month 6 the Humber Coast and Vale ICS recorded a breakeven position (£9.6m surplus at M4), this represents a favourable variance to plan of £0.2m (£8.3m at M4).
  - The Month 6 position reported to the NHS England Board was a year-to-date position of £73.3bn (favourable variance against plan of £319m (£364m at M4).
  - NHS England and Improvement has confirmed that all NHS providers will be mapped to a single integrated care board (ICB) for the purpose of nationally assessing system financial balance.

- In terms of month eight the Trust recorded an overall operating surplus of £0.210m. Within the reported position at Month 8 is Covid expenditure of £3.160m and income top up of £1.716m. The cash balance at the end of Month 8 was £27.855m.

- Under the planning guidance the financial year has been split into two halves, within the first half (referred to as H1) the Trust was required to make a surplus of £0.315m and this was achieved by the Trust. Confirmation of the required target for the second half of the year (H2) has recently been received by the Trust and this is a deficit of £0.315m for H2 which will mean and an annual break-even position.

- The Children's and LD Division has a year-to-date net overspend of £0.190m; the Community and Primary Care Division has a year-to-date net expenditure overspend of £0.595m (this includes a net deficit of £0.067m relating to Primary Care Sites); the Mental Health Division has a year to date net expenditure underspend of £0.760m; the Forensic Services Division is showing a year to date division net underspend of £0.217m and the overall Corporate position is an underspend of £1.316m. The committee had a detailed discussion around Primary Care where there is pressure from locums which was also discussed later under the agency deep dive – key pressure points are Market Weighton & Practice 2. A full report will come to January FIC. There were also pressures at Inspire/CAHMS and Granville which again will be reviewed in detail in January.

- The Committee received the month eight BRS update which showed that the Divisional and Corporate Savings have been profiled at £1.725m for Month 8 and are showing savings of £1.548m which is an underachievement of £0.177m. There are pressures with Community and Primary Care and Mental Health. Community and Primary Care have an under achievement of £0.047m relating to 2 schemes that were expected to deliver £0.071m annual savings. These schemes have been rated as RED and alternative schemes have been formulated to deliver £0.062m. The shortfall will be met by non-recurrent savings. Mental Health is showing an underachievement of £0.130m and £0.199m will be required to be carried forward into 2022/23. The shortfall in year will be met from non-recurrent savings.

- Work has been undertaken on a 3-year draft BRS plan to deliver a 1.5% saving in each year with savings from Major schemes would be additional to this. Any savings targets not met in 2021-22 are carried forward into 2022/23. An example of this is seen in the Mental Health target which includes the annual 1.5% uplift plus £0.199m of unmet savings from 2021/22. The proposed timescale for the presentation of the individual schemes to FIC would be the January 2022 meeting. All savings will be considered within the Trust's QIA process. The committee complemented the team on the work undertaken to date.

- The Committee received the BAF and Risk Register for quarter three and Strategic Goal 5.

- The Committee received a Capital Programme update which showed that the capital programme is now £15.606m. Total capital expenditure on 31 October was £2.465m with a further £1.001m committed. Slippage on the Humber centre has been used to bring forward some backlog maintenance work from 2022/23 and 2023/24. There are some uncertainties around the timing of disposals and slippage however the capital programme can still be managed within CDEL. A document for allocating and managing capital resources has been developed. The committee questioned if the full programme will be achieved in year and received assurance that it would be.

- The Committee received a deep dive report on Agency Expenditure which had been discussed at Executive Management Team on the 13th of December. Year to date agency expenditure totals £4.742m as at the end of November 2021, expenditure remains at a similar level to 2020/21. Of the £4.742m most of the expenditure relates to locum consultants (£3.4m). The committee asked if the report could be updated to look at the GP locum position for January FIC with a full update coming back to April FIC.

- The Committee received and reviewed The Trust Green plan 2022 – 25 which was well put together. All NHS and Public sector organisations must have a green plan by January 2022 and Green Plans must be submitted to their local ICS (Humber Coast and Vale) by the 14th of January 2022. The ICS will review and correlate into an ICS Green plan to share with NHSI/e by 31st March 2022. The aim is to reach to Net-zero, and our initial target is a reduction of emissions we directly control by 80% by 2040. The local ICS is encouraging organisations under their remit to become fully Net Zero by 2035. Some feedback was given, and the team were congratulated for the work put in.

- The Committee received assurance reports from the Digital Delivery Group and the Capital and Estates Group.

Title & Date of Meeting:	Trust Board Public Meeting – 26 January 2022				
Title of Report:	Finance and Investment Committee Assurance Report				
Author:	Name: Francis Patton Title: Non-Executive Director and Chair of Finance Committee				
Recommendation	To approve		To note		
	To discuss	√	To ratify		
	For information	√	To endorse		
Purpose of Paper:	The Finance and Investment Committee is one of the sub committees of the Trust Board. This paper provides an executive summary of discussions held at the meeting on 19th January 2022 and a summary of key points for the Board to note. The minutes of the meeting held on 15 December are attached for information.				

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

Any Issues for Escalation to the Board:	The committee recommends that the Board: - • Notes the month nine outturn showing a surplus of £0.170m. • Notes the issues identified within Primary Care financial performance and the approach being taken to correct this issue. • Notes the month nine BRS performance which is just behind plan and the work undertaken on further

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	developing the 3-year plan for 2022 – 25 and detailed plan for 22/23.
	• Notes the assurance gained in terms of the Capital programme. • Notes the good work on the draft 22/23 financial plan & decision to bring the developing plan to Board. • Notes the assurance given on the delivery of the Estates strategy to date and plan to bring the next 5-year strategy to September FIC • Notes the assurance gained on the good governance around the YHCR.

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 nine had an operational surplus of £0.170m.

The Trust has a strong cash position and is controlling creditors and debtors well and the BRS programme continues to deliver if slightly behind plan. There are concerns over the financial performance of Primary Care which are being addressed through an immediate recovery plan and a longer-term strategic review.

The Trust has made a good start in developing its financial plan for 22/23 as well as the BRS plan and Capex plan to support this and this will now come to February and March Board.

The Committee received the latest BAF and risk register which flagged the need to add the Primary care issue to both.

The Committee gained good assurance both on the delivery of the existing 5-year Estates strategy and that work was underway to develop the new 5-year Estates strategy by September.

The Committee gained good assurance over the governance of the YHCR project both from a project perspective and a Trust perspective.

The Committee reviewed the Digital Delivery Group Assurance reports.

Key Issues:

The key areas of note arising from the Committee meeting held on 19th of January were:
• In terms of the Insight report the key issues raised were: -
  o At month 8 the ICS is currently reporting a small surplus and a breakeven position by the end of the financial year, Capital spend at month 8 is £60m against a budget of £150m.
  o Some Providers have repaid loans, releasing capital headroom for future years.

- o The Department of Health and Social Care Group Accounting Manual has been updated and includes extended or amended disclosures for several areas including the fair pay disclosure in the Annual Report.
  - o NHSE are consulting on the content of the standard contract, the proposed contract includes some challenging performance measures for urgent community care and the 52-week maximum wait target has been increased to 104 weeks. They are also consulting on the 2022/23 proposed tariff.
  - o The 2021/22 accounts timetable has been confirmed and the unaudited accounts submission date is 26 April, the audited accounts submission date, 22 June so we are asking for dispensation to submit late as our Board is the 29th of June.
  - o £2.4bn will be made available to local authorities to support the social care sector in the face of increasing demand and increased costs

- In terms of month nine the Trust recorded an overall operational surplus position of £0.170m to the 31st of December 2021. Within the reported position is year to date Covid expenditure of £3.577m, and income top up of £1.997m. Agency expenditure was at £0.878m for December with a total year to date figure of £5.620m. The Cash balance was £26.329m of which £2.600m related to the Provider Collaborative. The aged debtors outstanding at the end of December was £4.039m with trade creditors at £7.029m. Discussions were held on the rising non-NHS creditors.

- The Children's and Young People Division has a year to date net overspend of £0.048m. The Community and Primary Care Division has a year to-date net expenditure overspend of £0.395m, this includes a net deficit of £0.673m relating to Primary Care Sites; the Mental Health Division has a year-to-date net expenditure underspend of £0.874m; the Forensic Services Division (previously Secure Services) is showing a year-to-date division net underspend of £0.282m; the overall corporate position is an underspend of £1.312m. A full report came to the committee on Primary Care as requested in December, this showed a continuing deteriorating position with a forecast outturn of an overspend of £1.652m adverse to budget by £1.393m. The committee requested that a recovery plan was put together immediately and then a more strategic overview developed looking longer term with some sensitivity analysis on upside/downside. Both would come through EMT to FIC with the strategic overview also coming to Board.

- The Committee received the month nine BRS update which showed that the Divisional and Corporate Savings have been profiled at £1.755m for Month 9 and are showing savings of £1.555m which is an underachievement of £0.200m. There are pressures with Community and Primary Care and Mental Health. Community and Primary Care have an under achievement of £0.053m relating to 2 schemes that were expected to deliver £0.071m annual savings. These schemes have been rated as RED and alternative schemes have been formulated to deliver £0.062m. The shortfall will be met by non-recurrent savings. Mental Health is showing an underachievement of £0.147m and £0.199m will be required to be carried forward into 2022/23. The shortfall in year will be met from non-recurrent savings. The Committee complimented the team and the continued delivery of BRS through Covid.

- The Committee received the 21/22 Capital update report. Total capital expenditure on 31 December 2021 was £5.382m with a further £0.739m committed (40% of the total budget). Slippage of £1.365m has been identified and the Trust has unused contingency of £0.300m. Based on the current position, on 31 March 2022 there is currently a forecast underspend of £1.065m against the capital resource limit (CDEL), the Trust are exploring ways of improving this position. The Trust has also applied for slippage against the national Dormitory programme, at the time of writing the outcome of bids is unknown.

- The Committee received the working draft of the 22/23 financial planning update. Operational Planning Guidance wasn't issued until the 24th of December 2021 and contained no detailed annexes for finance and contracting (Including allocations). A draft recurrent base budget of £130.874m has therefore been calculated for 2022/23. Estimated Block funding for 2022/23 of £130.266m has been determined and ICS distribution of block funding will be known/negotiated once allocations and detailed guidance have been published. Figures in the report excluded the Lead Provider Collaborative and several other planning assumptions will be included once the detailed guidance is published. As there won't be another FIC until April it was agreed that ongoing development of the plan would be pulled together by EMT and would come to Part Two Board in both February and March for sign off.

- The Committee received the second draft of the 22/23 to 24/25 budget reduction strategy. This iteration had the 1.5% top line ask for each of the three years plus a more detailed breakdown for year one (22/23) which showed a current gap in the savings proposals compared to the overall target saving of £0.929m (Mental Health £0.646m). Further work will be undertaken to close the gap which will feed into the overall budget for 22/23 and all schemes will be assessed through the QIA process and will go through Quality Committee with workforce issues discussed at Workforce & OD Committee.

- The Committee received the BAF and Risk Register for quarter four and recommended that the risk discussed around Primary Care in the financial review be added as a risk on the risk register and as negative assurance in terms of Strategic Goal 5.

- The Committee received a report and presentation on the 5-year Estates strategy due to finish at the end of 2022. The presentation pulled out the key successes over the 4 years to date in terms of disposals and investments and the excellent work undertaken during Covid to keep the estate operational, support the teams in delivering quality services and improve the quality of staff areas to help with morale. Key headlines included the sale of Hallgate and Victoria House, vacation of Fredrick Holmes school, the decision to retain Westend to consolidate Children's services there, refit of Cottingham clinic and relocation of Chesnuts, the refurbishment of Whitby Hospital, the redesign of Mental Health Inpatient Services, the revised approach to Corporate Accommodation and the work in the localities. Work is ongoing on the development of the next 5-year strategy which needs to flow from the overarching Trust strategy, and this will come to FIC in September. The Committee complimented the team on the work undertaken particularly during Covid and asked for their thanks to be passed on.

- The Committee received an update on the Yorkshire and Humber Care Record project outlining the original intent – right information, right person, right time -, assurance on the Governance from a YHCR perspective and assurance on Governance from a Trust perspective. There was also an update on progress in terms of organisations already connected and those about to connect and how the project had also linked in to the G7 Healthtrack with an International Patient summary. It was agreed that for completeness in terms of Governance that the YHRC minutes would go to EMT going forward and the team were complimented on the success of the project.

- The Committee received assurance reports from the Digital Delivery Group.

Title & Date of Meeting:	Trust Board Public Meeting Wednesday 26 January 2022
Title of Report:	Six-month Review of Safer Staffing – Inpatient units (April 2021-Sept 2021)
Author(s)	Executive Lead: Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
	Author: Tracy Flanagan Title: Deputy Director of Nursing, Allied Health and Social Care Professionals

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

Purpose of Paper:	This report presents 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'. The requirements state the need for a comprehensive review of staffing at team level which should be reported to the Board twice a year. This report covers the period April 2021- September 2021. It provides a current position in relation to Care Hours per Patient Day (CHPPD) and key performance indicators (KPI) for each unit. The report provides assurance that our levels of staffing are safe and supports the Director of Nursing and the Medical Director in providing a confirmation statement to the Trust board to this effect. EMT approved the report at its meeting on January 17th 2022.

		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	17.01.22
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Key Issues within the report:	• Overall the majority of units are maintaining good and safe fill rate requirements and performance with the majority of areas seeing an improvement. This is despite the ongoing impact of the COVID 19 pandemic • Inspire, Townend Court, MVC and STARs require further review and improvement in relation to fill rates, sickness and clinical supervision (TEC) . • CHPPD in all areas remains above the Trust target including a revised target for Pineview and Ouse. • Sickness remains a challenge across the majority of areas. Ullswater has the highest levels of sickness at 14.5%, this is due to a combination of Covid related

	absence and long-term sickness. Avondale's sickness has remained within target for a fifth time.
	• The majority of areas have seen an increase in their RN vacancies with the exception of Ullswater; STARS, Inspire and PICU. Avondale has remained stable with only 3% vacancies and TEC has remained unchanged with 27% vacancies. Malton has gone from having no vacancies to 45% vacancies; MVC has increased from 31% to 40 % and Swale has risen from 2% to 24% vacancies.
	• Data shows that some areas with lower fill rates are still providing good CHPPD due to reduced bed occupancy
	• Incidents reported via Datix show 13 were reported as causing low harm and 1 was reported as causing moderate harm. However no specific patient harm has been identified when these have been reviewed in detail.
	• Since the last report we have maintained a stable position in terms of training compliance with all units achieving the trust targets.
	• Strong CHPPD performance (upper quartile) when benchmarked regionally and nationally
	• AHP roles and new roles including Nursing Associates continue to not always be captured on eroster and do not contribute to fill rates and CHPPD but this is consistent with national and regional reporting. Several options have been identified to address requiring further investment in the establishments or a change to CHPPD reporting
	• CHPPD targets need to be revised at a team level to reflect new available national data for specialist areas

Monitoring and assurance framework summary:

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

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

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Six-Month Review of Safer Staffing

1. Introduction and Purpose

This report presents the findings of a review of safer staffing across our inpatient units for the period April 2021 to September 2021. It provides a current position in relation to Care Hours per Patient Day (CHPPD) and key performance indicators (KPI) for each unit. The report reflects the latest NHS Improvement reporting requirements outlined in 'Developing Workforce Safeguards' (NHSI Oct 2018). It also acknowledges the 'Delivering and Monitoring Safe Staffing in Mental Health and Learning Disability Services assurance framework for COVID 19' which was circulated by NHS I and E in November 2020 and most recently 'Nursing Workforce Standards: supporting a safe and effective workforce' (Royal College of Nursing 2021)

During the second wave of the COVID19 pandemic the expected discussion and analysis at team level of what an efficient use of staffing establishment from a finance/rostering perspective, alongside local feedback in relation to multidisciplinary team (MDT) and leadership continuity and patient and staff satisfaction was not possible. Similarly, a review of existing establishments based on available dependency data using recognised evidence-based methods i.e. Mental Health Optimal Staffing Tool (MHOST) and the modified version of the Safer Nursing Care Tool (mSNCT) was not undertaken.

As we have moved through the recovery period this cycle of reviews has recommenced and all wards have had at least one review of their establishment using the MHOST or the mSNCT with subsequent reviews scheduled. The reviews have included members of the eroster and Flexible Workforce team (FWT) and the use of eroster has been discussed and any changes to the demand template noted for action.

During the reporting period there have been changes to the configuration and function of some of the units. Mill View Court became the COVID 19 cohort ward from November 2020 to February 2021 but it has now returned to its usual function and has incorporated a 3 bedded pod for cohorting Covid 19 positive patients if required which has impacted on bed occupancy. The STaRs unit (complex recovery) became operational in November 2020 and is included in this report.

2. Findings

Themes remain consistent with previous issues that the Board have been appraised of via the monthly safer staffing reports.

2.1 Fill Rates
During this reporting period the lower target of 75% registered fill rates on days has been met by all units with the exception of Swale; Avondale, STARS, MVC, Maister, Inspire, Townend Court and Newbridges . The latter 4 units did not meet the minimum threshold in the previous reporting period.

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Townend Court fill rates have improved and due to low bed occupancy their CHPPD remains high. Maister Lodge fill rates for registered nurses (RN) on days has improved to just below the minimum target and they have good CHPPD rates and they have maintained the introduction of new roles following unsuccessful attempts to recruit registered nurses.

Newbridges fill rates for registered nurses on days remains just below the minimum target but registered fill rates on nights have improved and their CHPPD has improved since the last reporting period .

The team at Inspire undertook an extensive safer staffing review using the MHOST tool; benchmarking against other CAMHS inpatient units and professional judgement based on local acuity. They opened their PICU (Nova) in July and have modelled minimum staffing for these 3 beds separately from the General Adolescent Unit (GAU) beds. The unit opened one bed in July however the fill rates for days reflect the current demand template for both units which is based on a minimum of 3 RNs on Orion per shift and 2 RNs on Nova. Their CHPPD is strong and a further review of staffing is planned to review their requirements as they open the other 2 PICU beds.

Generally, 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 and agency 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 approved by the Chief Operating Officer and Director of Nursing to maintain safer staffing requirements

2.2 Care Hours Per Patient Day

For the reporting period the trust target for CHPPD was based on the old model hospital national average for all of the wards (8.00 and above) with the exception of Pine view and Ouse. The target for these two units was revised using the model data from the MHOST tool for a Medium Secure Unit and a MH rehabilitation unit (5.7 and above). It was felt that this more accurately reflected the nature of the patient population on these 2 wards. On this basis CHPPD in all areas remained above the Trust target.

It is now possible to compare our wards against the model health system data (which has replaced the model hospital) for different specialities. We can also utilise the databases for the MHOST and SNCT to benchmark against (model data gleaned from the wards who participated in the development of the tool). This indicates that we need to adjust the Trust targets at an individual ward level.This work is being progressed.

It is of note that the overall CHPPD increased during the previous reporting period both regionally and nationally following the onset of the COVID19 pandemic with a likely cause being the reduction in bed occupancy. CHPPD has subsequently reduced during this

reporting period and the most recent figures from October 2021 shows the Trusts median at 12.3 compared to our regional peer group median of 11.8 and a national median of 10.3. These figures provide assurance that at an organisational level we are performing well regionally and nationally however it is difficult to benchmark with confidence at unit level as the impact of COVID19 will have been different for different wards both locally and nationally.

2.3 Registered Nurse Vacancies
The majority of areas have seen an increase in their RN vacancies with the exception of Ullswater; STARS, Inspire and PICU. Avondale has remained stable with only 3% vacancies and TEC has remained unchanged with 27% vacancies.
Malton has gone from having no vacancies to 45% vacancies; MVC has increased from 31% to 40 % and Swale has risen from 2% to 24% vacancies.

The nurse recruitment project lead has been focussed on international recruitment as part of the trust wide 'hard to recruit' plan with additional funding and posts established to support this initiative. The first international recruits have now arrived and 7 have successfully passed their OSCEs examinations and are now working on Malton ward; MVC, Granville Court and in primary care. The next cohort of international recruits will be arriving in February. We are on target to meet our required 20 international recruits for 2021-2022.

Work also continues with those wards experiencing recruitment and retention difficulties to develop tailored recruitment and retention plans including targeting campaigns and the use of agency nurses to support in the short term.

2.4 Sickness
Sickness remains a challenge across many areas with only Avondale maintaining the trust target across the last five reporting periods and Malton ward improving their sickness from 4.1% to 1.2%. Sickness in the Humber Centre has risen to 14.5 % on Ullswater (which is the highest sickness levels for the reporting period); 11.7 % on Pineview and 13.1% on Ouse. However, Derwent's sickness has dropped to 2.9% and Swale's has risen very slightly to 3.5%. Newbridges and MVL have both improved to within the trust target and MVC have improved to just below the target at 4.8%

2.5 Training/Appraisal and Supervision
Since the last report we have maintained a stable position in terms of training compliance with all units achieving the trust targets. This is mirrored with the appraisal compliance with all units above the Trust target with the exception of PICU who compliance rate is 74.7%. However, this rises to 83.3% when long term sickness and maternity leave are removed. In supervision the majority of units are achieving the target, the exception being Townend Court where compliance has dropped from 71% to 57%; Whitby whose compliance has dropped from 90% to 67% and MVL whose compliance has dropped from 79% to 61%.

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Swale, Ullswater and Westlands have dropped just below the target 76%, 75% and 74% respectively. Compliance will be monitored locally, through the accountability reviews and via the monthly safer staffing dashboard to ensure improvement over the next reporting period.

2.6 Cancelled Leave- Mental Health/Secure and Learning Disability Services
Cancelled section 17 leave has been incorporated into the safer staffing dashboard report for all the Mental Health and Learning Disability teams. 32 episodes have been identified in this period compared to 5 in the previous reporting period; All reported episodes relate to the Humber Centre. Ouse have reported 16 incidents; Pine view have reported 9 incidents, Ullswater have reported 4 incidents and Swale have reported 3 incidents. Cancelled leave is reported for each affected individual via Lorenzo and this is reported and monitored through the MH legislation steering group. The steering group has picked up that some cancelled leave was still being reported via datix and therefore monitor where this is happening and ensure that it is reported on Lorenzo on the individual's record. This is likely to account for the increase in the number of cancelled leave for this reporting period. There have been no incidents of medical/dental appointments being cancelled and if leave is cancelled where possible this is rearranged.

2.7 Incidents
Specific incidents where safety concerns have arisen have been reported through Datix and escalated through operational management to action. 171 incidents were reported for this reporting period compared to 124 for the previous reporting period. Of these 13 were reported as causing low harm and 1 was reported as causing moderate harm. 55 related to staffing shortages across the whole of the Humber Centre and the need to move staff and deploy AHPs; B7s and Modern matrons onto the units to maintain safety.

The majority were classified as staffing shortages not affecting patient care directly (n=95) 4 of these were reported as low harm relating to the impact on staff including working extra hours and the inability to take breaks .

42 related to the inability to provide adequate care with 8 reported as causing low harm and 1 reported as moderate harm. The low harm incidents related to staffing levels lower than the minimum number and did not cite specific incidents of harm but the potential for harm. 1 related to an on-call doctor not attending to see a patient who had fallen and several related to activities not being provided. The moderate harm incident did not provide any specific detail of harm being caused but was related to staffing shortages across the whole of the Humber Centre leaving them 8 RNs short across the 5 wards. This was managed by senior nurses including B6; B7 and B8a all dropping into the numbers and the activity workers and AHPs being pulled onto the wards to support in line with business continuity plans. One incident related to the management of the Covid19 pod on

MVC where staff were drafted in from other areas to cover when a positive patient was admitted and the handover not being adequate and a male staff member having to support the female patient for an hour and a half.

16 incidents related to activities being reduced or cancelled. This included not being able to take patients down to the canteen in the Humber Centre and meals being brought to the ward instead. 12 incidents related to the inability to support leave and as discussed previously this is more accurately reported at an individual patient record through Lorenzo. Six incidents related to staffing issues relating to Covid19 absence

3. Staffing Establishments Review Methodology

The Deputy Director of Nursing (DDN) has undertaken a desk top exercise to review the safer staffing data and performance against key safer staffing indicators including fill rates and Care Hours per Patient Day (CHPPD) data and other quality and productivity outcome measures including sickness, supervision, appraisal compliance and training. Vacancies and use of bank and agency are noted. FFT and reported safer staffing incidents are reviewed. Safer staffing reviews have taken place with teams and their finance leads to review their safer staffing data and their establishments with secure services and older peoples MH services being completed within this reporting period. Reviews for Inspire and Malton and Whitby are scheduled for January and February and a rolling schedule will be undertaken over the next reporting period. The MHOST and SNCT have been utilised to allow establishments to be modelled based on national data and for secure services and older adults services dependency data was collected locally. No Tool currently exists for Learning Disabilities but Ullswater and Townend Court are hoping to be involved in a pilot for the Universal Needs Based Resource Analysis (UNBRA). However, this pilot has been temporarily suspended.

The reviews have included members of the eroster and Flexible Workforce team and the use of eroster has been discussed and any changes to the demand template noted for action.

Once the safer staffing reviews have been completed an indicative level of assurance in relation to the unit being safely staffed is given based on the number of safer staffing reportable key performance measures that flag below minimum target as follows:

- **Low assurance** where 5 or more indictors are below the minimum target.
- **Adequate assurance** where 3-4 indicators are below the minimum target
- **Good assurance** where 2 or less indictors are below the minimum target

Issues or areas of concern from the previous April 2019–Sept 2019 report have been reviewed to confirm improvement and/or make recommendations where no improvement is noted.

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4.2 Results

Assurance overview

October 2020- March 2021		
Low assurance	**Adequate assurance**	**Good assurance**
0	4 Newbridges/Ouse/TEC/Inspire	12
April 2021-October 2021*		
Low assurance	**Adequate assurance**	**Good assurance**
0	4 TEC/Inspire/STARS/MVC	14

*STARS and MVC units added in reporting period

Unit	Summary and Action
Granville Court	Since the last reporting period there has been a slight increase in sickness from 6.6%% to 6.9 %. Performance in relation to appraisals has improved to 97.92%. Registered Nurse (RN) fill rates and overall fill rates are comfortably above target. Supervision performance also remains strong above target and training has dropped slightly from 90% to 85% 6 incidents relating to staffing shortages were reported via datix. These related to staff shortages. No harm resulted as a consequence of these shortages. Safety of residents was prioritised and routine task postponed where appropriate and staff worked extra hours to support colleagues No evidence-based tool is currently available that is appropriate for the residents. The minimum staffing levels are based on the CQC requirements for nursing homes and were reviewed at the last CQC inspection. CHPPD data is not collated or reported for the unit due to its care home status. The vacancy rate for RNs has risen from 10% to 22% and the use of bank and agency has risen from 30% to 38%. One of the international recruits has been deployed to Granville **The fill rates and performance indicators give good assurance that the unit is safely staffed**.
Townend Court	Since the last reporting period the bed occupancy has dropped further to 43%. The fill rates for RNs on have dropped further below target from 63% to 49%. The fill rates do not reflect when the clinical lead and B7 drop into the numbers and this is being addressed by the eroster team. The fill rates on nights have improved to above target from 79% to 86% the overall fill rates on days have dropped slightly below target from 82% to 78% and on nights the fill rates remain above target at 107%. CHPPD has increased slightly and remains strong at 28.7. All other quality and productivity targets have been met with the exception of Clinical Supervision which has dropped to 57% from 71% in the last reporting period. This has been addressed locally and as of December

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Unit	Summary and Action
	2021 stands at 81%. Sickness has dropped from 9.25 to 8.6% in the current period. Performance against appraisals has improved further to 98%. 22 incidents relating to staffing shortages were reported via datix. Non resulted in harm. Vacancies have remained at 27% and bank and agency use has dropped from 29% to 25% A safer staffing review was undertaken with the team which identified that the demand template needs amending to reflect the minimum staffing levels specifically in relation to RNs. The minimum staffing levels across both Lilac and Willow are 2 RNs on nights and days, but the demand template looks for 4 RNs. This accounts for the consistently low fill rates for RNs. The minimum staffing levels have been agreed based on professional judgement as there is currently no tool available for LD services. The team is looking at using the UNBRA tool. The team has been actively recruiting and 2 aspirant nurses will be starting in September and a trainee Nursing associate will be qualifying in the next couple of months. They have recruited a pharmacy technician and have an OT and two activity workers. **The CHPPD and performance indicators give adequate assurance that the unit is safely staffed** but requires improvement in relation to supervision which has recently improved. The minimum RN levels need to be reviewed on demand template
Inspire	During the reporting period the fill rates have been below target for RNs on days and have dropped from the last reporting period (from 61% to 53%) and RN fill rates on nights have dropped slightly but are still above target at 85% . Overall fill rates have improved from 70% to 72% on days and 96% on nights. Bed occupancy has dropped from 77% to 57% and CHPPD has improved further from 27 to 41.3. Sickness has increased from 5.1% to 8.6% and the other quality indicators are acceptable with clinical supervision at 82% and training at 80%. Performance against appraisals remains above target at 85%. 14 incidents relating to staffing shortages were reported via datix. None resulted in any harm The team has taken part in an extensive safer staffing review using the MHOST tool; benchmarking against other CAMHS inpatient units and professional judgement based on local acuity. They have opened 1 additional PICU bed and have modelled minimum staffing for these additional beds separately from the General Adolescent Unit (GAU) beds. They do not capture any of their AHP hours as these are not on their eroster demand template **The CHPPD and performance indicators give adequate assurance**

Unit	Summary and Action
	that the unit is safely staffed but requires improvement in relation to RN and overall fill rates and maintained focus on training performance . The demand template on the eroster needs to be reviewed to reflect the 2 separate units and staffing establishments .
Ullswater	Since the last reporting period RN fill rates have improved slightly on days from 77% to 78%. They have remained at 100% on nights. Overall the fill rates have increased slightly on days and nights to 100 and 102% respectively. CHPPD has dropped slightly from 13.3 to 12.8 and bed occupancy has remained at 68%. The quality and productivity outcomes remain above target in this reporting period with the exception of sickness which has increased from 7.9% in the last reporting period to 14.5% the highest level across all of the wards and is still above target . Supervision has dropped from 92% to 75%. Appraisal compliance remains above target at 96%. 6 incidents relating to staffing shortages were reported via datix.1 was reported as low harm due to staffing being below minimum levels but no specific incident causing harm was identified. Vacancies have dropped from 17% to 12%. Bank and Agency use is still relatively high at 30%. A safer staffing review was undertaken with the team which identified changes that need to be made to the demand template. They have plans for managing their vacancy position and although there is no tool available to review their dependency levels it was felt their current establishment allows them to deliver acceptable levels of CHPPD **The fill rates, CHPPD and performance indicators give good assurance that the unit is safely staffed**.
Pine View	During the reporting period fill rates for registered nurses on days have improved from 79% on days to 84% but have dropped from 83% to 51% on nights. The overall fill rates have dropped slightly on days from 81% to 80% and for nights from 95% to 79%. CHPPD have dropped from 7.6 to 7.3 which is below the overall Trust target and the model hospital national average for forensic services. The model data in the MHOST tool suggest that for the participating wards the average CHPPD for MSUs is 7.3 and for MH rehabilitation is 5.3. We have therefore revised the CHPPD target for Ouse and Pineview to 6.3 with a lower threshold of 5.7 to reflect this. Sickness has increased from 7.5% to 11.7%. Other quality indicators are above target with supervision at 97% and training at 94%. Appraisal compliance is 96.7%. 19 incidents relating to staffing shortages were reported via datix. None of these resulted in any harm.

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Unit	Summary and Action
	A safer staffing review was undertaken with the team and dependency data was collated using the MHOST tool. The establishment covers their current minimum staffing levels and provision of acceptable CHPPD based on their dependency data. They have plans for recruitment to hard to recruit vacancies. The demand template includes an additional 'floating' staff member for the whole service which reflects in the lower fill rates on occasion when this is not filled of the staff member is moved. The RN fill rate on nights reflects that they often have only 1 RN on nights due to vacancy and sickness. **The fill rates and performance indicators give good assurance that the unit is safely staffed**
Derwent	Since the last reporting period fill rates for registered nurses on days have dropped from 98% to 70%. Fill rates for registered nurses on nights have also dropped slightly from 101% to 99% Overall fill rates for days and nights have dropped to 81% and 100% respectively. CHPPD rates have dropped from 16 to 11.3. Sickness has dropped from 9.2% in the last reporting period to 2.9% and is now within target. 2 incidents relating to staffing shortages were reported via datix. None resulted in harm. Other quality indicators remain above target. Performance against appraisals is 100%. Vacancies have increased slightly from 13% to 14% and bank and agency use has reduced from 43% to 25% A safer staffing review was undertaken with the team and dependency data was collated using the MHOST tool. The establishment covers their current minimum staffing levels and provision of acceptable CHPPD based on their dependency data. They have plans for recruitment to hard to recruit vacancies. The demand templates have been reviewed. **The fill rates, CHPPD and performance indicators give good assurance that the unit is safely staffed.**
Ouse	Since the last reporting period the registered nurse fill rates have dropped from 92% to 80% on days and have remained at 99% on nights. Overall fill rates are above the lower threshold of the target at 79% on days and 97% on nights. CHPPD has dropped from 7.8 to 6.5 which is below the overall Trust target and the model hospital national average for forensic services. The model data in the MHOST tool suggest that for the participating wards the average CHPPD for MSUs is 7.3 and for MH rehabilitation is 5.3. We have therefore revised the CHPPD target for Ouse and Pineview to 6.3 with a lower threshold of 5.7 to reflect this. Sickness has risen from 8.9% to 13.1% and remains outside the target. Performance against appraisals 98%.Training and supervision

Unit	Summary and Action
	performance remain strong at 98% and 92% respectively. 11 incidents relating to staffing shortages were reported via datix. None resulted in any harm. Vacancies have increased from 4% to 12% and bank and agency use has reduced from 19% to 12%. A safer staffing review was undertaken with the team and dependency data was collated using the MHOST tool (Both the MSU and the MH rehabilitation versions) . The establishment covers their current minimum staffing levels and provision of acceptable CHPPD based on their dependency data. They have plans for recruitment to hard to recruit vacancies. The demand templates have been reviewed. **The fill rates and performance indicators give good assurance that the unit is safely staffed**
Swale	Since the last reporting period fill rates for registered nurses on days have dropped below target from 97% to 56%. RN fill rates on nights have dropped slightly to 102%. The overall fill rates on days have dropped below target at 74% and dropped slightly to 126% on nights. The B7 and B4 OT assistant go into the numbers to support safety and this is not reflected in the fill rate figures. CHPPD has dropped from 12.9 to 10.5 due to increased bed occupancy. Sickness has risen slightly from 2.8% to 3.5% which is within target. All other quality indicators are within target with supervision dropping from 93% to 74%. Training has improved slightly to a 94%. Performance against appraisals is 94%. Four safer staffing incidents have been reported. None of these resulted in harm. Vacancies have increased from 2% to 24%. Bank use has dropped slightly from 40% to 39%. A safer staffing review was undertaken with the team and dependency data was collated using the MHOST tool. The establishment covers their previous minimum staffing levels which are in the demand template . However their dependency levels have increased and therefore they have had to increase their staffing numbers to maintain safe staffing levels resulting in an overspend on their staffing budget. This is not reflected in the demand template or their existing establishment which does not cover the recommended levels of CHPPD provision. This will be escalated to the General Manager for consideration and business case development. They have plans for recruitment to hard to recruit vacancies. **The fill rates; CHPPD and performance indicators give good assurance that the unit is safely staffed.** However, the fill rates on days are cause for concern especially given increase in their dependency and therefore it is recommended that their establishment is reviewed

Unit	Summary and Action
PICU	Since the last reporting period registered nurse fill rates on days have improved from 82% to 90% and have dropped slightly on nights from 95% to 93% on nights. The overall fill rates are 100% on days and 112% on nights. CHPPD has dropped slightly from 23.5 to 22.3 but is still comfortably above target. Sickness has dropped from 14% to 10.5 % remaining outside of the target. Performance against appraisals is 74% but rises to 83.3% when adjusted for maternity leave and long-term sickness. Supervision and training remain above target at 100% and 88% respectively. Vacancies of registered nurses have decreased from 33% to 17% and bank and agency use has dropped from 55% to 44%. 7 incidents relating to staffing shortages was reported via datix. Non resulted in any harm. A safer staffing review took place with the team. They have changed 2 Band 5 RN roles to a Band 6 and a Band 4 to support recruitment. They have also recruited a pharmacy technician. This has allowed them to review the minimum RN levels when the pharmacy technician is rostered. They have also employed an activity worker and have plans to recruit a second. **The fill rates; CHPPD and performance indicators give good assurance that the unit is safely staffed**
Newbridges	Since the last reporting period the registered fill rates on days have dropped just below target at 74 %. The RN fill rates on nights have increased from to 74% to 94%. Overall fill rates have remained comfortably above target at 103% and 118 % for days and nights respectively. CHPPD have increased slightly from 8.9 to 9.6. Sickness has dropped 10.5% to 4.1% and is within target. Supervision has increased 69% to 90% above target and training compliance has remained good and above target at 95%. Performance against appraisal was 95%. Vacancies have dropped from 22% to 11% and bank and agency use has dropped from 27% to 24%. Bed occupancy has also dropped slightly from 93% to 91%. 1 incident relating to staffing shortages was reported via datix. This didn't result in any harm. A safer staffing review took place with the team. They have addressed some of their long term vacancy issues through recruitment of a pharmacy technician. They also have a registered OT, an Associate Practitioner in OT (APOT) and an activity Assistant. All three cover 9-5 seven days a week. They also have a Social worker. **The CHPPD and performance indicators give good assurance that the unit is safely staffed**
Westlands	Since the last reporting period there has been a drop in fill rates for RNs on days from 85% to 76%. The fill rates for RNs on nights has also dropped slightly from 92% to 87%. The overall fill rates are above target for days and nights at 91% and 118% respectively. CHPPD have risen slightly from 9.6 to 9.8. Sickness has risen from 9.0% in the

Unit	Summary and Action
	previous reporting period to 9.9%. Supervision compliance has dropped slightly from 77% to 74% below target. Training has dropped slightly from 88% to 87%. Compliance with appraisals is 96.8%. Vacancies have increased from 4% to 16% and bank and agency use has dropped from 36% to 32%. 3 incidents relating to staffing shortages were reported via datix. These did not result in any harm. A safer staffing review took place with the team. They now have a Nursing Associate who cover the second registered nurse shifts. They also have an APOT an activity assistant and 2 peer support workers who work 9-5 seven days a week. They also have a pharmacy technician who supports on days. The team felt that their current minimum staffing levels on a night were not sufficient as clinical activity remains high even at night. They continue to roster additional staff to manage this safely. The team had not collated dependency data for use with the MHOST tool but the average scores nationally for a comparable unit suggests that their staffing levels and CHPPD are adequate. The difference for Westlands in the nature of the patient group and the fact that it is a standalone unit. A further review of their staffing requirements needs to be undertaken once they have collated dependency data to support the use of the MHOST tool **The fill rates, CHPPD and performance indicators give good assurance that the unit is safely staffed**
MVC	The fill rates for RNs on days are just below target at 73% and the fill rates for nights are 82%. The overall fill rates for days are 74% and for nights they are 92%. However, the CHPPD are above target at 11.9. RN vacancies are 40% and bank use is 35%. Sickness has dropped to 4.8. The other performance indicators are above target with Clinical Supervision at 97%; Appraisal compliance at 100% and training at 96%. 1 incident relating to staffing shortages was reported via datix. This was reported as low harm and related to the management of the Covid19 pod on MVC where staff were drafted in from other areas to cover when a positive patient was admitted and the handover not being adequate and a male staff member having to support the female patient for an hour and a half. The team need to complete a period of dependency data collection so that the MHOST tool can be used to review their establishment in light of the changed function of the unit over the past year. **The CHPPD and performance indicators give adequate assurance that the unit is safely staffed** but requires improvement in relation to RN and overall fill rates on days
Avondale	Since the last reporting period RN fill rates have dropped from 80% to 72% on days but remain within target at 98% on nights. Overall fill rates

Unit	Summary and Action
	have risen slightly on days from 73% to 78% which is within target. CHPPD have dropped slightly from 17.6 to 17.3 but remain comfortably above the national average. All other quality measures are above target. Performance against appraisals was 93% for the reporting period. Sickness has dropped from 4.4% to 2 meaning this is the fifth report9ng period that sickness has been within target. Vacancies have remained at 3% and bank use has increased from 18% to 26%. Two safer staffing incidents have been reported. These did not result in any harm. A safer staffing review took place with the team. The team had not collated dependency data for use with the MHOST tool but the average scores nationally for a comparable unit suggests that their staffing levels and CHPPD are adequate. They have additional hours for a 'floating' member of staff which is not always utilised but as this is in the demand template when this is not used it effects their fill rates making them look lower than they are. **The fill rates; CHPPD and performance indicators give good assurance that the unit is safely staffed.**
STARS	The RN and overall fill rates for days are 38% and 48% respectively. This is because there is often a registered OT on shift during the day but this is not reflected in the demand template . This will be addressed in the next safer staffing review. The fill rates on nights are 96% for RNs and 98% overall. CHPPD is 25 which reflects the small patient population and the nature of the unit. They have no RN vacancies; sickness is 9.6% and bank use is 11%. The other performance indicators are above target with Clinical supervision at 87%; Appraisal compliance at 96.5% and training at 91%. The team need to complete a period of dependency data collection so that the MHOST tool can be used to review their establishment in light of the unit becoming fully operational over the last reporting period. **The fill rates; CHPPD and performance indicators give adequate assurance that the unit is safely staffed** but requires further improvement in reporting around fill rates on days and sickness levels
Maister Lodge	Since the last review period Fill rates for registered nurses on days have improved from 64% to 74%. Whilst this is still just below target 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. RN fill rates on nights have increased from 101% to 105%

Unit	Summary and Action
	The overall fill rates are 86% and 97% respectively for days and nights CHPPD have improved from 18.8% to 28.4%. Vacancies has risen slightly to 26% from 25% and bank use has reduced slightly from 22% to 19%. All other quality indicators are above target with the exception of sickness that has risen slightly from 5.7% in the previous reporting period to 5.8%. Appraisals are at 97%; Clinical supervision at 97% and training at 93%. No safer staffing incidents have been reported. A safer staffing review was undertaken with the team and dependency data was collated using the MHOST tool. The establishment covers their current minimum staffing levels and provision of acceptable CHPPD based on their dependency data. The RN fill rates on days do not reflect the Nursing Associate and Pharmacy technician roles who are rostered onto shifts but not picked up as registered nurse hours from eroster. Maister will be considered for a pilot for the splitting out of minimum staffing requirements to 1 first level registered nurse and a second registered practitioner on the demand template to address this **The overall fill rates, CHPPD and performance indicators give good assurance that the unit is safely staffed.**
Mill View lodge	For this reporting period fill rates for RNs remained at 84% for days and had dropped slightly to 101% for nights. Overall fill rates have increased from 97% to 108% on days and from 104% to 117% on nights. CHPPD has increased from 12.8 to 13.2% which is above the Trust target Supervision has dropped from 79% in the last reporting period to 61% Sickness has dropped from 4.5% to 3.8 % within the target. Performance against appraisals has dropped slightly from 96% to 87.5%. Compliance with training has improved slightly from 94% to 96%. Vacancies have increased slightly from zero to 1% and bank and agency use has increased slightly from 18% to 20%. Six safer staffing incidents have been reported. One of these recorded a low level of harm which related to the on-call medic failing to attend the unit following a patient falling. A safer staffing review was undertaken with the team and dependency data was collated using the MHOST tool. The establishment covers their current minimum staffing levels and provision of acceptable CHPPD based on their dependency data. However they are rostering additional staff on the early shift and the night shift which is not reflected in the demand template and the teams view is that this is necessary to manage the acuity of the patients. The dependency data need to be collated again and adjustments made for the small bed base

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Unit	Summary and Action
	of the ward. This will be looked at in the next review **The overall fill rates, CHPPD and performance indicators give good assurance that the unit is safely staffed.**
Whitby	Since the last review period RN fill rates have remained at 93% on days and 100% on nights. Overall fill rates have dropped slightly from 89% to 87% on days and from 101% to 99% on nights. CHPPD has dropped from 13.3 to 10.4 . This is higher than the required CHPPD calculated using SNCT for a 20 bedded older adult unit from an acute trust. It is also higher than the national average from the model hospital data**.** Sickness has risen from 3.2% to 8.4 % outside of the target. Performance against appraisals has improved to 97% Supervision compliance has dropped from 90% to 67% (85% Dec 21) and training has dropped from 95% to 89%. Vacancies have risen from zero to 10% and a small amount of bank and agency has been used 5%. Ten safer staffing incidents have been reported. Two of these were recorded as low harm but no specific details of harm were described other than increased clinical pressures. A safer staffing review took place with the team. The bed capacity of the unit has been reduced as part of the refurbishment work at the Whitby site. The team collated dependency data which was analysed using the SNCT. This suggested that their current minimum staffing levels were correct. This was confirmed through a professional judgement discussion with the team and service/clinical leads. This needs to be revisited now that the refurbishment is complete. **The fill rates; CHPPD and performance indicators give good assurance that the unit is safely staffed.**
Malton	Since the last reporting period the RN fill rates have dropped from 85% to 79% on days and from 98% to 96% on nights. The overall fill rates have dropped slightly 95% to 94% on days and from 99% on nights to 98%. The CHPPD have dropped from 12.3. to 11.8. This is higher than the required CHPPD calculated using SNCT for 20 bedded older adult unit from an acute trust. One safer staffing incident has been reported. This did not result in patient harm. Sickness has dropped from 4.1% in the last reporting period to 1.2% which remains within target. Clinical supervision has improved from 97% to 100% comfortably above target. Performance against appraisals has dropped slightly to 96% from 99% Training has dropped from 85% to 77%. The unit currently has 45% RN vacancies. They have recently taken 5 international recruited RNs which will improve the vacancy position and they also have 2 members of the team undertaking the nursing associate and degree apprentice programmes.

Unit	Summary and Action
	A safer staffing review took place with the team. The team collated dependency data which was analysed using the SNCT. This suggests that their current minimum staffing levels are correct. This was confirmed through a professional judgement discussion with the team and service/clinical leads. **The fill rates performance and CHPPD give good assurance that the unit is safely staffed**

5.0 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. The most recent data was published in October/November 2021and shows that the Trust continues to perform well against our regional peers and nationally. It is of note that the overall CHPPD increased during the previous reporting period both regionally and nationally following the onset of the COVID19 pandemic with a likely cause being the reduction in bed occupancy. CHPPD has subsequently reduced during this reporting period and the most recent figures from October 2021 shows the Trusts median at 12.3 compared to our regional peer group median of 11.8 and a national median of 10.3. These figures provide assurance that at an organisational level we are performing well regionally and nationally however it is difficult to benchmark with confidence at unit level as the impact of COVID19 will have been different for different wards both locally and nationally. Consistent with the regional and national picture our AHP CHPPD reporting remains low.

October 2020	CHPPD Overall	CHPPD Registered Nurses	CHPPD – Healthcare Support Workers	CHPPD total AHP staff
Trust	13.3	4.3	8.9	0.0
Peer*	12.5	3.7	8.4	0.1
National	11.1	3.6	7.2	0.1

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October 2021	CHPPD Overall	CHPPD Registered Nurses	CHPPD – Healthcare Support Workers	CHPPD total AHP staff
Trust	12.3	4.2	8.0	0.1
Peer*	11.8	3.3	8.0	0.1
National	10.3	3.4	6.6	0.1

*Peer Trusts being RDASH, Leeds & York, South West Yorkshire, Bradford, Sheffield, TEWV, Cumbria and CNTW.

It is now possible to compare our wards against the model health system data (which has replaced the model hospital) for different specialities. We can also utilise the databases for the MHOST and SNCT to benchmark against (model data gleaned from the wards who participated in the development of the tool). This indicates that we need to adjust the Trust targets at an individual ward level and this work is being progressed.

6.0 Review of the eroster and demand template update.

Members of the eroster and Flexible Workforce Team joined the latest round of safer staffing reviews. This has enabled a review of the demand templates and consideration of how we can capture the additional hours provided by AHP roles and senior nursing roles in the CHPPD figures.

These additional roles have been incorporated into the eroster but do not sit in the demand template. This is the element of the eroster that records and reports on planned hours against actual hours (which give us the fill rates) and are used to calculate our CHPPD. The demand template determines what roles are required as a minimum for every shift and can include long days; nights and short shifts (i.e earlies; days; lates and twilight shifts). The use of the MHOST tool and professional judgement allows the required staffing establishment to be calculated based on recommended CHPPD and minimum staffing levels on a shift by shift basis. A calculation is then undertaken to determine how many Whole Time Equivalents (WTEs) are needed to support this shift pattern.. Most units have 1 or 2 members of AHP staff who work different shifts but these are not considered as part of the minimum required staffing for each shift in the demand template and if they were included in the demand template then the eroster would consider them as planned hours. This would then require that the establishment for the AHP roles would need to be revised to ensure that there was adequate WTEs to provide the planned hours consistently. The only areas where this currently happens is Malton. This will also be reviewed with Whitby at their next safer staffing review but the other units do not currently have sufficient AHP WTEs to progress this.

An alternate way of considering the AHP contribution to the safer staffing levels is that they are not included in the planned hours but are classed as 'Ready for Action' hours. This is recommended in the MHOST tool and relates to those additional staff who are available on

the unit; including the AHP roles, B7s and the Deputy Charge Nurses when they are not working a shift.

Also the demand template could be set up to look for 1 first level RN per shift and then a second registered practitioner which might include the nursing associate role or an AHP/pharmacy technician. Whilst this would more accurately reflect the skill mix some wards have introduced it may be problematic in terms of the national CHPPD reporting requirements. It has been suggested that this approach is trialled on Maister to see if it is feasible.

The third alternative is to collate the additional AHP hours worked retrospectively and add them into the actual hours. This has been trialled previously in the Humber Centre and contributed to delays in producing the safer staffing report and required additional resource to extract the data.

This work is being taken forward by Claire Jenkinson the Deputy Chief Operating Officer.

7.0 Summary Findings

- Overall the majority of units are maintaining good and safe fill rate requirements and performance with the majority of areas seeing an improvement. This is despite the ongoing impact of the COVID 19 pandemic
- Inspire, Townend Court, MVC and STARs require further review and improvement in relation to fill rates, sickness and Clinical supervision (TEC) .
- CHPPD in all areas remains above the Trust target including a revised target for Pineview and Ouse.
- Sickness remains a challenge across the majority of areas. Ullswater has the highest levels of sickness at 14.5%, this is due to a combination of Covid related absence and long-term sickness. Avondale's sickness has remained within target for a fifth time.
- The majority of areas have seen an increase in their RN vacancies with the exception of Ullswater; STARS, Inspire and PICU. Avondale has remained stable with only 3% vacancies and TEC has remained unchanged with 27% vacancies. Malton has gone from having no vacancies to 45% vacancies; MVC has increased from 31% to 40 % and Swale has risen from 2% to 24% vacancies.
- Data shows that some areas with lower fill rates are still providing good CHPPD due to reduced bed occupancy
- Incidents reported via Datix show 13 were reported as causing low harm and 1 was reported as causing moderate harm. However, no specific patient harm has been identified when these have been reviewed in detail.
- Since the last report we have maintained a stable position in terms of training compliance with all units achieving the trust targets.
- Strong CHPPD performance (upper quartile) when benchmarked regionally and nationally
- AHP roles and new roles including Nursing Associates continue to not always be captured on eroster and do not contribute to fill rates and CHPPD but this is consistent with national and regional reporting. Several option have been identified

to address this but would require further investment in the establishments or a change to CHPPD reporting

- CHPPD targets need to be revised at a team level to reflect new available national data for specialist areas

8.0 Update on Actions from Previous Report

Delivery of actions aligned to the recommendations in the last safer staffing report continue to be impacted by the COVID 19 pandemic however the following progress has been made:

Continued introduction of new roles and skill mix to support the RN vacancy position, this includes a rolling programme of recruitment to the trainee nurse associates and nurse degree apprenticeship programme and a successful recruitment of 7 international RNs who have been deployed in Malton; Granville and primary care. Further international recruitment is ongoing

The PADR window was implemented from April 2021 to July 2021 and all teams have achieved compliance by the end of the reporting period.

A continued focus on improvement on sickness in the inpatient services has been maintained with 7 wards improving their sickness and 7 wards now within or at the target compared to 6 wards in the last reporting period

Year to date there has been successful recruitment of 70.4 WTE RNs for 2021/22 against a target of 105.5. Focussed recruitment initiative continue for teams with higher levels of vacancies. Malton has experienced a number of RNs leaving since the last reporting period and had 5.4 RN vacancies at the time of their review. The first cohort of international recruits have now been deployed there.

The most recent report was shared with all clinical leads, matrons and charge nurses and discussed in various forums. The Nursing and Quality and Safety directorate have worked with individual teams to address specific actions required for each unit in line with their key quality; safety and productivity indicators. The Deputy Director of Nursing has reviewed the safer staffing dashboards monthly and followed up any exceptions in the reporting with individual teams or service leads.

The 6 month rolling programme of review of establishments across all impatient units using MHOST and modified SNCT has recommenced and reviews with all teams have taken place. The collection of dependency data has been utilised in some areas and in other areas the national databases for specialised teams utilising MHOST and SNCT has been used to inform the establishment reviews and discussion including professional judgement.

The eroster and FWT have started attending the safer staffing reviews and any identified required changes to the demand template have been actioned

Safer staffing and escalation policy has been reviewed and approved

9.0 Recommendations

- Alternative ways for capturing CHPPD to be trialled including changing the demand template to look for a second registered practitioner rather than a second RN
- 6 month rolling programme of review of establishments across all inpatient units using MHOST and modified SNCT to continue and inform business case for eroster development
- CHPPD targets to be reviewed at team level based on available national data from Model Health System and MHOST/SNCT databases for specialist wards
- Focussed review and support by Matrons and Divisional Clinical Leads 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.
- Continued work of hard to recruit project and nurse recruitment project lead to support RN vacancy position overall and nurse recruitment project lead to work with prioritised teams to support tailored recruitment plans
- UNBRA pilot to be supported for Ullswater and Townend Court

9.0 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 and Hard to Recruit task and finish group and the Workforce and OD and Quality Committee for assurance processes.

2. Report to inform and support the development of local action plans including the use of available data from the review of minimum staffing levels to review skill mix and options for introduction of new roles with aligned QIA process.

3. Nurse recruitment project lead to continue to work with identified teams to look at recruitment plans and improved retention and ongoing international recruitment.

4. 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

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5. Alternative ways for capturing CHPPD to be trialled including changing the demand template to look for a second registered practitioner rather than a second RN

6. CHPPD targets to be reviewed at team level based on available national data from Model Health System and MHOST/SNCT databases for specialist wards

7. 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

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Title & Date of Meeting:	Trust Board Public Meeting - 26 Jan 2022			
Title of Report:	Six Monthly Research & Development Report			
Author/s:	Cathryn Hart, Assistant Director Research & Development			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	

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, including that relating to COVID-19, to trial new interventions and enhance quality.

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee	Changed dates meant report didn't coincide	Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

| Key Issues within the report: | Section 1: Assurance in relation to performance.

Section 2: Governance in relation to the Partnership Agreement with the Yorkshire and Humber Clinical Research Network and regulators.

Section 3: Overview of the national vision/landscape for research.

Section 4: The importance of research during the COVID-19 pandemic.

Section 5: Snapshot of current research opportunities, innovation and alliances.

Section 6: Examples of research dissemination, implementation and publicity. |
|---|---|

Monitoring and assurance framework summary:

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

1. Performance

Various national and regional performance targets for National Institute for Health Research (NIHR) Portfolio research have been suspended this year due to the pandemic, including the focus on individual Trust recruitment targets. Nationally the focus has been on recruitment into COVID-19 studies and facilitating the 'managed recovery' of non-COVID-19 research. Yorkshire and Humber have recruited the highest number of people into COVID-19 research studies, including vaccine trials, across all 18 regional networks (see letter in *Appendix 1*). During April-Dec 2021, 468 participants had been recruited into NIHR Portfolio studies in the Trust; 242 into COVID-19 studies.

There are currently 27 national Portfolio studies active in the Trust (see *appendix 2, table 1)*, plus six categorised as 'non-portfolio' studies (see *appendix 2, table 2).*

As one of the CRN high level objectives in 2021-22, is for 45% of GP practices to be recruiting into Portfolio studies, then this is something that has become our challenge too having GP practices in the Trust. We have risen to this challenge; since receiving additional CRN funding, obtained through a business case submitted in 2021, we now have a Research Nurse in post supporting primary care research, a GP Research Lead and most of our practices participating in research.

2. Governance

The Trust has a partnership agreement with the host of the Yorkshire and Humber Clinical Research Network (CRN), Sheffield Teaching Hospitals NHS Trust, which has been extended until 31 March 2024 and provides most of the Trust funding to support research. In addition to this, the Trust has agreed to host a number of CRN-funded posts to support research delivery across the wider Humber, Coast and Vale Integrated Care System. Recruitment to these posts is now underway, with the aim of having an additional regional workforce with flexibility and capacity to work on national Portfolio studies across broader non-hospital settings, including primary care.

CQC Well-Led inspections now include research as an indicator of quality; how well a trust supports research activity via strategic and divisional leadership, and patient opportunity and access to research. In the CQC's 'New Strategy for the Changing World of Health and Social Care: Our strategy from 2021' research is also featured prominently, including:

- *Research can help improve the quality of care, and people often value the opportunity to participate in research, whether clinical trials or other studies. We'll encourage services to play an active part in research to improve care for all, foster innovation and enhance people's experiences of care*
- *We have a role in creating a culture where innovation and research can flourish.*

The Trust's research conference in November 2021 highlighted many examples of patients, carers and service users valuing the opportunity to take part in research, the difference it has made and how the Trust supports research across various services. However, we are constantly striving to do more and, in line with our Research Strategy 2020-22 priorities, are currently working on various initiatives to ensure '*Research is embedded as a core component of clinical services'.* The ultimate outcome being that every person who accesses Trust services should have the opportunity to be involved in research.

3. National vision/landscape for research

'Making research matter Chief Nursing Officer (CNO) for England's strategic plan for research' was launched in November 2021 and is the first ever CNO Research Plan. It brings together ambitions for nurses delivering, supporting, participating in and leading research. Again, this fits well with the Trust's Research Strategy priorities and objectives and with the ambitions set out in the UK Government's policy document earlier in 2021 'Saving and Improving Lives: The Future of UK Clinical Research Delivery' which states:

> *This means embedding clinical research at the heart of patient care across the NHS, making participation as easy as possible and ensuring all health and care staff feel empowered to support research.*
>
> *The past year has delivered unprecedented challenges for us all. But through these dark times, UK clinical research has provided a beacon of hope.*

As part of the Government's budget statement in Oct 2021 the Chancellor announced an increased investment in health research to £5bn, indicating its importance in the national agenda. However, it is not yet known whether that will have an impact on the allocation of funding to the regional CRNs and subsequently Trusts to support the delivery of national Portfolio studies. In the HM Treasury press release (23 Oct 2021), Chief Medical Officer, Professor Chris Whitty said:

> *"The pandemic has shone a light on the important work of our scientists and healthcare professionals, from developing life-saving vaccines to identifying better Covid treatments……. The government's commitment to increase investment in health research to £5bn will help us deliver better, more effective care and treatments in the NHS, through innovation funded by organisations such as the world-leading National Institute for Health Research."*

It is also expected that the new Health and Care Bill will 'mandate' that Integrated Care Systems ensure that NHS organisations for which they are responsible, conduct and resource clinical research. Existing legislation, that is the Health and Social Care Act 2012, only includes a duty for Clinical Commissioning Groups (CCGs) to 'promote' research.

4. COVID-19

The importance of research has been highlighted throughout the pandemic, with NHS providers urged very early on to prioritise COVID-19 studies and research now getting the recognition it deserves as part of frontline services. A ground-breaking COVID-19 antiviral treatment trial, known as PANORAMIC, is currently being set up in the Trust and our eight GP practices will act as a study 'hub' for recruitment. This national trial, led by the University of Oxford, is investigating if new antiviral treatments for COVID-19 in the community reduce the need for hospital admission and help people to get better sooner. This is for adults currently experiencing COVID-19 symptoms, with a positive PCR test and aged 50+ or clinically vulnerable. No other sites in the Hull and East Yorkshire area are currently participating in this trial.

5. Opportunities, innovation and alliances

Work is continuing to strengthen research collaborations and to bring studies to the Trust in areas where there has been limited previous involvement.

A number of grant applications have been submitted in 2021 in collaboration with other Trusts, universities and community groups, including one relating to young people for which an indication of funding has been received (further details cannot be included as the NIHR have yet to publish their formal announcement). This has been a positive outcome of utilising a very small amount of Research Capability Funding received from DHSC to enable protected time for a Trust clinician to work on developing research.

Other new studies have also commenced recently (see *appendix 2, table 1)* across the Trust, and more are in the pipeline. These vary widely and include some services that hadn't previously been involved in research. From a study looking at the use of locum doctors across all Trusts services to randomised controlled trials in primary and community care; 1) the Active Brains study in Market Weighton practice testing a website intervention for keeping the brain healthy in people aged 60+, and 2) the CATHETER2 study in Scarborough and Ryedale investigating washout in preventing complications associated with long-term catheter use.

6. Dissemination, learning and publicity

The Trust's fifth annual research conference took place 17-18 November 2021 as a 'blended' event, with a small live audience alongside those joining online (including some overseas); 328 people registered, from 77 organisations and many professional groups. The presentations showcased the wide variety of research the Trust is involved in and presentations included service users who had participated in research, alongside high-profile health research experts, including:

- Prof Calum Semple (OBE), Professor of Child Health and Outbreak Medicine, University of Liverpool and member of NERVTAG and SAGE.
- Prof Partha Kar (OBE), Consultant in Diabetes & Endocrinology, Portsmouth Hospitals NHS & National Specialty Advisor for Diabetes with NHS England.
- Prof Kieran Walshe, Professor of Health Policy and Management at Alliance Manchester Business School.

> *'The conference was absolutely fantastic'*
>
> *'Loved that I could revisit the presentations afterwards and access those I had missed'*
>
> *'I do not have a great awareness of what has been going on locally and has inspired me to think about how I can share this with my wider team and consider what we can do as a service in the future'*
>
> *'Excellent conference with excellent speakers and presentations. It keeps getting better every year, well done!'*
>
> *'I love these events. I have been to them for the last 4 years! They endorse what this particular Trust is all about - learning and continuous improvement.'*
>
> *'Came away really inspired'*

Following the conference, a short video was also created to capture some of the highlights (7 mins).

As has now become tradition, a new annual research video (11 mins) looking back at research across the year was also launched alongside the conference.

Quarterly research newsletters continue to help raise the profile of Trust research. The latest issue (Dec 2021) is available on the Trust website, as well as being shared with external stakeholders and via internal communications. Articles relating to research have also frequently been included in various Trust communications.

Regular research drop-in sessions continue to be held virtually via MS Teams. These are informal sessions to promote, generate and support research interest. They are open to anyone in the Trust to drop into, meet the team, learn more about research, seek advice, share ideas and ask any questions they have about research. Key links between clinical services and research have been made because of these sessions.

The research team developed a co-produced animation 'My Research Journey' (3 mins) launched in 2021, to help support people make a decision about whether they'd like to hear more about research and take part in studies locally, as well as helping staff to start a conversation about research. This follows a participant's journey from hearing about research to taking part. A version with sub-titles has now been produced and alternative versions with different characters and languages are in production.

Research - Humber Teaching NHS Foundation Trust (Subtitles) - YouTube

Appendix 1 – Letter from Chief Operating Officer and Clinical Director of NIHR CRN Yorkshire & Humber
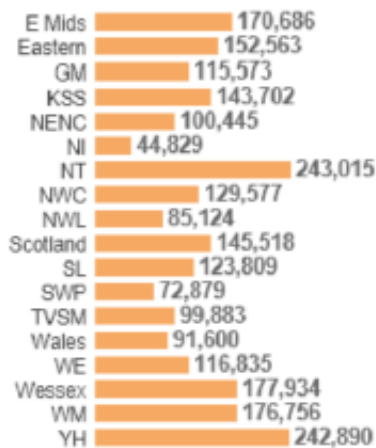
NIHR | Clinical Research Network

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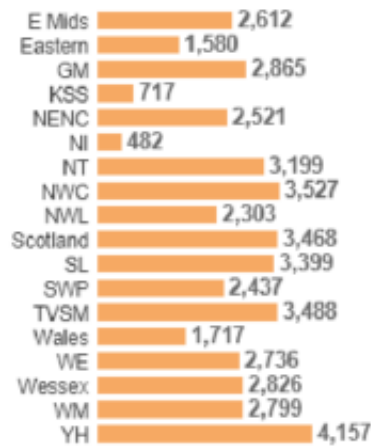
14th October 2021

Dear Colleagues,

The Health Sub-Committee report published 12th October 2021 (appendix-1) highlights the significant impact resulting from SARS-CoV-2 vaccine and Covid-19 therapy; prioritization, research and roll-out. In that light, we wish to again acknowledge the considerable contributions that all Yorkshire and Humber communities, partners and stakeholders have made over the last two years.

Recruitment by Local Network

Local Network	Value
E Mids	170,686
Eastern	152,563
GM	115,573
KSS	143,702
NENC	100,445
NI	44,829
NT	243,015
NWC	129,577
NWL	85,124
Scotland	145,518
SL	123,809
SWP	72,879
TVSM	99,883
Wales	91,600
WE	116,835
Wessex	177,934
WM	176,756
YH	242,890

Summary of overall participation in COVID-19 research (Data-cut 13 October 2021)

Recruitment by Local Network

Local Network	Value
E Mids	2,612
Eastern	1,580
GM	2,865
KSS	717
NENC	2,521
NI	482
NT	3,199
NWC	3,527
NWL	2,303
Scotland	3,468
SL	3,399
SWP	2,437
TVSM	3,488
Wales	1,717
WE	2,736
Wessex	2,826
WM	2,799
YH	4,157

Summary of participation in SARS-CoV-2 vaccine research (Data-cut 13 October 2021)

NIHR | Clinical Research Network Yorkshire and Humber

**CRN: Yorkshire and Humber
High Level Performance Summary FY2122**

Recruitment Summary FY2122 (data cut 13/10/2021)

Recruitment	Total: **62,570**	Queried: 311
Percentage of YTD Recruitment Targets *	HLO1: **188%**	
Percentage of Year End Recruitment Targets **	HLO1: **94%**	
LCRN Share of English Recruitment	**9.0%**	
Commercial : Non-Commercial Recruitment Ratio	**2% : 98%**	

* YTD = Activity & Target to end of Sep. Performance against YTD target will be underestimated if data cut is early in month

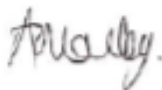** Year end Local Target = 66,646, Year end HLO1 target = 66,646, 50% of year elapsed

We understand the great effort that each of you have made to ensure that we arrive at a time when *"a resumption of much of normal life"* is realistically possible.

We understand and share your concerns regarding the likely challenges of the winter to come, but also take encouragement from seeing how far we have come, and also how strongly CRN Y&H as a whole has delivered over the first half of the current year.
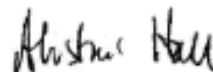
We thank you and look forward to collaborating with you as we move forward, remaining supportive of you as we collectively seek to well serve all of the communities of Yorkshire & Humber.

We welcome any opportunities to discuss ways we could support you in engaging your wider teams in research. Equally we would be pleased to support with board or other presentations to promote research and to celebrate your research team's achievements. Please contact your organisation's link RDM or Sue Glenn, RDM - sue.glenn@nihr.ac.uk

Sincerely,

Amber O'Malley
Chief Operating Officer
NIHR CRN Yorkshire and Humber

Alistair Hall
Clinical Director
NIHR CRN Yorkshire and Humber

Appendix -1 Selected quotes from Health Sub-Committee *"Coronavirus: lessons learned to date report published 12 October 2021"* https://committees.parliament.uk/committee/81/health-and-social-care-committee/news/157991/coronavirus-lessons-learned-to-date-report-published/

"a UK vaccination programme encompassing discovery, purchase and full vaccination of over 80% of the adult population by September 2021 which has been one of the most effective initiatives in the history of UK science and public administration and which was delivered by the NHS. Millions of lives will ultimately be saved as a result of the global vaccine effort in which the UK has played a leading part. In the UK alone, the successful deployment of effective vaccines has, as at September 2021, allowed a resumption of much of normal life with incalculable benefits to people's lives, livelihoods and to society.

"Treatments for covid are another area where the UK's response was genuinely world-leading. The RECOVERY Trial had, by mid-August 2021, recruited just over 42,000 volunteers worldwide to mount randomised trials of covid-19 treatments. Establishing the effectiveness of dexamethasone and the ineffectiveness of hydrochloroquine were vital contributions to the worldwide battle against COVID-19 and estimated to have saved over a million lives globally.'

Appendix 2 – Research studies running in the Trust

Table 1: NIHR Portfolio studies currently in set-up, open to recruitment or in follow-up (Jan 2022)

Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
Planned Mental Health - Older People					
Problem Adaptation Therapy for individuals with mild to moderate dementia and depression. The PATHFINDER Trial.	Intervention	Dr Chris Rewston Clinical Psychologist	Prof Robert Howard Camden and Islington NHS Foundation Trust	31/12/2022	Open
Supporting independence at home for people with dementia (NIDUS-Family)	Intervention	Dr Chris Rewston Clinical Psychologist	Prof Claudia Cooper University College London	31/10/2023	Open
HOMESIDE: A home-based music intervention for people with dementia v1	Intervention	Dr Emma Wolverson Clinical Psychologist	Prof Helen Odell-Miller Anglia Ruskin University	31/05/2022	Open
Improving Wellbeing and Health for Care home residents during COVID	Intervention	Dr Emma Wolverson Clinical Psychologist	Prof Clive Ballard University of Exeter	01/01/2022	Open
Practices, attitudes and outcomes of patients with memory problems	Observation	Dr Chris Rewston Clinical Psychologist	Prof Naji Tabet Brighton and Sussex University Hospitals NHS Trust	31/01/2023	In set up
Planned Mental Health - Adult					
EnrollHD: A Prospective Registry Study in a Global Huntington's Disease Cohort	Observation	Prof Ivana Markova Consultant Psychiatrist (Hon)	Prof Anne Rosser Cardiff University	01/10/2053	Open (follow-up site only)
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	30/06/2022	Open
Patient preferences regarding psychological therapies for distressing voice-hearing experiences (PREFER)	Observation	Dr Maria Kallikourdi Consultant Psychiatrist	Dr Clio Berry University of Sussex	31/01/2022	Open
Understanding Experiences of Feeling Exceptional: A Clinical Questionnaire Study	Observation	Dr Haley Jackson Research Nurse	Dr Louise Isham University of Oxford	31/03/2022	Open

Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
DIAMONDS - Improving diabetes self-management for people with severe mental illness	Intervention	Dr Laura Voss Consultant Psychiatrist	Dr Najma Siddiqi University of York	31/03/2022	Open
Lifestyle Health and Wellbeing Survey: Physical Activity Questionnaire (HWB-PAQ)	Observation	Dr Renato Merolli Associate Specialist	Dr Emily Peckham University of York	31/03/2022	Open
Optimising Wellbeing in Severe Mental Ill Health (OWLS COHORT)	Observation	Dr Renato Merolli Associate Specialist	Dr Emily Peckham University of York	01/07/2026	Open
Helping older people with mental health needs to engage with social care: Enhancing support worker skills through a prototype learning and development intervention. (The HOPES 2 Study)	Intervention	Gill Gregory Advanced Occupational Therapist	Dr Louise Newbould University of York	30/04/2022	Open
Getting more physically active: finding out what helps and hinders	Observation	Dr Faisal Shaikh Consultant Psychiatrist	Dr Rowan Diamond University of Oxford	14/02/2022	Open
Un-Planned Mental Health - Adult					
Section 17 Leave: supporting unpaid carers	Intervention	Dr Haley Jackson Research Nurse	Prof Martin Webber University of York	31/03/2023	Open
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
Prospective study to assess, Outcomes and healthcare resource use of current standard of care for patients With sEvere MDD Requiring urgent symptom control in a psychiatric emergency: POWER	Observation	Dr Haley Jackson Research Nurse	Janssen-Cilag Ltd	01/11/2022	In Setup
Children's & Learning Disability					
Physical health of young people in inpatient mental health services: a 6 month prospective study	Observation	Dr Nicola Green Consultant Clinical Psychologist	Dr Rebekah Carney Greater Manchester Mental Health NHS Foundation Trust	30/04/2022	Open

Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
Safer online lives: use of the internet & social media by people with Intellectual Disabilities	Observation	N/A No local PI needed	Dr Paraskevi Triantafyllopoulou University of Kent	30/06/2022	Open
Community & Primary Care Services					
Behavioural Activation for Social IsoLation (BASIL-C19)	Intervention	Dr Clare Hilton Consultant Clinical Psychologist	Prof David Ekers Tees, Esk and Wear Valleys NHS Trust	31/03/2022	Open
PRINCIPLE - Platform Randomised trial of INterventions against COVID-19 In older peoPLE	Intervention	N/A No local PI needed	Prof Christopher Butler University of Oxford	25/03/2022	Open
Randomised Controlled Trial CompAring THE Clinical And CosT-Effectiveness Of VaRious Washout Policies Versus No Washout Policy In Preventing Catheter Associated Complications In Adults Living With Long-Term Catheters	Intervention	Karen Nelson Senior Specialist Nurse	Prof Mohamed Abdel-Fattah University of Aberdeen	31/03/2023	Open
Active Brains Study	Intervention	Dr Iqbal Hussain GP Research Lead for Primary Care	Prof Paul Little University of Southampton	03/08/2022	Open
Platform Adaptive trial of NOvel antiviRals for eArly treatMent of covid-19 In the Community (PANORAMIC)	Intervention	Dr Iqbal Hussain GP Research Lead for Primary Care	Prof Christopher Butler University of Oxford	30/03/2023	In set up
Across multiple services					
ISARIC/WHO Clinical Characterisation Protocol for Severe Emerging Infections in the UK (CCP-UK)	Large scale	Cathryn Hart Assistant Director R&D	Prof Calum Semple University of Oxford	28/02/2023	On hold
A phase 2/3 study to determine the efficacy, safety and immunogenicity of the candidate Coronavirus Disease (COVID-19) vaccine ChAdOx1 nCoV-19	Intervention	N/A Participant Identification Site (PIC)	Prof Andrew Pollard University of Oxford	31/12/2021	In follow up
The use of locum doctors in the NHS: understanding and improving the safety and quality of care	Observation	Dr John Byrne Medical Director	Prof Kieran Walshe University of Manchester	31/08/2022	Open

Table 2 – Non-portfolio studies currently in set-up, open to recruitment or in follow-up (Jan 2022)

Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
Planned Mental Health - Adult					
Patient safety investigation techniques in mental health trusts	Observation	No Local PI	David Wood University of Manchester	29/07/2022	Open
Fear of Childbirth (FOC) outcome measures study	Observation	Claire Marshall Specialist Nurse	Claire Marshall Specialist Nurse	30/06/2022	Open
Children's & Learning Disability Services					
Embedding childhood autism diagnostic assessment East Yorks (ECADA)	Observation	Dr Hannah Armitt Clinical Psychologist	Dr Hannah Armitt Humber Teaching NHS Foundation Trust	25/02/2022	Open
Risk perception and its effect on therapeutic relationships in a Child and Adolescent Mental Health Service: A Dialogical Narrative Analysis	Observation	Elizabeth Darwell Mental Health Nurse	Elizabeth Darwell The Tavistock & Portman NHS Foundation Trust	30/03/2022	Open
Implementation and evaluation of a child weight e-learning toolkit (HealthyWEY) for maternity and health visiting workforces	Observation	Louise Hobson Universal Children's Service Manager	Dr Paula Watson Liverpool John Moores University	31/03/2022	Open
Community & Primary Care Services					
Collaborative Unlinked Anonymous Survey of Salivary Antibodies to HIV, Hepatitis B Core Antigen and Hepatitis C in Injecting Drug Users	Observation	Dr Soraya Mayet Consultant Psychiatrist	Health Protection Agency	01/01/2037	Open

Title & Date of Meeting:	Trust Board Public Meeting– 26th January 2022
Title of Report:	Annual Declarations 2021/22
Author/s:	Peter Beckwith Director of Finance

	To approve		To receive & note		
	To discuss	☑	To endorse		
#Recommendation:	The Trust Board are asked to discuss and consider the following annual declarations, based on the evidence included in this report: • The Board has taken all necessary precautions to comply with its licence, the NHS Act and the NHS Constitution. • The Trust has complied with required governance standards and objectives • The Trust has a reasonable expectation that required resources will be available to deliver designated services • That the Trust has complied with section 151(5) of the Health and Social Care Act to ensure that governors are equipped with the skills and knowledge to undertake their role.				
Purpose of Paper:	To provide the Trust Board with a summary of the annual declarations that are required to be made by the Trust, evidence of how the Trust meets these declarations and to advise how the views of Governors will be taken into consideration.				

Governance: Please indicate which group or committee this paper has previously been presented to:		Date		Date	
	Audit Committee		Remuneration & Nominations Committee		
	Quality Committee		Workforce & Organisational Development Committee		
	Finance & Investment Committee		Executive Management Team	10.01.22	
	Mental Health Legislation Committee		Operational Delivery Group		
	Charitable Funds Committee		Other (please detail)		

Key Issues within the report:	The Trust is required to make annual declarations after the financial year end. Details of declaration and comments/evidence to support making the declarations are included within the report.

Monitoring and assurance framework summary:

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

1.   Introduction and Purpose

This purpose of this paper is to provide the Trust Board with a summary of the annual declarations that are required to be made by the Trust, evidence of how the Trust meets these declarations and to advise how the views of Governors will be taken into consideration.

2.   NHS Licence Conditions

All NHS Foundation Trusts are required to self-certify whether or not they have complied with the conditions of the NHS provider licence, have the required resources available if providing commissioner requested services, and, have complied with governance requirements.

The Trust is required to make the following declarations:

Declaration	Details
G6 (3)	Providers must certify that their Board has taken all necessary precautions to comply with the licence, NHS Act and NHS Constitution.
FT4 (8)	Providers must certify compliance with required governance standards and objectives
CoS7 (3)	Providers providing Commissioner Requested Services (CRS) have to certify that they have a reasonable expectation that required resources will be available to deliver designated services.

Previous reports to the Trust Board and Council of Governors has highlighted the evidence available to support the above declarations.

2.1   Condition G6

Condition G6 requires the Trust to have effective systems and processes in place to ensure compliance with its provider licence, the NHS Act and the NHS Constitution. The Trust should identify any risks to compliance and take reasonable mitigating actions to prevent those risks and a failure to comply occurring.

The Trust Licence (No 130053 – Issued 1st April 2013) contains seven sections which details conditions relating to the following areas:

- General Conditions
- Pricing
- Choice and Competition
- Integrated Care
- Continuity of Services
- NHS Foundation Trust Conditions
- Interpretation and definitions

Details of the Trust licence conditions and commentary to support compliance is attached at Appendix A.

Declaration G6 also requires the Board to declare that the Licensee continues to meet the criteria for holding a licence, there are currently 2 conditions:

- The Trust must be registered with the Care Quality Commission

- The Directors and Governors of the Trust must meet the 'fit and proper persons test'

The Trust is compliant with these conditions.

2.2 Condition FT 4

Condition FT4 requires the Trust to apply the principles, systems and standards of good practice which would reasonably be regarded as appropriate for a supplier of health care services to the NHS.

Evidence to demonstrate the Trust's compliance against the six statements is attached at Appendix B, this is not an exhaustive list and has been updated based on feedback from previous Board and Council of Governor discussions.

2.3 Condition CoS7

As the Trust is a provider of Commissioner Requested Services, it must make a declaration under CoS7, evidence for which is included in Appendix A.

3. Additional Declaration – Training of Governors

Whilst not a specific licence condition, the Trust is also required to make an annual declaration in relation to the Training of Governors. It is a requirement of the Health and Social Care Act that requires the Trust to ensure governors are equipped with the skills and knowledge they require. The Trust is required to make the following statement

'*The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to Governors, as required by S151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they require to undertake their role'*

Based on the statement above the following list provides evidence of the Trusts compliance:

- Governor Induction Programme
- Governor Development Workshop/Sessions
- Council of Governor Meetings

4. Next Steps

The deadline for annual declarations has yet to be published in previous years declarations have been made in May and June.

Audit Yorkshire will be reviewing the annual declarations process as part of the 2021/22 internal audit plan.

Subject to board approval this report will be presented to the Council of Governors in April to ensure their views are taken into consideration. A final paper will be presented to the Trust Board prior to declarations being made.

5. Recommendation

The Trust Board are asked to discuss and consider the following annual declarations, based on the evidence included in this report.:

- The Board has taken all necessary precautions to comply with its licence, the NHS Act and the NHS Constitution.

- The Trust has complied with required governance standards and objectives

- The Trust has a reasonable expectation that required resources will be available to deliver designated services

- That the Trust has complied with section 151(5) of the Health and Social Care Act to ensure that governors are equipped with the skills and knowledge to undertake their role.

Condition	Explanation	Comments
General licence conditions (G)		
G1. Provision of information	Obligation to provide NHS Improvement/ Monitor with any information it requires for its licensing functions.	• The Trust complies with any NHS England and Improvement requests for information and complies with the reporting requirements as set out in the Single Oversight Framework. • The Trust has robust data collection and validation processes. • Accurate, complete and timely information is produced and submitted to third parties to meet specific requirements. • The Trust makes monthly submissions to NHS England and Improvement
G2. Publication of information	Obligation to publish such information as NHS Improvement/Monitor may require.	• The Trust Board of Directors continues to meet in public with digital access available to view meetings. • Agendas, minutes and papers are published on the Trust's website. • Monthly board meetings include updates on operational performance, quality and finance. • The Trust's website contains a variety of information and referral point information should the public require further information. • Published Quality Accounts and Annual Report. • The Trust responds to Freedom of Information requests • The Board Assurance Framework and Trust Wide Risk Register are reported to the board quarterly. • The Council of Governors receives regular communication about the work of the Trust. • The Trust complies with its obligations under Duty of Candor.
G3. Payment of fees to NHS Improvement/Monitor	Gives NHS Improvement/Monitor the ability to charge fees and for licence holders to pay them.	• There are currently no plans to charge a fee to Licence holders. • The Trust's financial systems enable it to comply with this requirement in the future.
G4. Fit and proper persons as Governors and Directors	Prevents licensees from allowing unfit persons to become or continue as governors or directors.	• Governors and Members of the Board of Directors are required to make an annual declaration to ensure that they continue to meet the Fit and Proper Persons Test.

Condition	Explanation	Comments
G5. NHS Improvement/Monitor guidance	Requires licensees to have regard to NHS Improvement/Monitor guidance.	• The Trust responds to guidance issued by NHS Improvement/Monitor. • Submissions and information provided to NHS Improvement/Monitor are approved through relevant and appropriate authorisation processes. • The Trust has regard to Monitor guidance and submits self-certifications as required by Monitor
G6. Systems for compliance with licence conditions and related obligations	Requires providers to take reasonable precautions against risk of failure to comply with the licence.	• The Trust's Internal Auditors (Audit Yorkshire) considered the Board Assurance Framework and Risk Management as part of the 2020/21 audit work programme; the outcome provided 'High' assurance. • Previously governance arrangements (Board & Committee Effectiveness) were reviewed as part of the 2018/19 internal audit programme, providing 'good' assurance. • The Board Assurance Framework and Trust Wide Risk Register are reported to the board quarterly as well as relevant parts to the sub-committees of the Board and Executive Management Team. • Annual Governance Statement • The 2020/21 Annual Head of Internal Audit Opinion provided 'Good' Assurance • *2021/22 Opinion not yet known* ** This is a declaration on behalf of the Trust as part of the annual submissions*
G7. Registration with the Care Quality Commission (CQC)	Requires providers to be registered with the CQC and to notify NHS Improvement/ Monitor if their registration is cancelled.	• The Trust is registered with the Care Quality Commission (CQC). • The Trust's last full CQC inspection was in 2019 and assessed the Trust as 'Good' • The Quality Committee has reviewed all evidence to support submissions made to the CQC • The Trust Board and Quality Committee has oversight of CQC Action Plans
G8. Patient eligibility and selection criteria	Requires licence holders to set transparent eligibility and selection criteria for patients and apply these in a transparent manner.	• Details of Services the Trust provides are published on the Trust's website • Patients referred to the Trust are not selected on any eligibility grounds. • Eligibility is defined through commissioner contracts and patient choice • Treatment decisions are made on clinical grounds and treatment options (risks and benefit) are discussed with the patient through the consent to treatment process.
G9. Application of section 5 (Continuity of Services)	Sets out the conditions under which a service will be designated as a CRS	• CRS are defined in the Trusts contracts with Clinical Commissioning Groups • **The Trust makes a declaration under CoS7**

Condition	Explanation	Comments
Pricing conditions (P)		
P1. Recording of information	Obligation of licensees to record information, particularly about costs.	• The Trust has well established systems for coding, collection, retention and analysis of activity and cost information. • The 2020/21 Internal Audit Programme undertook an audit of the National Cost Collection provided 'High' assurance
P2. Provision of information	Obligation to submit the above to NHS Improvement/Monitor.	• The Trust responds to guidance and requests from NHS England and Improvement.
P3. Assurance report on submissions to Improvement/Monitor	Obliges licensees to submit an assurance report confirming that the information provided is accurate.	• The Trust Board have signed off the process in relation to National Cost Collection (July 2021).
P4. Compliance with the national tariff	Obliges licensees to charge for NHS health care services in line with national tariff.	• ***Contracting arrangements between commissioners and providers within the NHS have been suspend for 2021/22*** • All Trust contracts are agreed annually and are in line with the national tariff where applicable. • The Trust continues to work with its commissioners on the requirement to develop a local tariff within the terms of national guidance.
P5. Constructive engagement concerning local tariff modifications	Requires license holders to engage constructively with commissioner and to reach agreement locally before applying to NHS Improvement/Monitor for a modification	• The Trust has positive working relationships with commissioners. • The Trust adopted a new collaborative commissioning approach to contracting in 2018/19
Choice and competition (C)		
C1. The right of patients to make choice	Protects patients' rights to choose between providers by obliging providers to make information available and act in a fair way where patients have a choice of provider.	• The Trust has in place a service directory setting out the services available. • Commissioners monitor the Trust's compliance with the legal right of choice as part of contract monitoring in line with NHS Standard Contract requirements.

Condition	Explanation	Comments
C2. Competition oversight	Prevents providers from entering into or maintaining agreements that have the effect of preventing, restricting or distorting competition to the extent that it is against the interests of health care users.	• The Trust is aware of the requirements of competition in the health sector and would seek legal and/or specialist advice should Trust Board decide to consider any structural changes, such as mergers or joint ventures. .
Integrated care condition (IC)		
IC1. Provision of integrated care	Requires Licensee to act in the interests of people who use healthcare services by facilitating the development and maintenance of integrated services.	• The Trust actively works with its partners, through formal and informal mechanisms to foster and enable integrated care, including lead provider arrangements where appropriate. • A number of services provided are done so through partnership working with other local stakeholders. • The Trust has become the lead provider in the Humber Coast and Vale Geography for the following specialised Mental Health Services o Adult Secure inpatient care (Low/Medium Secure) o Children's and Adolescent Mental Health Inpatient Services o Adult Eating Disorders Inpatient Services
Continuity of service (CoS)		
CoS1. Continuing provision of Commissioner Requested Services (CRS)	Prevents licensees from ceasing to provide CRS or from changing the way in which they provide CRS without the agreement of relevant commissioners.	• The Current Contracts with commissioners require agreement with commissioners on the ways CRS services are provided.
CoS2. Restriction on the disposal of assets	Licensees must keep an up-to-date register of relevant assets used in commissioner requested services (CRS) and to seek NHS Improvement/Monitor's consent before disposing of these assets IF NHS Improvement/Monitor has concerns about the licensee continuing as a going concern.	• The Trust maintains a full capital asset register. • Any disposals are reported/approved by the Trust Board

Condition	Explanation	Comments
CoS3. Standards of corporate governance and financial management	Licensees are required to adopt and apply systems and standards of corporate governance and management, which would be seen as appropriate for a provider of NHS services and enable the Trust to continue as a going concern.	• The Trust has Standing Orders, Standing Financial Instructions and a Scheme of Delegation in place, refreshed September 2021. • The Board of Directors receives monthly performance reports aligned to the Trust Strategic Goals. • The Trust has a Board Assurance Framework and Risk Register • The Trust's Internal Auditors review risk management processes as part of the strategic audit plan. • The Trust has a current CQC rating of 'Good' for Well Led
CoS4. Undertaking from the ultimate controller	Requires licensees to put a legally enforceable agreement in place to stop the ultimate controller from taking action that would cause the licensee to breach its licensing conditions.	• The Trust does not operate and is not governed by an Ultimate Controller arrangement, so this License Condition does not apply.
CoS5. Risk pool levy	Obliges licensees to contribute to the funding of the 'risk pool' (insurance mechanism to pay for vital services if a provider fails).	• The Trust currently contributes to the NHS Litigation Authority (NHS Protect) risk pool for clinical negligence and public liability schemes.
CoS6. Co-operation in the event of financial stress	Applies when a licensee fails a test of sound finances and obliges the licensee to co-operate with NHS Improvement/ Monitor.	• The Trust has not received any such notices from regulators • The Trust would full comply with this condition if required.
CoS7. Availability of resources*	Requires licenses to act in a way that secures resources to operate commissioner requested services (CRS).	• The Trust has an approved budget and has remained on target throughout the financial year • The Trust continues to complete its on a going concern basis and there are no indications this will change • The Trust has an underlying bank balance of circa £20m ***This is a declaration on behalf of the Trust as part of the annual submissions**
Foundation Trust conditions (FT)		
FT1. Information to update the register of NHS foundation trusts	Obliges foundation trusts to provide information to NHS Improvement/Monitor.	• The Trust has provided NHS Improvement with a copy of its NHS Foundation Trust Constitution • The Trust has provided NHS Improvement with a copy of its Board approved Annual Report and Accounts.

Condition	Explanation	Comments
FT2. Payment to NHS Improvement/ Monitor in respect of registration and related costs	The Trust would be required to pay any fees set by NHS Improvement/Monitor.	• If NHS Improvement required fees to be paid by the Trust, the Trust would comply with this condition.
FT3. Provision of information to advisory panel	NHS Improvement/Monitor has established an independent advisory panel to consider questions brought by governors. Foundation trusts are obliged to provide information requested by the panel.	• The Trust would comply with this as required through the provision of any requested information.
FT4. NHS Foundation Trust governance arrangements	Gives NHS Improvement/Monitor continued oversight of the governance of foundation trusts.	*This is a signed declaration on behalf of the Trust as part of the annual submissions. Evidence against this submission is detailed in appendix B.*

	Statement	Sources of Evidence and Assurance
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Scheme of Delegation, Reservation of Powers and Standing Financial Instructions have been updated and refreshed – September 2021 Board. Constitution has been reviewed and updated
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Trust Wide Risk Register Board Assurance Framework Board Performance Reports Finance Report
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Committee Structures well established Committee Effectiveness reviews are reported to Trust Board Annually Clear Accountability through EMT and Executive Directors Portfolios. Level 3 performance reports and 'ward to board' reporting. Well Led Review has been commissioned
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their	*External Audit Opinion on VFM (ISA260)* *Going Concern review* *Annual Governance Statement* All Statutory requirements met Delivered Financial Targets in 2020/21 *(2021/22 on plan)* Previous use of Resource Score of 2 *(currently not recorded)* Trust plan agreed to its financial targets for 2020/21 *(prior to the suspension of operational planning)* Monthly Performance report to Trust Board Quality Report to Quality Committee Monthly returns to NHS Improvement Risk Register and Board Assurance Framework Annual Report on non-clinical safety presented to Trust Board *Annual Report and Accounts* *Annual Quality Report*

	Statement	Sources of Evidence and Assurance
	delivery; and (h) To ensure compliance with all applicable legal requirements.	
5	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	Board Skill Mix CQC well led rating of Good Board Development Programme Standing Items to Board • Performance Report • Finance • Chief Executive Update including o Nursing Update o Operations Update o Medical Update o HR Update Refreshed Trust Strategic Objectives Patient and Staff Stories reported to Board Programme of Exec Visits (Virtual and Physical) Friends and Family Test CQC Action Plan/Improvement Plan Midday Mail/Midweek Global EMT New Headlines Board Talk Meet with Michele
6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	Trust Board undertake Fit and Proper Persons Test Board Secretary maintains declarations of interest register Staffing Figures reported to the board regularly. Trust Workforce Strategy Workforce included in Service Plans The Trust has established a Workforce Committee

Statement	Sources of Evidence and Assurance

Title & Date of Meeting:	Trust Board Public Meeting – 26 January 2022			
Title of Report:	Council of Governors Meeting Minutes – 7 October 2021			
Author/s:	Name: Caroline Flint Title: Chair			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	The minutes of the Council of Governors meeting held on 7 October 2021 are presented for information.			

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Council of Governors	13.1.22

Key Issues within the report:	Identified within the minutes

Monitoring and assurance framework summary:

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

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

**Minutes of the Council of Governors Public Meeting held on
Thursday 7 October 2021 via Microsoft Teams**

Present:	Rt Hon Caroline Flint, Chair
	Michele Moran, Chief Executive
	Eric Bennett, Hull Public Governor
	Sue Cooper, East Riding Public Governor
	Tim Durkin, Wider Yorkshire & Humber Public Governor
	Anne Gorman, Staff Governor
	Jean Hart, Service User & Carer Governor
	Huw Jones, East Riding Public Governor
	Gwen Lunn, Appointed Governor, Hull City Council
	Sam Muzaffar, East Riding Public Governor/Lead Governor
	Tom Nicklin, Staff Governor
	Doff Pollard, Whitby Public Governor
	Helena Spencer, Hull Public Governor
	Jacquie White, Appointed Governor, University of Hull
	Nigel Wilkinson, Appointed Governor East Riding of Yorkshire Council

In Attendance:	Peter Baren, Non Executive Director
	Hanif Malik, Associate Non Executive Director
	Francis Patton, Non Executive Director
	Dean Royles, Non Executive Director
	Mike Smith, Non Executive Director
	Peter Beckwith, Director of Finance
	Lynn Parkinson, Chief Operating Officer
	Jade Smith, Clinical Psychologist (for item 50/21)
	Michelle Hughes, Head of Corporate Affairs
	Jenny Jones, Trust Secretary
	Katie Colrein, Membership Officer
	James Collier, Apprentice Communications Officer

Apologies:	Andy Barber, Appointed Governor, Smile Foundation
	Jenny Bristow, Appointed Governor Humberside Police
	John Cunnington, East Riding Public Governor
	Mandy Dawley, Staff Governor
	Craig Enderby, Staff Governor
	Jack Hudson, Staff Governor
	Paul McCourt, Appointed Governor, Humberside Fire & Rescue
	Fiona Sanders, East Riding Public Governor

The meeting was held virtually via Microsoft Teams due to the restrictions of Covid 19. The meeting was also live streamed.

47/21	**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.	

48/21 **Minutes of the Meeting held on 8 July 2021**
The minutes of the meeting held on 8 July 2021 were agreed as a correct record.

49/21 **Matters Arising and Actions Log**
The action log was reviewed and noted.

50/21 **Patient /Staff Story- Daniel's Story; My Journey – Psychology Services**

This item was not livestreamed due to the patient requesting confidentiality

The patient story was shared with the Council of Governors.

51/21 **Chair's Report**
The Chair provided a verbal update on her activities since starting with the Trust. These included:-

- Attending the Bands 3 – 7 Leadership Programme and new starters session.
- Meetings with the BAME Chair Grace Gava and participated in Black History month
- A Meet Caroline session was held which was open to all staff
- Virtual visit to Mill View Lodge is planned next week
- Attendance at the East Riding Health and Wellbeing Workshop
- Attended the Governor Development Session

The Chair thanked Mr Muzaffar, Lead Governor and the Chief Executive for taking over at the Annual Members Meeting when there were some technical difficulties.

Governors Elections are underway and the Chair asked Governors to encourage anyone they know to stand for election if they are interested in the Trust. The closing date for nominations is 21 October 2021.

Council of Governors meetings – the Chair asked if Governors were satisfied with the meeting taking place on a Thursday or whether there were other preferences. Governors to share any comments with the Chair.

The Non Executive Recruitment campaign is underway with two posts available. Work is taking place with the Appointments, Terms and Conditions Committee to progress the campaign. Governor stakeholder panels are being held on 15 and 29 November. Timings cannot be confirmed until shortlisting has taken place. Interviews will take place 30 November and 1 December and it is planned that any appointments will be ratified at an Extra Ordinary Council of Governors part II meeting on 7 December.

Mrs Spencer recalled that in past Governor elections Governors had been given postcards that with the details of the elections that they could give out to their members. She asked if these had helped to encourage people to apply. It was not known how successful these had been when they were used, but postcards have been included in Humber People Magazine which was sent out prior to the elections opening to help promote them. The elections are being publicised on social media on a regular basis to try to encourage applications.

Resolved: The verbal update was noted

52/21 **Chief Executive's Report**
The Chief Executive presented her report which gave an update on the local issues and drew attention to the following areas:-

- Visits are taking place both virtually with the odd one face to face. Staff are doing a fantastic job but are tired. Lots of health and wellbeing initiatives are ongoing.
- International nurse recruitment – these nurses bring a wealth of experience into the organisation and will be working in community services. Work is already under way for the next cohort
- Staff Celebration week was a great success and was valued by staff. A quiz was held at the end of the week which was well received.
- The Youth Board has changed its name to the Humber Youth Action Group. Discussions are ongoing about how this group can influence other work.
- Inspire Unit won two design awards was named "Project of the year New Build 2021" and "Clinical Team 2021".
- The Chief Executive thanked Mrs Pollard for her work on the Whitby redevelopment which is now open and has Urgent Treatment Centre accreditation. Mrs Pollard thanked the Trust for all it had done to bring this work to fruition, The approach and leadership of the project was excellent and she thanked the previous Chair, Mrs Sharon Mays, Chief Executive and Mr Beckwith
- Flu Vaccination programme is underway. The Covid booster programme will shortly commence
- The staff survey is being sent to staff and gives an opportunity for staff to give their views.

Mrs Parkinson provided an update on Covid explaining that during August and September the infection rates were high as were admissions to hospital, but positively the number of deaths was low. There was increased pressure on mental units due to some covid positive patients.

There has been focus on winter planning as we head into the season of flu and potential adverse weather. Policies and procedures rea in place as are plans with partners to receive and give mutual aid if required.

Work has taken place around staff working in care homes to ensure the requirement of being fully vaccinated are met.

Resolved: The report and verbal updates were noted.

53/21 **Constitution**
At the September 2021 Board meeting, members supported the 'Go Live' date of the Trust assuming responsibilities as Lead Provider within the Humber Coast and Vale (HCV) Provider Collaborative and to hold the Lead Contract with NHS E/I. As Lead Provider the Trust will sub-contract with a range of healthcare providers in the delivery of:

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

To ensure this is reflected in the Constitution three updates were proposed: -

a) Paragraph 2 (Principal Purpose) - 3.1, states that "The principal purpose of the trust is the provision of goods and services for the purposes of the health service in England." It is recommended that that clause be updated to add that:

b) Paragraph 4 (Powers) describes how the powers of the trust shall be exercised by the Board of Directors on behalf of the trust. It is recommended that a new, additional clause be added to state that:

c) Paragraph 23 (Board of Directors – composition) - 23.5 states that: "One of the Executive Directors shall be the Finance Director." It is recommended that that clause be updated to state that:

One of the executive directors shall be the Director of Finance. The Executive Director of Finance shall also be the executive lead for the Trust's commissioning responsibilities through Provider Collaboratives and other contractual mechanisms.

Any amendments to a Foundation Trust's Constitution must be approved at a formal meeting of the Council of Governors by more than half of the voting members and more than half of the members of the Board of Directors voting to approve.

It was confirmed there is no change to the role of the Council for significant transactions. Mr Durkin asked when the Constitution is fully approved if it could be sent round to Governors for information

Resolved: The Council of Governors approved the changes to the Constitution. It will go to the October Board for approval as per the requirement. The finalised Constitution document will be circulated to Governors **Action MH**

54/21 **Finance, Audit, Strategy, Quality, Workforce and Mental Health Legislation Governor Group - Annual Review of Committee Effectiveness and Terms of Reference**
Mr Jones, Chair of the Group presented the annual effectiveness review of the Governor Group for information. Also included were the reviewed Terms of Reference which were presented for approval.

Mr Durkin noted that he was not included in the membership but had attended from 25 March. Mr Smith was also not included but has attended since Mental Health Legislation is now also covered within this group. These will be amended on the report

Resolved: The review was approved subject to the addition of Mr Durkin and Mr Smith in the membership and the Terms of Reference approved

55/21 **Public Trust Board Minutes June and July 2021**
The minutes of the public Board meetings for June and July 2021 were provided for information.

Resolved: The minutes were noted.

56/21   **Performance Update**
Mr Beckwith presented the performance as at the end of August 2021. Information was provided on the following areas, which had fallen outside the normal variation range:-

- Safer Staffing Dashboard
- Statutory and Mandatory training
- Waiting Times
- Improving Access to Psychological Therapies (IAPT)
- Out of Area placements.

Mrs Parkinson provided an update on Children's Autistic Spectrum Disorder (ASD) diagnosis waiting times. Trajectories have been agreed for Hull and East Riding however East Riding's are below the trajectory due to sickness within the relatively small team. Additional resource and more access to Helios the digital platform that is used created. There are demand pressures across the services and this issue is being discussed with commissioners. .A change is planned to the neuro diversity pathway which should also help.

Mr Durkin was concerned about the Hull trajectory which had a date of 2023 before the waiting lists were within normal range. He felt there should be improvement before that time as were other Governors. Mr. Durkin also queried what he considered to be a missing graph from the Neurodiversity document, relating to the E.R. Mr Jones commented that during the pandemic there had been a huge impact on children especially. He was aware from his non Trust work, of other private providers that could help and had capacity. Some of the clinicians that work for the Trust are the same people who would be used by the independent sector. Mrs Parkinson was aware of the availability within the private sector. The organisation's aim is to shorten the timeframe of waiting lists and as additional resources are identified the trajectory is revised. It is important that there is a system wide approach across the Integrated Care Service (ICS) to help reduce waiting times.

The Chair thanked everyone for their comments. Mr Durkin had sent through an e mail outside of the meeting which she felt would be helpful to Governors if it was shared.

Mrs Gorman asked about the staff absence in the team and whether there was a theme that is affecting availability of staff. Mrs Parkinson explained that it is a small team and expertise that is required is difficult to cover, but action is being taken to resolve the issue.

Resolved: The report and verbal updates were noted.

57/21   **Finance Report**
The report provided the Council of Governors with a summary of financial performance for the Trust for the 3 month period June 2021 to August 2021.   Mr Beckwith drew the Council's attention to the following areas:-

- Under the planning guidance the period 1st April 2021 to 30 September 2021 is referred to as H1.
- Block Payments arrangements remain in place for the H1 planning period
- As at the end of August 2021, the Trust recorded an overall operating surplus of £0.245m which is in line with the ICS Months 1-6 expectation of

- a £0.315m surplus
- The Cash Balance at the end of August 2021 was £23.718m.

Mr Jones referred to the block payment income and was concerned that for the second half of the year and assumptions changed for efficiency targets whether there would be provision for circa 3%. Mr Beckwith explained that planning guidance was published last week and a system allocation will be made. Commitment has been given to cover the efficiency requirement and the pay award. He felt that 3% for the second half of the year is consistent with what has been indicated at previous meetings

Resolved: The report was noted.

58/21   **Governor Groups Feedback**
The report provided feedback from the Governors Groups that have been held recently.

Mr Muzaffar provided a brief summary of the work undertaken at the Appointments, terms and Conditions Committee. This included Chair and Non Executive appraisals, appointment of an Associate Non Executive Director and more recently the recruitment campaign for two Non Executive Directors.

Mr Jones gave a verbal update on the last Finance, Audit & Strategy meeting held in September. Internal Audit colleagues from Audit Yorkshire attended the meeting to talk about the Head of Internal Audit Opinion and the annual report. It was pleasing to hear that overall there is significant assurance that the organisation has good systems in place. Regular updates are provided through the Audit Committee. The finance reports were considered and there was a suggestion made that meetings be planned to take place after the Trust Board to allow the most recent reports to be used. This would allow the group to have the most up to date information.

The Engaging with Members group has been looking at ways of encouraging new members to the Trust and production of an e newsletter. The second newsletter is in development and will be circulated when finalised.

Public members will be e mailed to provide notification of the elections that are taking place.

Resolved: The report and verbal updates were noted.

59/21   **Responses to Governor Questions**
No questions had been raised since the last meeting.

Resolved: The verbal updates were noted.

60/21   **Any Other Business**

External Review of Governance
Mrs Hughes informed the Council of Governors that a review has to be undertaken every five years with the last one being conducted in 2017. Grant Thornton have been appointed by the Trust to undertake the review which will start around Christmas time. More details will be included in the October Board report

61/21   **Date and Time of Next Meeting**
          Thursday 13 January 2022, 2.00pm by Microsoft Teams

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

Title & Date of Meeting:	Trust Board Public Meeting 26 January 2022				
Title of Report:	Health Inequalities and an Approach in Humber Teaching NHS Foundation Trust				
Author/s:	Dr John Byrne Executive Medical Director				
Recommendation:	To approve		To receive & note	X	
	For information		To ratify		
Purpose of Paper:	To consider an approach to the National direction of travel with regard to Health Inequalities and how it may apply to Humber.				
Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date			Date
	Audit Committee		Remuneration & Nominations Committee		
	Quality Committee		Workforce & Organisational Development Committee		
	Finance & Investment Committee		Executive Management Team		
	Mental Health Legislation Committee		Operational Delivery Group		
	Charitable Funds Committee		Collaborative Committee		
			Other (please detail)		
Key Issues within the report:	- A definition of Health Inequalities - A Quick summary of key national/regional policy documents - A review of Core20PLUS5 which is the key national framework - A suggested approach to capture ongoing work across trust services which can be linked to Core 20 & 5 - A mapping exercise to identify how current improvement work in each division, as well as future plans is aligned to Core20PLUS5				

Monitoring and assurance framework summary:

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

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

Health Inequalities and an Approach in Humber Teaching NHS Foundation Trust

1 Introduction

The pandemic has created an opportunity for a renewed focus and consideration of the concept of Health Inequalities at a societal level. The concept of health inequalities in not a new one and there have been numerous landmark reports detailing the issues with the Marmot report 1 in 2010 'Fair Society, Healthy Lives' and Marmot 2 in 2020 'Health Inequality in England, The Marmot review 10 years on'. The key point remain;

- that people can expect to spend more of their lives in poor health

- improvements to life expectancy have stalled, and declined for the poorest 10% of women

- the health gap has grown between wealthy and deprived areas

- place matters – living in a deprived area of the North East is worse for your health than living in a similarly deprived area in London, to the extent that life expectancy is nearly five years less

The aim of this paper is to highlight light the relevant legislation, the strategic approach being taken by NHSE/I as well as a HCV ICS. Finally, the paper will capture the proposed Humber NHS FT actions over the coming year.

However, it might be helpful that we have agreed definition of inequalities as well as an understanding of the contributing factors. The reason being is that Health has a key role to play in both reducing if not exacerbating inequalities, it's to reflect that wider societal and social inequalities play a key part in creating the problem. An accepted definition of Health inequalities is that are unfair and avoidable differences in health across the population, and between different groups within society. They arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health, and wellbeing.

They have been documented between population groups across at least four dimensions, as illustrated in the figure below. It is important to note that these are overlapping dimensions with people often falling into various combinations of these categories. Examples of the characteristics of people/communities in each of these groups are below (this is not an exhaustive list):

- Socio-economic status and deprivation: e.g. unemployed, low income, people living in deprived areas (e.g. poor housing, poor education and/or unemployment).
- Protected characteristics: e.g. age, sex, race, sexual orientation, disability
- Vulnerable groups of society, or 'inclusion health' groups: e.g. vulnerable. migrants; Gypsy, Roma and Traveller communities; rough sleepers and homeless people; and sex workers
- Geography: e.g. urban, rural**.**

2 Key Legislation

Its possibly not widely understood or appreciated, but there is a legislative provision underpinning work Health Inequalities.

The [Health and Social Care Act 2012](#) introduced the first legal duties about health inequalities. It included specific duties for health bodies including the Department of Health, Public Health England, Clinical Commissioning Groups, and NHS England which require the bodies to have due regard to reducing health inequalities between the people of England. The Act also brought in changes for local authorities on public health functions.

The [Equality Act 2010](#) established equality duties for all public sector bodies which aim to integrate consideration of the advancement of equality into the day-to-day business of all bodies subject to the duty. NHS England has produced a [document for NHS commissioners on the duties covered by both of these Acts](#).

These pieces of legislation may be seen as complementary in setting a framework for the public sector to take action to reduce inequalities within England at local and national levels

3 NHSE/I Strategic Approach

In November 2021 NHSE/I launched its Core 20plus5 program with supporting documents [core20plus5-online-engage-survey-supporting-document-v1.pdf (england.nhs.uk)](#) It outlines the expectations with regard to how ICS's will proceed with an improvement program. The expectation is that current programs such as the Long term plan will be the vehicles for this work and that there is not a significant pot of 'new investment' to implement this work apart from a new strategic post at an 8a level in each ICS. The fact is that the approach is essence a simple one, which in turn allows systems or organisations to align their work to the five key principles, but in addition supporting the ICS's to consider a bespoke focus in certain areas depending on local needs and context. This may in turn facilitate a revised CQUIN approach to commissioning in health systems. The key features are below:

4 Core20PLUS5 – An approach to Reducing Health Inequalities

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

Core20
The most deprived 20% of the national population as identified by the national [Index of Multiple Deprivation (IMD)](#). The IMD has seven domains with indicators accounting for a wide range of social determinants of health**.**
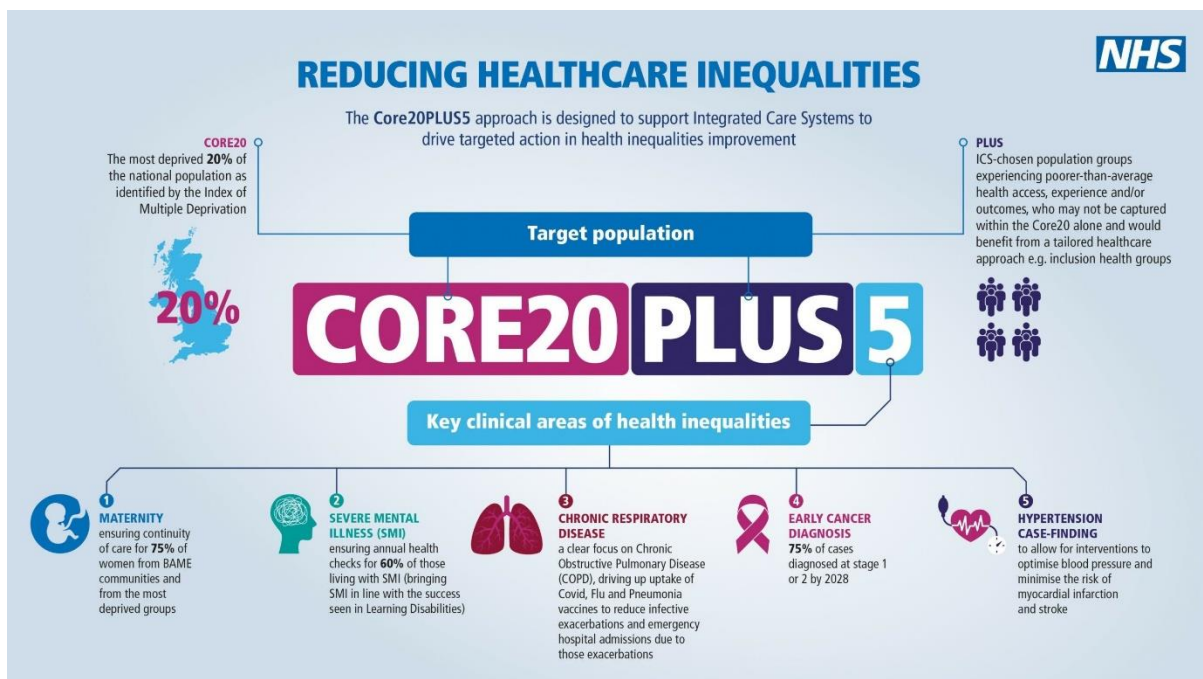
PLUS

- Integrated Care System (ICS)-determined population groups experiencing poorer than average health access, experience and/or outcomes, but not captured in the 'Core20' alone. This should be based on ICS population health data.

- Inclusion health groups include: ethnic minority communities, coastal communities, people with multi-morbidities, protected characteristic groups, people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, victims of modern slavery and other socially excluded groups.

The final part sets out five clinical areas of focus. Governance for these five focus areas sits with national programmes; national and regional teams coordinate local systems to achieve national aims.

1. Maternity: ensuring continuity of care for 75% of women from Black, Asian and minority ethnic communities and from the most deprived groups.

2. Severe mental illness (SMI): ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in learning disabilities).

3. Chronic respiratory disease: a clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up uptake of COVID, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations.

4. Early cancer diagnosis: 75% of cases diagnosed at stage 1 or 2 by 2028.

5. Hypertension case-finding: to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke.

5 Humber Coast and Vale Current Priorities

Humber Coast and Vale strategy and operating plans predate the NHSE/I approach with regard to Core20PLUS5 so undoubtedly as it matures and becomes a statutory organisation it will need to pivot in order to meet nationally mandated expectations. The ICS will have a

board representative but not an executive, from a Public Health background (the executive function will be administrated through executive portfolios). The following diagram highlights some of the identified priorities which can be easily mapped against NHSE/I intentions. Arguably its as much about refreshing communications as it is about a new strategic being required at this point in time. Each of the 6 places has their own Health and Wellbeing boards, which together with long standing Joint Strategic needs assessment documents should inform local priorities which in turn should be aligned at subsystem and subsequently ICS level. The Core20PLUS5 principles do enable and support local variation, however, its vital as a first step that there is a collective alignment otherwise there is the risk of inefficiency and a dilution of resources.

	Helping people to look after themselves and to stay well	Providing services that are joined up across all aspects of health and care	Improving the care we provide
Start well	Our environment schools and communities promote and nurture the health and wellbeing of all children and families	Schools and health and care services work together to provide a seamless service and equip families and children with the tools to manage their own health	Children and young people have access to high quality specialist care with safe and supported transitions to adult services
Live well	Our environments and local communities help us to avoid unhealthy habits and any stigma surrounding mental health	Early support for health issues is consistently available and there is true parity of esteem between physical and mental health	Our people have access to high quality mental and physical healthcare with care plans in place for ongoing support
Age well	Our people are supported to manage their long term conditions and maintain independence	As our people grow older they are supported to maintain their independence at home or in their community with seamless care between organisations	Hospital care is consistent, of high quality and safe ensuring our people can get in and out of hospital as fast as they can when this is necessary

Ensuring HCV population are engaged in their own health	Connecting HCV's health and care services and population with services	Supporting and delivering HCV's workforce	Transforming HCV estate

6 Humber Teaching NHS FT Approach

As a multi-speciality community provider Humber is responsible for either organising services throughout the ICS through its provider collaborative work or operational delivery of services in primary, community, mental health and secure services. The reality of this is that one overarching program would not necessarily be relatable to every clinical pathway, however, the CORE20PLUS5 does allow each service to articulate quite simply how any current work or future plans are aligned.

Some of the challenges we face at an organisational level include paucity of Data, fragmented services and commissioning intentions as well as services have inbuilt inequality risks purely by nature of geography.

In terms of data, the Mental Health data set has 2 indicators of relevance to Health and social inequalities, but these have been discontinued. Its not clear as yet what data will be used moving forward to demonstrate outcomes. These were paid employment and settled accommodation (both significant predictors of general health inequalities) The Humber position with these is as follows with regard to employment and accommodation

4

Mental health (CPA) patients in employment

Mental health (CPA) patients in settled accommodation
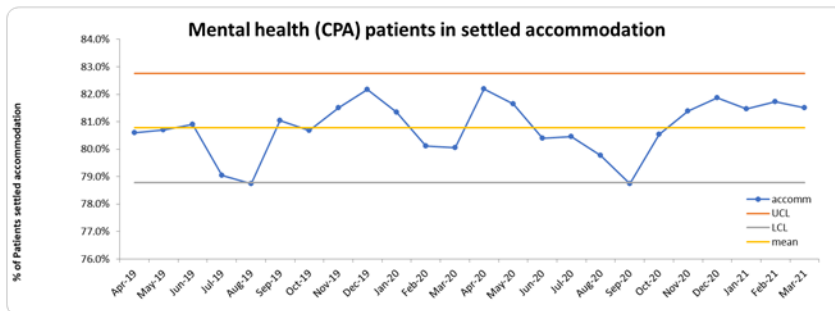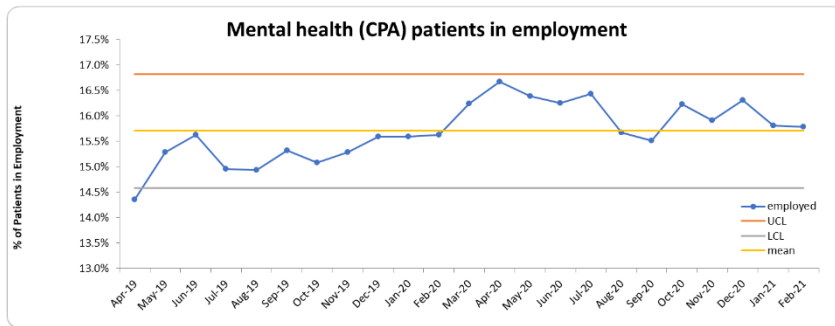
The Trust is currently refreshing its strategy and specific reference to the NHSE/I approach and expectations and this will be explicated linked into our emerging documentation. The Trust is also involved in many aspects of the long term plan with regard to physical and mental health services are part of nationally mandated work. Health Inequalities is a fundamental part of the drivers behind those national programs, however its not as articulated in a way that would necessarily align with Core20PLUS5 with the exception of physical health checks in severe mental Illness in primary care. However, if we consider the work being done in Secure services with regard to physical health it would arguably include 4 elements of Core20PLUS5 with regard to work on SMI, chronic respiratory disease, Hypertension case finding and early case finding for cancer but not maternity care. A general practice however would expect to be doing work in all 5 domains. However, in CAMHS services the focus would more likely be generated from the PLUS5 element.

7 Next Steps

Following consultation at the senior leadership forum where the nature of the challenge and the context of our services were explored, It was agreed that the first step in our approach would be to undertaking a mapping process across our divisions so that we can consider where are focus is currently is and what if any gaps there will be. This will be built into the annual Quality Improvement plan which each division will produce and are subsequently reviewed through QPAS, Quality committee with delivery over seen through accountability reviews. This mapping exercise will enable us to understand to inform future operational plans but more importantly start conversation with regard to informing the ICS direction of travel. The intention will be to triangulate this work at Quality Committee following production of divisional plans in Quarter 1.

Title & Date of Meeting:	Trust Board Public Meeting – 26 January 2022			
Title of Report:	East Riding SEND Inspection			
Author/s:	Lynn Parkinson Deputy Chief Executive & Chief Operating Officer			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	In October 2021, Ofsted, and the Care Quality Commission (CQC) carried out a joint inspection of the East Riding of Yorkshire (ERY) local area to consider how well the SEND (special educational needs/and or disabilities) reforms from 2014 had been implemented and how effectively agencies: • identify the needs of children and young people with SEND • meet the needs of these children and young people so that their outcomes and chances of participating fully in society improve. Our Children's services (Child and Adolescent Mental Health community services, our Integrated Specialist Public Health Nursing Service (ISPHN's) and 0-19 service) participated in this inspection.			

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

Key Issues within the report:	The inspection team met with parents and carers, children, and young people as well as professionals from across health, the local authority and education as well as representatives from the voluntary sector. Parents and carers of children and young people with special educational needs and disabilities, also had an opportunity to complete an online survey. The link to the full report is provided in the paper, in summary the inspection team found that the area knows itself well and has in place a comprehensive improvement plan which is evidencing 'green shoots' of recovery and that current leaders are well placed to implement the plan and move forward. It has been recognised however that there is still much more to do to fully implement the reforms, and this is reflected in the Written Statement of Action (WSOA) set out by the inspectors. An improvement and development plan has been put in place led by

Caring, Learning
& Growing Together

| | the Director for Chilrden's Services and was approved at a full council meeting in October 2021.

The four key areas highlighted in the report are:

- the shortage of appropriate school places, especially for children and young people with autistic spectrum disorder and social, emotional, and mental health needs
- children's and Young People's and parents experience of the Educational Health and Care (EHC) plan process
- weaknesses in communication
- outcomes for children and young people at SEND support attending mainstream provision. |

Monitoring and assurance framework summary:

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

East Riding of Yorkshire SEND (special educational needs/and or disabilities) Inspection

1. Introduction

In October 2021, Ofsted, and the Care Quality Commission (CQC) carried out a joint inspection of the East Riding of Yorkshire (ERY) local area to consider how well the SEND (special educational needs/and or disabilities) reforms from 2014 had been implemented and how effectively agencies:

- identify the needs of children and young people with SEND
- meet the needs of these children and young people so that their outcomes and chances of participating fully in society improve.

Our Children's services (Child and Adolescent Mental Health community services, our Integrated Specialist Public Health Nursing Service (ISPHN's) and 0-19 service) participated in this inspection.

The inspection team met with parents and carers, children, and young people as well as professionals from across health, the local authority and education as well as representatives from the voluntary sector. Parents and carers of children and young people with special educational needs and disabilities, also had an opportunity to complete an online survey.

2. Summary of Findings

In summary the inspection team found that the area knows itself well and has in place a comprehensive improvement plan which is evidencing 'green shoots of recovery and that current leaders are well placed to implement the plan and move forward.

The four key areas highlighted in the report are:

- the shortage of appropriate school places, especially for children and young people with autistic spectrum disorder and social, emotional, and mental health needs
- children's and Young People's and parents experience of the Educational Health and Care (EHC) plan process
- weaknesses in communication
- outcomes for children and young people at SEND support attending mainstream provision.

It has been recognised however that there is still much more to do to fully implement the reforms, and this is reflected in the Written Statement of Action (WSOA) set out by the inspectors. To see the full copy of the inspection report, go to https://eryc.link/area-inspection-report. An improvement and development plan has been put in place led by the Director for Children's Services and was approved at a full ERY council meeting in October 2021.

The 10-point plan includes more specialist training for frontline staff and continued local investment in the development of new provision to help ensure children and young people can have their needs met locally. The 10-point plan can be found at: https://www.eastridinglocaloffer.org.uk/

Specifically, in relation to our services the report found that:

- There is a strong partnership between health visiting and midwifery, and specifically the 'screening' midwives, in all regional hospitals. Health visiting and school nursing provide an effective 0–19 service, with some health visitors continuing to provide effective care for children up to the age of 11.
- That there were some gaps in health service provision identified, for example speech and language therapy. Consideration should be given to addressing service gaps through effective commissioning arrangements.
- Some neurodiversity practitioners are trained to complete assessments for autism spectrum disorder (ASD), attention deficit and hyperactivity disorder (ADHD) and sensory processing disorder as a combined process meaning that a child can be dually diagnosed in one single assessment process.
- Children in the East Riding of Yorkshire with neurodiverse needs wait too long to be seen by clinicians. The area, in co-production with stakeholders, children and their families, is developing a new strategy offering a single 'front door' for all ADHD and ASD services. While the core CAMHS offer is compliant with National Institute for Health and Care Excellence (NICE) requirements, there remains a long wait for the neurodiversity pathway.
- The area is working to reduce the waiting times for CAMHS. The intensive home treatment team has developed pathways to reduce hospital admissions, support early discharge from hospital and support those children at anticipated risk admission to hospital. This means that young people's immediate needs are met in the community where possible.

3. Conclusion

The board is asked to note this clearly significant report, especially in the context of the ongoing impact of the Covid- 19 pandemic and the detrimental impact it has had on the health and wellbeing of children and young people. We will continue to work closely with ERY Council as our commissioners of the 0 – 19 service and our Clinical Commissioning Group (CCG) colleagues to support the implementation of the development and improvement plan. Improving waiting times for both our core Child and Adolescent Community Services and those patients with neurodiversity needs is our key focus and is already being addressed through our service improvement and recovery plans.

Title & Date of Meeting:	Trust Board Public Meeting – 26th January 2022				
Title of Report:	Vaccines as a Condition of Deployment (VCOD)				
Author/s:	Steve McGowan – Director of Workforce and OD				
Recommendation:	To approve		To receive & note	X	
	For information		To ratify		
Purpose of Paper:	The purpose of the paper is to update Trust Board on the regulatory requirement for healthcare workers to have the COVID vaccine as a condition of employment and trust plans to implement this.				

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	10/01/22
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Key Issues within the report:	- As of 17/1/22 there are 66 contracted employees in the organisation that have not had the first COVID 19 vaccine but are in roles that the postholder is required to be vaccinated on 1st April 2022; - As of 17/1/22 there are 44 contracted employees in the organisation that have not had the second COVID 19 vaccine but are in roles that the postholder is required to be vaccinated on 1st April 2022; - Communications have taken place with staff explaining the position and implications; - From 3rd February, formal meetings will take place with unvaccinated staff to look to redeploy them or commence dismissal processes. - A full governance suite of implementation processes is being collected and presented to EMT

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Monitoring and assurance framework summary:

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

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Vaccination as a Condition of Deployment for Healthcare Workers

Background & Context

On 9th November 2021 the Department of Health and Social Care set out regulations to mandate that all registered providers must only employ or engage a person in regulated activity (front line or patient facing activity) if they have been vaccinated with a complete course (1st and 2nd vaccine for the purpose of this exercise) of an authorised vaccine against Covid-19. These regulations sit alongside already existing regulations regarding the mandatory vaccination of CQC registered Care Homes staff which came into effect on 11th November 2021.

These regulations will come into force on 1st April 2022.

As at the 6th January 2022, the Trust entered a 12-week grace period leading up to the date that the regulations come into force. During this time, it is intended that providers will enact plans to meet the new regulatory requirements.

The regulations make it clear that a blanket approach cannot be applied to all roles across the trust and each role needs to be assessed against the guidance to determine whether it is in or out of scope.

EMT agreed a project plan on 13th December. A weekly Mandatory Vaccines meeting, which has Operational and Staff Side representation, is in place with terms of reference to deliver the project plan in accordance with the national guidance. EMT receive the minutes and terms of reference of the group as part of a governance pack.

Since December managers have been provided with the names of staff that are unvaccinated so that they can have discussions and address any vaccine hesitancy that may exist and start to plan for the operational impact of these staff not being in post come 1st April 2022.

Managers have also been asked to assess all of their roles against the guidance to determine if they are in or out of scope. Workers are in scope if the have face-to-face contact with patients and/or service users and who are deployed as part of CQC regulated activity. All honorary, voluntary, locum, bank and agency workers, independent contractors, students/trainees over 18, and any other temporary workers are also in scope.

The requirements do not apply to those employed, or otherwise engaged, in the provision of a CQC regulated activity if they do not have direct face to face contact with patients and/or services users/patients.

A person may be deployed in the provision of the regulated activity despite not having been vaccinated if that person:
- Is under the age of 18
- Is clinically exempt

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- Is exempt due to a short-term medical condition (which is an option that some pregnant women may choose to take; for pregnant women the exemption expires 16 weeks post-partum and so will allow them to become fully vaccinated after birth)
- Has taken part or is currently taking part in a clinical trial for a COVID-19 vaccine

Current Position – as of 17th January 2022

Data at 17/1/22 shows 66 staff have not had the first dose of the vaccine. These are in the following areas:-

- Childrens and LD   15
- Community and Primary Care   9
- Corporate   8
- Mental Health   21
- Secure Services   13

In addition, 78 bank workers also have not had the first dose of the vaccine.

Data at 17/1/22 shows 44 staff have not had the second dose of the vaccine. These are in the following areas:-

- Childrens and LD   10
- Community and Primary Care   5
- Corporate   3
- Mental Health   23
- Secure Services   3

In addition, 12 bank workers also have not had the second dose of the vaccine.

9 staff have been given exemptions in line with the guidance.

All framework agencies will ensure vaccinations as part of the condition of being on the framework. Non-framework agency use will need managers to check and ensure vaccine status before being deployed.

The Trust has communicated with staff and managers about this issue over the past weeks. This includes :-

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- Articles in Global   26th November 2021
- Email to managers from the Director of Workforce   9th December 2021
- Working Group (with Staff Side representation)   from w/c 13th December
  2021
- Senior Leadership Forum   18th January 2022
- All staff webinar   various dates January
  2022
- Letter to all unvaccinated staff from the CEO   w/c 17th January 2022

Key Next Steps

1. Continued efforts to persuade staff to take the vaccine   up to 4th February

2. Managers to classify all of their roles as in or out of scope   by the 4th February
(regardless of the current vaccines status of the postholder)

3. Managers to consider redeployment opportunities for unvaccinated   by the 4th February
staff that are in roles that require the vaccine

4. Managers to commence formal meeting with unvaccinated staff that
will lead to dismissal with notice   from 4th February

5. amend policies and procedures as necessary   by the end of
                                                                   March

6. All non-vaccinated bank workers removed from the bank   31st March

7. Appeals against dismissal   March onwards

A full governance suite of implementation processes is being collected and presented to
EMT