Trust Board Meeting 27 July 2022
Agenda - Public Meeting

For a meeting to be held at 9.30am Wednesday 27 July 2022, by Microsoft Teams

		Lead	Action	Report Format
	Standing Items			
1.	Apologies for Absence – Pete Beckwith, Michelle Hughes	CF	To note	verbal
2.	Declarations of Interest	CF	To receive & note	√
3.	Minutes of the Meeting held on 22 June 2022	CF	To receive & approve	√
4.	Action Log and Matters Arising	CF	To receive & discuss	√
5.	Patient Story – New Beginnings – Abbie's Story	DM	To receive & note	√
6.	Chair's Report	CF	To note	verbal
7.	Chief Executives Report	MM	To receive & note	√
8.	Publications and Highlights Report	MM	To receive & note	√
	Performance & Finance			
9.	Performance Report	IO	To receive & note	√
10.	Finance Report	IO	To receive & note	√
	Strategy			
11.	Trust Suicide Strategy Briefing	DM/HG	To receive & note	√
12.	Trust Strategy - Sarah Clinch, Strategy & Planning Lead & Jon Duckles Head of Business Development, Projects & Innovation attending	IO	To receive & approve	√
	Quality and Clinical Governance			
13.	Six-month Review of Safer Staffing – Inpatient units (Oct 2021-March 2022)	HG	To receive & note	√
	Corporate			
14.	Research & Development Report –Cathryn Hart Assistant Director Research & Development attending	MD	To receive & note	√
15.	Gender Pay Gap Report	SMcG	To receive & approve	√
16.	External Review of Governance Action Plan Update	MM	To receive & note	√
17.	Annual Non Clinical Safety Report – Rob Atkinson, Head of Estates attending	IO	To receive & note	√
18.	Humber & North Yorkshire (HNY) Integrated Care Board (ICB) Governance & Operating Arrangements	MM	To receive & note	√
19.	Humber & North Yorkshire (HNY) Integrated Care Board (ICB) Minutes 1 July 2022	MM	To receive & note	√

	Assurance Committee Reports			
20.	Finance & Investment Committee Assurance Report	FP	To receive & note	√
21.	Workforce & Organisational Development Committee Assurance Report & 12 April 2022 Minutes	DR	To receive & note	√
22.	Collaborative Committee Assurance Report	SMcKE	To receive & note	√
23.	Council of Governors 14 April 2022 Minutes	CF	To receive & note	√
24.	Items for Escalation	All	To note	verbal
25.	**Any Other Business**			
26.	**Exclusion of Members of the Public from the Part II Meeting**			
27.	**Date, Time and Venue of Next Meeting** Wednesday 28 September 2022, 9.30am by Microsoft Teams			

Caring, Learning & Growing Together

Agenda Item 2

Title & Date of Meeting:	Trust Board Public Meeting – 27 July 2022			
Title of Report:	Declarations of Interest			
Author/s:	Caroline Flint Chair			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	The report provides the Board with a list of current Executive Directors and Non-Executive Directors interests. • The declarations for Dr John Byrne have been removed as he has left the Trust. • Declarations for the Interim Medical Director, Dr Dasari Michael and Dr Phillip Earnshaw, Non-Executive Director have been added			

Key Issues within the report:

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

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

Monitoring and assurance framework summary:

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

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

Directors' Declaration of Interests

Name	Declaration of Interest
Executive / Directors	
Ms Michele Moran Chief Executive (Voting Member)	• Appointed as a Trustee for the RSPCA Leeds and Wakefield branch • Chair of Yorkshire & Humber Clinical Research Network • SRO Mental Health/Learning Disabilities Collaborative Programme. • HCV CEO lead for Provider Collaboratives • IMAS partner • Humber and North Yorkshire ICB Board Member
Mr Peter Beckwith, Director of Finance (Voting Member)	• Sister is a Social Worker for East Riding of Yorkshire Council • Son is a Student at Hull York Medical School
Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals (Voting Member)	No interests declared
Dr Dasari Michael, Interim Medical Director (Voting Member)	• Director Muriel Nandita Dasari Michael Ltd
Mrs Lynn Parkinson, Chief Operating Officer (Voting Member)	No interests declared
Mr Steve McGowan, Director of Workforce and Organisational Development (Non-Voting member)	No interests declared
Non Executive Directors	
Rt Hon Caroline Flint – Chair (Voting Member)	• Husband is a member of Doncaster MBC Councillor and Cabinet member • Brother-in-law works at Sandwell and West Midlands NHS Trust as the Senior Consultant for Ophthalmology at the Birmingham and Midland Eye Centre in City Hospital. He is also Professor of Ophthalmology at Aston University and Hon Consultant at Birmingham Children's Hospital. • Chair of the Committee on Fuel Poverty which is an advisory non-departmental public body sponsored by the Department for Business, Energy and Industrial Strategy
Mr Mike Smith, Non-Executive Director (Voting Member)	• Director Magna Trust • Director, Magna Enterprises Ltd • Associate Hospital Manager RDaSH • Associate Hospital Manager John Munroe Group, Leek • Non-Executive Director for The Rotherham NHS Foundation Trust • Chair of Charitable Funds Committee at The Rotherham NHS Foundation Trust • Trustee - The Rotherham Minster Development Trust
Mr Francis Patton, Non-Executive Director (Voting Member)	• Non-Executive Chair, The Cask Marque Trust • Treasurer, All Party Parliamentary Beer Group • Industry Advisor The BII (British Institute of Innkeeping) • Managing Director, Patton Consultancy • Non Executive Director of SIBA and Chair of SIBA Commercial, The Society of Independent Brewers • Appointed to Baxi Partnership Limited as a Trustee • Appointed as a Trustee to the Spirit Pension Trust
Mr Dean Royles, Non-Executive Director (Voting Member)	• Director Dean Royles Ltd

	• President Health People Managers Association (HPMA) • Owner Dean Royles Ltd • Advisory Board of Sheffield Business School • Associate for KPMG
Mr Hanif Malik, Associate Non-Executive Director (Non-Voting Member)	• Non-Executive Director, Karbon Homes
Mr Stuart McKinnon-Evans, Non-Executive Director (Voting Member)	• Chief Finance Officer of the University of Bradford
Dr Phillip Earnshaw, Non-Executive Director (Voting Member) in post from 25.7.22	• Director of Conexus GP Federation • Vice Chair of Wakefield District Housing • FMC Health Solutions Ltd – Director and Shareholder • Health Care First Partnership – Senior Partner • Phillip Earnshaw Ltd – Director & Majority Shareholder • Trustee of Prince of Wales Hospice

Trust Board Meeting
Minutes of the Public Trust Board Meeting held on Wednesday 22 June 2022 via Microsoft Teams

Present:	Rt Hon Caroline Flint, Chair
	Mrs Michele Moran, Chief Executive
	Mr Hanif Malik OBE, Associate Non-Executive Director
	Mr Stuart McKinnon-Evans, Non-Executive Director
	Mr Francis Patton, Non-Executive Director
	Mr Dean Royles, Non-Executive Director
	Mr Mike Smith, Non-Executive Director
	Mr Peter Beckwith, Director of Finance
	Dr John Byrne, Medical Director
	Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
	Mr Steve McGowan, Director of Workforce and Organisational Development
	Mrs Lynn Parkinson, Chief Operating Officer
In Attendance:	Mrs Michelle Hughes, Head of Corporate Affairs
	Mrs Jenny Jones, Trust Secretary (minutes)
	Ms Anna Addison, Specialist Clinical Pharmacist Frailty Service (for item 115/22)
	Ms Kerry Finch, Medicines Safety Officer/Medicines Optimisation technician Inspire (for item 115/22)
	Ms Colette Conway, Assistant Director of Nursing, Patient Safety & Compliance (for item 123/22)
	Mr Oliver Sims, Corporate Risk & Compliance Manager (for items 127/22 & 128/22)
Apologies:	None

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

112/22   **Declarations of Interest**
The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they declare their interest and remove themselves from the meeting for that item.

The Chief Executive and the Director of Finance have a standing declaration of interest in items relation to the Collaborative Committee.

113/22   **Minutes of the Meeting held 18 May 2022**
The minutes of the meeting held on 18 May were agreed as a correct record.

114/22   **Matters Arising and Actions Log**
The action log and work plan were noted.

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115/22 **Staff Story – Pharmacy Services**
Ms Anna Addison, Specialist Clinical Pharmacist Frailty Service and Ms Kerry Finch, Medicines Safety Officer/Medicines Optimisation technician attended the meeting to talk about their different roles. The Chair commented that when she goes on visits, she hears about the good work that is being done by the Pharmacy team and the impact it has on patients and staff.

Dr Byrne explained that the Pharmacy service plays a fundamental role in services both in the community and at an inpatient level. The team played an important part in the vaccination programme which would not have been able to be delivered if they were not involved. The profile of Pharmacy staff and the pharmacy technician are seen as important roles across the NHS

Anna works in the community in the Scarborough and Ryedale area. She told the Board of her wide experience from qualifying in 2013 to her current role. Anna explained that she sees frail and housebound patients helping them with their medication and also checking if they need any other help or assistance from other services which she can help sign post to. She explained that Pharmacists have many specialities including being independent pharmacists or consultant pharmacists.

Kerry also has a breadth of experience working in different roles. She is currently on secondments as the medical Safety Officer which is a statutory role in NHS trusts. She will be increasing her time in this role from July. Kerry enjoys the patient contact within her role and was part of the Covid vaccination programme and she has also expanded her experience to be a trained phlebotomist.

Mrs Gledhill thanked them for their fantastic and enthusiastic presentation. They are dealing with patients and their physical health needs and medication waste due to not taking medication which can result in readmission to acute services in some instances.The Trusts Safer Staffing dashboard focusses on registered nurses but the dashboard does not take account of the work that Pharmacists are doing currently working with nurses. Mrs Gledhill asked if there are any barriers that they are encountering where the Board can help. Kerry felt that a full time post would benefit the organisation which could cover the weekends to enable seven day coverage. In the future she felt that consideration could be given to changing shift patterns for pharmacy technicians to give more coverage. Anna felt that more cross cover would be an advantage as she is currently limited to the Scarborough and Ryedale area and that expertise could be shared across boundaries.

Mr Patton referred to the bringing pharmacy provision inhouse and what advantages are being seen from this. Kerry explained that there is now increased efficiency for ordering medication which can be done more or less immediately, and the most appropriate option can be chosen from the wholesalers. It has helped save time for patients who are transferring and need medication dispensing. It has also saved money. From Anna's perspective the collective experience of colleagues is beneficial and to have them available to discuss any issues and not having delays.

Mrs Parkinson appreciated the presentation and will take back the comments from Kerry and Anna around a seven day service. She hears from staff the benefits of having pharmacy staff on site with teams. In terms of recruitment, she asked if there were any ideas on how this could be helped to attract people into the roles. Kerry felt that growing our own staff from an apprenticeship role and working updated would be the best way in her view various roles

Anna was asked about the benefits of face to face and online consultations by Mr McKinnon-Evans. Anna felt that it depended on who she was seeing as some patients prefer face to face if they were not technically confident. Other aspects such as location is also taken into account, but for older people a face to face appointment is an opportunity to check on other aspects of their lives.

Mr Malik referred to the impact of Covid and whether there is anything as a result of changes

that needed to be taken forward. Anna said that from a Community Services perspective a mixture of face to face and virtual appointments needs to continue as patient's can't always get to the team and due to their personal circumstances, they may have a preference. It is a mix of meeting their requirements and also those of the team. The Chair was reassured that patients needs are considered and that appointments are offered that meet their requirements. Face to face visits are still needed especially to see the impact things are having on them for example there may be people who may be living in fuel poverty and may benefit from some assistance or signposting to other areas.

The Chief Executive was pleased to hear about the service and its diversity with a high standard being provided. It has helped on the transformational journey and the wider skill mix across the Board. The presentation showed how help and benefit patients and patient care. Important around educational piece with service users and families. The Executive Team will take on board the comments made and will keep you updated. The story needs to be shared as it is a great example. Some of things like electronic prescribing and bringing the service in house were progressed in a pandemic which is a credit to the team. The Chief Executive thanked Anna and Kerry for sharing their stories and for their contribution to patients and patient care.

116/22   **Chair's Report**
The Chair provided a verbal update on activity she has been involved with since the last meeting that included: -

- Meetings with the new appointed Governor for Hull City Council, Cllr Linda Chambers and the Public Health Director for Hull CCG Dr James Crick
- A meeting was held with the representatives from Market Weighton to look at engagement and opportunities for this going forward
- A visit to Townend Court to look around the facility and speak to staff and patients
- Attendance at the BAME Network meeting. There were good discussions as the Trust takes any abuse seriously but particularly verbal/physical abuse of staff. Abuse in any form is not acceptable and the main area of discussion was around racism towards staff. It is important to hear from staff members about their experiences.
- A Governor development session was held in its new revised format which was well received. There was attendance from some Non-Executive Directors who talked about their roles and a presentation on Primary Care services. A session on Health Inequalities was presented with information provided to show the depth and poverty across the area and how this affected health communities. Visits were also discussed at the meeting and a suggestion made of a log to be kept.   NED views on visits are being sought which will result in a report back to Board about how these are undertaken going forward.

Resolved: The verbal updates were noted

117/22   **Chief Executive's Report**
The report provided updates from each of the Directors along with a summary of activities undertaken by the Chief Executive. Of particular note were: -

As mentioned by the Chair, a meeting took place with Market Weighton representatives around Primary Care services.   It was a positive meeting, and a follow up meeting is planned.

There were no policies this month to ratify. The report detailed the awards that services have been involved with. There has also been recent notification that the Trust has been shortlisted for a HSJ patient safety award. It is of testament to the staff who continue to achieve these awards on the back of the challenges they face. The Menopause Friendly award is also great achievement. Thank you to all involved

Place development with ICS is progressing and our own internal links are being developed.

There has been a lot of communications during the month and the Health Stars update is provide.

The Chief Executive reported that an event is being undertaken at Miranda House to celebrate 25 years of it being open on 15 July. There is also another visit taking place on 27 June with two Non-Executive Directors from the ICB.

With Dr Byrne leaving the organisation we are appointing to the Medical Director post with a good response received. Until an appointment is made, Dr Michael Dasari has been appointed as the Interim Medical Director. Dr Michael has previously been in this role for the Trust and will work 2/3 days in addition to his Consultant role at Townend Court.

The Communications and Marketing team continue to support teams and positive engagement. This will include working with the team on the new office space at Willerby Hill. Investment was made in Poppulo some years ago, a software tool that allowed specific groups of staff to be targeted and help to reduce the amount of unnecessary e mails for some staff. 65% is current performance which is twice the current rate of the healthcare sectors. Awards, events and celebrations are also supported by not only the team but across the Trust.

Mrs Parkinson reported that the processes are in place for winter planning. Providers and system partners are reviewing last year's plans in preparation for the coming winter. It is likely that it will be challenge especially with potential to provide an Autumn Covid booster vaccination, the usual flu campaign and other winter pressures. Mrs Gledhill explained that infection control guidance has been updated in relation to social distancing and mask wearing. From today in line with national guidance masks no longer need to be worn in our services and social distancing does not have to be maintained. However, these requirements continue to be based on a risk assessment if a patient has a transmissible infection.

Mr Patton commented that it was good to see the ongoing development of partnership with East Riding for Adult Mental Health Services and TEWV referred to in the report which are good examples of partnership working.

Resolved: The report and updates were noted.

118/22 **Publications and Highlights Report**
The report provided an update on recent publications and policy with updates provided by the Lead Executives.

It was noted there is a further report on the agenda in relation to the Messenger report.

Resolved: The report was noted.

119/22 **Performance Report**
Mr Beckwith presented the report relating to the current levels of performance as at the end of May 2022

Areas highlighted to the Board included the Safer Staffing Dashboard and positive assurance on mandatory training and clinical supervision. Waiting times data included in the report with a more detailed quarterly report due next month. Over 52 week waiting times remain a challenge and a high operational priority.

Mrs Gledhill referred to the Safer Staffing dashboard explaining data for the Care Hours Per Patient Day (CHPPD) for Granville Court, Whitby and Malton has been entered in error as we cannot RAG rate these as nothing to benchmark against. Clinical Supervision this month for Newbridges is at 79% compared to the April position. It is pleasing to see no reds in the end column and quality indicators are ok, although sickness is a concern. Last year in inpatient units is persistently around 12 – 13% and last year it was at 8% for some time and it has increased with work ongoing to look at the reasons for this. Like the rest of the population

access to Primary Care for staff may be a factor in this for inpatient units

Mr Patton noted that Covid cases have dropped dramatically so will await outcome of sickness work. He referred to the paediatric ASD highlighted on the cover sheet of the report, asking how many suppliers there are and what the market is like for this. It was good to see the memory diagnosis and he asked when an impact of the work being undertaken will be seen and the same questions was posed in relation to the Early Intervention in Psychosis (EIP) service. Mrs Parkinson explained that for the paediatric ASD there has already been testing with the market and a due diligence process completed with one supplier. We are going through the contractual process with hopefully a new supplier on board in July. Part of the issue is that it is a growing market and independent suppliers are competing with each other for staff and which is also having an adverse impact on the availability of people into the NHS.

In relation to the Memory Assessment service, additional medical resource should be seen from the beginning to mid July and the EIP service is predicated on filling vacancies in that service. It is hoped that these will come on stream by the end of July into September and the trajectory is predicated on this recruitment.

Mr McKinnon-Evans referred to the over 52 week waiting list graph in the report. Discussed in context of increasing no of referrals and line is persistently creeping up. As a Board it is recognised that this is an area to be monitored and to have an understanding of what more can be done to increase the capacity to bring this line down. Mrs Parkinson explained that this is underpinned by all the work that is being done. She is happy to bring more detail in the update due at the Board next month which will include a deep dive into the waiting times and description of the capacity and demand work in train and where this is leaving us. The Chair commented that Governors are also interested in this area and an update presentation will be coming to the Governor Development Session in September.

Mrs Gledhill referred to the incident data included in the report suggesting that it should also show the percentage of harm free care as this detail is readily available. It was agreed this should be included

Resolved: The report and verbal updates were noted
Percentage of harm free care to be included in the incident data **Action PBec**

| 120/22 | **Finance Report** |

Mr Beckwith presented the highlights from the finance paper as at the end of May 2022. He reported that based on the ICS planned submission aware of last month and does not reflect the most recent planning change which is a deficit of just over £1m for the financial year. In month 2 recorded a deficit of £275k which is in line with the plan.

Agency spend continues to be above the agency ceiling and has been reviewed by EMT and a recovery plan in place. Mr Patton confirmed that when the plan has come to EMT it will come to the Finance & Investment Committee.

 An increase in the cash position was reported predominantly due to the payment mechanism for lead provider where last year it was in blocks and this year it is provider to provider invoices which are taking a little longer to process.

The Better Payment Practice Code figures show achievement of 84.2% for Non NHS invoices and 68.1% for NHS invoices, work is ongoing to improve the position. This is partly due to invoices not being put on hold on SBS systems which is being addressed.

Mr Royles appreciated the update on the agency spend. He noted it was a dilemma of when there are constraints with the struggle to recruit and the reliance on people doing overtime or agency cover to keep the balance going. It was good that work is happening on a plan together to help with this.

Resolved: The report was noted.

121/22 **Analysis of Ethnicity and Mental Health Act Report**

The report provides ethnicity data for Hull and East Riding population in relation to the Mental Health Act for the Committee's Analysis of Ethnicity Annual Report. Dr Byrne explained that the report has previously been discussed at the Mental Health legislation Committee earlier in the year. Carried out exercise for past few year. As an NHS institute we have to think about how people are treated, how our colleagues treat each other with regards to race and also how patients and service users treat colleagues from BAME backgrounds

There are wider national challenges with race and ethnicity which are being talked about more openly now. The work that the CQC is doing around closed cultures how to look after citizens and how we detain people and provide services to them. The Use of Force Act discussed recently at Board is important as are the changes that will be made to the Mental Health Act (MHA) in the coming years. There is a lot of good work going on in NHS but there is still more work to do. it is clear there is a significant challenge nationally people from minority ethnic backgrounds are more likely to be detained under the MHA than people from a white background.

As an organisation we have a small data set and it is a challenge as to how we benchmark with the Hull and East Riding population data. Work on how we record ethnicity data is underway to improve this. Sometimes small numbers increase the risk of complacency or the risk of bias. The organisation is not a significant outlier when it comes to how the MHA is applied to minority groups. The report indicates that there are lots of Eastern Europeans who perhaps have moved into local areas and may be recorded as white for ethnicity. We need to understand the origins of these people across the groups to ensure that when it comes to detaining and use of the powers that they are being used appropriately.

The Mental Health Act Legislation Steering Group has asked for continued discussion in networks and with consultant psychiatrists, with particular focus on the issue that of the ethnic population not accessing services and how this can be addressed. Data has been shared with appropriate networks for review.

The Chair thanked Dr Byrne for the report. She was interested to note that that over 16s from an ethnic minority group are not choosing to use our services voluntarily. Dr Byrne advised caution with the data as this could be an assumption and a view of others and may need to look at in more detail.

Mr Smith was pleased to see the report at the Board and agree that it should come direct to Board. in his work with other areas, he was aware that with patients and access to services there is a temptation for mental health issues to be kept in the family and he felt clinicians were right with their assumptions. Statistics and data is not helped with small numbers, but we are in a better place than a few years ago with our understanding. Mr Smith is starting to see a connection with this work and Health Inequalities and wondered whether the Health Inequality statistics in terms of detentions is potentially more important than the ethnicity. This was a good question and Dr Byrne agreed and it is something that could be thought about. It would be interesting to see the link between deprivation and admission and whether someone is more likely to be detained if they are in a lower social economic group. This could be looked at as part of the work. The Chair agreed that making connections to the wider health inequalities agenda is key as poverty is such a big thing.

Mr McKinnon-Evans was interested in the data and he thought the sample size was probably valid apart from the ones on right hand side of the document. He felt there was more opportunity for the data to be interrogated and to identify what the underreported groups were with more questions to be asked around the outcomes from this. He suggested that geographical location analysis may give more information. Dr Byrne agreed that it is interesting data and the real win going forward is working to equip all colleagues throughout organisation with the right skills around diversity.

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Mr Malik commented about the trajectory which showed there is still a lot to do. He asked what this looks like and where it is articulated within the organisation strategy and who it will be picked up by with Dr Byrne leaving. Dr Byrne was sure this will be picked up by the new Medical Director. The education piece will be led by the Director of Medical Education. It will continue to be monitored by the Mental Health Legislation team where it is covered annually and have been doing so for the last three or four years. The data has not a lot changed over these years, but the data set is beginning to build up

The Chief Executive said it was good to see the report at Board and would be helpful as it develops year on year. It did ask more questions than there were answers to and how it links into the population work that is going to EMT to look at this data and to start to develop it further.

Resolved: The report was noted.

122/22 **Summary Briefing – Independent report – Leadership for a Collaborative and Inclusive Future**
The report provided a summary of the report which was published on 8th June 2022. The Secretary of State asked Sir Gordon Messenger and Dame Linda Pollard, to examine the state of leadership and management in the health and social care sector. The scope of the review was to examine the nature of leadership across the entirety of health and adult social care, and from the top to the bottom of both. It set out seven recommendations to support areas where change and improvement are necessary to ensure leaders and managers are supported to deliver the best possible care. The methodology was around feedback from a breadth of areas

Mrs Parkinson explained that of the seven recommendations one that stood out was the recommendation around training and development being standardised across the NHS and Social Care and a description of how this will happen and entry levels.

Generally, those trusts, providers and organisations that engage positively with the EDI agenda are perceived as having a more effective leadership which is something to continue to consider going forward. Comments on appraisals with the findings in relation to these mirror Trust conversations and around talent management going forward. It is expected that the recommendations will be taken forward into a detailed implementation plan. Fundamentally is that need for focus on collaborative leadership underpinning the intentions across the Health and Social Care sector going forward underpinned by access to training and development which are issues worthy of consideration

Mr Royles felt it was a helpful summary. It was a report across Health and Social Care and he felt it was light in terms of primary care and social care. As the action plan develops there could be an opportunity to suggest what this means for both of these areas. He also referred to the good leadership in the report noting that this can be interpreted as the answer to all problems. There are some systemic problems in the NHS and some fantastic leaders and also challenging organisations which is important to consider and understand. In light of the previous discussion around equality and diversity, Mr Royles felt it was about what needs to be done differently and how this will be done this through organisation. He looked forward to the implementation plan and the opportunity to influence this as an organisation. The Chief Executive said it was more about taking this take this report forward through Workforce & OD Committee. Perhaps using it to support leadership programme and for a sense check which Mr McGowan and EMT can look at and also help to influence the ICS agenda and the People agenda.

The Chair felt it would be helpful to have the Trust position/views against the recommendations Some things not in our control, but we can be involved with. it was suggested that it would be a good item for a future Board Development session

Resolved: The report was noted
Further discussion to take place at a future Board Time Out **Action SMcG**

123/22   **Draft Quality Accounts 2021-22**
Ms Colette Conway, Assistant Director of Nursing, Patient Safety & Compliance attended the meeting for this item.

Mrs Gledhill explained that it is a requirement for all NHS providers to produce Quality Accounts. They include information regarding quality monitoring and improvements over the last 12 months. The Quality Accounts have been to EMT and the Quality Committee for approval prior to being submitted to the Board.

Ms Conway added that updated information on the Data Security Protection toolkit is now included which has been risk rated as moderate and a high assurance level. Data in relation to the Q$ position for incident reporting is now also available . In Q4 there were 1698 incidents with 30 for severe harm or death and which serious incidents were declared. The accounts have to be submitted by the end of June.   The report showed the fantastic work that has been done which goes from strength to strength. This can be seen by the comments from stakeholders which are provided verbatim in the report.

Mr McKinnon-Evans commented that this report aligns with the annual report and together tell a story. He asked if it is independently reviewed or verified.   Mrs Gledhill explained that pre Covid there was a requirement for the accounts to be audited, but this has not been required for the last two years.   It is a factual report with organisational input and the detail is also picked up in the annual report and it is an opportunity for people to be proud of the work they do. Lots of confirm and challenge is undertaken for all the data and through Board and Sub Committees.

The Chair referred to engagement and that Governors received the Accounts late in the day with a short turnaround time for comments and some Governors were not sure of the context of receiving the report. She asked that for future years, consideration is given to allowing more time for Governors to look at the report. Ms Conway explained that the timescales this year came out very late, but this will be taken on board for future reports.

Resolved: The Quality Account was approved by the Board

124/22   **External Well led Action Plan Update**
The updated action plan was presented to demonstrate progress against actions to address the recommendations arising from the external review of governance was presented. All actions to address the recommendations are underway and on track for delivery.

Mrs Hughes reported that adverts for Freedom to Speak Up Ambassadors have gone out and an update will be provided in July. For the Board Assurance Framework overarching statement against each risk has been prepared and awaiting sign off.

The Chair explained that at a recent Non-Executive Director (NED) catch up meeting, visits for NEDs and Governors were discussed and comments welcomed on the process. These will be collated and shared when finalised.

Resolved: The action plan was noted

125/22   **Fit & Proper person Regulation (FPRR) and Trust Compliance**
The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires all trusts to ensure that all executive and non-executive director posts (or anyone performing similar or equivalent functions) are filled by people that meet the requirements of the FPPR. The definition of directors includes those in permanent, interim or associate roles, irrespective of their voting rights at Board meetings.

Annual declarations were requested and provided by all Board members for 2021/22 and there was an annual declaration of ongoing compliance. A review of the disqualified directors and the insolvency service register was undertaken. There is a documented process for the fit and proper person's requirement that includes clear procedures and checks for new applicants.

Resolved: The Board noted the Trust's compliance with the Fit and Proper Person Regulation and the continuation of the process in place.

127/22   **Board Assurance Framework (BAF) Update**
The report provides the Trust Board with the Q1 2022/23 version of the Board Assurance Framework (BAF) allowing for the monitoring of progress against the Trust's six strategic goals.

Mr Oliver Sims, Corporate Risk & Compliance Manager attended to present the report. He explained that following the well-led review undertaken by Grant Thornton during Q1 2022, an action was identified for the inclusion of overarching risk statement to be developed for each of the Trust's Strategic Goals and for them to be incorporated into the Board Assurance Framework. This will be presented to the Executive Management Team and the relevant sub-committees for approval ahead of their incorporation into the main strategic goals sections of the Board Assurance Framework document.

Progress against the aligned risks is reflected within the framework to highlight the movement of current risk ratings from the previous position at Quarter 4 2021/22.   Changes have been made to strategic goal 5 and these have been aligned to the risk register.

Mr Patton referred to the developing an empowered workforce suggesting that with the increasing sickness levels that this should be included in the negative assurance. In terms of positive assurance on the maximising a sustainable and efficient organisation, he suggested considering including that the control total has been delivered over last few years. Mr Beckwith commented that on goal 5 it was about non recurrent items being used to balance the financial plan and that this was not the correct wording. Mr Sims appreciated the comments and will take them forward.

Resolved: The Board noted the report.

128/22   **Risk Register Update**
The report provided the Board with an update on the Trust-wide risk register (15+ risks) since last reported to Trust Board in March 2022. The Trust-wide risk register detailed the risks facing the organisation scored at a current rating of 15 or higher (significant risks) and agreed by Executive Management Team.

There are currently six risks held on the Trust-wide Risk Register. One risk previously held on the Trust-wide risk register has been closed / de-escalated since the last report and there are 174 risks held across the Trust's risk registers. The current position represents an overall increase of 5 risks from the 169 reported in March 2022.

Mr Sims provided updates on the changes to the risk register including the finance risk F11205 which has been retired and new risks scoped to represent the current position.

Mr Patton felt it would be helpful if on trust wide risk register to have the date the initial risk scored 20 for example and then have the date that the risk score changed. Mr Sims confirmed that the initial score is linked to the open date of the risk which does not change, and the date of a score change can be included.

Mr McKinnon-Evans commented that the Audit Committee reviewed its risk in May. He noted that potential risks around, inflation, significant pay rises, or potential industrial action will be monitored. Mrs Gledhill noted that when the Trust strategy is approved both the Board Assurance Framework and the Risk Register will be reviewed in line with the new strategy

Resolved: The risk register was noted

129/22   **Equality Delivery System (EDS2) 2022**
Implementation of EDS2 is mandated for all NHS organisations in the NHS Standard Contract.

The EDS2 is a toolkit designed around four primary goals:

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

The EDS2 is carried out jointly by the Patient and Carer Experience Team and the Workforce Team. Due to timing, it has not been discussed at the Workforce & Organisational Development Committee or the Quality Committee. It was signed off at Executive Management Team on 13th June 2022 and is considered and agreed by the Trust Board annually and presented for support to submit.

Mr Malik was interested in the criteria and how we arrive at the self assessment is arrived at what the benchmarking is between achieving excelling and working towards this and who is involved in the process. Mr McGowan explained that it was a joint effort between Mrs Dawley and Mr Duncan as organisation leads and consultation in the EDI group and patient groups. A number of people were involved, but it is signed off by EMT. There is no science around the scoring with the best fit made against the criteria that has been set with debate around the margins.

Mr Malik asked if the outcome of the work is cascaded back to people and patient forums that have been involved. Dr Byrne was not sure this on this however the report can be shared with the relevant groups. The Chair suggested that Mrs Dawley and the person replacing Mr Duncan could perhaps come to the Board and provide more detail on this process. The Chief Executive supported this suggestion and also that the timings for it to go to the Workforce Committee is reviewed. She asked about 3.2 where it stated that we had achieved excelling in all but the equal pay for work of equal value asking what the reason is for this. Mr McGowan explained that we do not do an equal pay audit across the Trust which is the reason for the score. This may be something to look at in the future. It was agreed that this would be added into the report to provide an explanation. Mr Royles has picked up the same point outside the meeting with Mr McGowan. The work on equal pay for work of equal value is a legal requirement for the organisation to achieve and is different to the pay gap work and we use Agenda for Change a nationally job evaluated system to ensure that we pay equal pay for equal value.   Reassurance can be taken from this. The Chief Executive appreciate this and said it is something that needs to be be developed.

The Chair found the document hard to read as the template is difficult to navigate. It is how we explore the information further and it was not clear how we arrived at the ratings. Does not tell us what happens as a result of this which may be found in other areas and how this might be triangulated better.

Resolved: The report was
Consideration of leads for the work to come to the Board and provide more detail on the process **Action JB/SMcG**

130/22   **Collaborative Committee Assurance Report**
The report from the meeting held on 27 May was presented for information. Good work and progress continues to be made.

Resolved: The report was noted.

131/22   **Audit Committee Assurance Report**
Mr Mckinnon-Evans provided a verbal update on the meeting that took place yesterday. It was

a successful meeting and the accounts and annual report were submitted which were reviewed and supported by the Committee.

The annual report from the Counter Fraud team was also receive with positive outcomes reported on performance.

Resolved: The verbal update was noted

132/22 **Items for Escalation**
No items were raised.

133/22 **Any Other Business**

Thank You
Two Board members will be leaving us shortly. Dr Byrne, Medical Director is leaving the Trust at the end of the month to take up a new post in London. Mrs Hughes, Head of Corporate Affairs will also be retiring shortly.

The Board thanked them for their work, contribution and support during their time with the organisation and wished them good luck for their future endeavours.

134/22 **Exclusion of Members of the Public from the Part II Meeting**
It was resolved that members of the public would be excluded from the second part of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

135/22 **Date and Time of Next Meeting**
Wednesday 27 July 2022, 9.30am via Microsoft Teams

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

Action Log:
Actions Arising from Public Trust Board Meetings

Summary of actions from June 2022 Board meeting and update report on earlier actions due for delivery in July 2022						
Rows greyed out indicate action closed and update provided here						
Date of Board	**Minute No**	**Agenda Item**	**Action**	**Lead**	**Timescale**	**Update Report**
22.6.22	119/22	Performance Report	Percentage of harm free care to be included in the incident data	Director of Finance	July 2022	Board Performance Report updated to included data on harm free care
22.6.22	122/22	Summary Briefing – Independent report – Leadership for a Collaborative and Inclusive Future	Further discussion to take place at a future Board Time Out	Director of Workforce & Organisational Development	October 2022	To take place at October Board time out.
22.6.22	129/22	Equality Delivery System (EDS2) 2022	Consideration of leads for the work to come to the Board and provide more detail on the process	Director of Workforce & Organisational Development/Medical Director	TBC	The lead for the workforce side of this work has left the Trust. An appointment has been made and the discussion at Board is being arranged.
Outstanding Actions Arising from Previous Board meetings for feedback to a later Board meeting						
Date of Board	**Minute No**	**Agenda Item**	**Action**	**Lead**	**Timescale**	**Update Report**
26.1.22	18/22	Health Inequalities	Discussion on Health	Medical Director	July 2022	The divisions will be

		and the Humber Approach	Inequalities to take place at a future Board Time Out			undertaking a review of their own work and how it links to CORE20PLUS5 as part of a mapping program associated with their Quality Improvement plans for 22/23 which will be presented at Quality Committee. When this is completed a Health Inequalities session will be arranged for a future Board Time Out.
30.3.22	51/22	Finance Report	Discussion on the cash balance and how it can be used for patient care to be held at September Board Time Out	Director of Finance	Sept 2022	Item not yet due
27.4.22	69/22(b)	External Review of Governance Report, Recommendations and Action Plan	Information on visits for Board members to be updated	Chief Executive/Chair	June 2022	This is with the Chair to progress
27.4.22	71/22	Chief Executive's Report	A report on the Use of Force Act to be prepared by the Mental Health Legislation Committee for a future meeting	Chief Operating Officer/Medical Director	September 2022	Item not yet due - report to go to the next Mental Health Legislation Committee meeting and then to Board
27.4.22	81/22	Freedom to Speak Up (FTSU) Annual Report 2021/22	The next report will break down the data by ethnic group and gender	FTSU Guardian	October 2022	Item not yet due
18.5.22	89/22(a)	Humber Youth Action Group (HYAG) – Making A Difference	Update on the work of the CAMHS passport to come to a future Board meeting	Chief Operating Officer	September 2022	Item not yet due - update to be provided to the Board in September
18.5.22	89/22(b)	Humber Youth	The HYAG to consider how	Engagement	June 2022	A meeting has been

		Action Group (HYAG) – Making A Difference	ideas on diversity and membership can be linked into the Board structure to influence its work.	Lead/Head of Patient Carer Experience		arranged for 21 June 2022 with the Chief Operating Officer, Children's and Learning Disabilities General Manager, Assistant Director of Patient and Carer Experience and Engagement and Children's Services Engagement Lead to consider how HYAG members can be linked into the Board structure to influence its work.
18.5.22	91/22(a)	Chief Executive's Report	International nurses' story to be considered for a future Board meeting	Director of Nursing, Allied Health and Social Care Professionals	September 2022	Item not yet due
18.5.22	91/22(b)	Chief Executive's Report	Description of changes to policies for ratification to be shared with Mr Royles before presenting to Board to ensure new style of reporting meets requirements of NEDs.	Head of Corporate Affairs	July 2022	12/7 Description of policy being presented to Board for ratification shared with Mr Royles and confirm as meeting requirements as agreed.
18.5.22	106/22	Health Stars Key Performance Indicators 2022/23	KPIs to be considered by the Committee and an update on 22/23 KPIs to come back to the Board	Director of Workforce & Organisational Development	June 2022	The next CFC meeting is not until 2nd August 2022.

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

Board Public Workplan 2022/2023 – *(no August or December meeting) (v2l)*

Chair of Board: ___Caroline Flint_____
Executive Lead: _____Michele Moran_____

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

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

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

Agenda Item 5

Title & Date of Meeting:	Trust Board Public Meeting– 27 July 2022			
Title of Report:	Abbie's Story – New Beginnings			
Author/s:	Abbie-Leigh, Volunteer/ Service User Emily Magowan – Clinical Psychologist (Supporting Clinician)			
Recommendation:	To approve		To receive & note	x
	For information		To ratify	
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	To inform the Trust Board on the positive impacts on wellbeing from volunteering and involvement in Trust activities.			

Key Issues within the report:

Matters of Concern or Key Risks to Escalate:	**Key Actions Commissioned/Work Underway:**
• No matters to escalate	• N/A
Positive Assurances to Provide: • To highlight the positive impacts on wellbeing from volunteering and involvement in Trust activities.	**Decisions Made:** • N/A

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

Monitoring and assurance framework summary:

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

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

Title & Date of Meeting:	Trust Board Public Meeting – 27 July 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: *Please make any decisions required of Board clear in this section:*	To provide the Board with an update on local, regional and national issues.				

Key Issues within the report:

Matters of Concern or Key Risks to Escalate: • Nil	**Key Actions Commissioned/Work Underway:** • Pay award settlement
Positive Assurances to Provide: • Community Mental Health Team Update • Mental Health Act CQC visits • Heatwave operational response.	**Decisions Made:** • N/A

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

Caring, Learning & Growing Together

Monitoring and assurance framework summary:

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

Chief Executive's Report

1 Items for Approval

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

Policy Name	Date Approved	Lead Director	Key Changes to the Policy
Digital Clinical Safety Policy	11/7/22	Director of Nursing, Allied Health & Social Care Professionals	This is a new Policy that outlines the Clinical Risk Management System (CRMS) and addresses the requirements of the mandated Clinical Safety Standards DCB 0129 and DCB 0160 and follows best practice as promoted by NHS Digital. The aim of the CRMS is to ensure that all of the Trusts staff involved with the development, implementation and use of healthcare IT systems/software are aware of the activities that are required to be undertaken, to ensure patient safety is not compromised by the introduction of such healthcare IT system(s)/software.

2 Around the Trust

2.1 Challenge
I completed my 85 mile challenge raising over £6,000. Thanks to Health Stars and everybody that supported me on the day. The money will go into our charity for patients and the staff wellbeing fund.

2.2 Medical Director
The Interim Medial Director Dr Michael Dasari took up Post on 1 July 2022. Michael has met with the outgoing Medical Director, Director of Nursing and myself as part of the handover process. He has also had meetings with the Team Managers within his Directorate. Over the coming days and weeks the Interim Medical Director plans to visit the various Consultant Teams and GP Practices.

An appointment has been made to the substantive post, recruitment processes are only, with the successful candidate expected to start in the Autumn.

2.3 Visits
Virtual and face to face visits to our services continue, it was great to meet the staff at Scarborough and hear first-hand about the community transformation that is taking place.

I also spent a lot of time with our Clinical Lead in Primary Care Dr Iqbal Hussain.

2.4 Cost of Living

The Executives Management Team have been discussions and reviewing our support to staff, from mileage allowance to working from home payments and this was our theme at the last Ask the Executive Session. This includes

- Increased the Lease Car Mileage Rate by 10p per Mile (from 1st April)
- Increased the Regular Use Mileage Rate after 3,500 miles from 20p to 45p per Mile (From 1st April)
- Increased the Regular User Mileage Rate (up to 3,500 miles) by 5p (From 1st July)
- Continued to Pay a Working from Home Allowance to staff of £6 per week (increased to £10 per week during winter)

2.5 Board Assurance Framework

One of the recommendations from the external review of governance undertaken earlier this year was that an overarching risk statement should be used to describe the risk to the Trust not achieving each strategic objective. These have now been agreed and are shared below. The statements will be reflected on the BAF that is next due for presentation at the September Board.

Strategic Goal 1 – Innovating Quality and Patient Safety: Quality and Patient safety underpins all that we do. Failure to innovate for quality improvement and patient safety could result in service delivery not meeting national and local quality standards resulting in substandard care being delivered which could impact on patient safety and outcomes

Strategic Goal 2 – Enhancing Prevention, Wellbeing and Recovery: Failing to enhance prevention, wellbeing and recovery could result in patients not accessing support and services that will address their health and care needs leading to poorer health outcomes and adversely widening health inequalities for our populations.

Strategic Goal 3 – Fostering Integration, Partnerships and Alliances: Failure to foster integration, partnerships and alliances could result in the Trust not being able to influence the delivery of health and social care regionally, which could impact on the development of system-wide solutions that enhance ability to deliver excellent services.

Strategic Goal 4 – Developing an Effective and Empowered Workforce: Failure to recruit and retain high-quality workforce could result in service delivery not meeting national and local quality standards resulting I substandard care being delivered which could impact on patient safety and outcomes

Strategic Goal 5 – Maximising an Efficient and Sustainable Organisation: Failure to optimise efficiencies will inhibit the longer-term financial sustainability of the Trust which will reduce any opportunities to invest in service where appropriate and put at risk the ability to meet financial targets set by our regulators.

Strategic Goal 6 – Promoting People, Communities and Social Values: Failure to promote people, communities and social values may result in Trust services not having a measurable social impact which could affect the health of our population and cause increased demand for services.

3 Around the Integrated Care System (ICS)

3.1 ICS

The ICS is now a statutory body and held its first public meeting on the 1 July. As the Board is aware I am a partner member of the Integrated Care Board. More detail can be found in the Board agenda items.

3.2 Place Leads

The Place leads are as follows:

North East Lincolnshire - NHS Helen Kenyon
Local Authority (LA) - Rob Walsh

Hull - NHS Interim Erica Daley
LA - Matt Jukes

York - NHS vacant
LA - Ian Floyd

North Yorkshire - NHS Wendy Balmain
LA - Richard Flinton

North Lincolnshire - NHS Alex Seale
LA - Peter Thorpe

East Riding - NHS Simon Cox
LA - Caroline Lacey

3.2 Local Clinical Research Network - (LCRN) Humber and Yorkshire

At the CRNCC/LCRN Liaison meeting on Monday 13 June, William Van't Hoff, CEO, CRN National Coordinating Centre (CRNCC), shared the first confirmed details regarding the new geographical configuration of the Network post 31 March 2024 with all LCRN Chief Operating Officers and Clinical Directors. These changes will link into the developing ICS boundaries, however, it is not anticipated that any changes will be made to Yorkshire and Humber.

4 National News

4.1 NHS Objectives

Amanda Pritchard NHE CEO has set out the main objective for the NHS over the coming months, these are:

- **Recovery**, using the lessons from and the can-do spirit seen during the pandemic to continue our efforts to ensure that people who need care, tests, and treatment can get it as quickly as possible
- **Reforming** for the future, making the most of the opportunities presented by system working, and technology and data, to provide more effective, more convenient and more preventative services
- Building **resilience** to the shocks of the future, including working to ensure we have the right numbers of staff, the right physical and community capacity, and the right approach to urgent and emergency care in particular
- **Respect** for those whose sacrifices have supported the NHS through the last 900 days – continuing to look after our existing staff, providing the best possible value for taxpayers, and ensuring that all patients are treated as equal partners in their care, and their needs and opinions are central to how we plan, deliver and improve services.

The NHS England Board, working with colleagues at Health Education England and NHS Digital, has agreed the purpose for the new organisation: to lead the NHS in England to deliver high-quality services for all.

This will be achieved by:

- enabling local systems and providers to improve the health of the populations they serve and reduce health inequalities
- making the NHS a great place to work, where our people can make a difference and achieve their potential
- working collaboratively to ensure our healthcare workforce has the right knowledge, skills, values and behaviours to deliver accessible, compassionate care

- optimising the use of digital technology, research, and innovation;
- delivering value for money and increased productivity and efficiency.

The new NHS England operating framework will set our future ways of working.

Placing integrated care systems (ICSs) on a statutory footing from 1 July was a significant moment for the NHS. It means NHS England must now change the way we work and how we support leaders in local systems and providers to deliver our shared core purpose of high-quality services for all. We must create the space to allow systems to lead locally, working alongside our seven regions.

This means we need to reduce the size of NHS England and be rigorous about what we do, only undertaking activity at national and regional level, where it is necessary to do so. We need to simplify how we work across the new organisation and how we work with the wider NHS. And, as the NHS recovers from the pandemic, and the economic position across the country is tighter, we must also ensure our resources are used as effectively and efficiently as possible.

In designing the new NHS England, we will reset what activity NHS England undertakes. We will review which functions we can delegate to ICSs. Where we can, we will build on the delegation of direct commissioning functions and explore what other functions can be delegated or transferred locally. We will also work with you to identify how we can best enable sustainable improvement in the services and care the NHS provides. We will do all this in close partnership, delivering on the commitment to genuine co-creation.

This will mean a significant change for NHS England. We expect that, by the end of 2023/24, the new single organisation will be at least 30%, and up to 40%, smaller than the current combined size of NHS England, Health Education England and NHS Digital.

4.2 Cabinet Changes
The following changes have been made to the Cabinet:-

- Gillian Keegan MP, Minister of State for Care and Mental Health
- Maria Caulfield MP, Minister of State
- Maggie Throup MP, Minister for Vaccines and Public Health
- James Morris MP, Minister for Patient Safety and Primary Care
- Lord Kamall, Minister for Technology, Innovation and Life Sciences

NHS Provider Board Update

| Linda Pollard (re-elected) | Leeds Teaching Hospitals NHS Trust |
| Steve Erskine | Hampshire Hospitals NHS FT |

ACUTE SERVICES (CHIEF EXECUTIVE) (uncontested election)
Jan Ross   The Walton Centre NHS Foundation Trust

MENTAL HEALTH SERVICES (CHAIR) (uncontested election)
Selina Ullah   Derbyshire Healthcare NHS Foundation Trust

AMBULANCE SERVICES (CHAIR) (uncontested election)

Kathryn Lavery   Yorkshire Ambulance Service NHS Trust

5 Covid & Operational Update – July 2022

Heatwave
The emergency planning command arrangements were stood up on 15th July 2022 in response to a notification from the Met Office that the **Heat Alert Level has escalated to 4** which triggers our

command and control arrangements in our Heatwave Plan. The plan is being followed and all areas are being supported to manage the challenging conditions. A range of measures are in place to ensure areas are cooled and additional air coolers and conditioning units have been made to inpatient areas. Integrated water coolers were installed as part of our covid measures to all inpatient areas and introduced to our staff break rooms as part of the upgrading work. Additional bottled water is available for those areas which require it. Access to hydration for staff and patients has been prioritised. Staff have been advised that they can return to wearing scrubs instead of uniforms if they find that cooler. Staff who can work from home have been advised to. Whilst public transport disruption has occurred this has not adversely impacted on service delivery. Some staff face to face events have been changed to MS Teams or rescheduled to reduce the need to travel. We are participating in Local Resilience Forums in order to be appraised fully about the impact in our places. The arrangements will be stood down when the alert level reduces.

This update provides an overview of the ongoing arrangements and continuing work in place in the Trust and with partner organisations to manage the ongoing Covid-19 emergency. NHS England and Improvement raised the national incident alert level from 3 to level 4 on 13th December in recognition of the impact of the Omicron variant on the NHS of both supporting the increase in the vaccination programme and preparing for a potentially significant increase in Covid-19 cases. On 19th May 2022 the national incident level was reclassified to a Level 3 (regional incident) this was due to community and hospital case numbers declining and the success of the winter and spring vaccination programmes.

As of the 23rd June 2022, the cases of Covid-19 for Yorkshire and the Humber are:

Humber ONS infection survey sub-regional estimate, Yorkshire and Humber: 2022
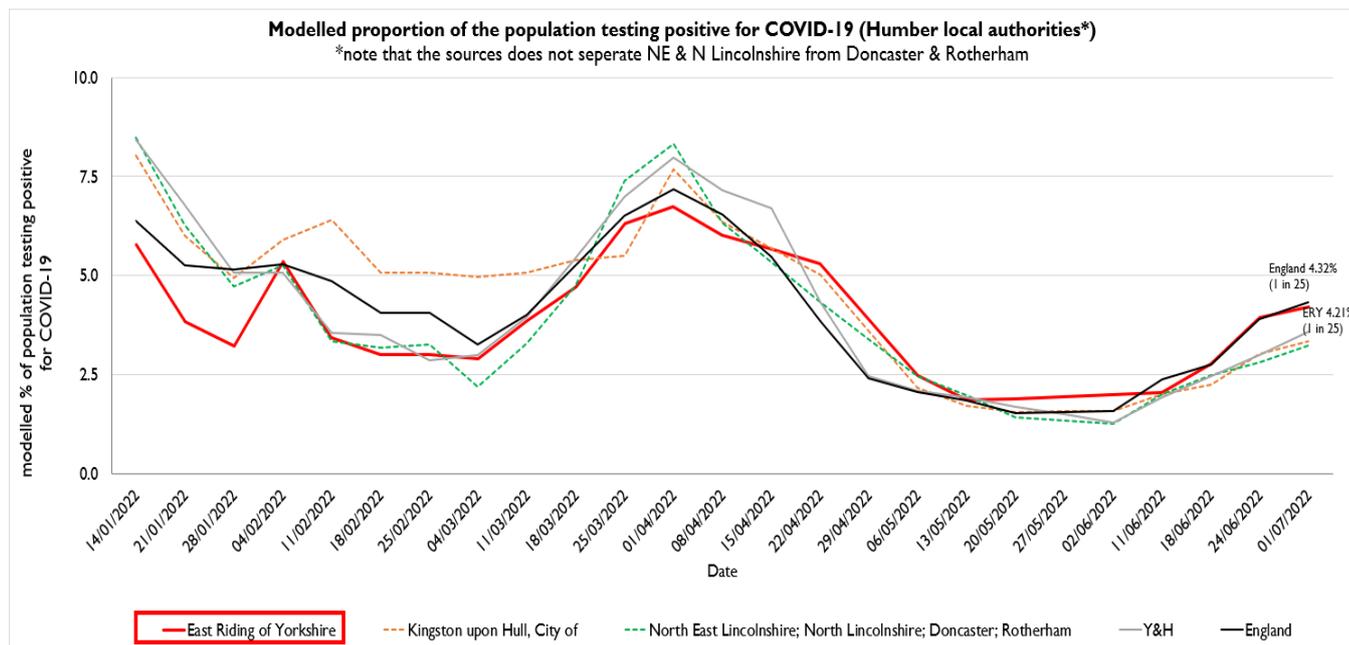
As of 10th July, the 7-day rate per 100,000 population for Scarborough is 261.1, for Ryedale is 258.2 and Hambleton is 257.7. The overall 7- day rate for North Yorkshire is 277.5.

As of 7th July 2022, there have been 1,896 hospital deaths due to COVID-19 across the Humber area. This includes 1,236 deaths registered by HUTH, 630 deaths registered by NLAG, 27 deaths registered by CHCP (East Riding Community Hospital) and 3 deaths registered by HTFT. York Teaching Hospitals NHS Trust recorded 968 deaths over the same period.

The Trust has recorded a peak of 11 cases of a Covid-19 positive inpatient since the last report, this has reduced to six cases currently.
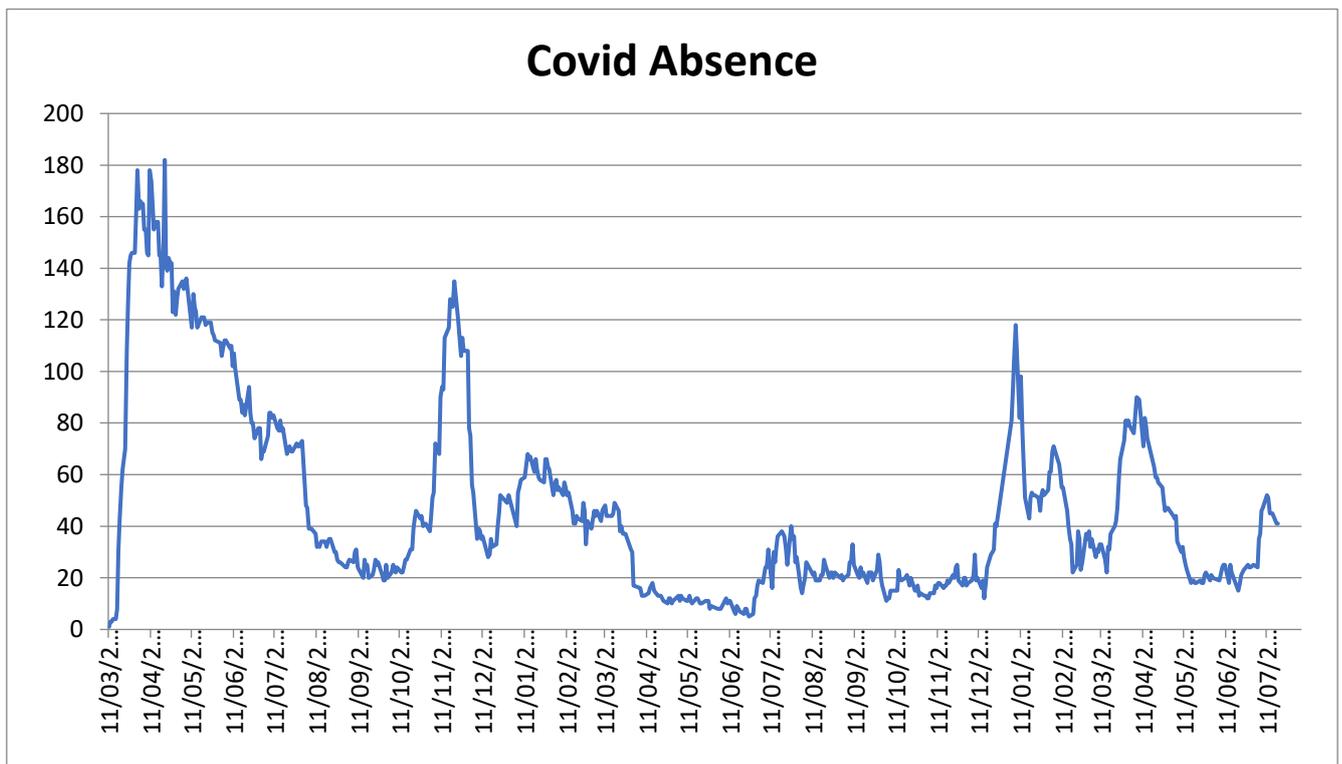
Covid Absence

Staff sickness absence related to Covid has rose in the last month to between 15 and 51 cases daily in June and early July. When combined with non-covid related sickness the overall absence position is currently at 7.22%.

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

Operational service pressures remained high in some areas in June and early July due to the ongoing position related to high system pressures and the recent rise in staff absence. The highest pressures were seen in our community services in Scarborough, Ryedale and Whitby due to ongoing high demand from the acute hospitals for discharges to be supported along with ongoing high demand for primary care. The Trusts overall operational pressure in the last month have been at escalation levels (OPEL) being 2 (moderate pressure) rising to OPEL 3 (severe pressure for periods).

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 June and early July at a higher level than typical for this time of year, with presenting needs continuing to be of high levels of acuity and complexity. Break down of placements for young people in residential care continues to lead to urgent and crisis admissions to mental health and acute hospital beds. High demand for young people experiencing complex eating disorders has led to pressure on CAMHS beds locally and nationally leading to admissions to acute hospital beds. System and ICS work is ongoing to enhance provision to support out of hospital care for children and young people including those with eating disorders. Focus continues on reducing waiting times in these services, particularly in relation to autism and attention deficit hyperactivity disorder diagnosis.

Nationally requirements are in place to eradicate the use of out of area mental health beds and our services are implementing plans to achieve this. Our out of area bed use is reducing. Our overall bed occupancy has remained high in June and early July with the pressures especially high for mental health, learning disability beds and our community beds at Malton and Whitby Hospitals, it has been between 81.7 – 87.3%.

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

Ongoing work has been taking place by our recruitment team to increase the number of staff available to us on our bank, recruitment campaigns focussed on specific clinical areas e.g., CAMHS have had some success.

Testing, Infection Prevention and Control Requirements and Isolation Arrangements
Updated guidance was received from NHS England/Improvement on 14th April "Next steps on IPC: Publication of revised UK Infection Prevention and Control (IPC) Guidance and an IPC Manual for England". This revised guidance was implemented across the Trust supported by local risk assessments as appropriate. On 1st June 2022 NHS E/I wrote to Trusts describing that IPC guidance was continuing to evolve and setting out further changes following updates from the UK Health Security Agency (UKHSA). UKHSA has updated its UK IPC guidance with new COVID-19 pathogen-specific advice for health and care professionals. This advice should be read alongside the National Infection Prevention and Control Manual (NIPCM) for England. Any IPC measures beyond those contained in those publications is now a matter for local discretion. Updated guidance was therefore issued by the Trust. Utilising the risk-based approach and due to the increased number of patients testing positive for covid in our inpatient areas during the last month, IPC requirements have been stepped up in some areas e.g. universal wearing have masks has been reintroduced. These arrangements are kept under constant review by our IPC team. Additional planning work has taken place between the Director of Nursing, Allied Health and Social Care Professionals and the Chief Operating Officer to agree thresholds of covid and other staff related absence that will trigger the stepping up of infection prevention and control measures, especially over the coming summer months when planned annual leave will also increase.

Staff Testing
The is currently no changes to the national guidance and all processes currently in place will remain. Frontline staff continue with twice weekly LFD screening and recording on the Trust intranet site. All patient facing staff should continue to test twice weekly when asymptomatic. LFD tests will continue to be available through the government portal.

Patient Testing
Inpatients will continue with day 1, day 3 and once between day 5-7 COVID-19 screening requirements as per the Trust screening guidance in accordance with the national standard operating procedure.

Covid-19 Vaccine
Our hospital vaccination hub remains stood down.

An Autumn vaccination programme has been announced as despite the known uncertainties, in the year ahead, winter will remain the season when the threat from Covid-19 is greatest both for individuals and for health communities. Planning has now commenced to ensure that both our covid vaccine plan and flu vaccination plans will be well integrated and deliver the capacity to maximise staff take up of both vaccines. Our SRO for the flu vaccine remains our Director of Workforce and OD. The SRO for the covid vaccine is our interim medical director.

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

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

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

Our staff have now experienced and worked through the pandemic for 27 months and in some areas service demand and operational pressures remain high, they are continuing to tell us that they are feeling fatigued. Staff continue to have access to a range of options for wellbeing support and the Trust continues enhance its offer of wellbeing resources via the "ShinyMind" app. The Humber Coast and Vale Resilience Hub to support frontline staff remains operational and providing an increased offer of psychological and emotional wellbeing support for our staff.

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

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

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 June and early July the group has continued to focus on:

- Ensuring that our covid related changes and interventions do not increase restrictive practices.
- Ensuring that all areas are following national changed IPC guidance as applicable.
- Maintaining focus on developing further use of digital clinical interventions.

Operational Planning - Recovery and Restore
The **operational planning guidance for 2022/2023** was published on 24th December. It set out that the NHS's financial arrangements for 2022/23 will continue to support a system-based

approach to planning and delivery and will align to the new ICS boundaries agreed during 2021/22. It asks systems to focus on the following priorities for 2022/23:

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

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

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

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

6 Director's Updates

6.1 Chief Operating Officer Update

6.1.1 Community Mental Health Team Transformation – Early Implementer Site Evaluation June 2022 Summary of Key Draft Findings
The Trust submitted an application and were successful to be nominated one of 12 Early Implementer Sites (EIS) between 2020 – 2021 for Community Mental Health Team Transformation. The bid was supported by the key place and system partners.

The Community Mental Health Framework for Adults and Older Adults (2019) outlined that EIS sites should reflect a redesign and reorganisation of core community mental health teams to move towards a new place-based, multidisciplinary service across health and social care aligned with primary care networks.

The work that has been undertaken by the Trust in this programme worked on the key principle that in implementing this Framework as an EIS barriers would be challenged and broken down between:

1. mental health and physical health
2. health, social care, voluntary, community and social enterprise (VCSE) organisations and local communities
3. primary and secondary care, to deliver integrated, personalised, place-based and well-coordinated care.

A draft evaluation report of the EIS has now been completed, the evaluation was externally supported.

The **scope of the programme** included:
- The geography of both Hull and the East Riding of Yorkshire

- The Trust led the pilot to successfully transform community mental health services across the twelve Primary Care Networks (PCNs), in partnership with service users, families, carers, local authorities, voluntary sector organisations and communities in Hull and East Riding.

- The transformation programme covered the redesign and reorganisation of 3 specialist areas of community health provision:

  - Eating Disorder

  - Rehabilitation

  - Personality Disorder (PD).

For the EIS two of these areas had to be addressed and for the Trust EIS these were Rehabilitation and Personality Disorder (PD).

- Offered opportunities to test the four-week access waiting times for adults and older adults in Community Mental Health Teams (CMHT's), changes in the Care Programme Approach (CPA) and access through no wrong front door.

- It was agreed to also include the Serious Mental Illness Annual Health Checks in the Transformation programme.

The key service change and development as part of the EIS was the introduction of new Primary Care Mental Health Networks across the 12 primary care networks in Hull and the East Riding of Yorkshire (ERY)

Key **findings** of the evaluation:

- A successful and robust governance structure with Senior leadership ensured the success of the EIS and significant organisational resource and infrastructure was required to embed the transformation programme with senior leadership for the programme from the Deputy Chief Executive and Chief Operating Officer who was assigned as the Senior Responsible Officer (SRO) for the programme.

- A Transformation Board successfully focused on service delivery and led the implementation of the CMHT transformation with partner organisation members. Robust governance arrangements have supported the implementation.

- Significant organisational resource and infrastructure was required to embed the transformation programme from mobilisation phase to integration and delivery This required significant organisation buy in and clear lines of communication and strategic influence.

- Co-production has been central to the CMHT Transformation programme. The appointment of a Lived Experience Co-Ordinator has been central to making this happen.

- 12 Newly formed Primary Care Mental Health Network's (PCMHN's) were created across the footprint of Hull and the East Riding. 12 individual teams of 8 professional roles.

- In the East Riding these were truly place based and though the Primary Care Networks in Hull were aligned to the five PCN's, The PCN's were relationship based.

- Each PCN is unique as to its geography; population characteristics; services available and infrastructure. Allocation of resources was made on a per capita basis.

- Cultural changes around lived experience supported meaningful co-production.

- Co-production has contributed to positive and sustainable change

- Integrating and transforming community mental health services came at a challenging time in relation to commissioning, the pandemic and NHS reforms with the most significant challenge being the integration of teams of mental health professionals into primary care at a time when PCN's were in the forming part of the development change cycle and under pressure to roll out an unprecedented vaccination programme as a priority.

- As the PCN's evolved it became apparent that the seven PCN's in the East Riding of Yorkshire were more engaged with the transformation than the five PCN's in Hull. The approach to addressing integration had been similar across both areas but the environment and maturity of the PCN's varied significantly which was evidenced within the EIS phase with overall uptake and interest being different across Hull and East Riding.

- Whilst some workforce challenges were identified by the evaluation, this compared well with other EI sites. The successful introduction of pharmacists and pharmacy technicians were noted. The positive development of Mental Health and Wellbeing Coaches (MHWC) was highlighted with the evidence that only 1.8% of people accessing the MHWC service were escalated to Secondary care. Unlike other roles there have been no recruitment challenges with the roles MHWBC role is a new role and has been successful in this transformation.

- The Transformation Programme supported investment into peer support worker/experts by experience roles for which there is now a robust recruitment and induction process in place. A Peer Support Worker (PSW) competency and career framework, accredited learning and ongoing professional development to ensure a progression pathway is available and PSWs are now well embedded within their respective MDTs working within the PCMHNs

- Increasing the psychology provision into the Complex Emotional Needs Service has increased the number of clients whose care can be supported by supervision and consultation, facilitating them to remain with their existing care team and thus decreasing transitions in care.

- Service user feedback indicates that the ways of working within the Complex Emotional Needs Service are qualitatively different from core/generic secondary mental health services and are supportive in developing autonomy and confidence.

- There is an increase in the number of young people under 25 years old, receiving input from a dedicated PD service, either directly, or indirectly

- These developments are helping us align the review of the Child and Adolescent Mental Health Service (CAMHS) transition policy, by offering increased flexibility for transition from children and young peoples' (CYP), reducing referrals into Core CAMHS solely for the purpose of transition for young people who are approaching the age of 18 years.

- A quarterly service user and carer networking group was established

- The Care Programme Approach was reviewed during the period of the EIS and a workstream established. The new approach will be rolled out by the end of March 2023.

Examples of **feedback** captured during the review:

"When I spoke to people from CENS, the conversation changed. They would ask me 'how do you think you should manage this?' they helped me to manage the responsibility myself."

"I have been with CMHTs most of my adult life and have always found them to be a rollercoaster and not quite right to handle my complex needs. With CENS I actually made progress for once and had a team that were equipped to handle my everyday rollercoaster. Most mental health professionals don't understand BPD but this team do, and it makes the world of difference."

"Being able to talk to R as someone who truly understands what it is like to feel that way has actually made the most difference in my current situation"

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

"I feel that it has promoted a greater sense of multi-disciplinary team working, we acknowledge that a person may have a variety of needs which would benefit from different roles, and we factor this in our care plans and overall journey for the patient"

"Working as a Mental Health & Wellbeing Coach is a diverse and interesting job. Working as a coach, it is invaluable to see my client's confidence and wellbeing improve over the course of the sessions. I feel I am making a difference to people's lives by using simple coaching techniques and self-esteem building exercises etc. It is great to work alongside like-minded people every day who share similar goals and ideals as yourself"

"The MHWC sessions provides a service for clients that does not currently exist. The MWHC bridge a gap between Primary & Secondary Care. Some clients do not feel they need as higher-level intervention as therapy but do need some support to get back on the feet. The MWHC fill this gap in the service by working with clients who have low level mental health issues by working collaboratively with GP staff. It is a positive role as it is encouraging GP staff and members of the public to openly talk about mental health more and encourage conversations when people are struggling. I think it is a positive step moving forward for improving MH services"

The final report will be shared with the Quality Committee.

6.1.2 Redesigning Adult Inpatient Mental Health Services
Work on the Pre-Consultation Business case has started, and an engagement lead for the project has been appointed.

Recruiting a clinical transformation lead who will also lead the project had been more challenging, but work-around arrangements are in place until an appointment can be made. The initial stages of the work include reviewing the scope of the project to ensure it remains current and re-naming the project to appropriately reflect the scope.

6.2 Director of Nursing, Allied Health and Social Care Professionals

6.2.1 NHSE & NHSI National Preceptorship Framework for Nursing
The National Preceptorship for Nursing Project was established in November 2021 to develop and deliver a collectively agreed set of national standards and a framework for good practice in implementing preceptorship for newly registered nurses along with an accreditation framework which may subsequently be expanded to other professional groups.

The national preceptorship framework will be officially launched in September 2022 and will be a resource for health and social care organisations to support the practice of newly registered nurses. This recommended 'best practice' approach to preceptorship has been developed through extensive stakeholder engagement exercises involving practitioners from organisations across England, representing all fields of practice and settings across acute, community, primary and social care.

Engagement has encompassed semi-structured interviews, meetings, workshops, sharing best practice, 'deep dives' across organisations and extensive stakeholder collaboration which as an organisation we taken part in.

This approach recognises that where preceptorship is firmly established as part of the organisational culture, there are significant benefits for newly registered nurses, other staff, and the organisation itself in terms of retention, recruitment, and staff engagement.

As an organisation we have submitted our self-assessment against our existing preceptorship programme to the national portal before the deadline of the 15th of July 2022. It is anticipated that we should receive feedback on the standard we will be awarded by September 2022. This will either be core standard which is the minimum requirement we need to meet or gold standard which is for organisations wanting to further develop their preceptorship offer.

Whilst the framework has been developed for nursing the national team expect the standards to be for multi-disciplinary preceptorship programmes. Our preceptorship academy is already inclusive of Allied Health Professionals and social work staff, and we continue to expand our offer to now include pre-preceptorship (to aid recruitment) and beyond preceptorship.
Our pre-preceptorship programme is targeting all our newly qualified nurses who join us as a band 4 whilst awaiting their NMC pin number. The aim is to enable them to complete all their stat/man training and team/unit induction and other core training; This ensures that once they receive their registration, they can immediately begin their formal preceptorship and consolidation of practice learning and that the transition from student to staff nurse is seamless.

6.2.2 New Training Requirement for All Staff who Support People with a Learning Disability and Autistic People coming in on 1 July
From 1 July 2022, all health and social care providers registered with CQC must ensure that staff receive training on learning disabilities and autism appropriate to their role. This new legal requirement is introduced by the Health and Care Act 2022.

The government is required to consult on and publish a Code of Practice. We understand that this will outline the content, delivery and ongoing monitoring and evaluation of the Oliver McGowan Mandatory Training, which is training they have developed and trialled. The government anticipates that the publication of the Code of Practice may take at least 12 months.
In the meantime, CQC will provide statutory guidance while the Code of Practice is being developed. During their assessments and inspections of providers, CQC will look to see if staff are working with people appropriately, and if not, will consider what training and support has been provided to staff to ensure their understanding. Following the introduction of this requirement, CQC will be looking to see whether providers have provided learning disability and autism training and have assessed the competencies of their staff following the training. In line with current inspection procedures, CQC will not be looking at what the training itself has involved.

CQC will continue to engage with the government and will update their statutory guidance as appropriate to reflect this new requirement in due course and will keep providers informed accordingly.

The requirement for staff to be trained in autism is included in our Autism Strategy. Work had therefore already commenced to identify and roll out training. To ensure there is some traction and strengthened oversight of the training requirement a task and finish group has been set up to scope existing training courses our staff have access to, define who needs the training going forward, identify the number of staff who have had the training to date and agree how competency will be assessed going forward. The Task & Finish Group is chaired by the Director of Nursing, AHPs and Social Care Professionals. Updates on this training will be provided to EMT and the Quality Committee.

6.3 Interim Medical Director Updates

6.3.1 Research Update

Our annual review meeting with the Yorkshire and Humber Clinical Research Network (CRN) senior leadership team took place in June and was incredibly positive. This included a review of research performance in 2021-22, challenges and our goals for 2022-23. As one of the CRN high level objectives in 2021-22, was for 45% of GP practices to be recruiting into NIHR Portfolio studies, then this was something that became our challenge too and the CRN were delighted that we far exceeded this, with seven out of eight of our practices having recruited into research studies.

We have also continued to submit data to the NIHR quarterly in relation to our 'performance in initiating and delivering' (PID) clinical trials. All four quarters for 2021-22 have now been submitted to the satisfaction of the NIHR.

6.3.2 Mental Health Act, CQC Visits

There have been several Mental Health Act CQC visits over the last year.   Overall improvements have been seen across the Inpatients Units and this is demonstrated by the gradual decrease in issues identified by the CQC at their unannounced visits/remote reviews. Significantly Willow, Lilac and Southwest Lodge all received excellent reports with no actions identified.   Of the actions identified on other Units all have been completed.

6.3.3 Job Planning Audit for Medics

An Internal Audit was completed by Audit Yorkshire of the Medical Job Planning process. The report summarised as follows:

'We can provide significant assurance that appropriate safeguards and controls are in place for the management of consultant job planning, which focuses on enhancing outcomes for patients whilst maintaining service efficiency.'

6.4 Director of Workforce & Organisational Development Updates

6.4.1 Mentoring Programme

14 staff have come forward for the first tranche of the mentoring programme to become mentors. Training begins w/c 25th July and it is anticipated that the offer to staff of mentoring from this first tranche will commence in September.

6.4.2 Mileage Rates

Following a benchmark exercise, EMT has agreed a temporary uplift of 5p per mile to the mileage rate in recognition of increased fuel costs and cost of living. This comes into effect from 1st July.

6.4.3 Pay Award

At the time of writing (19th July) the recommendations for the 2022/23 pay award for Agenda for Change and Doctors and Dentists has today been announced. The recommendation for Agenda for Change staff is :-

'for a £1,400 consolidated uplift with effect from 1st April 2022 for all AfC staff to their full time equivalent salary. The £1,400 uplift should be enhanced for the top of Band 6 and at Band 7 so it is equal to a 4% uplift for those staff. The increase is to the rates which include the National Living Wage adjustments made on 1st April 2022 to Band 1 and 2. All points in the AfC pay scales to be increased as set out above. This recommendation would increase the overall AfC pay bill by an average of 4.8% across England, Wales and Northern Ireland'

And for Doctors :-

'a 4.5 per cent increase to national salary scales, pay ranges or the pay element of contracts for all groups included in our remit letters from the governments for this year, namely:

• Consultants

• SAS doctors and dentists in Scotland, as well as those who do not move onto the reformed contracts in England, Wales and Northern Ireland

• Doctors and dentists in training in Scotland, Wales and Northern Ireland

• Independent contractor GMPs in Scotland, Wales and Northern Ireland

• Salaried GMPs

• The GMP trainers' grant and GMP appraisers' grant

• Independent contractor GDPs

• Associate and salaried GDPs including Community Dental Services/ Public Dental Service practitioners

• Doctors and dentists employed by Trusts and Health Boards on locally-determined contracts These uplifts should be backdated to 1 April 2022 as necessary so that they would be paid in full for the 2022-23 financial year.'

The pay uplifts amount to an additional circa 5 per cent investment in the overall NHS pay bill. However, NHS England has only been allocated enough money in its budgets to cover a 3 per cent investment in pay increases for staff. So, unless the extra investment cost is funded by the Treasury, this will have to be drawn from existing budgets and will mean an estimated unplanned £1.8 billion shortfall.

6.5 Director of Finance Update

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

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

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

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

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

In terms of CareCerts
- CareCERT notices issued during 2022: 115 (Inc. 15 in June)
- High Priority CareCERT notices Issued during 2022: 6 (0 issued in June)

June Data
- CareCERT Notices with patch(s) NOT approved for deployment: 0
- CareCERT notices with patch(s) applied to all devices: 11
- CareCERT notices with devices still to check in to patch: 4

Workstations update:
- Total workstations detected 3,403 (2,880 are laptops)
- Workstations non seen in last 60 days (38)

- Workstations non seen in last 90 days (16)

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

6.5.2 Digital Updates
The Trust has been approved as a silver BCS (The Chartered Institute for IT) and is working towards Gold accreditation.

Interweave (Yorkshire and Humber Care Record) has been accredited for cyber essentials upstream postal has been improved to view information from Hull University Hospital NHS Trust and we are also providing additional information to the Yorkshire & Humber Care Record.
The Yorkshire & Humber Care Record has received cyber essential accreditation.

The Trust Chief Information Officer (Lee Rickles) has present at the NHS Confederation on the Trust move or Lorenzo to the cloud.

6.5.3 ICS EPR & DA Plus Business Case
NHS England have been developing an EPR development programme for Trust's with low digital maturity in parallel with our DA+ programme.

This has been detailed within it a plan for digital health and social care (DHC, 29 June 2022) which requires 90% of NHS trusts with existing electronic health records by December 2023 to look to converge on fewer EPR products.

The benefits of a single EPR across the ICS (Based on benefits seen from the Yorkshire and Humber Care Record) and EMT have agreed the Trust should support the wider approach. As a consequence, EMT have approved that the DA+ Outline Business Case will be rescheduled to come to Board later than intended.

6.5.4 Pay Award Update
NHS England chief financial officer Julian Kelly has warned a pay rise for Agenda for Change staff of more than 3% could mean cuts in services or planned investments.

Speaking at NHSE England's Board Meeting Julian Kelly said it was important to recognise staff through the pay award, particularly at a time of rising inflation and with the 'operational necessity' to retain workers as the NHS continues its recovery post pandemic.

It was noted the NHS was funded for a 3% pay award and had 'emptied the coffers' supporting other pressures.

If overall funding remained as it currently stands, the service could only fund a higher award by cutting back on planned investments or services.

Agenda for Change Staff is Scotland have been offered a 5% pay rise.

6.5.5 New Hospital Building Programme
The National Audit Office is to carry out a value for money review of the Department of Health and Social Care's new hospitals programme amid concern that the promised 40 hospitals will not be built by 2030, and that costs are spiralling.

The programme was included in the government's 2019 election manifesto and launched by the prime minister in 2020.

The 40 hospitals include four schemes that were already being built, including two schemes, initially financed under the private finance initiative, that had been affected by the collapse of Carillion.

Selection of a further eight bids to be part of the programme, with an emphasis on mental health unit redevelopment, was due in spring, but the government now expects a final decision to be made by the end of the year.

The review is expected to examine the implications of delays on costs, particularly as inflation is rising. The question of whether the new buildings constitute new hospitals is also likely to be addressed. The NAO is expected to report its findings next year.

6.5.6 Estates and Hotel Services Updates
Early enabling works at the Humber Centre (Gym and Shop) have completed, see image below for the Gym.   Tenders are currently being evaluated for the works package to reconfigure the reception areas.

Before:

After:
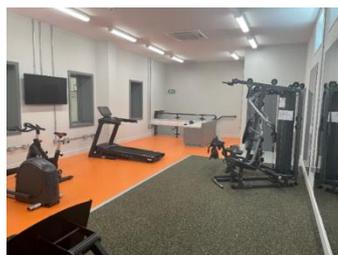
Works to facilitate the CAMHS Team at Westend have completed, the team are due to move week commencing 25th July.

Work to the Access Road at Willerby Hill have been delayed as the Trust are awaiting a revised cost proposal from the landlord.

Recruitment continues and a Mechanical Compliance Manager is now in post.

The Estates team have delivered mechanical mobile air conditioning units across the Trust's Estates (including all inpatient units) to provide relief from the recent periods of high temperature.

NHSE have confirmed that voluntary Patient Led Assessments of the Care Environment will take place this year, the Trust is planning to participate.

6.5.7 Payroll
The Trust has been successful in recruitment to the Payroll Manager Post and this is going through the normal process.

6.5.8 Hull University Lecture
On 29 June 2022 Melanie Bradbury Programme Lead for the Specialised Provider Collaborative delivered her second lecture to Student Social Workers at Hull University. Melanie was invited back to the university following her first lecture in 2021 which received positive feedback from both the University and students.

The lecture focussed on 3 key areas:
- How the NHS and Social Care work together in partnership to plan, commission and ensure delivery of care for people with mental health, learning disability and/or autism.
- How the NHS is changing with the introduction of Integrated Care Boards, development of new Provider Collaboratives and cessation of Clinical Commissioning Groups
- Making it all real, sharing case studies of successful partnership working which has resulted in improved patient outcomes across Humberside for young people and people leaving secure care hospital.

7 Communications Update

Project Updates

Humbelievable Recruitment Campaign
We are working with services to plan recruitment fairs to support specific areas of recruitment challenge.

Granville Court in Hornsea contacted us as they wanted to take a transparent approach to the recruitment of care workers to recruit to new vacancies in the service. A marketing campaign will aim to drive potential applicants to an in person event In August to find out more about the opportunities we offer in Hornsea.

Due to our services noting a reduction in the quality of Healthcare Assistant applicants in Hull, we are working with mental health inpatient teams to take a more targeted and informative approach to advertising with the aim attracting high quality candidates. Our second drop in session for HCA's will take place in September.

Team Updates
We welcomed Alex Uney to the team as Senior Communications Officer. Alex has eight years' experience across the public and private sector including as a journalist for PA news and Marketing Manager at Marketing Humber. He will lead on the development of our digital platforms and support the team to develop high quality content.

Helen Waites, who managed our Internal Communications has gone on adoption leave. We are currently recruiting for cover for her role.

The team are now operating a communications partner approach with the directorates alongside their responsibilities. The aim is to improve connectivity by providing a single point of contact for clinical teams and ensure that we are being more proactive with our communications.

External Communications
A plan for the staged development of the Trust website is being developed to improve performance and further support services.

- **Trust Website Update**

	Target	Performance over period
Bounce Rate	50%	63.5%
Social Referrals	12% (a 10% increase in 2019 position)	2%

- **Social media**

Our awareness days drive content to our social platforms. A busy month of days led to a 33% increase in visits to our Facebook channel over the period. Our content from the CEO challenge performed particularly well as did our content for AMHP day.

	Target	Performance over period
Engagement Rate	4%	3%
Reach	+50,000 p/m	53590
Link Clicks	1500 p/m	732

Public Relations and the Media

- **Media Coverage**

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

We have worked closely with teams to develop stories that attract positive media attention and promote timely Trust and national key messages such as the NHS Birthday and CEO Challenge.

Positive new stories published		Negative new stories	
Local media	14	Local media	0
Humber website	20		
TOTAL	**34**		**0**

- **Awareness Days**

In June, we worked with teams to mark a wide range of awareness days across our internal and external communications, including:

- Volunteers Week
- Carers Week
- NHS Sustainability Day
- Infant Mental Health Week
- Autistic Pride Day
- QI Week

- Learning Disability Week
- Armed Forces Day
- AMHP Day

These events include social media content

Internal Communications

NHS 74th Birthday
We marked the NHS birthday on the 5th July. This year a 'Moment of Thanks' formed the basis of our internal campaign alongside our usual encouragement for staff to take place the national 'Big Tea'. The campaign was designed to encourage staff engagement this year. Previous campaigns have been a thanks pushed out from the centre but this year we want to incentivise staff to lead the thank you' s.

The campaign was well received by staff and hundreds of thank you's were sent across the organisation.

Managers were also allocated £2 per head to host their own birthday celebrations with their teams.

"I thought I'd let you know how appreciative I've been with all your support in the past year and a half. I don't think I would be thriving as well as I am within the trust without your continuous support."

"Thank you to you for being a supportive and inspiring team leader and believing in your staff"

"You always remain involved with clients above and beyond what is expected and find creative ways to make the services we work in to fit the needs of our client groups. It is truly inspirational and I can see it in how others look up to you and attempt to mirror your qualities"

"I appreciate all of the time you've taken away from your own work to "show me the ropes" and to ensure I have the knowledge and tools I need to do a great job each day."

Poppulo – Internal Emails
Due to our engaging NHS Birthday content our click-through-rate has increased by 75%.

	Trust average engagement rates this month	Average Rates for Health Care Sector*
Open Rate	61%	23.7%
Click Through Rates	14%	3.0%

Intranet
Our intranet platform has been visited 197,009 times between 8 June and 7 July 2022.

	Target	Performance over period
Bounce Rate	40%	58%
Visits	+20% on 2021 average	+4%

8 Health Stars Update

CEO Challenge
On Thursday 23rd June 2022 Michele Moran and colleagues across the Trust cycled 85 miles to raise money for Health Stars.

The Challenge started at 7am with a hiccup as there was a leak in the building and had to move the challenge outside. It was a brilliant day with lots of team effort from across the trust. Health Stars are hugely grateful to all the support from estates, communications, finance and all those who took part in the challenge.

Just over £6,000 was raised which was a great achievement. Michele and the team virtually visited all the inpatient sites across the Trust.

Thank you so much to all of those who support and donated to the challenge.

Team changes
Kristina Poxon, Health Stars Fundraising Manager has gone on secondment to Active Withernsea until March 2022. Cheryl Beal has now started, and she will be Health Stars Charity Manager.

We're delighted to welcome Cheryl on board and wish Kristina all the best with her secondment.

Michele Moran
Chief Executive
July 2022

Title & Date of Meeting:	Trust Board Public Meeting – 27 July 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: *Please make any decisions required of Board clear in this section:*	To inform and update the Trust Board on recent publications and policy since the April Board: *I.* All CQC-registered providers to ensure their staff receive training on interacting with people with a learning disability and autistic people *II.* What we are doing when III. Our annual report on the safer use of controlled drugs highlights our regulatory oversight activities and inspection findings in 2021			

Key Issues within the report:

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

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	9/6/22
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

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

Publications and Policy Highlights

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

All CQC-registered providers to ensure their staff receive training on interacting with people with a learning disability and autistic people CQC 1 July 2022

From 1 July 2022, all health and social care providers registered with CQC must ensure that their staff receive training in how to interact appropriately with people who have a learning disability and autistic people, at a level appropriate to their role. This new legal requirement is introduced by the Health and Care Act 2022.

We have updated our statutory guidance to reflect these changes and will continue to engage with the Department of Health and Social Care (DHSC).

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

Working group established to take forward. Please see update in the CEO report.

What we are doing when CQC 12 July 2022

Our strategy, launched in 2021, sets out our ambitions to reduce health inequalities and to drive improvements for people who use services. We're changing the way we work to put us in a strong position to deliver on those ambitions and make us more relevant to the way that care is developed.

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

From the start of August 2022
We will start to roll out new elements of our approach in a phased way. We will work with small groups of CQC colleagues and providers, who we are calling 'early adopters'. They will be vital in helping us refine how things work. We will give early adopters dedicated support during this stage of the process and they will have access to guidance on our new approach.
Initial early adopters will include a small number of prospective home care providers who are registering with us for the first time. We will direct them to our new portal and they will use our new online registration process. We will use our new single assessment framework to consider their application.

Alongside home care providers, we have invited a small number of hospice providers to also become early adopters. These hospices will be able to submit death notifications (SN16) with us through the new portal. We have designed the new portal in a way that this should be simple and intuitive for them. We will be able to collect the data in a structured format that will make it easier and quicker to analyse.

During this period, all other providers will continue to follow existing ways of working. We will be able to share how the early adopters are doing and the benefits that are being realised from our new approach.

<u>From September</u>
We will expand our early adopter group to include a small number of GP practices, independent providers and care homes.

We will continue to build the features available to these five service types. Features we are looking to include are notifications for Mental Health Act (SN17) and police, abuse and serious injury (SN18). Early adopter providers will also be able to make changes to their registration details with us. Examples we are looking to develop include:

- add and remove a partner
- advise us of a cancellation
- update their statement of purpose
- add or remove a location.

This range of early adopters and processes will provide enough cases to test how well the features in our provider portal work and how easy it is to use. For example, home care providers are the group that register with us in the greatest number, and GP practices are most likely to add and remove partners. This will allow us to make sure the features work well. We will add further provider types to the early adopter process in September with the aim of the new portal being available for all sectors by the end of the calendar year.

It is vital for the success of our new approach that every provider uses our new portal. This will make our interactions simpler for us and for providers. It will save time and ensure that the information we receive from them is in a format that can be analysed and responded to in a consistent and timely manner. We will launch a communications campaign when the provider portal is available for all, highlighting the benefits of its use and how to sign up.

<u>From October</u>
Alongside the work to open up our new provider portal to all providers, we will start carrying out assessments using our new approach with an early adopter group from October. As part of this, we'll work in teams that combine the expertise and experience of colleagues across all the sectors we regulate. This will give us the best view across a local area.

We are updating our assessment process to ensure we become a smarter regulator. This means more dynamic and flexible regulation that provides up-to-date and high quality information and ratings, easier ways of working with us and a more proportionate response. We will not rely on set piece inspections, scheduled based on a providers' previous rating. Instead this will be a continuous assessment process where we will be driven by the evidence we receive and collect proactively. This way of working will help us achieve our key strategic aim of providing an up-to-date view of quality.

Importantly during this period, the way we undertake our core regulatory activity will be the same for all other services. This early adopter phase starts to test our new ways of working in a real life environment with a small group so that we can ensure everything is working well before rolling out to all providers.

<u>In 2023</u>
From January our aim is to start the full roll-out of our new way of regulating. This means that all providers:
- will start to be regulated against the new single assessment framework
- have relationships with the CQC team in their area
- will be using the new provider portal.
This is the continuation of an exciting journey as we enter a vital phase of our transformation. It also means we will have in place the foundations to start looking at how we develop and implement our approach at a system level, with local authorities and integrated care systems.

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

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

The Trust has not been approached by CQC to be an early adopter. If we are not approached the new single assessment framework will apply to the Trust from January 2023.

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

<u>Our annual report on the safer use of controlled drugs highlights our regulatory oversight activities and inspection findings in 2021</u> CQC 5 July

The report shares important insight on the use of controlled drugs in health care and adult social care services, to help people working with controlled drugs strengthen the arrangements for their safe management and use. The safer management of controlled drugs: Annual update 2021 - Care Quality Commission (cqc.org.uk)

In the last year, we have heard of innovative work and good practice being shared by local intelligence networks, as well as a notable rise in non-medical prescribing for all professional groups. We also note that the shift towards integration of local health and care services presents an opportunity for the development of more effective oversight of controlled drugs across a wider range of providers and stakeholders in a locality.

However, there are still some key concerns, for example:
* poor governance of controlled drugs – relating to issues such as balance checks, incident reporting and secure storage
* shared care between independent and NHS providers – including the safe and effective monitoring of people and their medicines

In our recommendations, we encourage providers and commissioners to use the available data sources and tools to better understand prescribing risks and trends with controlled drugs in their local area. Once these those risks and issues are identified, local collaboration can help to create action plans and interventions to promote safer care for people.

We also provide an analysis of data for prescribing trends of controlled drugs and make recommendations for providers and commissioners. The report highlights that improving the safe use of controlled drugs is now also an issue for health and care systems. Integration of local health and care services presents a great opportunity to develop more effective oversight of controlled drugs, including using system-wide learning from controlled drugs incidents, such as errors and theft and diversion.

This applies to NHS hospital and primary care, independent services, and adult social care – all providers that use controlled drugs need to be aware of our recommendations to make care safer for people.

Lead: Interim Medical Director

* **Our Chief Pharmacist is the Controlled Drugs Accountable Officer (CDAO).**

- We have a good governance system in place for the safer management of controlled drugs (CDs). Balance checks are carried weekly by the ward-based pharmacy technicians.

- There are clear procedures for the safer management of CDs in our Safe and Secure Handling of Medicines Procedures. The adherence to these procedures are audited monthly by pharmacy technicians using My Assure: https://intranet.humber.nhs.uk/Policies/Clinical%20Policies/Clinical%20Procedures/Safe%20and%20Secure%20Handling%20of%20Medicines%20Procedures%20Proc431.pdf

- CD related incidents are reported via Datix. Our Medicines Safety Officer (MSO) reviews every medicine-related incident and escalates CD incidents to the CDAO. Incidents where theft or misappropriation by staff or patients/carers are reported to the Controlled Drugs Local Intelligence Network (CDLIN).

- Prescribing of "Amber" status medicines such as the treatments for Attention Deficit Hyperactive Disorder (ADHD) are in line with the Prescribing (Shared Care) Frameworks approved by the Hull and East Riding Area Prescribing Committee (this is now superseded by the new Humber Area Prescribing Committee): https://www.hey.nhs.uk/herpc/amber/

- Our Chief Pharmacist meets with the CQC Pharmacist Specialist Inspector regularly. His meeting with the CQC inspector on 13 July 2022 had a focus on CD monitoring and management.

Title & Date of Meeting:	Trust Board Public Meeting – 27th July 2022			
Title of Report:	Performance Report June 2022			
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	This purpose of this report is to inform the Trust Board on the current levels of performance as at the end of June 2022. The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format			

Key Issues within the report:

Matters of Concern or Key Risks to Escalate:	**Key Actions Commissioned/Work Underway:**
Safer Staffing Dashboard (*see detailed narrative in report*) • Fill rates on five wards below target, however Care Hours per Patient Day (CHPPD) levels remain above threshold for all wards except Malton *(CHPD shows staffing levels in relation to patient numbers)* • Sickness remains a significant concern and the clinical leads have been asked to provide a more detailed review of contributory factors. Information received indicates COVID is the main cause of the staff sickness. Waiting Times appendix provides full review of current waiting times performance,	• Incidents sheet has been updated to show % of incidents that were recorded as harm free, supporting data below: <table><tr><td>Incident Analysis</td><td>May-22</td><td>Jun-22</td></tr><tr><td>Never Events</td><td>0</td><td>0</td></tr><tr><td>% of Harm Free Care</td><td>99.6%</td><td>99.6%</td></tr><tr><td>% of incidents that reported in Severe Harm or Death</td><td>0.8%</td><td>1.3%</td></tr></table> Primary Care Quality Outcomes Framework (QOF) performance is attached at appendix B, this demonstrates 88% performance for 2021/22. 2022/23 performance is expected to be available from September once updated rules have programmed into clinical systems.
Positive Assurances to Provide:	**Decisions Made:**
• Overall statutory and mandatory compliance remains positive at 90.5%. 9 courses remain below target and an update on these was provided at Workforce and OD Committee on 13th July. • Clinical Supervision is above the revised target at 91.2% • Supervision is above target for all units with the exception of Pineview and Swale. Pine	• n/a – report to note.

Caring, Learning & Growing Together

	view have improved to 97% in June. Swale remains low at 46% in June which has been addressed with the Matron who report significant clinical pressures, vacancies and absence as the reasons • The Trust has seen a continued reduction in the use of Out of Area Beds.		

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

Monitoring and assurance framework summary:

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

Financial Year 2022-23

NHS
Humber Teaching
NHS Foundation Trust

TRUST PERFORMANCE REPORT

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

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

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team

Reporting Month:
Jun-22

Caring, Learning and Growing

Humber Teaching NHS Foundation Trust
Trust Performance Report

For the period ending:	Jun 2022

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

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

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

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

Humber Teaching NHS Foundation Trust
Trust Performance Report

For the period ending:	Jun 2022

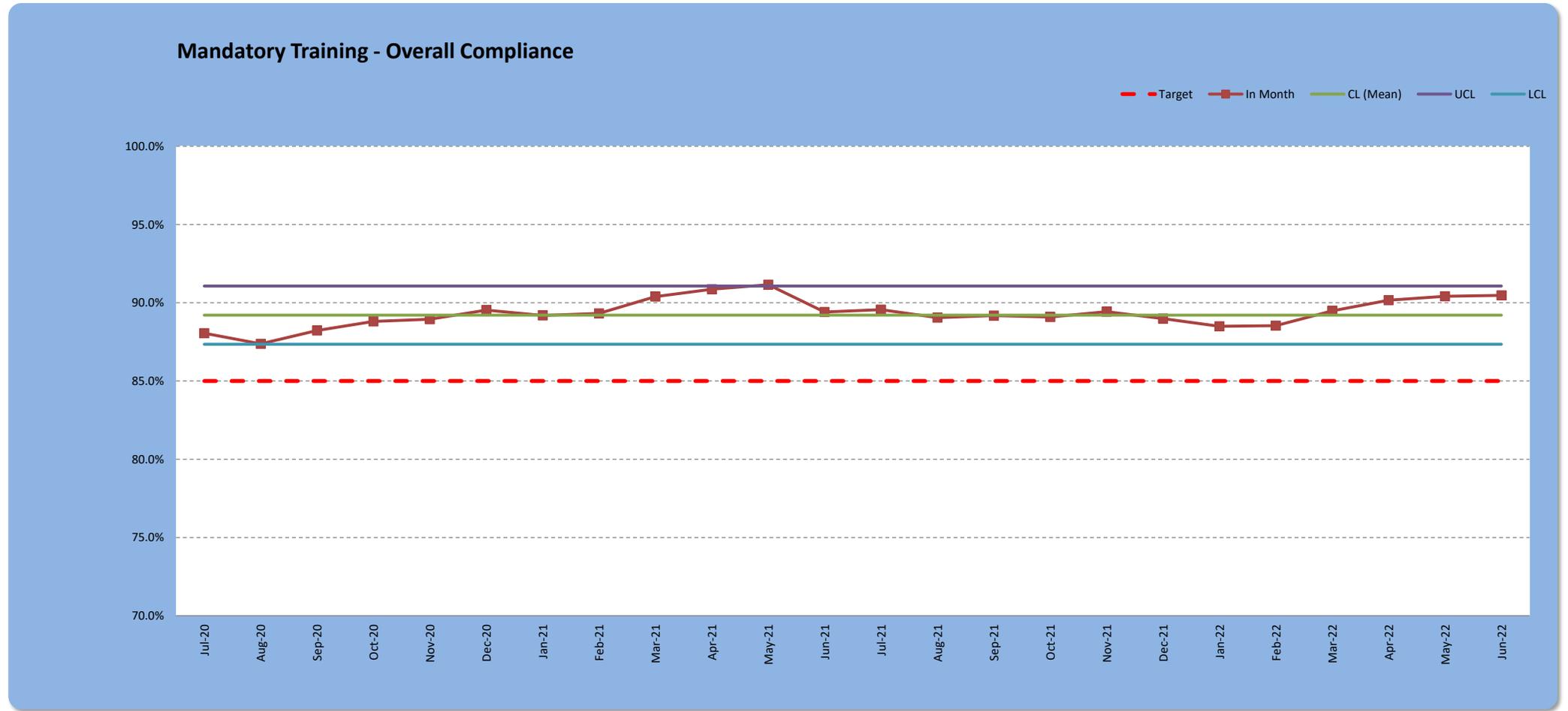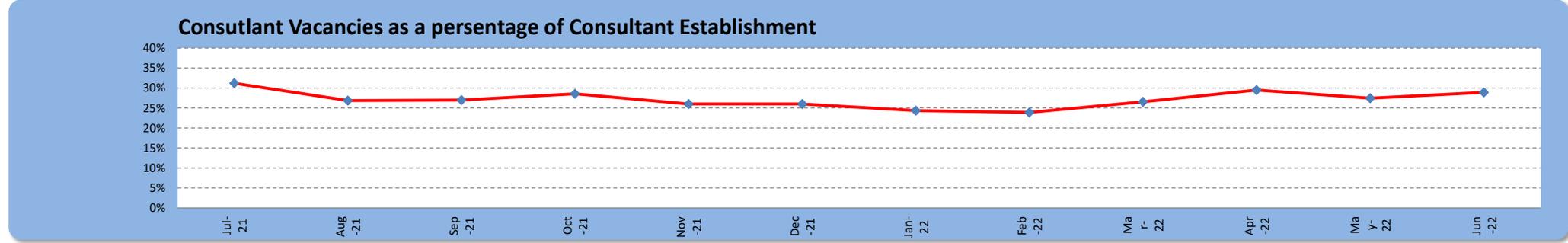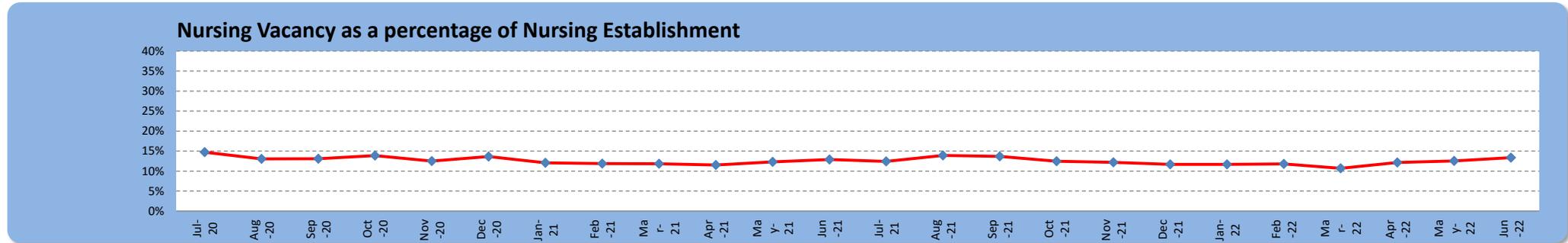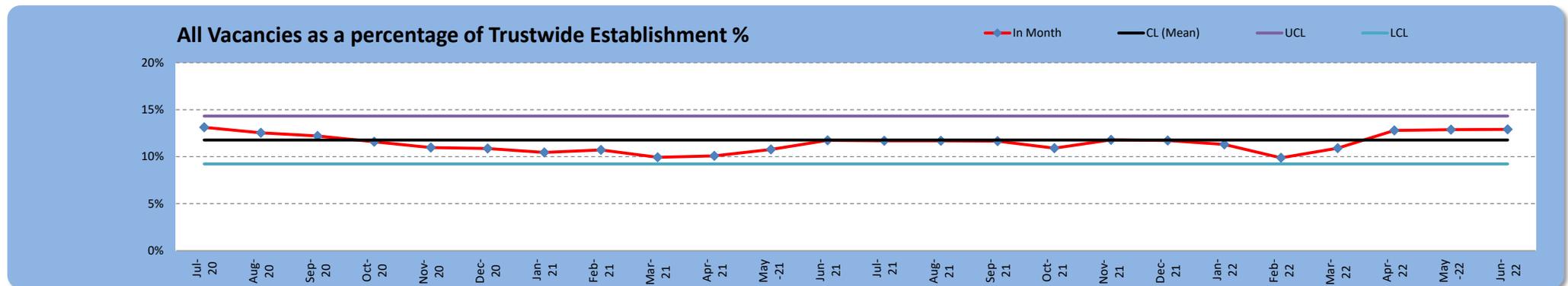|		
Goal 2	RTT - Completed Pathways	Based on patients who have commenced treatment during the reporting period and seen within 18 weeks of their referral
Goal 2	RTT - Incomplete Pathways	Based on patients who are waiting for assessment and/or treatment and are waiting less than 18 weeks since referral.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

PI RETURN FORM 2022-23

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jun 2022**

Target:	Amber:	Current month stands at:
85%	80%	90.5%

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

Mandatory Training - Overall Compliance

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

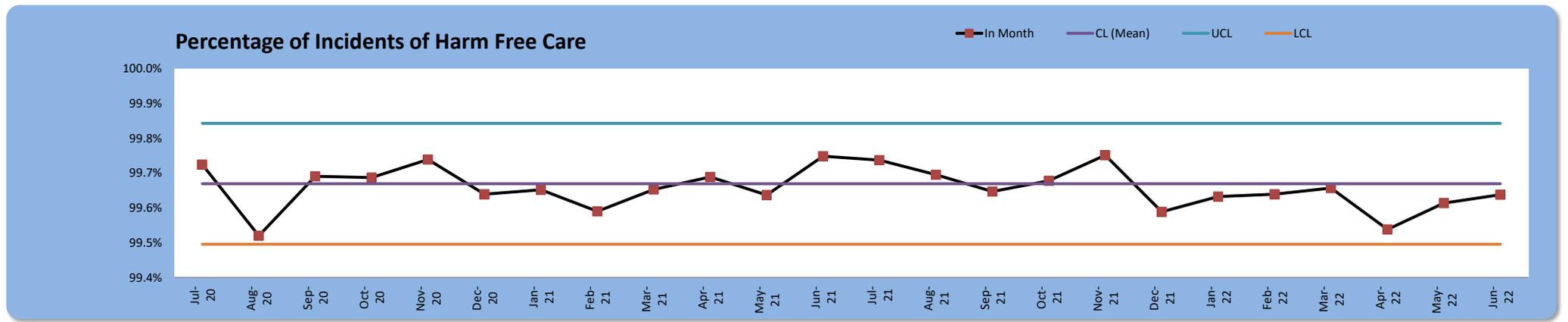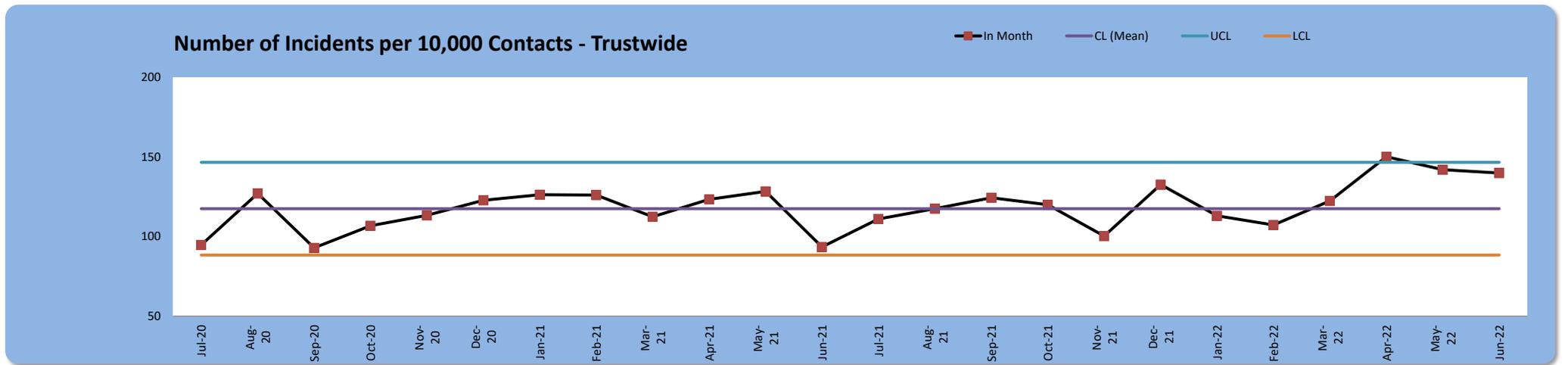**Please refer to the accompanying front sheet/report for any relevant commentary**

PI RETURN FORM 2022-23

Goal 1 : Innovating Quality and Patient Safety

For the period ending: Jun 2022

	Target:	Amber:	Current month stands at:
	85%	80%	12.9%

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

All Vacancies as a percentage of Trustwide Establishment %

In Month — CL (Mean) — UCL — LCL

Nursing Vacancy as a percentage of Nursing Establishment

Consutlant Vacancies as a persentage of Consultant Establishment

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

PI RETURN FORM 2022-23

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jun 2022**

Target:	Amber:	Trustwide current month stands at:
0	0	140

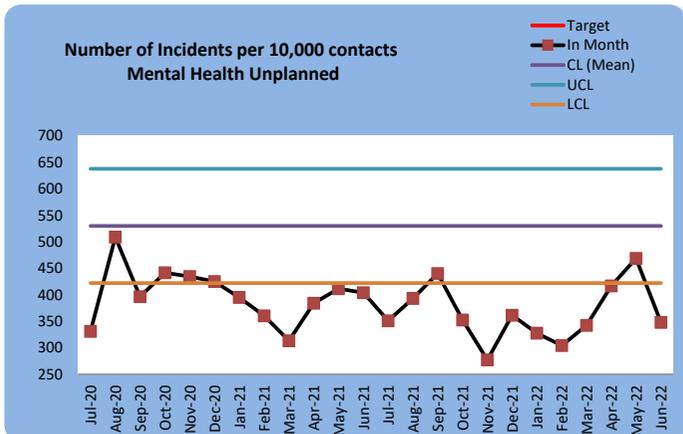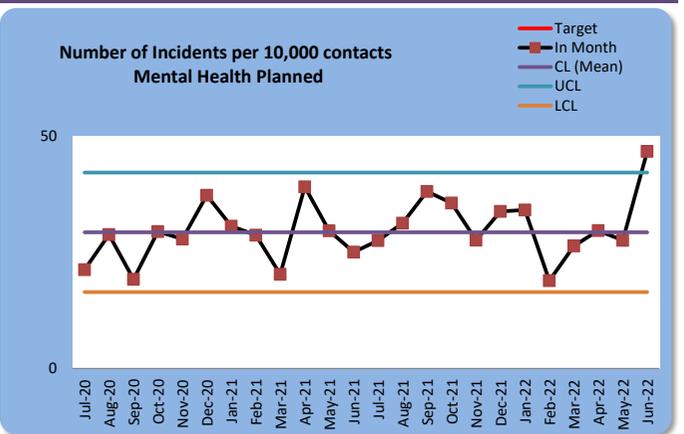| Indicator Title	Description/Rationale		KPI Type
Incidents	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)	Executive Lead Hilary Gledhill	IA_TW

Number of Incidents per 10,000 Contacts - Trustwide

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

Percentage of Incidents of Harm Free Care

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

Please refer to the accompanying front sheet/report for any relevant commentary
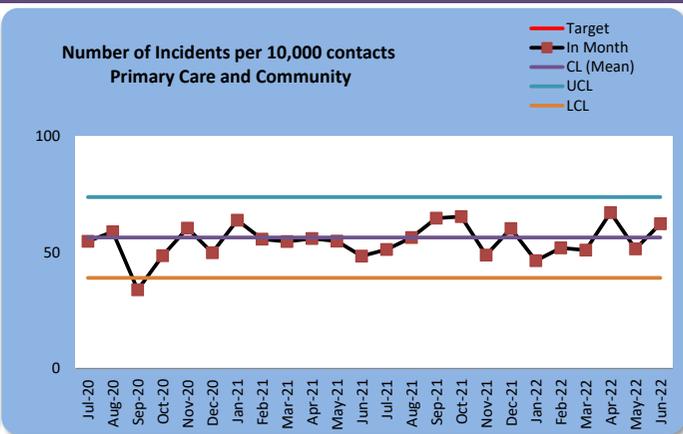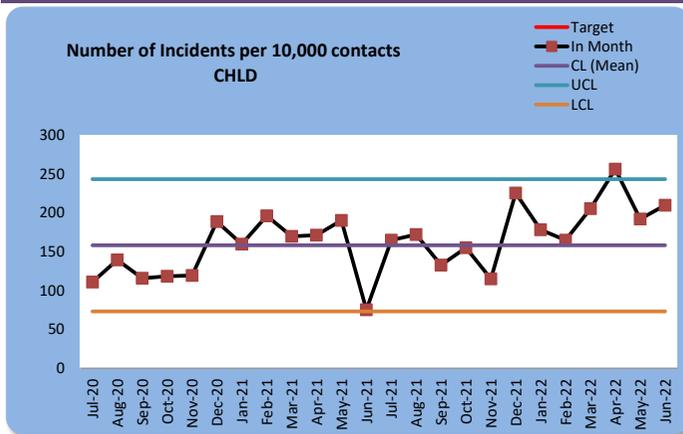
PI RETURN FORM 2022-23

Goal 1 : Innovating Quality and Patient Safety

For the period ending: Jun 2022

	Target:	Amber:	Trustwide current month stands at:
	0	0	140

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

Number of Incidents per 10,000 contacts — CHLD

Number of Incidents per 10,000 contacts — Primary Care and Community

Number of Incidents per 10,000 contacts — Mental Health Planned

Number of Incidents per 10,000 contacts — Mental Health Unplanned

Number of Incidents per 10,000 contacts — Forensic Services

Current Month per Division

Children and Learning Disability	210
Primary Care and Community	62
Mental Health Planned	47
Mental Health Unplanned	348
Forensic Services	558

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

PI RETURN FORM 2022-23
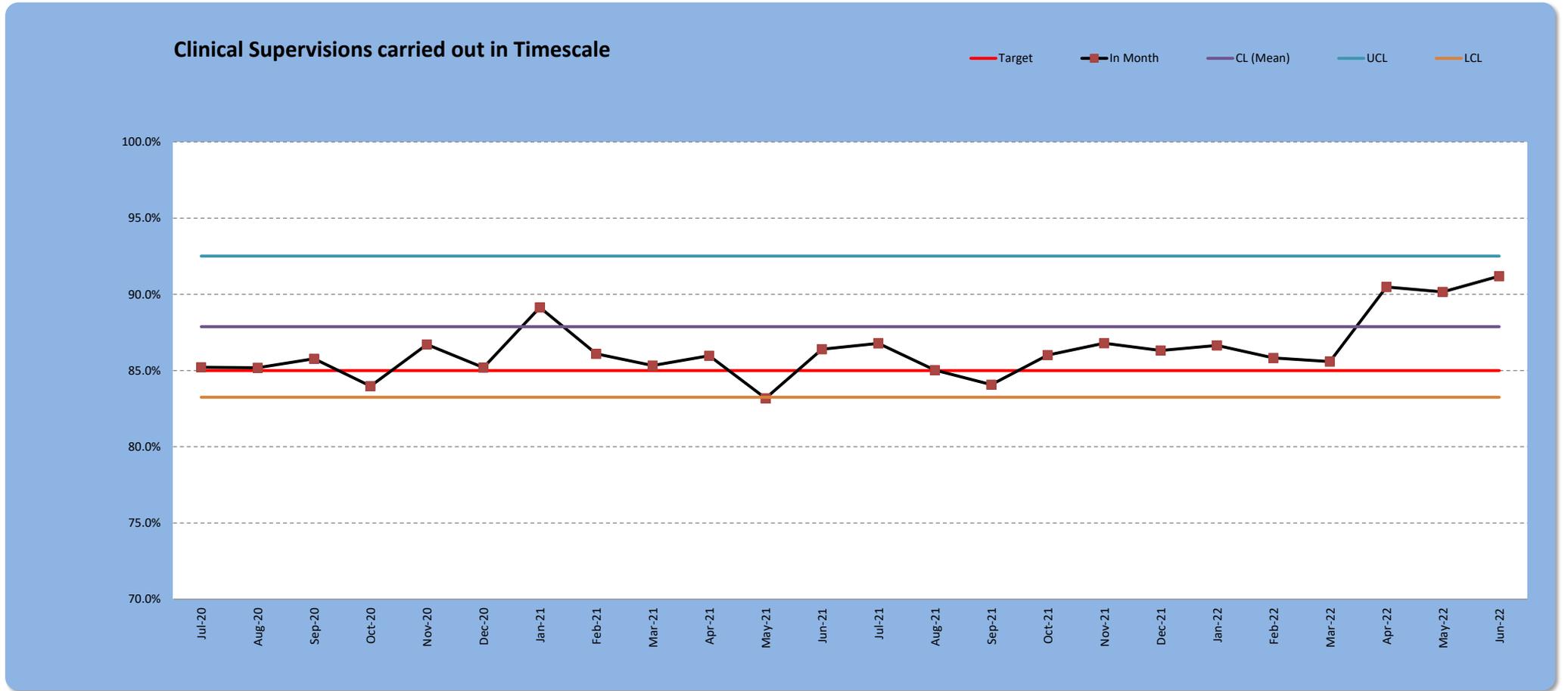
Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jun 2022**

	Target:	Amber:	Current month stands at:
	85%	80%	91.2%

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

Clinical Supervisions carried out in Timescale

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

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

HUMBER TEACHING NHS FOUNDATION TRUST
SAFER STAFFING INPATIENT DASHBOARD

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)	Apr-22	May-22
Adult MH	Avondale	Adult MH Assessment	27.8	74%	11.8	24.7%	↑	3.4%	↑	79%	86%	95%	100%	0	4	6	0	100.0%	88.9%	69.2%	69.2%	0.4%	3.0	1	0
Adult MH	New Bridges	Adult MH Treatment (M)	40.2	101%	8.46	13.4%	↑	4.7%	↑	85%	94%	97%	114%	0	11	2	0	78.9%	92.4%	82.4%	80.8%	1.0%	1.8	3	1
Adult MH	Westlands	Adult MH Treatment (F)	35.0	92%	8.91	11.3%	↑	12.6%	↑	84%	76%	100%	118%	0	8	2	0	88.2%	89.5%	85.7%	40.9%	5.9%	2.4	3	3
Adult MH	Mill View Court	Adult MH Treatment	30.9	92%	8.12	18.9%	↓	20.4%	↓	86%	78%	95%	100%	0	2	0	0	100.0%	88.8%	70.0%	73.3%	7.0%	3.8	2	2
Adult MH	STARS	Adult MH Rehabilitation	37.6	97%	23.70	16.4%	↑	0.0%	↑	58%	62%	100%	100%	0	1	0	0	84.6%	92.1%	80.0%	76.0%	4.1%	-0.5	3	3
Adult MH	PICU	Adult MH Acute Intensive	31.9	85%	18.97	21.1%	↑	24.7%	↑	91%	111%	103%	131%	0	30	0	0	100.0%	80.2%	73.3%	93.3%	5.2%	3.0	1	1
OP MH	Maister Lodge	Older People Dementia Treatment	29.4	65%	16.38	16.3%	↑	4.7%	↑	97%	97%	123%	98%	0	16	0	0	100.0%	87.4%	90.0%	40.9%	5.8%	3.0	2	2
OP MH	Mill View Lodge	Older People Treatment	23.1	113%	14.28	23.5%	↓	18.1%	↑	71%	115%	104%	156%	0	9	0	0	87.5%	86.3%	66.7%	53.8%	9.3%	1.8	2	4
OP MH	Maister Court	Older People Treatment	17.4	101%	19.69	26.7%	↓	16.9%	↑	125%	124%	100%	113%	0	1	0	0	100.0%	91.4%	100.0%	72.7%	6.4%	0.8	2	2
OP MH	Pine View	Forensic Low Secure	31.8	81%	10.67	17.6%	↑	0.0%	→	98%	115%	69%	119%	0	5	0	0	67.7%	89.9%	100.0%	78.3%	6.2%	1.2	1	3
OP MH	Derwent	Forensic Medium Secure	26.1	75%	13.62	24.5%	↓	0.0%	→	94%	85%	103%	81%	0	1	0	0	95.0%	96.3%	88.9%	88.2%	18.6%	0.8	2	1
OP MH	Ouse	Forensic Medium Secure	24.9	100%	6.41	10.2%	↓	0.0%	→	66%	92%	100%	98%	0	0	1	0	95.8%	94.6%	75.0%	78.9%	6.9%	2.6	3	3
OP MH	Swale	Personality Disorder Medium Secure	28.6	100%	8.92	28.0%	↑	0.0%	→	85%	117%	123%	90%	0	2	2	1	55.6%	92.4%	90.9%	78.9%	7.9%	1.2	3	3
OP MH	Ullswater	Learning Disability Medium Secure	37.7	52%	17.55	11.6%	↑	0.0%	→	90%	106%	101%	106%	0	4	0	0	84.6%	90.8%	77.8%	81.8%	13.7%	1.6	1	1
Child & LD	Townend Court	Learning Disability	38.6	86%	26.62	24.7%	↓	0.0%	↑	66%	76%	81%	111%	0	29	0	2	100.0%	91.3%	53.8%	78.3%	9.9%	3.0	2	3
Child & LD	Inspire	CAMHS	57.8	70%	32.54	0.0%	↑	9.0%	↓	44%	90%	76%	88%	1	0	0	0	84.6%	87.5%	70.0%	60.5%	12.0%	3.2	4	3
Child & LD	Granville Court	Learning Disability Nursing Care	51.7	79%	17.95	27.7%	↑	10.3%	↓	115%	86%	110%	101%	0	0	0	0	93.9%	89.7%	83.3%	88.6%	7.7%	0.0	1	1
CH	Whitby Hospital	Physical Health Community Hospital	43.0	94%	8.46	2.8%	↓	0.6%	↑	111%	78%	105%	98%	0	0	0	0	100.0%	90.6%	73.7%	30.0%	12.8%	-0.4	2	3
CH	Malton Hospital	Physical Health Community Hospital	30.4	87%	7.60	Not on eRoster	↓	Not on eRoster	↓	105%	89%	98%	103%	0	0	0	0	100.0%	81.3%	70.6%	58.8%	10.3%	-2.0	3	4

HUMBER TEACHING NHS FOUNDATION TRUST
SAFER STAFFING INPATIENT DASHBOARD

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

NHS
Humber Teaching
NHS Foundation Trust

Exception Reporting and Operational Commentary

Registered Nurse Vacancy Rates (Rolling 12 months)

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
10.10%	8.92%	8.70%	11.20%	8.70%	10.90%	10.30%	10.50%	8.80%	7.20%	13.90%	13.80%

Safer Staffing Dashboard Narrative : May

Five wards continue to have below target levels of fill rates on days. In all instances this is due to having one RN on duty instead of two. The registered fill rates on nights are all above the threshold with the exception of Pine View which is showing fill rates of 69% due to frequently having one registered nurse on nights. However, all CHPPD levels remain above the threshold with the exception of Malton whose fill rates are below the Trust target. Their bed occupancy has been high resulting in their CHPPD remaining at 7.6 which is below the overall Trust target but consistent with the recommended CHPPD for an EMI ward.

The low fill rates on STARS are because there is often one OT on shift during the day, but this is not being reflected in the demand template. This will be addressed in the next safer staffing review. Overall their fill rates are improving.
Supervision is above target for all units with the exception of Pine View and Swale. Pine View have improved to 97% in June. Swale remains low at 46% in June which has been addressed with the Matron who report significant clinical pressures, vacancies and absence as the reasons.

A full review of ILS and BLS compliance has been undertaken and is monitored monthly. Additional capacity has been bought in and the recovery trajectories are being monitored closely. Since April numbers have increased overall and the resuscitation officer has been to Whitby delivering ILS/ PILS and BLS. The BLS figures are still low for Whitby and Malton however this should improve now we have recruited to the BLS trainer post who commenced on the 11.07.22.

Sickness remains a significant concern and the clinical leads have been asked to provide a more detailed review of contributory factors. Information received indicates COVID is the main cause of the staff sickness which has increased since the changes in national policy regarding mask wearing and social distancing.

Slips/Trips and Falls (Rolling 3 months)

Rolling 3 months	Mar-22	Apr-22	May-22
Maister Lodge	4	7	4
Millview Lodge	4	0	3
Malton IPU	0	4	7
Whitby IPU	1	4	4

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.
We are now collecting Occupied Bed Days for Granville Court. However as this is a nursing home and not MH unit, 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

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

Quality Dashboard

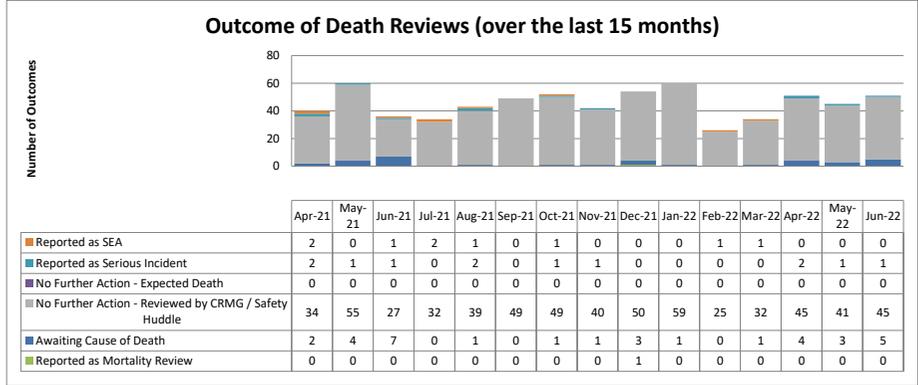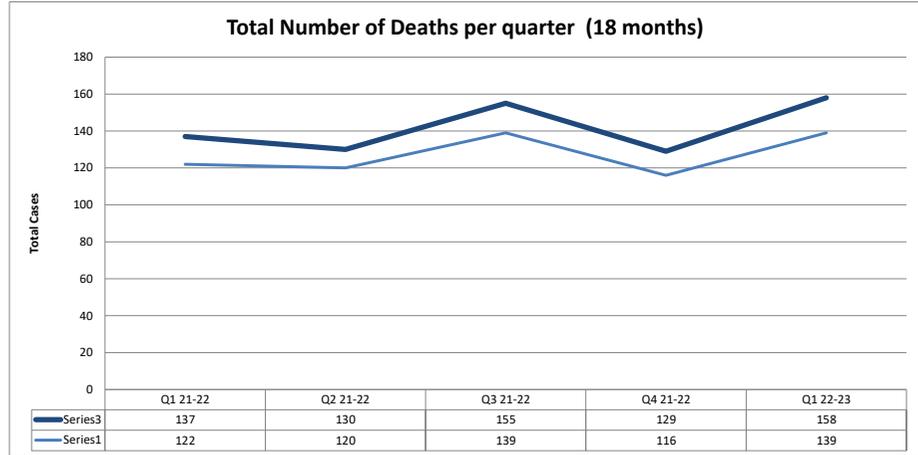**Description : Learning from Mortality Reviews**

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)

	Q1 21-22	Q2 21-22	Q3 21-22	Q4 21-22	Q1 22-23	Last 12 months
Total Number of Deaths	137	130	155	129	158	572
Total Number of Natural Deaths	122	120	139	116	139	514
Proportion of Natural Deaths	89.1%	92.3%	89.7%	89.9%	88.0%	89.9%
Total Number of Deaths - Community Hospitals	2	6	9	9	8	32
Total Number of Deaths - MH Inpatients	1	2	1	1	0	4
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	54	74	60	74	262
Total Number of Deaths - Addictions	8	10	8	5	10	33
Total Number of Deaths - MH Community	50	58	64	49	65	236

Review Process

	Q1 21-22	Q2 21-22	Q3 21-22	Q4 21-22	Q1 22-23	Last 12 months
Reported as Mortality Review	0	0	1	0	0	1
No Further Action - Reviewed by CRMG / Safety Huddle	116	120	139	116	131	506
No Further Action - Expected Death	0	0	0	0	0	0
Reported as Serious Incident	4	2	2	0	4	8
Reported as SEA	2	3	3	1	2	9
Child Death Review	0	0	0	0	0	0
Statements Being Produced For Coroners	0	0	0	0	0	0
Total Deaths Reviewed	122	125	145	117	137	524
Awaiting Cause of Death	13	1	5	2	12	20
Not Yet Reported	2	4	5	10	9	28

Total Number of Deaths per quarter (18 months)

	Q1 21-22	Q2 21-22	Q3 21-22	Q4 21-22	Q1 22-23
Series3	137	130	155	129	158
Series1	122	120	139	116	139

Outcome of Death Reviews (over the last 15 months)

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Reported as SEA	2	0	1	2	1	0	1	0	0	0	1	1	0	0	0
Reported as Serious Incident	2	1	1	0	2	0	1	1	0	0	0	0	2	1	1
No Further Action - Expected Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
No Further Action - Reviewed by CRMG / Safety Huddle	34	55	27	32	39	49	49	40	50	59	25	32	45	41	45
Awaiting Cause of Death	2	4	7	0	1	0	1	1	3	1	0	1	4	3	5
Reported as Mortality Review	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0

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

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

	Q1 21-22	Q2 21-22	Q3 21-22	Q4 21-22	Q1 22-23	Last 12 months
Number of LD Deaths in Inpatients	1	3	0	0	2	5

PI RETURN FORM 2022-23

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jun 2022**

	Target:	Amber:	Current month stands at:
	90%	80%	89.3%

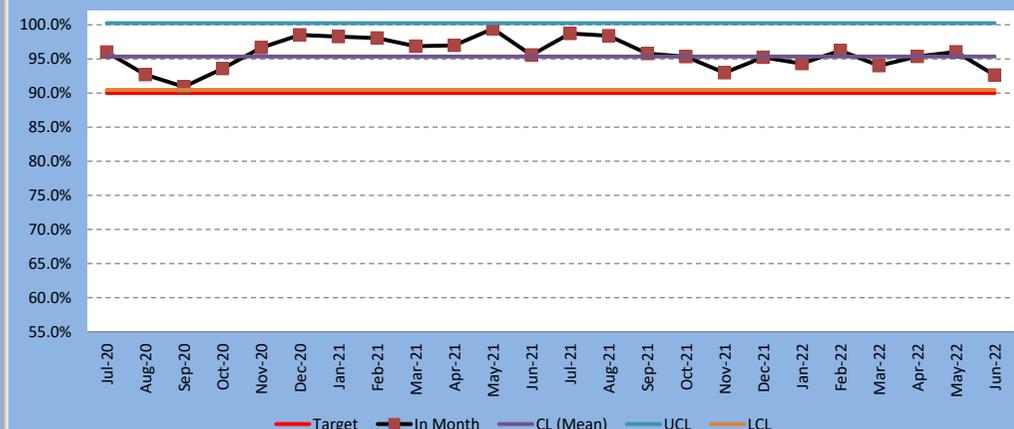| Indicator Title	Description/Rationale		KPI Type
Friends and Family Test	Results of the overall surveys completed where patients would recommend the Trust 's services to their family and friends	Executive Lead John Byrne	FFT %

Friends and Family - Recommendation - Trustwide

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

Friends and Family - Recommendation - GP

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

Friends and Family - Recommendation - Non GP

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

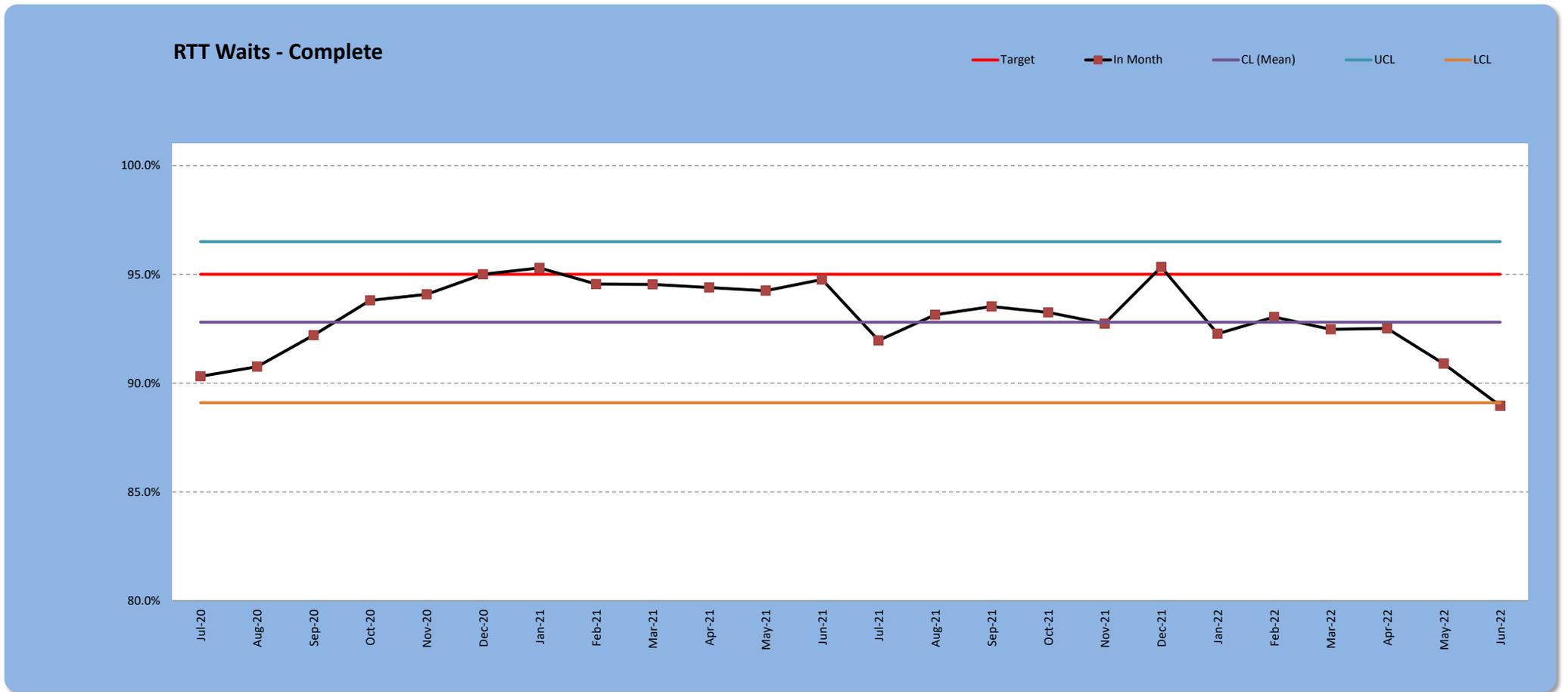**Please refer to the accompanying front sheet/report for any relevant commentary**

PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending:　　　　　Jun 2022

	Target:	Amber:	Current month stands at:
	90%	80%	90.2%

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

Friends and Family - Involvement (Non GP Services only)

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

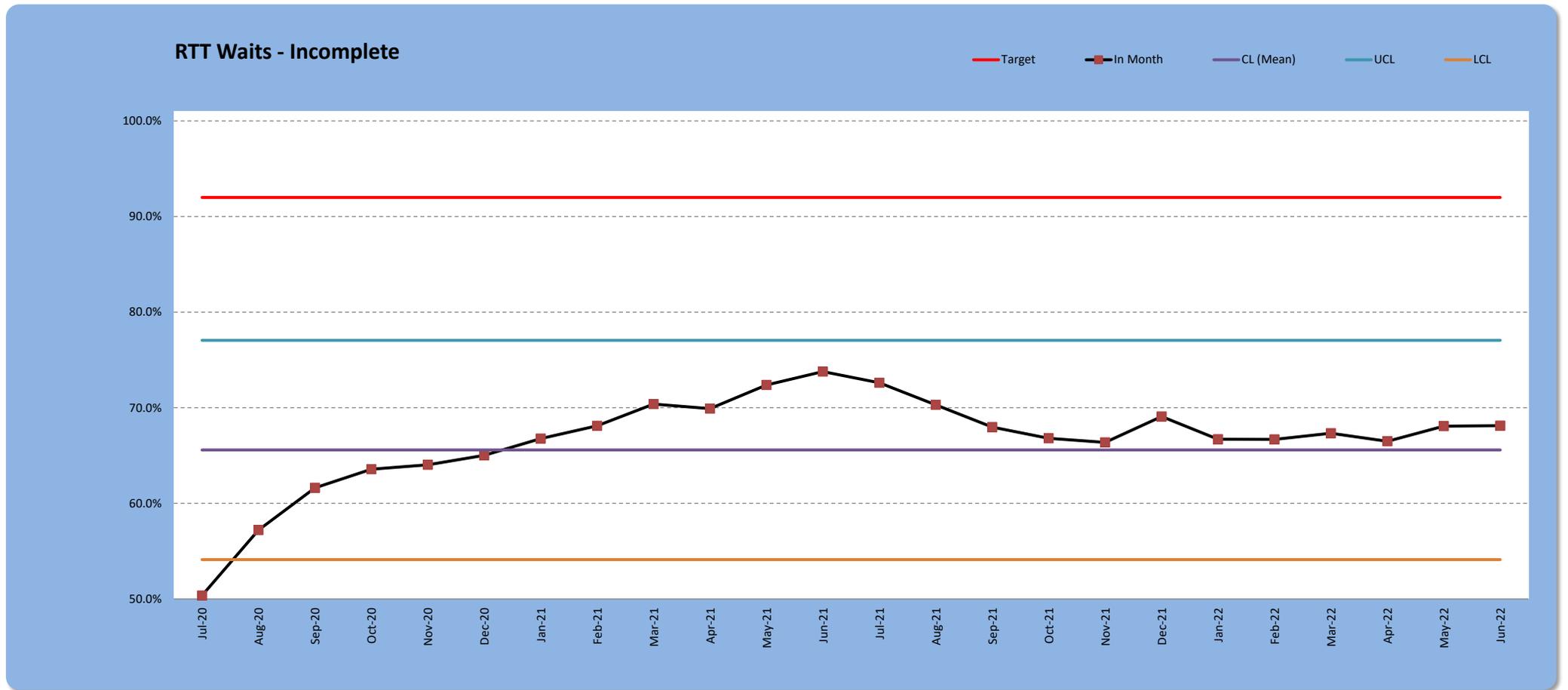**Please refer to the accompanying front sheet/report for any relevant commentary**
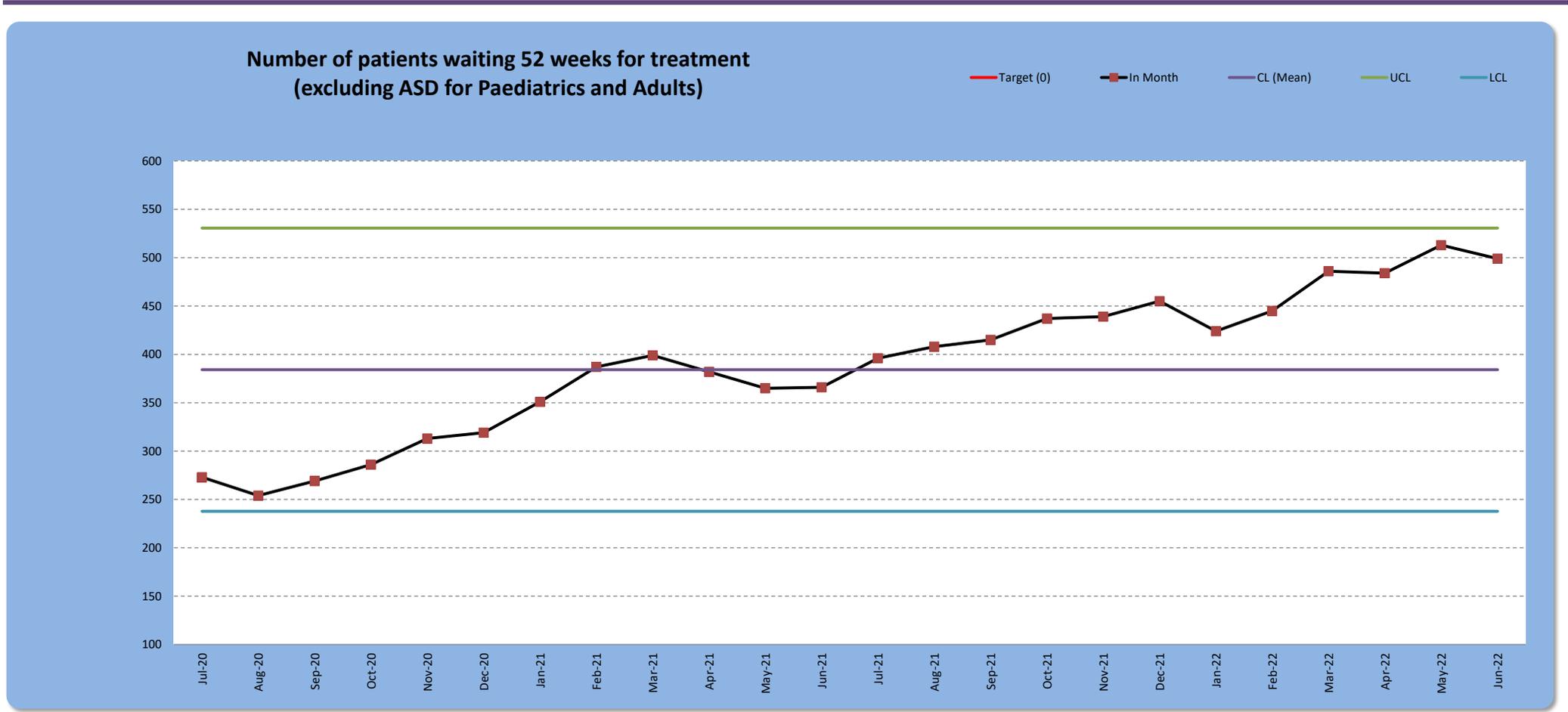
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Jun 2022

	Target:	Amber:	Current month for 72 hour stands at:
	80%	60%	90.2%

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
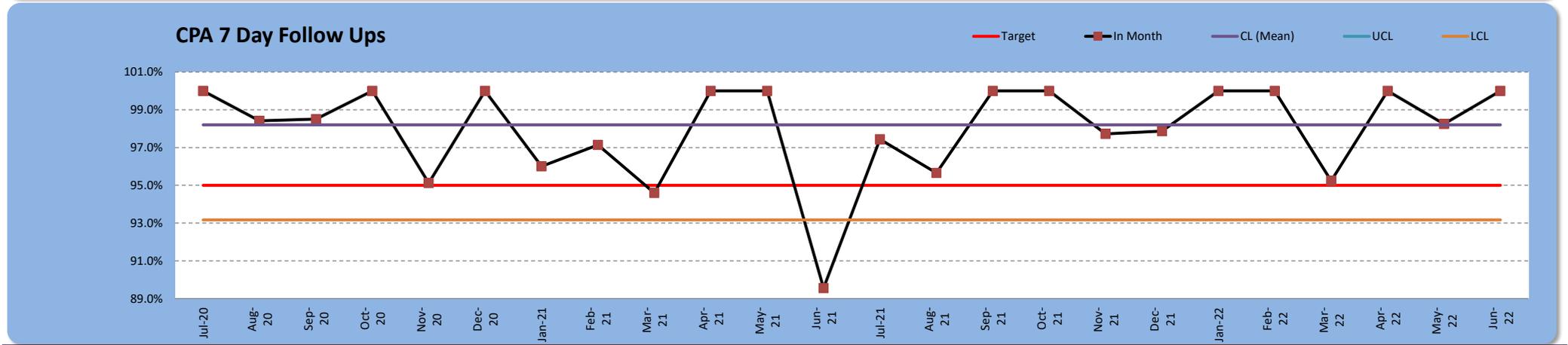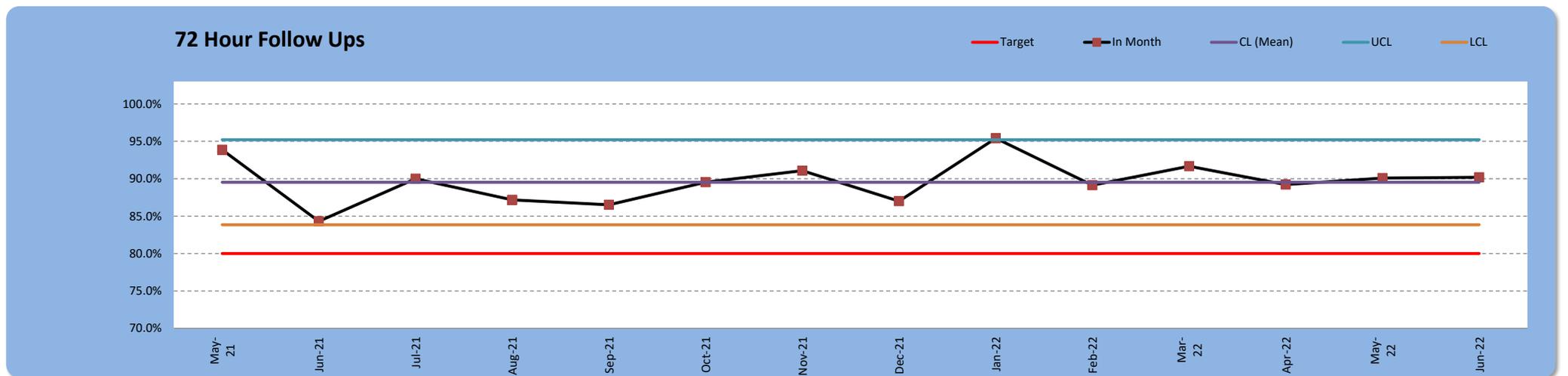
72 Hour Follow Ups

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

CPA 7 Day Follow Ups

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

Please refer to the accompanying front sheet/report for any relevant commentary
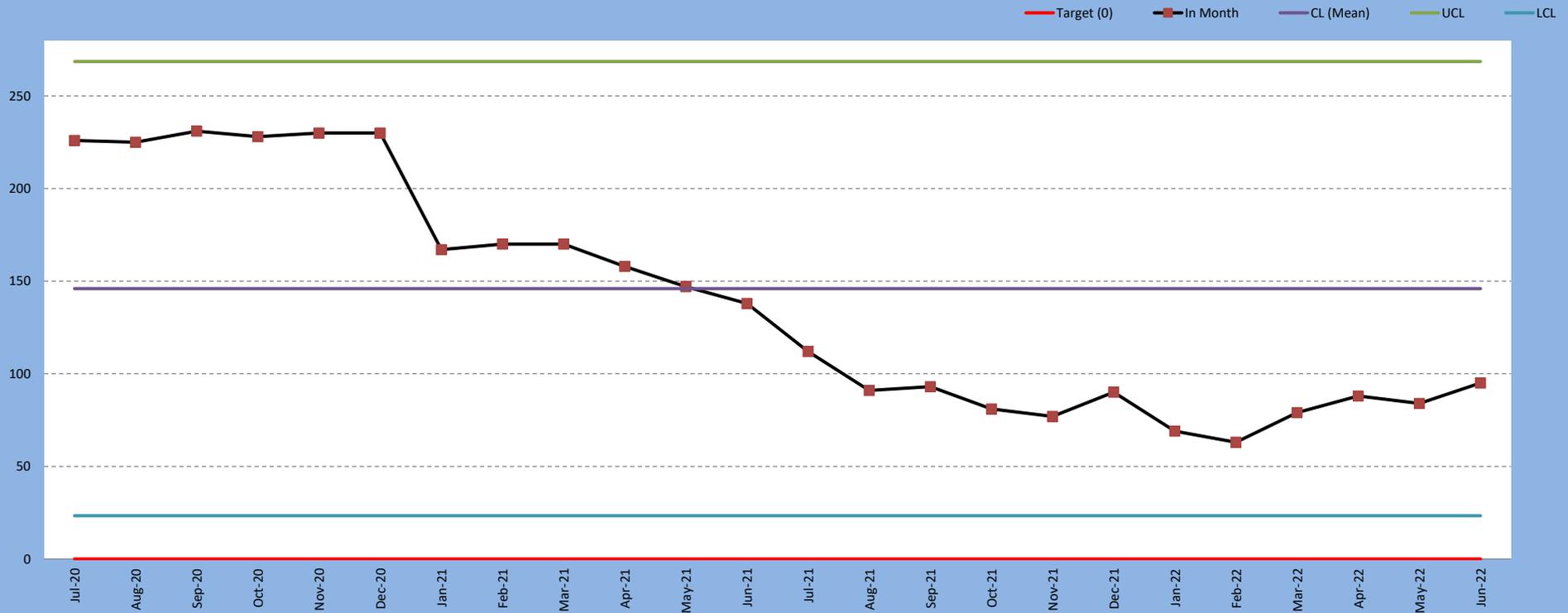
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Jun 2022

	Target:	Amber:	Current month stands at:
	95%	85%	93.1%

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

CPA Reviews

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

Please refer to the accompanying front sheet/report for any relevant commentary
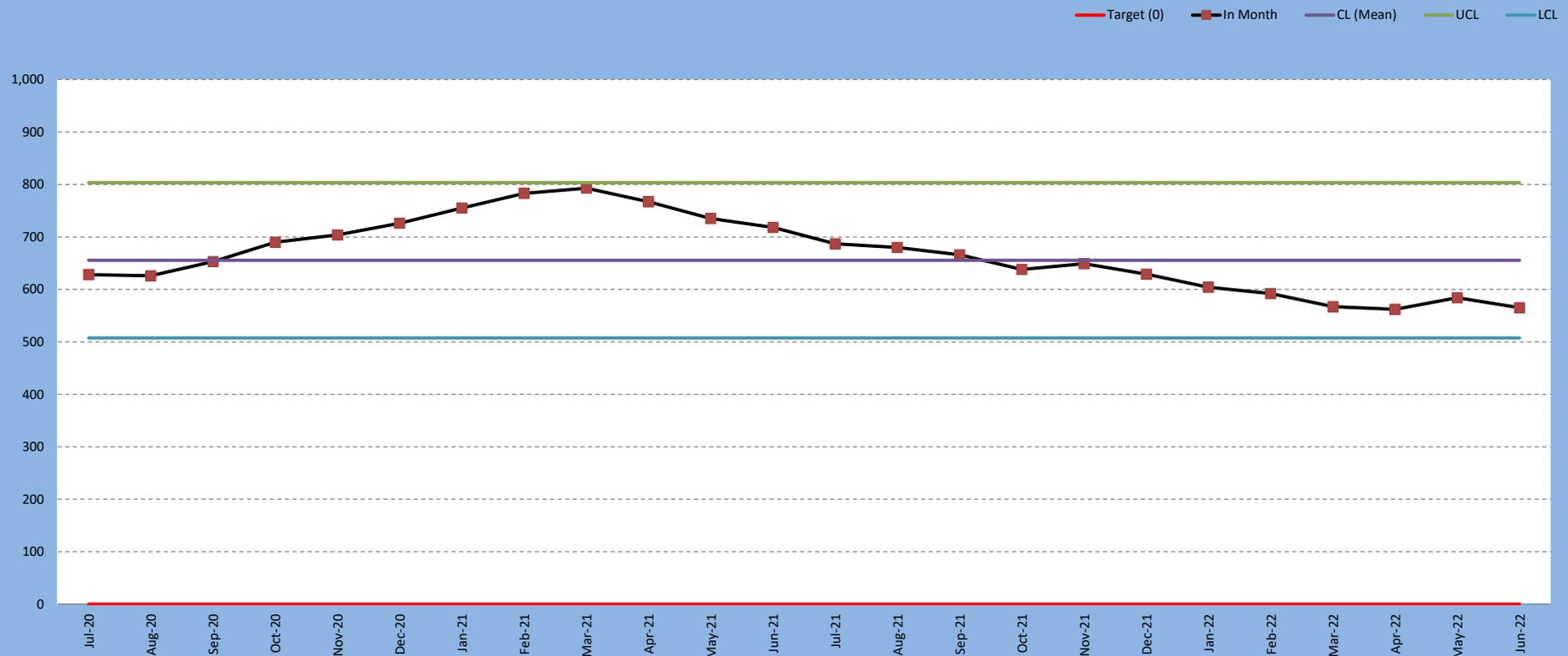
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Jun 2022

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

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

Memory Diagnosis - Waiting >18 weeks from referral

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

Please refer to the accompanying front sheet/report for any relevant commentary
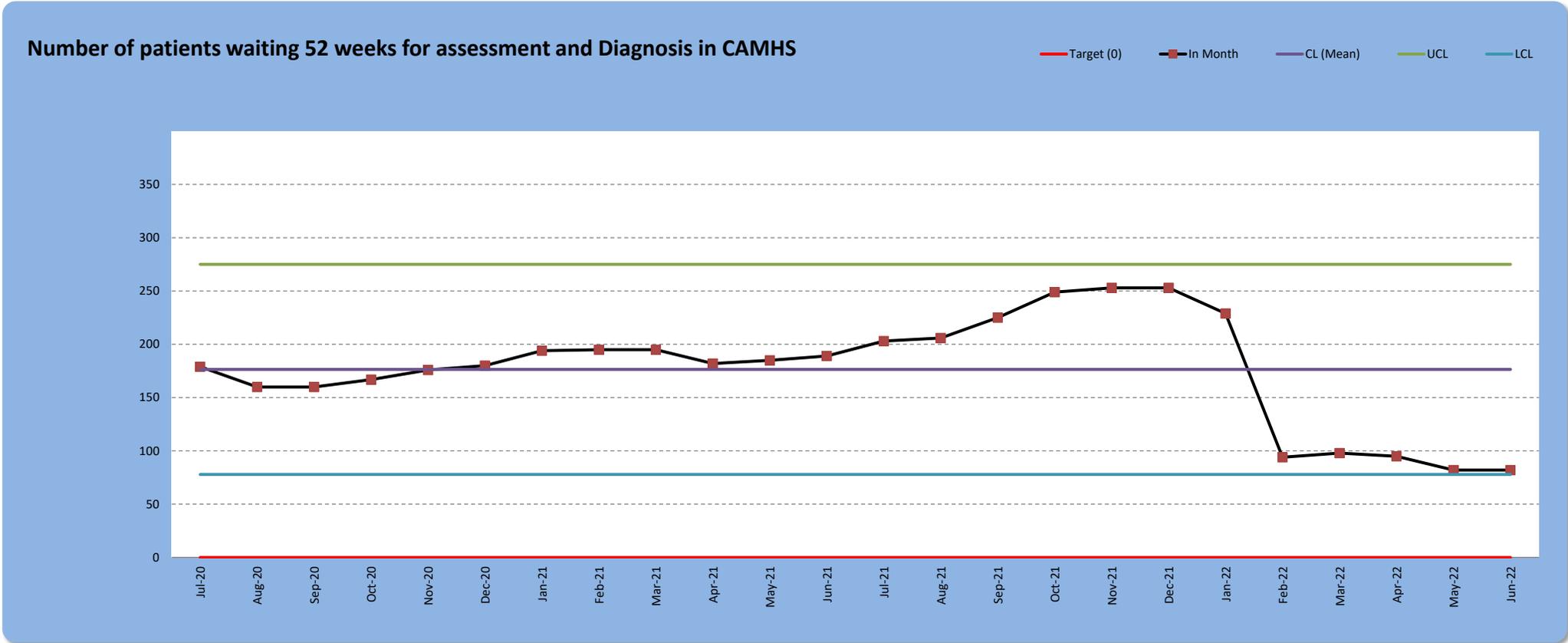
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Jun 2022

	Target:	Amber:	Current month stands at:
	95%	85%	89.0%

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

RTT Waits - Complete

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

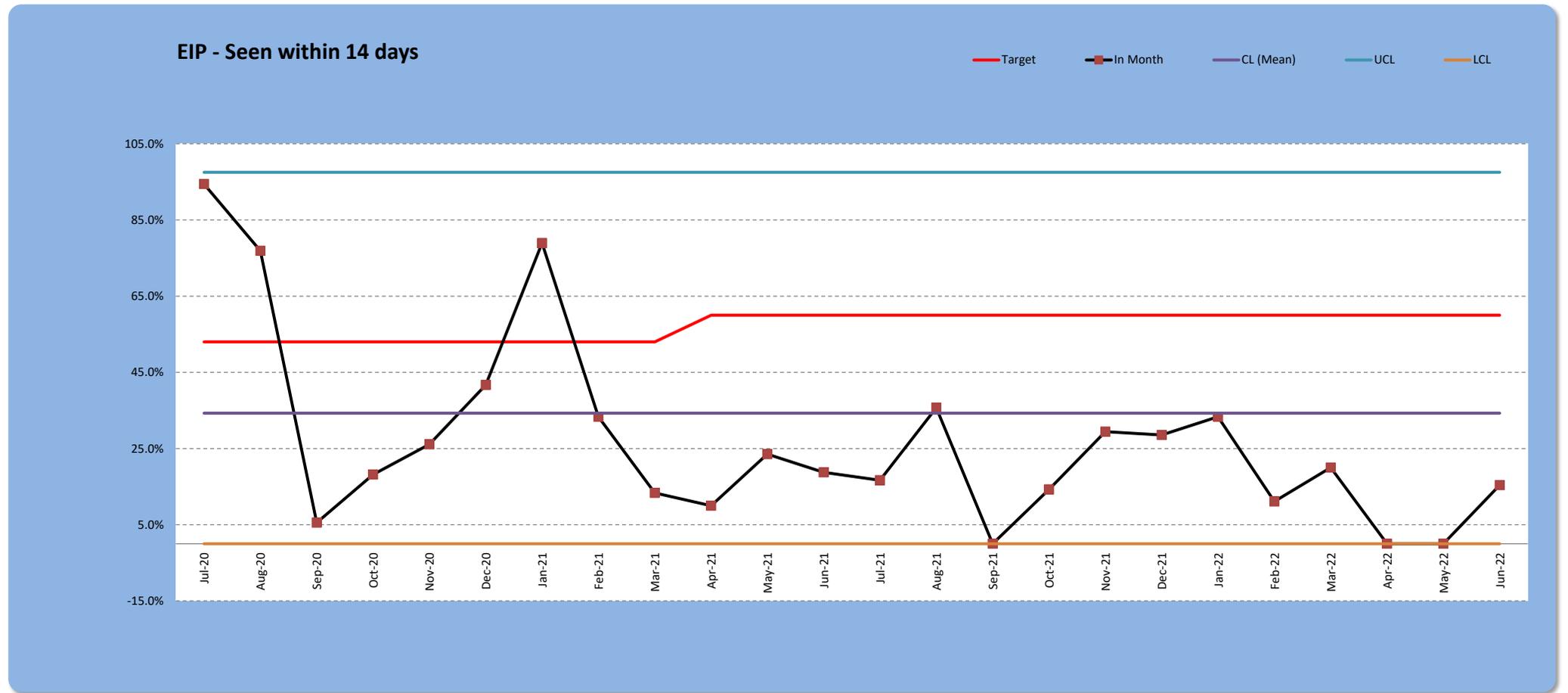**Please refer to the accompanying front sheet/report for any relevant commentary**

PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2022**

	Target:	Amber:	Current month stands at:
	92%	85%	68.1%

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

RTT Waits - Incomplete

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

Please refer to the accompanying front sheet/report for any relevant commentary
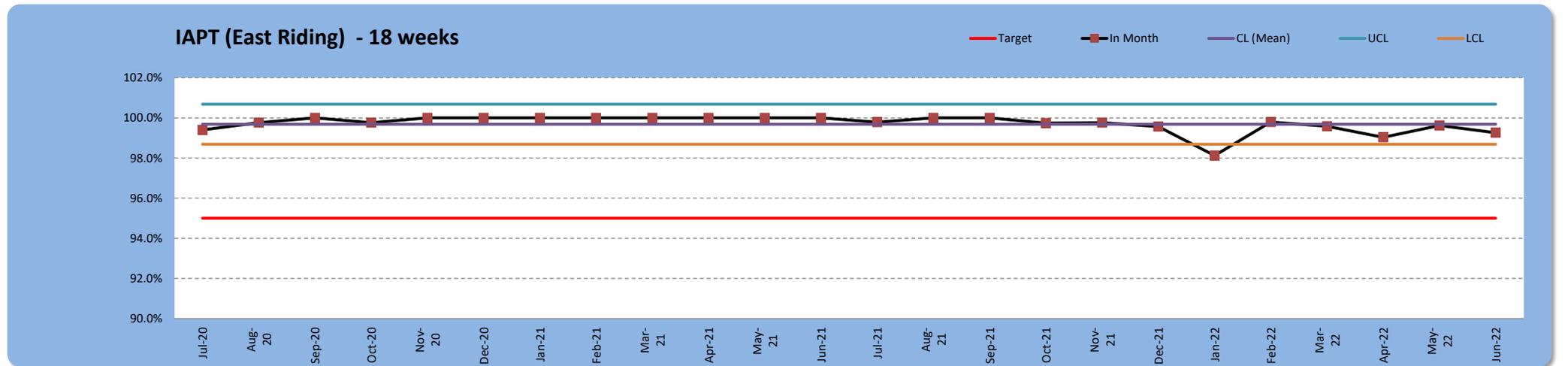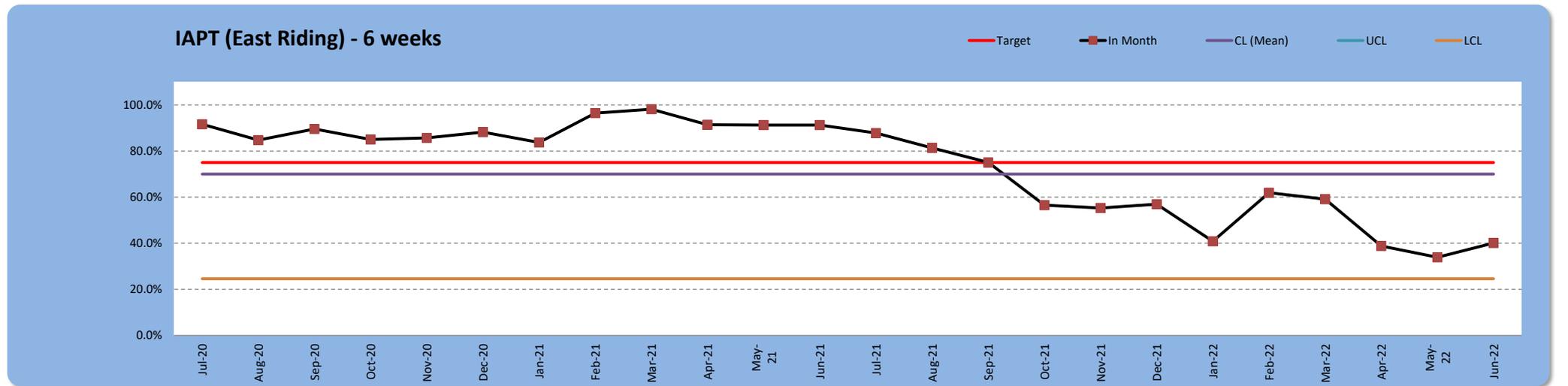
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Jun 2022

Target:	Amber:	Current month stands at:
0	0	499

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

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

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

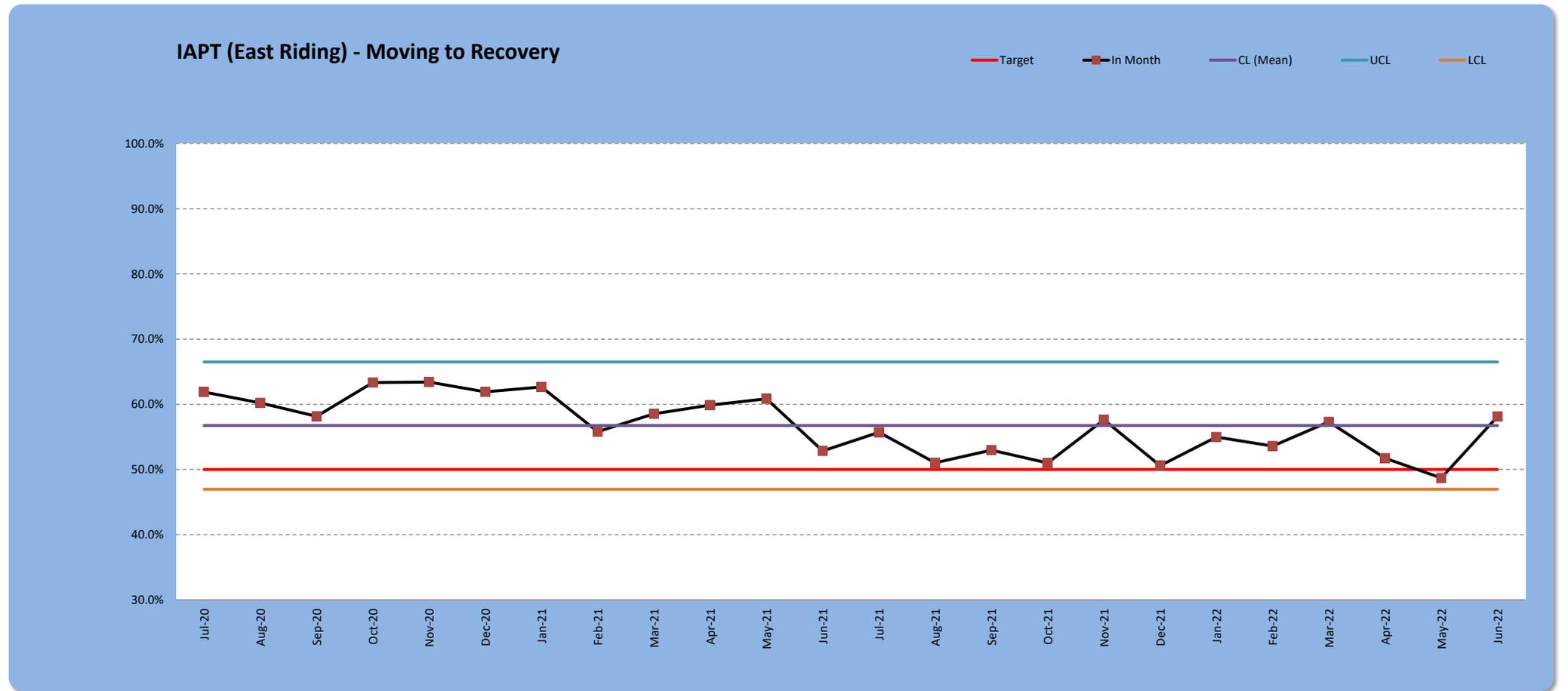**Please refer to the accompanying front sheet/report for any relevant commentary**

PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Jun 2022

	Target:	Amber:	Current month stands at:
	0	0	95

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

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

PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Jun 2022

Target:	Amber:	Current month stands at:
0	0	565

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

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

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

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

PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Jun 2022

Target:	Amber:	Current month stands at:
0	0	82

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

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

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

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

PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2022**

	Target:	Amber:	Current month stands at:
	60%	55%	15.4%

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

EIP - Seen within 14 days

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

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

PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Jun 2022

	Target:	Amber:	Current month 6 weeks stands at:	Target:	Amber:	Current month 18 weeks stands at:
	75%	70%	40.1%	95%	85%	99.3%

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

IAPT (East Riding) - 6 weeks

IAPT (East Riding) - 18 weeks

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

PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Jun 2022

Target:	Amber:	Current month stands at:
50%	45%	58.1%

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

IAPT (East Riding) - Moving to Recovery

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

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

PI RETURN FORM 2022-23

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: Jun 2022

Split:	# days	# patients
Adult	0	0
OP	30	1
PICU	80	4

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

Out of Area Placements - Days

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

Please refer to the accompanying front sheet/report for any relevant commentary
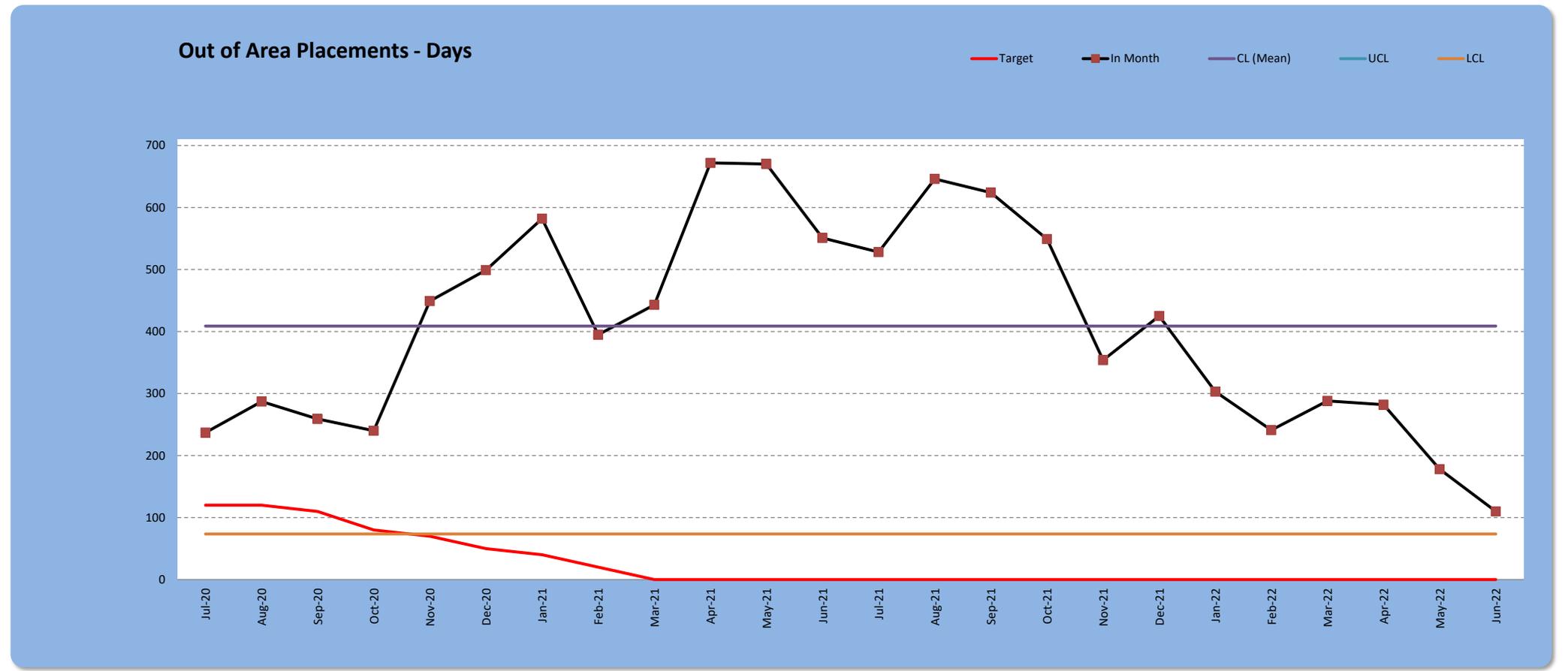
PI RETURN FORM 2022-23

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: Jun 2022

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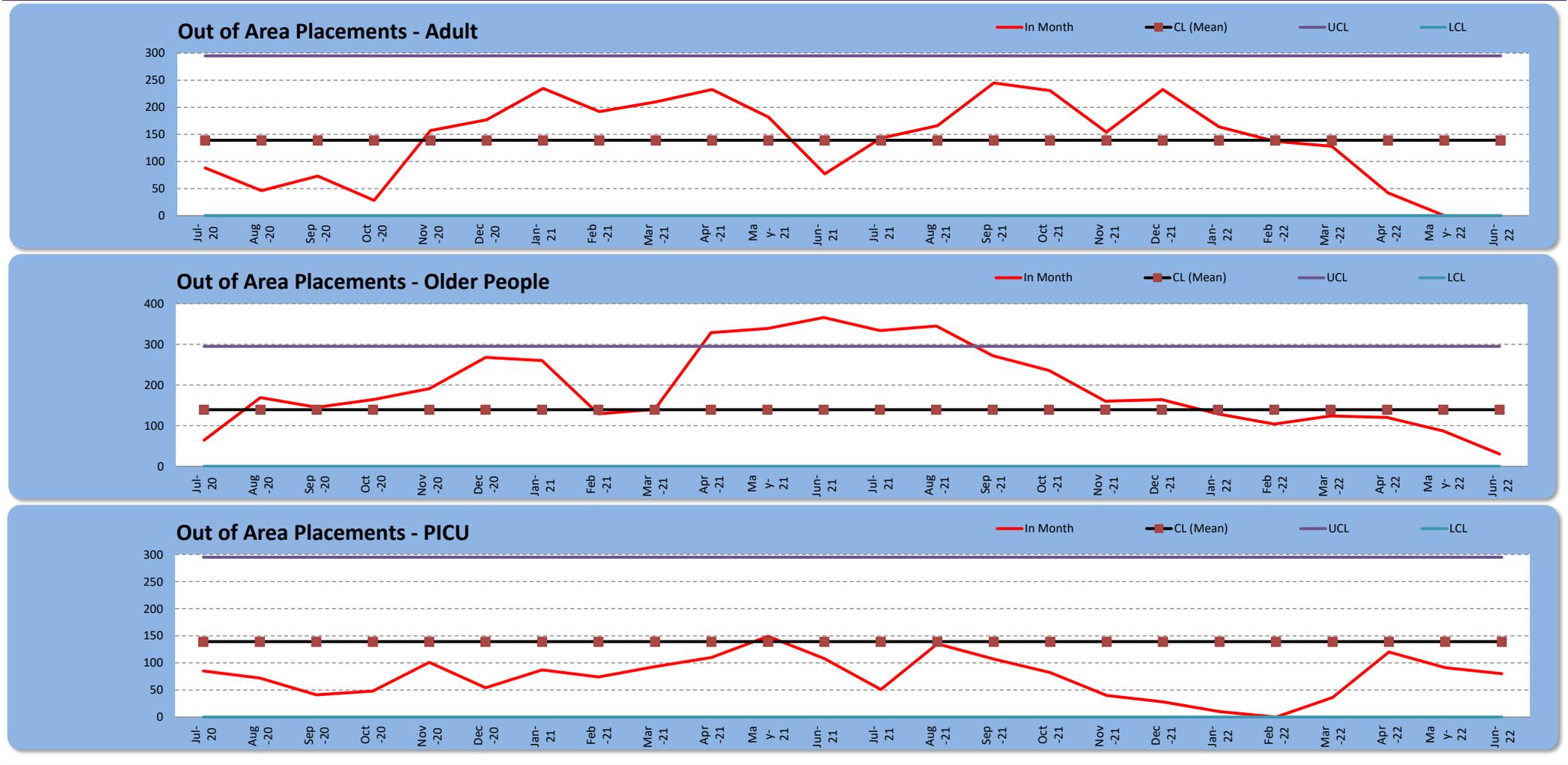
Out of Area Placements - Adult

In Month — CL (Mean) — UCL — LCL

Out of Area Placements - Older People

In Month — CL (Mean) — UCL — LCL

Out of Area Placements - PICU

In Month — CL (Mean) — UCL — LCL

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

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Jun 2022**

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

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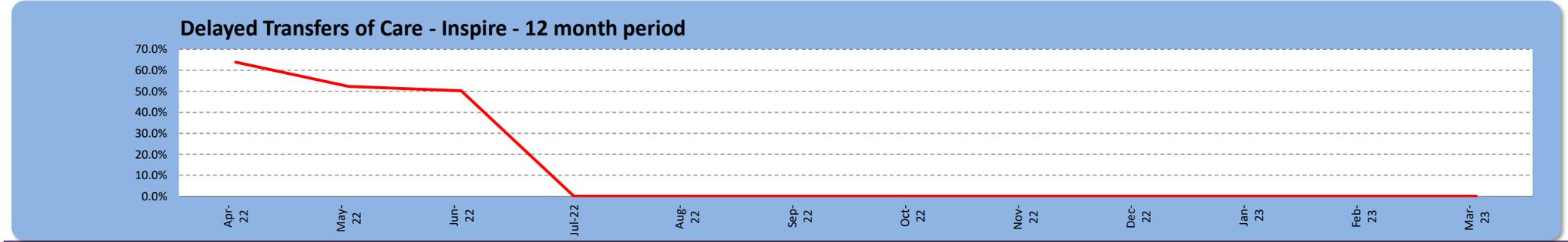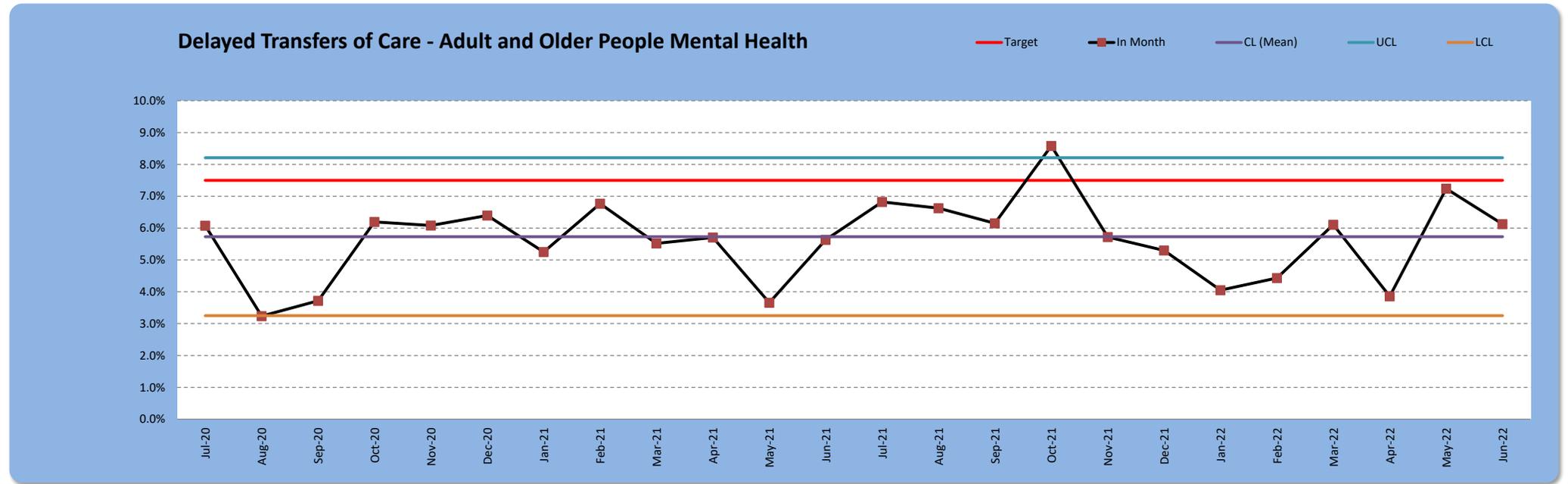
Delayed Transfers of Care - Adult and Older People Mental Health

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

Delayed Transfers of Care - Inspire - 12 month period

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

PI RETURN FORM 2022-23

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Jun 2022**

	Target:	Amber:	Current month stands at:
	5.0%	5.2%	5.5%

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

Total Sickness Absence

Legend: Target — In Month — CL (Mean) — UCL — LCL — Excluding Covid
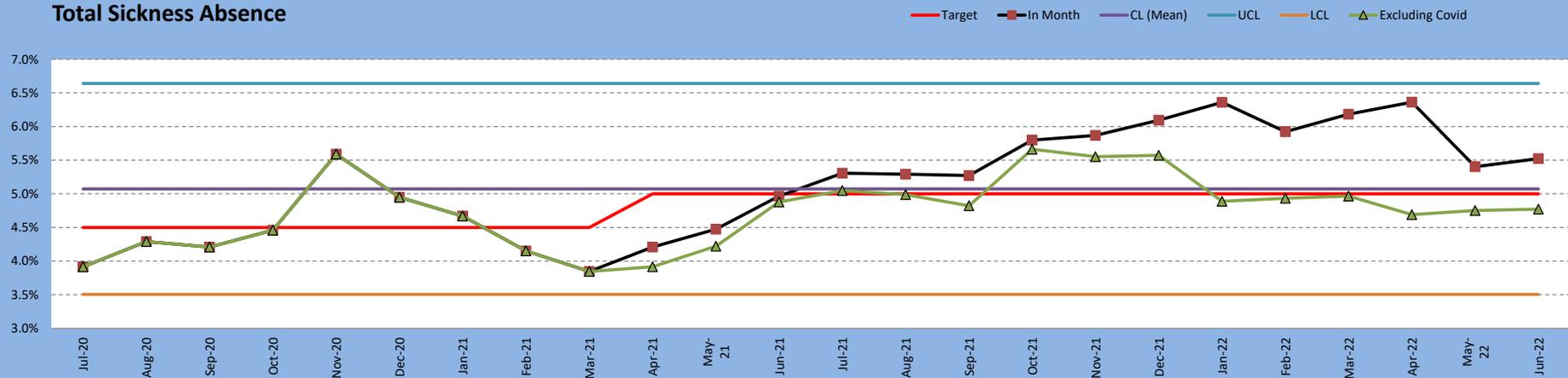
Total Sickness Absence (Rolling 12 months)
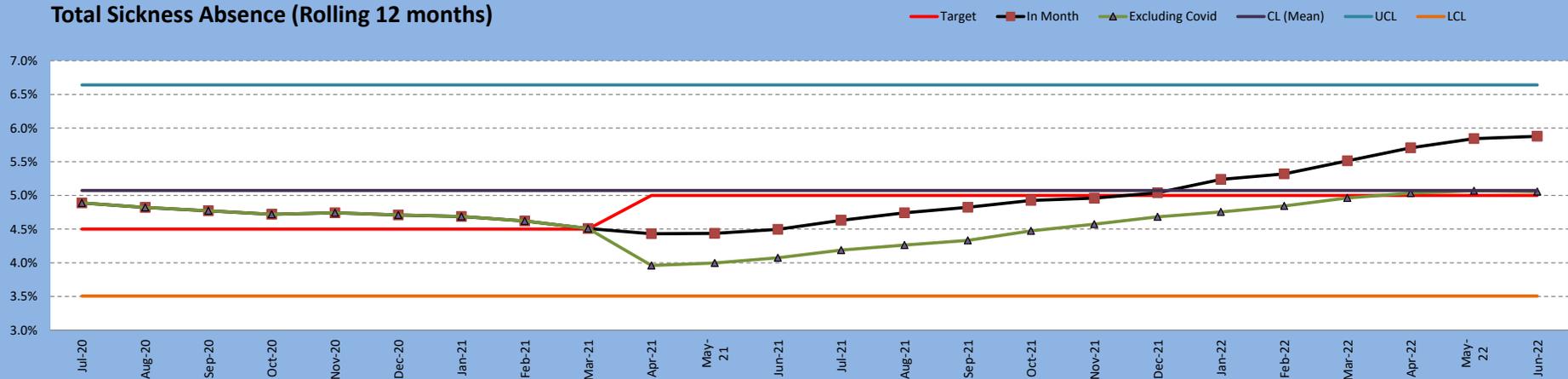
Legend: Target — In Month — Excluding Covid — CL (Mean) — UCL — LCL

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

PI RETURN FORM 2022-23

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: Jun 2022

	Target:	Amber:	Current month stands at:	Target:	Amber:	Rolling figure stands at:
	0.8%	0.7%	1.6%	10%	9%	15%

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

Staff Turnover - Monthly

Staff Turnover - Rolling 12 months

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

PI RETURN FORM 2022-23

Goal 6 : Promoting People, Communities and Social Values

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

For the period ending: Jun 2022

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

Complaints Responded to and Upheld

■ Responded to   ✕ Upheld Total

Please refer to the accompanying front sheet/report for any relevant commentary
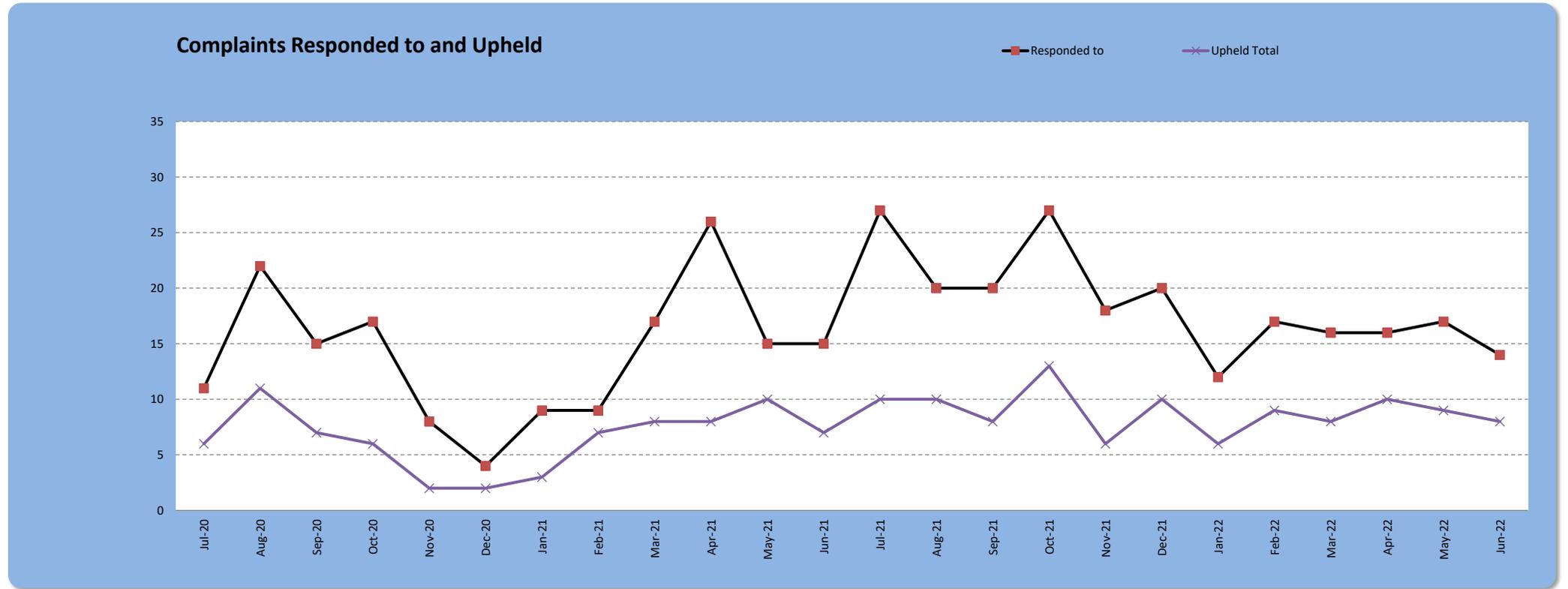
PI RETURN FORM 2022-23

Goal 6 : Promoting People, Communities and Social Values

For the period ending: Jun 2022

Target:	Amber:	Current month stands at:
n/a	n/a	29

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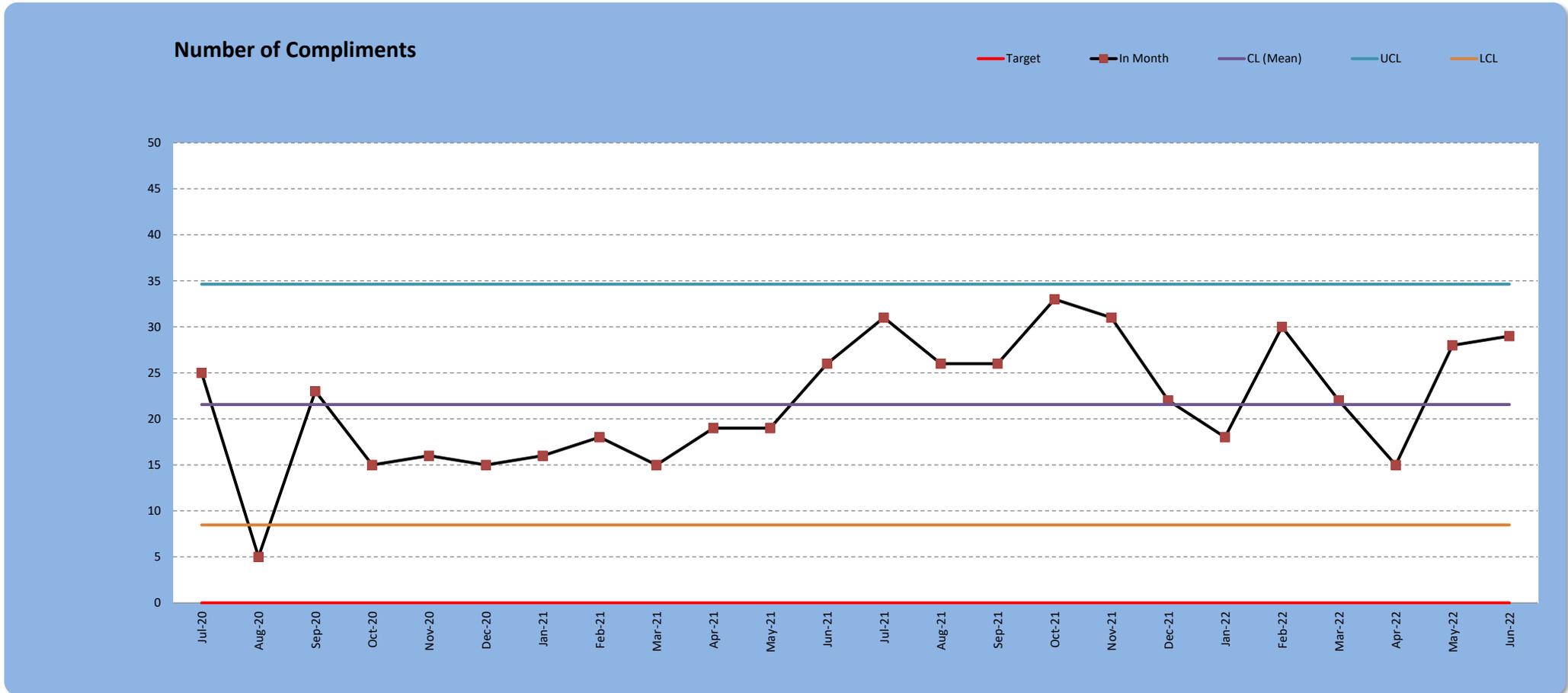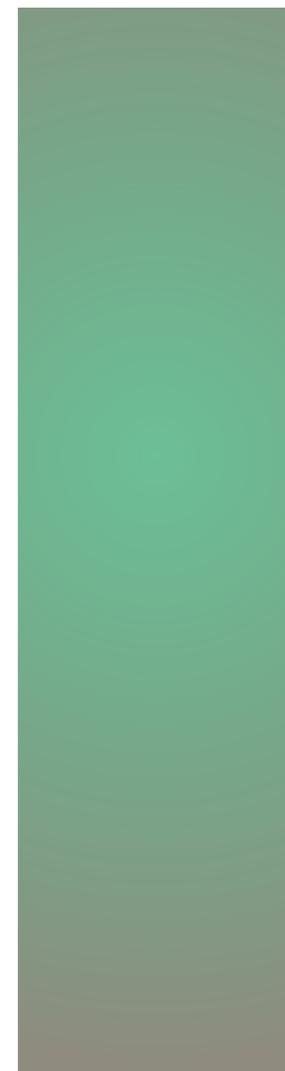
Number of Compliments

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

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

Caring, Learning
& Growing Together

Briefing Paper
Humber Operational Performance and Waiting List Recovery

Introduction

The purpose of this report is to provide an overview of the Trust performance against waiting times, identifying areas of pressure and to provide an update and progress of the recovery plans in place.

The areas of focus are:

1. 52 week waits
2. 18 week incomplete
3. IAPT (Improving Access to Psychological Therapies)
4. EIP (Early Intervention Psychosis)
5. Children's and adult's ASD (Autism Spectrum Disorder)
6. Children's ADHD (Attention Deficit Hyperactivity Disorder)
7. Core CAMHS
8. Neurodiversity Front Door
9. Adult ADHD (Attention Deficit Hyperactivity Disorder)
10. MAS (Memory Assessment Services)
11. OAP (Out of Area Placements)
12. Crisis Care Line

Performance and Recovery Plans are monitored and reviewed regularly via the Operational Delivery Group (ODG), Performance and Accountability Reviews and the Executive Management Team (EMT). The Divisions and Services work closely with the recently appointed Patient Access and Performance Manager to review the plans and ensure they will either deliver the projected recovery or can effectively be maintained through considering the impact of referrals and activity from the wider system.

This paper has been developed accepting that the full impact of the Covid pandemic is still unknown and that referral patterns over the previous 2.5 years did not follow usual patterns which has impacted on the profile of patient waiting times.

Approach

As part of the Trust's operational performance management framework, weekly performance meetings occur with service leads to review the waiting list position and gain assurance that the position is accurate. These meetings are designed to:

- Agree management plans and their intended impact
- Determine areas of escalation
- Agree a method for Capacity & Demand planning
- Support early intervention of emerging issues and concerns

The overall performance aim is to bring all services in line with the 18wk standard (or minimum standard applicable to that service). Due to the number of patients currently waiting longer than 18wks, the monitoring, recovery and actions associated are being prioritised in the following waiting categories and approach:

| >52ww | >38ww | >26ww | >18ww |

Validation

Patient level validation of waiting lists to understand true waiting positions, genuine bottle necks and training opportunties.

Recovery

From validated position, develop immediate recovery plan trajectories based on capacity requirements, waiting list backlogs and known/ expected demand levels, identifying where additional funding is required

Sustainability

Operational Service Plans - Develop and implement annual cycle capacity and demand framework for sustainable position planning to mitigate risk of build up of waiting lists

Service Areas/Performance Indicator

1. 52 Week Waits

Current Position

There has been a steady growth in the number of patients waiting over 52wks for their treatment over the last 2 years as demonstrated by the chart below:.

Number of patients waiting 52 weeks for treatment (excluding ASD for Paediatrics and Adults)
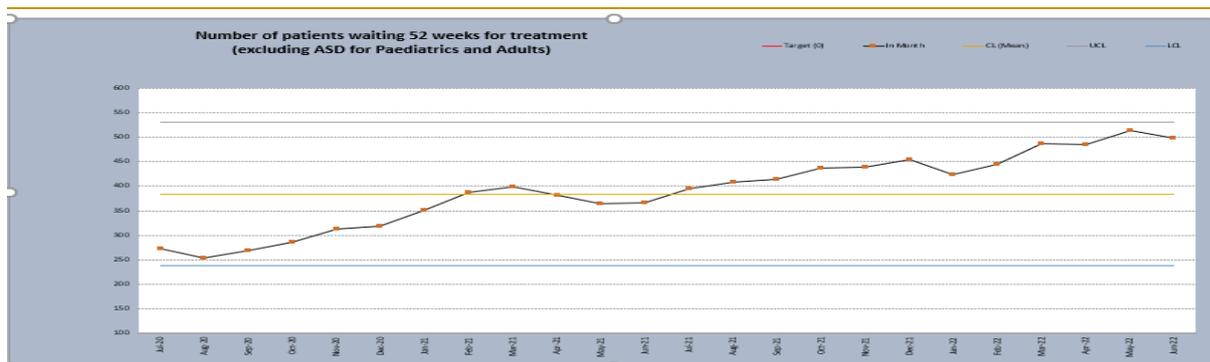
The following table demonstrates:

- Main service areas contributing to the over 52ww position (highlighted in red)
- Service areas current progress/position compared to the end of Q4 of 21/22

Service Area	No. of patients waiting over 52weeks		
	Q4	Q1	
Children's ASD	578	555	↓
Adult ASD	75	96	↑
Children's ADHD	188	181	↓
Adult ADHD	Not available	93	↔
Memory Service	6	61	↑
Core CAMHS	98	79	↓
Children's LD	21	21	↔
Paediatric Therapy	21	6	↓
Adult's LD	13	1	↓
Adult Mental Health	67	0	↓
MH Specialist Services	7	4	↓
Department of Psychological Medicine	1	0	↓
MH Assessment Services	0	0	↔
S&R	77	20	↓
Vale of York Community	0	20	
Whitby Services	0	0	
Forensic Services	6	13	

For each of the service areas highlighted in red, there is a dedicated recovery plan in the corresponding section below. .

Both Vale of York, Community and Forensic Services are actively involved in a data cleansing exercise as these long waits have been identified as validation issues as opposed to true waits.

Challenges

Whilst the profile for patients waiting over 52weeks for assessment/intervention shows a steady growth over the past 2 years, the chart below demonstrates a similar position in terms of referral growth, however, there are other contributing factors to consider which vary significantly between services, these include:

- Reduction in activity undertaken during COVID
- Staff absences/vacancies and difficulty in recruiting
- Inability of independent providers to fulfil contract due to similar staffing challenges
- Large numbers tipping over into 52ww bracket

Trustwide referrals
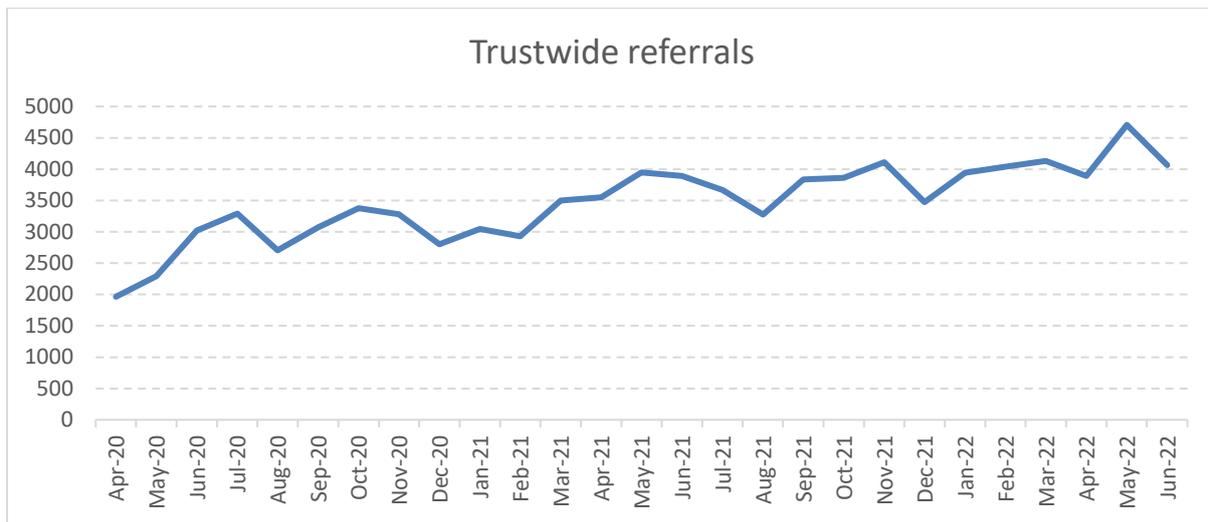
NB: the above chart includes Lorenzo based activity only. All 6 areas identified as main contributing areas to over 52ww position are Lorenzo based activity.

Plan

The recovery of the 52ww position is a key area of focus and is being monitored at service level on a weekly basis. This oversight and monitoring is in place to support progress and to ensure recovery plans are current and responsive.

The approach being taken is as follows:

1. **Validation of Waiting Lists**
   Service Managers and/or Clinical Leads review their waiting list to update at patient level at the weekly performance meetings. The expectation at the meeting is that the service will be able to advise the following:
   - Validity of waiting list position
   - That there is a management plan for individual patients being reviewed
   - Identify where recovery initiatives are required to enable progress
   - To confirm that agreed actions have been completed

2. **Capacity and Demand Work**
   Capacity and demand planning has taken place with those areas with 52 week wait pressures and this has determined that the following services require short term waiting list initiatives to enable performance to return to within 52ww, these are:
   - *Children's ASD*
   - *Adult's ASD*
   - *Children's ADHD*
   - *Adult's ADHD*
   - *Core CAMHS (Hull)*
   - *Memory Service*

In addition to this, all services require further detailed capacity & demand analysis to determine the level of capacity required to meet their individual waiting time targets (18wws max). Capacity and demand planning is part of an annual cycle which is aligned to our service Business Planning rounds.

Appendix 1 details the current monitoring status of each service area.

2. RTT Complete and Incomplete (18ww standards)

The Complete standard relates to the number of patients who have commenced treatment within the reporting period within 18wks

The Incomplete standard relates to waiting times for patients waiting to start treatment at the end of each month, who are within 18wks

Current Position

There is a correlation between the complete and incomplete standard. As our focus remains on incomplete pathways and is primarily on those patients waiting the longest (in the 52ww bracket), there will ultimately a positive impact to the 18ww incomplete standard and a worsening of the complete standard. This is purely due to having a higher number of clock stops for patients who have already waited for longer than 18weeks. This is an expected part of recovery and will improve once we are through the recovery phase.

Varying performance over the previous 2years, can be attributed to

- Peaks and troughs associated with absence and sickness levels throughout the pandemic
- New ways of working incorporating technology to counteract inability to assess patients via f2f methods
- General upward referral trend
- Focus on recovery of longest waits (52ww bracket initially)
- Validation and correction of waiting list entries

Whilst the validation of the waiting lists results in a number of patients being removed from the waiting lists AND as the services focus on their longest waiting patients ie over 18ww, there will be a deterioration in the RTT Complete performance, and an improvement experienced in our Incomplete position, though this is not as significant as some patients, through validation, are removed from the waiting list.

Challenges

The challenge remains that whilst addressing the longest waiting patients, the 18ww position will suffer. The main challenges being faced are:

- Growing referral rates
- Focus on recovery of longest waiting patients
- Introduction of annual capacity and demand planning process and associated plans

Plan

In order to recover the incomplete position, performance monitoring meetings will continue to focus the service areas on:

- Managing the longest waiting patients
- Implement and monitoring of recovery plans
- Continue with validation work to maintain a true waiting list position
- Undertaking that capacity and demand modelling is undertaken to anticipate future service/investment requirements.

3. *Improving Access to Psychological Therapies (IAPT)*

Current Position

Since December, the service has continued to maintain performance against the 18week standard, performing at 99.3% in June against a 95% target.

Achieving the 6week standard has continued to be a challenge due to a noted increase in patients requiring more specialist interventions, namely counselling and high intensity therapy. 40% against a target of 75% was achieved in June which was an improvement from previous months.

Target ■ In Month

0.0%

J... A... S... O... N... D... J... F... M... A... M... J... J... A... S... O... N... D... J... F... M... A... M... J...
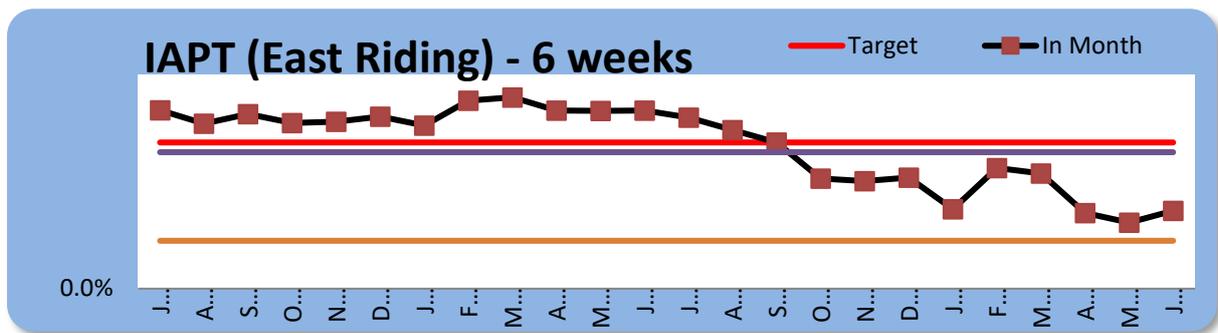
The service's ambition to recover the 6week target by July has been impeded by the unexpected increase in demand for specialist counselling and high intensity therapy.

However, progress is being realised as a result of the initiatives that have been put into place to date and this will continue to improve.

Challenges

Recruitment and retention have continued to be challenging both from a Humber and private provider perspective. A substantial increase in subspecialty demand has resulted in the need to refresh plans and revisit options for private provider support for these specialist areas whilst recruitment and retention incentives are explored.

NHS IAPT services continue to struggle to compete with the independent sector who can offer significant financial benefits.

Plan

A recruitment and retention proposal has been developed to assist with plans to increase internal capacity whilst continuing with the use of private providers to maintain balance. The proposal aims to align with other national and local NHS Trust incentive schemes to offer more attractive packages to candidates.

In the meantime, focus remains on staff engagement and wellbeing to improve retention and reduce sickness absence.

A refresh of the recovery plan taking into consideration new capacity and new ways of working will take place to enable a projected recovery timescale against this standard.

4. Early Intervention Psychosis (EIP) (14day standard)

Current Position

The chart below details the proportion of referrals whose first contact takes place within the 14-day standard. It indicates that performance against this standard has been volatile since January 2022.

EIP Referrals vs 14 day Target
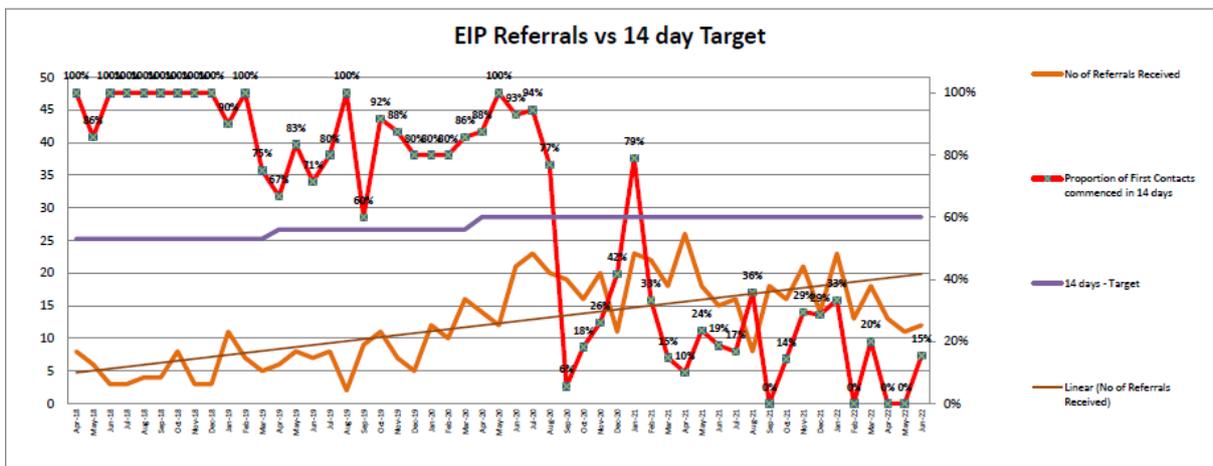
Challenges

Over the past 12months referrals have gradually increased at a time when staff absences and difficulty in recruiting and retaining staff has been experienced.

Commissioning terms have been reviewed and resolved and the service are now almost fully recruited, although newly recruited staff will not be in post/trained until the end of July/August.

Plan

The service will continue with robust monitoring of staff absence and sickness in line with Trust policy with regular reviews to support improvement in productivity and access times whilst new staff are inducted and trained.

It is expected that an immediate improvement in waiting times will be achieved in August 2022 when staff training is complete.

5. Children's Autism Spectrum Disorder (ASD)

Current Position

The recovery of the over 52ww position for children's ASD is now starting to make good progress. The recovery plan has been refreshed to incorporate increased capacity secured with a new private provider and demonstrates progress is back on track in line with the agreed trajectory of September 2023.

Work continues within the service to create a proposal for a sustainable service going forward and an Options Appraisal is currently being developed which will consider and appraise the continued use of private providers versus internal delivery or a hybrid model. A dedicated project team and Board is established and close working remains with colleagues at PLACE.

Combined over 52 weeks c.f. Actual Waiting List

- CYP ASD 52 week Recovery Plan projection
- Actual Waiting List

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

- Hull Expected WL (Revised Jun-22)
- ERoY Expected WL (based on doing 20 cases per month)

Zero = 52 week compliance

9
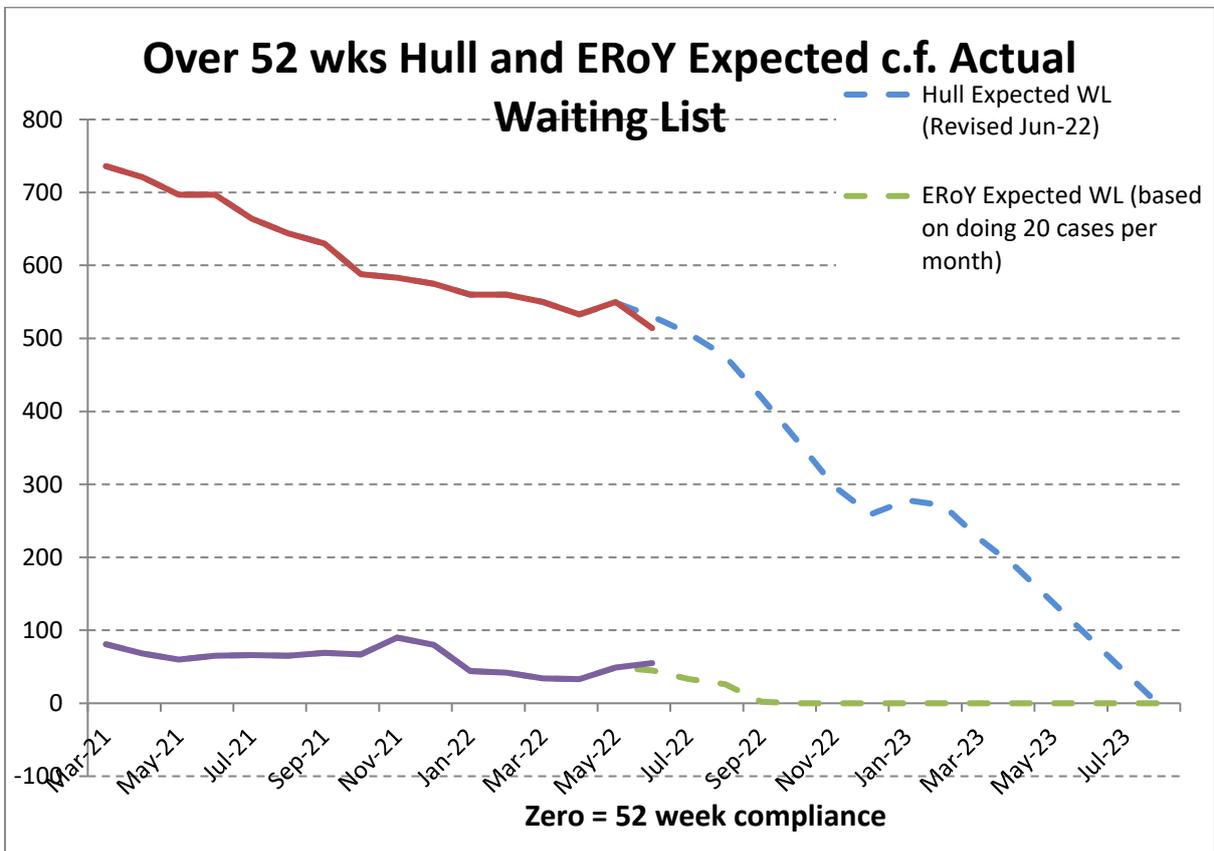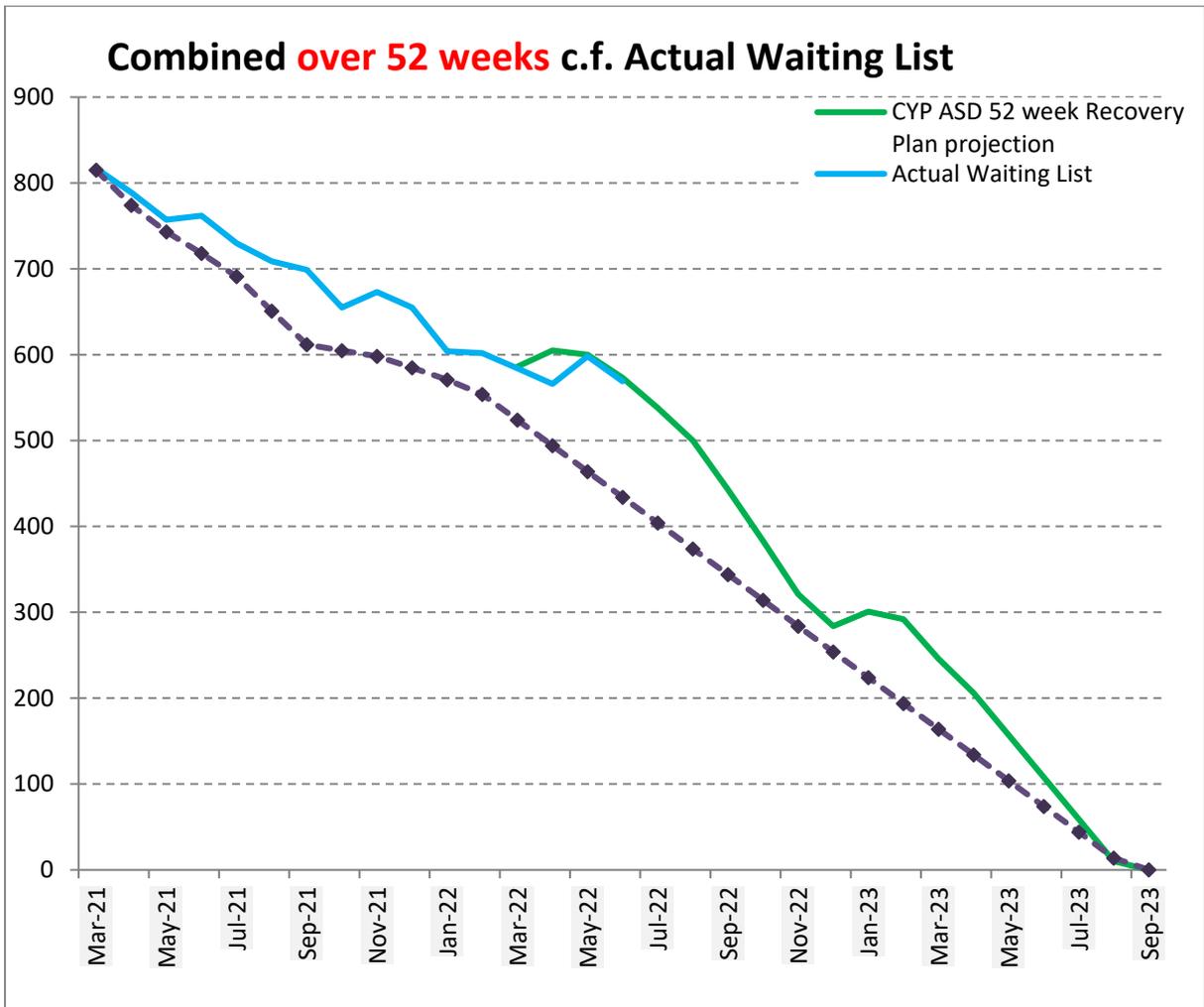
Challenges

Use of independent providers is essential during the recovery phase for children's ASD. The recovery work is running concurrently with a transformation programme aimed to operationalise the new neurodiversity service with newly developed staffing models. Private provider specialisms, costs and capacity can vary considerably and hence the service is now working with 3 providers to ensure flexibility and assurance of delivery against plan. Additional pressures as a result of working across several providers have been noted and this is monitored closely via the neurodiversity recovery Board.

Recruitment and retention of staff within with neurodiversity service continues to be a challenge and a potential risk if the use of private providers is relinquished in the longer term plans.

Funding to support use of private providers during the recovery phase has been offset against existing vacancy budget and continues to be monitored and agreed proactively. Further funding will be required to complete the recovery via use of private providers.

Plan

A refreshed plan has been developed which takes into consideration the number of patients waiting over 52wks as at 1st May 2022 and the number of patients expecting to tip over into the 52ww bracket between May 2022 and September 2023. This has enabled an understanding of capacity required to recover the 52ww position by this collaboratively agreed date.

The plan is monitored daily by the service and the neurodiversity recovery project team to ensure delivery is maintained. Detailed contracts have been drawn up with providers to penalise against non-delivery and contract meetings are routinely in place.

Phase 2 of the one of the key contracts will commence in September 2022 which will include face to face delivery of assessments which is focussed primarily on the under 5 cohort, as these are not being delivered digitally and this will enable the recovery of the ER trajectory of 52ww across September and October 2022.

The work has already been undertaken to understand further recovery towards the 18ww standard however, assumed demand levels will need to monitored over the coming months and consideration of the wider transformation work and delivery models agreed will need to be understood, to enable planning and costing of this work.

6. *Children's Attention Deficit Hyperactivity Disorder (ADHD)*

Current Position

The 52ww position for children's ADHD has shown very slight improvement from Q4 to Q1. This piece of recovery work is closely linked with children's ASD and work has commenced to increase capacity in this area. It is expected that as the ASD recovery gains momentum, there will be a further increase in demand for children's ADHD due to the close connection in symptoms between the two conditions.

Challenges

The following challenges exist for this service:

- An increase in demand due to ASD recovery progress
- Reliance on private providers to increase capacity
- Recruitment and retention of internal staff
- Funding arrangements in place as part of the block contract
- Consideration of wider staffing plans for neurodiversity service delivery

Plan

Recovery funding and capacity has been identified for 335 ADHD cases. This will be focused on those additional cases expected as a result of the ASD recovery progress. This work is due to commence imminently with contract meetings and discussions with independent providers already underway. The service will undertake further capacity and demand analysis in order to determine the requirements as a result of the new ways of working.

Adult ASD

Current Position

The service have made good progress in reducing the number of patients waiting over 52weeks whilst supporting the paediatric ASD transition patients.

As the focus has been on the paediatric transition longest waiters this has been to the detriment of the adult service.

In response to Covid, the service improved their triage and referral process as well as introducing the delivery of virtual assessments which supported the improvements demonstrated within the below chart.
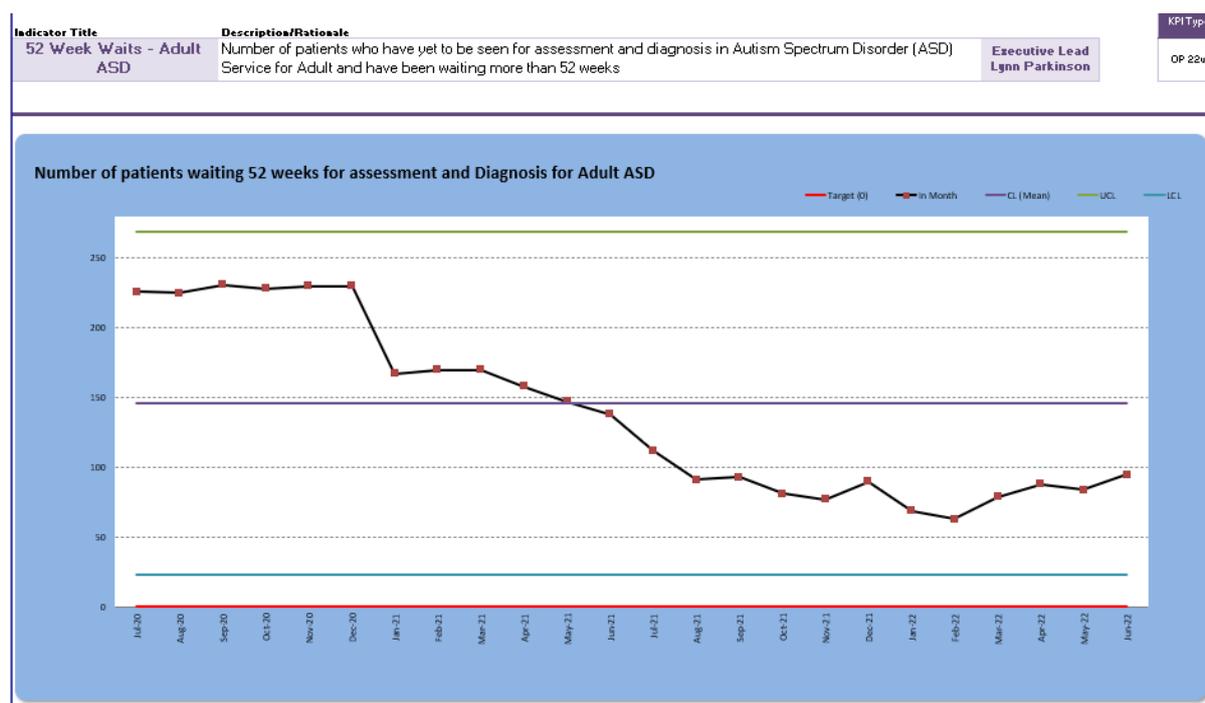
Challenges

The neurodiversity transformation programme and its outputs will impact on the future configuration of this service. Detailed capacity and demand analysis for neurodiversity overall is required to determine the staffing configuration required to meet service needs including the waiting list targets.

In addition to this, dedicated estate will be required in order to realise efficient ways of working.

Plan

As part of the service transformation programme a revised capacity and demand model will be completed by October 2022 to inform the requirements to meet the 18ww standard.

In advance of this, the service will improve its waiting time performance to 26wks by October 2022. This will be achieved through increased capacity working with a private provider.

Initial modelling has indicated that the service will be able to maintain this position.

The service are devising a specification for accommodation that will be explored in order to maximise efficiency and capacity.

7. Core CAMHS

Current Position

Core CAMHS and Neurodiversity services were separated from a reporting perspective in February 2022. This has enabled clearer oversight of the core CAMHS position in terms of waiting times.

The chart below indicates a static position over the last 6months which indicates that the waiting list issue is a non-recurrent need in line with service's narrative.

Indicator Title	Description/Rationale		
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
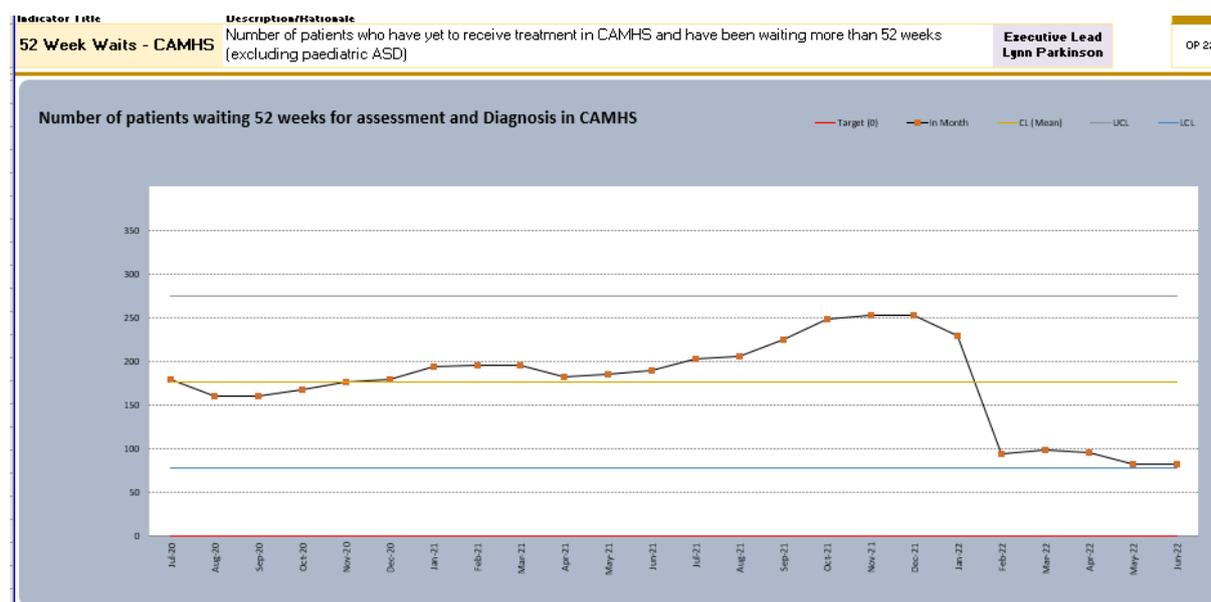
Challenges

The service has continued to see higher numbers of urgent referrals with greater levels of acuity/complexity and whilst the team prioritise these high priority referrals, the routine waiting times have increased.

Plan

In order to gain a full understanding of the recurrent versus non recurrent capacity needs, capacity and demand modelling is commencing to formulate a costed recovery plan.

A plan has been initiated to identify the level of capacity required to eradicate the over 52ww breaches in the first instance and the service are in negotiation with providers to determine the feasibility of this.

8. Neurodiversity Front Door

Current Position

The Front Door was launched in January 2022, to date 936 referrals have been received. The level of referrals are much greater than capacity available resulting in patients waiting over the anticipated 4weeks for their needs led assessment.

Challenges

Whilst the service model is in place, the demand outstrips the capacity created.

During this proof of concept period, trend data is available to help inform capacity and demand modelling.

Plan

Working with the Humber Children's Partnership and ICB partners, a review of the proof of concept is underway. Solutions are being agreed to identify the capacity required to accommodate the level of referrals.

A suite of intelligence reports is being developed to understand performance against key indicators and help inform levels of success.

The objectives of the partnership for the coming quarter are as follows:

- System Partner Services: Working better, together to deliver and embed the service
- Ensure there are opportunities, support and permission from service managers for system staff to engage and participate in the development, and delivery of the service. To include all staff within core and interdependent services
- Improve service data collation, monitoring and analysis to inform service planning and delivery with system partners at strategic and operational levels.
- Improve equity of services across Hull & ERY
- Remove dual pathways into services behind the front door (e.g. ASD/ADHD assessment and diagnosis), with the aim that the Front Door will single point of access, reducing duplication and a streamlined needs-led approach to include wrap-around support as part of the child's care journey.
- Deliver the 'We Said – We Did' Service Action Plan which includes
  - Improve service information and communication
  - Embed the role and function of the Named Worker and MDT discussion and meetings.
  - Review service documentation to include completion of the system Service Operating Procedure (SOP).
  - Co-production of the service website and resources

Progress and work, including risk management will continue to be monitored and overseen through the Humber Children's Partnership and place-based governance structures as we move into the Humber and North Yorkshire Integrated Care Board and Partnership arrangements.

9. Adult Attention Deficit Hyperactivity Disorder (ADHD)

Current Position

There are currently 93 patients waiting over 52weeks and this position continues to deteriorate.

The position is as a result of significantly reduced service delivery as a result of covid over the past 2years in addition to increasing levels of referral.

Challenges

Due to the size of this service the small team do not have the ability to respond to increases in demand or to overcome backlogs as a result of covid.

Plan

The service is commissioned on a cost per case basis and an agreement has been reached with commissioners regarding backlog recovery. Private provider provision is being established and a clear trajectory being developed for monitoring once the contract has been agreed.

Sustainable service options are also being considered simultaneously with an internal discussion to transfer the service from Adult Mental Health to Neurodiversity services. An Options Appraisal will be developed by September 2022 to support the Trust with making an informed decision regarding the future of this service and how best to deliver it. Commissioners are fully engaged in this process.

10. Memory Assessment Services (MAS)

Current Position

The chart below demonstrates the anticipated improvement and stabilisation of performance against the 18wk standard from November 21 to current.

The waiting time challenges were as a result of the impact of covid which resulted in delayed referral and a backlog of undiagnosed patients due to non f2f activity. Since the re-opening of services nationally as we move out of the pandemic, the Memory Assessment Service has experienced a significant increase in referrals adding pressure in an already challenged area.

The Memory Assessment Service is made up of 4 stages; these are:

1. Assessment (f2f)
2. Formulation
3. Diagnosis
4. Feedback

The areas of pressure are the initial assessment, diagnostics currently provided by HUTH and feedback primarily for Hull place.

Memory Diagnosis - Waiting >18 weeks from referral
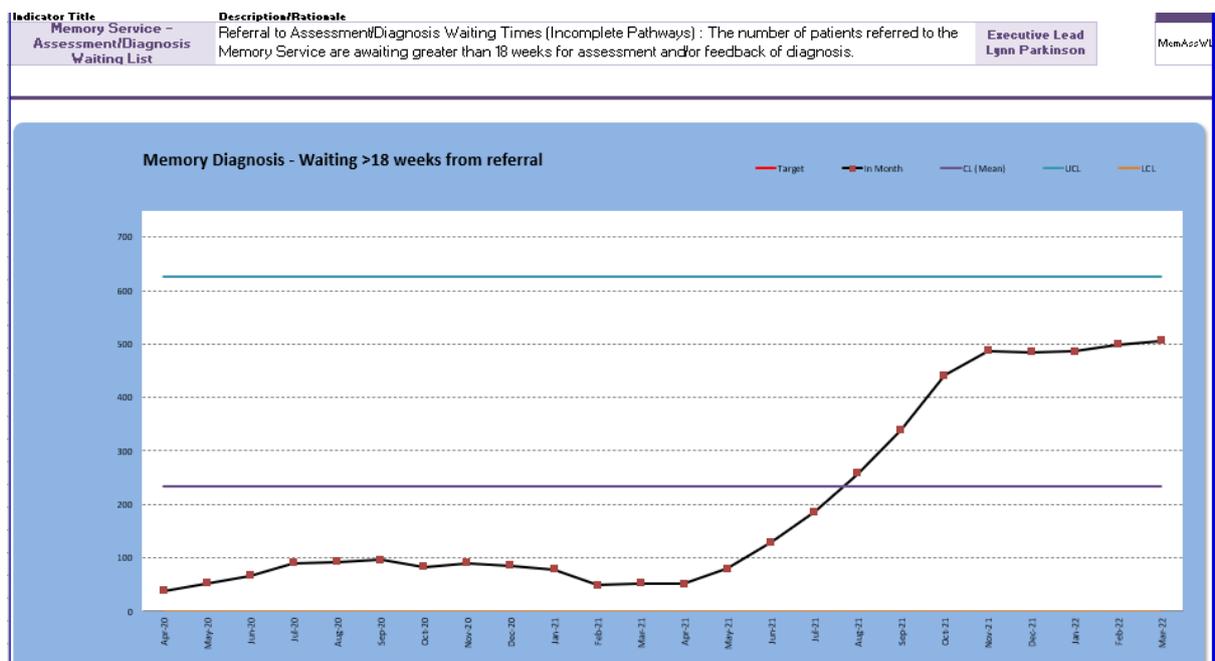
The service have a comprehensive recovery plan and trajectory which was developed in June 2021 in anticipation of a surge of referrals due to covid. The recovery and trajectory plan however were impacted by the unexpected loss of medical staff. The service undertook further waiting list initiative work in December 2021 which has enabled the waiting list position to remain stable despite this.

Challenges

Ongoing demand remains a significant challenge for this service and the national KPI for Dementia diagnosis is 66.6% for the over 65 population. HTFT are currently performing below this at approximately 60% across Hull and East Riding. As a result of this demand levels are set to increase further compounding this position.

Staff absence and vacancy levels as well as available capacity for diagnostic testing continues to hinder progress in addition to ongoing reliance on locum personnel due to recruitment challenges.

Plan

The service have refreshed the recovery plan based on the challenges being faced and as a result are taking the following actions:

Increased capacity using funding received from East Riding Place to maximise assessments and improve overall numbers waiting

Alternative private provision of diagnostic imaging has been explored and whilst opportunities have yet to be identified the service continue to explore avenues to further increase capacity to allow the timely completion of patient pathways.

The capacity gap that has been created by the loss of medical staff has been addressed by the appointment of locum medical personnel

A further refresh of the capacity and demand analysis and trajectory has been completed in light of the increasing demand. This will support with monitoring progress to ensure delivery of plan.

Diagnostic capacity for Humber is causing bottlenecks in the assessment stage of the pathway and further exploration of additional capacity from providers is continuing.

11. Out of Area Placements

Current Position

Out of Area Placements have continued to reduced since August 2021, with numbers overall reaching their lowest levels in the last 2 years. Adult out of area placements have been eradicated at the time of writing this update and the older people placements have achieved the lowest levels since June 2020. PICU out of area placements were eradicated during Q4 but have since increased to levels experienced during the peak of the pandemic.

Challenges

The areas of challenge are Older People placements and PICU capacity.

The PICU capacity demand is as a direct result of delayed transfers of care (DTOC) within the current facility. Many of which are delayed by months/years and affecting patient flow and bed capacity.

Older patient pressures are as a result of bed capacity not meeting a known demand, although this is much improved since the opening of additional beds at Maister Lodge.

Repatriating patients from out of area requires careful consideration, determining the benefits of moving patients closer to home versus the unsettling impact of moving the client group once settled.

A renewed increase in Covid positive patients will impact on bed availability due to inpatients areas closing to admissions.

Plan

The service have introduced weekly Delayed Transfer of Care escalation meetings with system and PLACE partners to address the challenging DTOC group.

The bed management team continue to review bed demand and reconfigure bed profiles to meet the changing demand for male or female beds.

The service are responding to Covid pressures through proactive risk assessment and the introduction of social distancing and face mask wearing as identified through the assessments.

Repatriation Care Plans are being developed for all older patients placed out of area.

12. Crisis Care Line

Current Position

During 2021 a review of the telephone support lines for Adult Crisis was undertaken in response to increased demand and performance in call answering falling below 50% and response times becoming increasingly lengthy at peak times. The review resulted in a revised telephone support model working with a voluntary sector partner. All calls are received and triaged and signposted and where necessary forwarded to the Crisis Care Line which is manned by specialist HTFT personnel. This has resulted in response performance progressively improving and is now exceeding 80%.

Challenges

Call rates are high, however, the revised model has improved call rates to the crisis and emergency lines.

Plan

Ongoing monitoring is in place to support early intervention if demand levels increase and capacity or processes require further adjustment to accommodate this. The service objective is to consistently maintain and improve upon a call answer rate of above 80%.

Conclusion

The Board is asked to note the areas of operational performance and recovery identified within this report acknowledging the challenges presented as we move out of the pandemic into a national recovery.

The challenges experienced by the services mirror those on a national basis and the Trust is working hard to maintain a service focus on long waiting patients and improving waiting list management whilst undertaking service transformation in order to ensure the most efficient and effective delivery of services overall.

The Trust continues to support initiatives to recruit and retain personnel in order maintain a stable platform against which to provide recovery and future sustainability. Additionally, capacity and demand planning will be a major tool to support workforce modelling as the impact of the pandemic challenges the services.

System working with ICB partners will continue in order to identify solutions to the challenges being faced.

Appendix 1

	Division & Services	Monitoring Bracket			
		>52	>38	>26	>18
Children's & Learning Disabilities					
	ASD	√	x	x	x
	ADHD	√	x	x	x
	Children's LD	√	√	x	x
	Core CAMHS	√	x	x	x
	Adult ASD	√	x	x	x
	Paediatric Therapy	√	√	x	x
	Adult Learning Disabilities	√	√	√	x
Mental Health Planned Care					
	IAPT	√	√	√	√
	Adult ADHD	√	x	x	x
	Memory Services	√	x	x	x
	Adult Mental Health	√	√	√	√
Mental Health Unplanned Care					
	MH Specialist Services	√	√	√	x
	Dept of Psychological Medicine	√	√	x	x
	MH Assessment Services	√	√	√	x
Community & Primary Care					
	S&R - Diabetes Structured Education	√	x	x	x
	S&R - Occupational Therapy Core	√	√	x	x
	S&R - Physiotherapy	√	√	√	x
	Vale of York Community - Dietetics Eating Disorders	√	x	x	x
	Vale of York Community - Paediatrics	√	x	x	x
	Whitby Services - Occupational Therapy	√	√	x	x
	Whitby Services - Physiotherapy	√	√	x	x
Secure Services					
	Forensics	√	√	x	x

The monitoring bracket is determined by the volume of patients presenting routinely in each bracket. Green represents the phase of monitoring currently. For example, ASD patient monitoring is aimed at patients waiting over 52ww, whilst Adult Learning Disabilities are being monitored for any patient waiting over 18ww as they now have minimal patients waiting over 18wks, and Adult Mental Health are being monitored to ensure zero patient wait over 18ww as performance is good.

	Population	Max Points	Achieved Points	QOF Achievement
Princes Medical Centre	7221	635	469	74%
Northpoint Practice	3569	635	579	91%
Peeler House	3026	635	516	81%
Manor House	8382	635	627	99%
Practice 2	6741	635	596	94%
King Street	7343	635	612	96%
Field House	6243	635	495	78%
Market Weighton	9351	635	566	89%
TOTAL	**51876**	**5,080**	**4,460**	**88%**
Clinical Domain		3,208	2,781	87%
Public Health Domain		1,280	1,088	85%
Quality Indicators Domain		592	592	100%
TOTAL		**5,080**	**1,680**	**33%**

Title & Date of Meeting:	Trust Board Public Meeting – 27 July 2022			
Title of Report:	Finance Report June 2022			
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 June and comment accordingly.			
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	This report is being brought to Board Members to provide the financial position for the Trust as at the 30 June 2022 (Month 3). The report provides assurance regarding financial performance, key financial targets and objectives			

Key Issues within the report:

Matters of Concern or Key Risks to Escalate:	**Key Actions Commissioned/Work Underway:**
• The Year to Date Agency expenditure was £2.028m, this is £0.376m more than the previous year's equivalent Month 3 position. • Primary Care is showing an overspend of £0.257m which is primarily due to pressures caused by the required increase of Locum Doctors	• Work is continuing with Commissioners in relation to income. • Work continues to reduce the level of agency costs with the aim of recruiting to permanent medical consultancy posts • A Primary Care Recovery Plan has been developed with oversight at Executive Management Team. • The Better Payment Practice Code figures show achievement (*Value*) of 90.4% for Non NHS invoices and 93.6% for NHS invoices, work is ongoing to improve the position.
Positive Assurances to Provide:	**Decisions Made:**
• The Trust recorded an overall deficit of £0.347m for Month 3 consistent with the Trust's planning target • Cash balance at the end of Month 3 was £31.889m.	• The Trust Board are asked to note the Finance report for June 2022, and comment accordingly.

Governance: *Please indicate which committee or group this paper has previously*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment		Executive Management	

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been presented to:	Committee		Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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

FINANCE REPORT – June 2022

1.   Introduction

This report is being circulated to The Board to present the financial position for the Trust as at the 30 June 2022 (Month 3). The report provides assurance regarding financial performance, key financial targets and objectives.

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

2.   Position as at 30 June 2022

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

The Month 3 target accounts for this change with the profiled position being a deficit of £0.347m which has been achieved. Going forward the monthly targets will reflect the requirement to break even at the year end which will mean a minor monthly surplus.

Table 1 shows for the period ended to 30 June 2022 the Trust recorded an operating deficit of £0.347m, details of which are summarised in table 1 on the following page.

There is one item which doesn't count against the Trust's financial control targets, which is the Donated asset Depreciation of £0.014m year to date

	22/23 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Income							
Trust Income	**157,511**	**13,449**	**12,896**	**(553)**	**39,016**	**38,396**	**(620)**
Clinical Income	**15,935**	**1,378**	**1,421**	**43**	**4,011**	**4,168**	**157**
Total Income	**173,446**	**14,827**	**14,317**	**(510)**	**43,027**	**42,564**	**(463)**
Expenditure							
Clinical Services							
Children's & Learning Disability	35,656	2,980	2,892	88	8,730	8,610	121
Community & Primary Care	30,572	2,548	2,513	34	7,836	7,870	(34)
Mental Health	52,958	4,475	4,277	198	13,792	13,451	341
Forensic Services	11,885	1,107	1,083	25	3,055	3,024	31
	131,070	11,110	10,765	345	33,413	32,955	459
Corporate Services							
	36,791	3,142	2,940	202	8,118	7,936	182
Total Expenditure	**167,861**	**14,252**	**13,705**	**547**	**41,531**	**40,890**	**641**
EBITDA	**5,585**	**575**	**612**	**37**	**1,496**	**1,674**	**178**
Depreciation	4,596	383	434	(51)	1,149	1,302	(153)
Interest	148	12	(11)	23	37	(14)	51
IFRS 16	-	-	53	(53)	-	53	(53)
PDC Dividends Payable	2,341	195	195	-	585	585	-
Operating Total	**(1,500)**	**(15)**	**(59)**	**(44)**	**(275)**	**(253)**	**23**
BRS	(1,500)	58	13	45	72	94	(22)
Operating Total	**0**	**(73)**	**(72)**	**1**	**(347)**	**(347)**	**1**
Excluded from Control Total							
Donated Depreciation	70	6	5	1	17	14	3
	(70)	(79)	(77)	2	(365)	(361)	4
Excluded							
Commissioning	1	0	1	(1)	1	1	0
Ledger Position	**(71)**	**(79)**	**(78)**	**1**	**(366)**	**(362)**	**4**
EBITDA %	**3.2%**	**3.9%**	**4.3%**		**3.5%**	**3.9%**	
Surplus %	**-0.9%**	**-0.1%**	**-0.4%**		**-0.6%**	**-0.6%**	

2.2   Income

Trust Income is showing a position of under achieving against budget by £0.620, of this £0.265m relates to Covid income which has been received and deferred to offset future potential pressures relating to Covid expenditure including the risk of Out of Area funding demands.

Clinical income which is specific to other income sources is overachieving by £0.157m

2.3   Divisional Expenditure

The overall Operational Divisional Gross Expenditure is showing an underspend of £0.459m.

2.3.1   Children's and Learning Disability

Children's and LD is reporting a £0.121m underspend. There are some pressures relating to the CAMHS Inpatient Unit, this is offset by savings elsewhere in the service.

2.3.2   Community and Primary Care

Community and Primary Care is reporting an overspend of £0.034m.

Primary Care is showing an overspend of £0.257m which is primarily due to pressures caused by the required increase of Locum Doctors which are significantly more expensive than substantive staff, offset by savings in Community of £0.223m

2.3.2   Mental Health

The Division is showing an underspend of £0.341m. There are pressures within the Unplanned service division which relates to the acuity of patients within PICU and the Older Adult Units which requires increased safer staffing numbers. This is currently offset by underspends on staffing within the Planned division.

3.   Cash

As at the end of Month 3 the Trust held the following cash balances:

<div align="right">

Table 3: Cash Balance

</div>

Cash Balances	£000s
Cash with GBS	31,638
Nat West Commercial Account	201
Petty cash	50
Total	**31,889**
Of this £4.682m relates to the Provider collaborative		

Included within this amount is the Provider Collaborative cash amount of £3.444m, this has increased as the payment mechanism between lead provider collaboratives has moved to recharges rather than the former block payment mechanism.

4. **Agency**

Actual agency expenditure for June was £0.706m. The year to date spend is £2.028m, which is £0.376m above the same period in the previous year.

Table 4 Agency Spend v previous year

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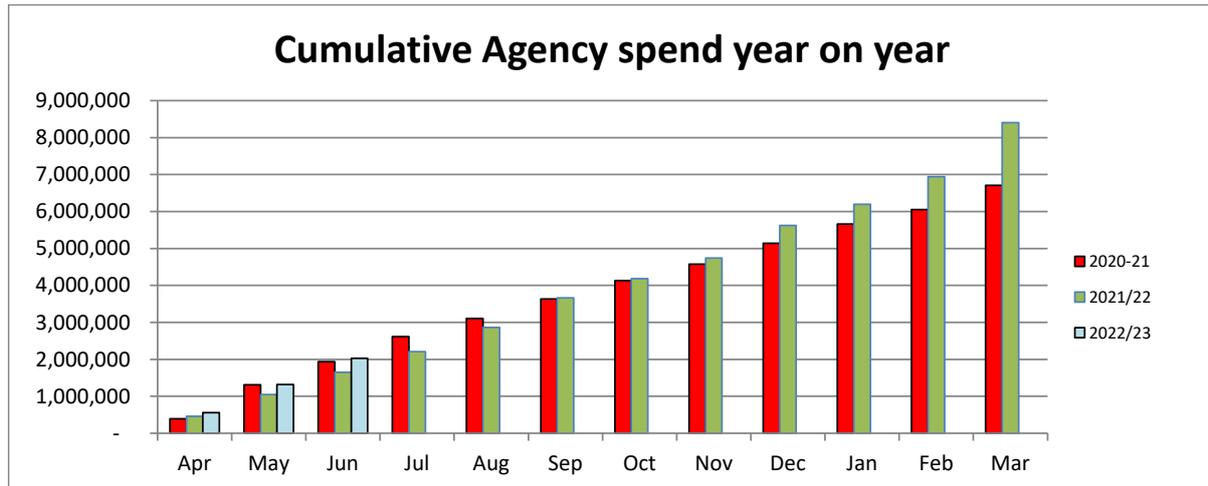
Table 5 Agency spend by staff group

Staff Type	Apr-21	May-21	Jun-21	Total
	£000	£000	£000	£000
Consultant	319	313	279	911
Nursing	125	201	230	556
AHPs	13	(27)	27	14
Clinical Support Staff	50	214	132	396
Administration & Clerical	56	57	39	152
Grand Total	563	759	706	2,028

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

A plan to recover agency spend has been requested by EMT and is being led on by the Chief Operating Officer.

5. Better Payment Practice Code BPPC

The BPPC figures are shown at Table 6. The current position is 83.5% for Non NHS and 74.5% for non NHS. Investigation regarding performance has shown that invoices that are queried have not been put on hold and work is ongoing to improve the position internally through Communications and then by monitoring.

Table 6 Better Payment Practice Code

Better Payment Practice Code	YTD Number	YTD £
NON NHS		
Total bills paid	9,258	25,635
Total bills paid within target	7,727	23,184
Percentage of bills paid within target	**83.5%**	**90.4%**
NHS		
Total bills paid	231	3,257
Total bills paid within target	172	3,048
Percentage of bills paid within target	**74.5%**	**93.6%**
TOTAL		
Total bills paid	9,489	28,892
Total bills paid within target	7,899	26,232
Percentage of bills paid within target	**83.2%**	**90.8%**

6. Recommendations

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

Title & Date of Meeting:	Trust Board Public Meeting Wednesday 27th July 2022			
Title of Report:	Trust Suicide Strategy Briefing			
Author/s:	Dr Dasari Michael, Interim Medical Director Hilary Gledhill, Director of Nursing, Allied Health & Social Care Professionals.			
Recommendation:	To approve		To receive & note	x
	For information		To ratify	
Purpose of Paper:	To update the Board regarding the development of a refreshed Suicide Strategy for the organisation.			

Key Issues within the report:

Matters of Concern or Key Risks to Escalate: None identified	**Key Actions Commissioned/Work Underway:** • Work being undertaken to with the medical workforce to ensure they contribute to the strategy and are instrumental in its implementation.
Positive Assurances to Provide: • Non-medical workforce have contributed • Patients/service users and carers have contributed • The strategy is based on the best available evidence ie the latest report of The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) • EMT have reviewed the draft in June and have supported its direction of travel	**Decisions Made:** • Not applicable at this stage of development.

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

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

Humber NHS Teaching Trust Suicide Strategy- Briefing Paper

1. **Introduction**

   The purpose of this report is to inform the Board of the direction of travel in respect of the development of the strategy; consultations undertaken to date and next steps to ensure all staff have been given the opportunity to contribute and consider their role in the implementation of the strategy.

2. **Current Status**

   The refreshed suicide strategy is now in first draft. EMT have reviewed and approved the draft and requested further targeted consultation with the medical workforce to ensure they are engaged and are instrumental in its implementation.

   The lead for the strategy is the Interim Medical Director who is supported in the development by the Divisional Clinical Director Dr Fofie Kwame, the Deputy Director of Nursing, Allied Health & Social Care Professionals, Tracy Flanagan and the Clinical Lead for Mental Health, Paul Johnson.

   2.1 Evidence Base

   The strategy uses the findings from the National Confidential Inquiry into Suicide and Safety in Mental Health, The University of Manchester, 2022 as its evidence base which makes the following 10 recommendations to reduce suicide rates:

   - Safer wards
   - Early follow-up on discharge
   - No out of area admissions
   - 24-hour crisis resolution/home treatment teams
   - Family involvement
   - Guidance on depression
   - Personalised risk management
   - Outreach teams
   - Low staff turnover
   - Reducing alcohol and drug misuse

   Progress to date against the 10 areas is described in the strategy with the strategy focusing on the areas where more work is required.

   2.2 Consultation

   Consultation on the draft strategy has been undertaken with clinical leads, matrons and general managers. An early draft has been presented to the Adult Mental Health Service User Group and the Trusts Patient and Carer Group to ensure service users and carers have had the opportunity to comment and shape the strategy.

Consultation with the wider medical workforce is currently underway and a meeting was held on 14th July 2022 to discuss and evaluate the strategy document. The key discussion points have been noted and will be incorporated into the strategy.

3. **Next Steps**

Following consultation with the medical workforce the strategy will be finalised and presented to EMT and the Quality Committee in August for further consideration and comment with the aim of presenting the final strategy to the Board in September for approval.

Title & Date of Meeting:	Trust Board Public Meeting - 27th July 2022				
Title of Report:	Approval of Refreshed Trust Strategy				
Author/s:	Sarah Clinch, Partnerships and Strategy Manager				
Recommendation:	To approve	✓	To receive & note		
	For information		To ratify		
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	This paper seeks approval from the Board of the content of the refreshed Trust Strategy.				

Key Issues within the report:

This report:

- Details the strategy development process;
- Presents the new strategy which:
  - o retains the 6 strategic goals from the previous strategy;
  - o expands on key themes from a newly developed distillation of the Trust's USP: "As a multi-specialty health provider with a broad out of hospital portfolio, we're proud of our role in leading service integration across all six Places in the Humber and North Yorkshire Health and Care Partnership area and beyond. We are passionate about using our high-quality research and our proven track record in co-producing services with our staff, patients and carers to drive innovation."
- Proposes a Communications Plan for the launch of the strategy;
- Describes work underway to finalise monitoring arrangements.

Matters of Concern or Key Risks to Escalate:	Key Actions Commissioned/Work Underway:
• None	• Trust Strategy refresh process • Communications Plan for Strategy Launch • Design services • Production of video to communicate the strategy (planning stages only, filming will not commence until after the Strategy is approved)

Positive Assurances to Provide:	Decisions Made:
• The refreshed strategy has been developed through a co-production approach with broad input from staff, patients, carers and partner organisations. • The process has been closely overseen by EMT. Execs and NEDs have been engaged in the process throughout.	• Remit given to the Partnerships and Strategy Team to refresh the Trust Strategy • Provisional agreement to communications and strategy launch activity

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	04/07/22
	Mental Health Legislation		Operational Delivery Group	

	Committee			
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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

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

Approval of Refreshed Trust Strategy

July 2022

1. **Purpose**

This paper seeks approval from the Board of the content of the refreshed Trust Strategy. The content is presented here as a plain text version: final design work will be completed once the content has been approved.

2. **Background**

The current Trust Strategy runs from 2017-2022. In 2019, in response to the publication of the NHS Long Term Plan, extensive engagement work was undertaken with corporate and operational Divisions to review the Strategy and refresh the goals and indicators. However, since 2019, the Trust's operating environment has shifted considerably and in early 2021, the Partnerships and Strategy team was tasked with reviewing and refreshing the Trust Strategy.

The first step in this process was a review of the progress made against the objectives of the current strategy. Despite the challenges presented by the Covid-19 pandemic, it was established that the Trust had significantly progressed a number of strategic objectives at pace, due to the hard work and dedication of our teams. However, in other areas progress had been hindered and, in addition, the pandemic had changed the environment in which we were operating, with dramatic increases to demand for services and patient complexity.

Concurrently, legislative changes contained in the Health and Care Act 2022 and associated guidance significantly altered the structure of the NHS, through the introduction of Integrated Care Partnerships, Integrated Care Boards, Provider Collaboratives and Place Based Partnerships. These structural changes aimed to embed greater integration and remove competition between heath and care system partners. A refreshed strategy was required to respond to the opportunities and challenges presented by these changes.

3. **How we Developed the Refreshed Strategy**

The strategy refresh was underpinned by a collaborative engagement approach, working closely with and listening to our staff, our governors, our non-executive directors and our patients, families and carers and other key stakeholder groups to co-produce the refreshed strategy.

From July to December 2021, a broad programme of internal engagement activities was delivered to inform the development of an outline draft of the refreshed strategy. Activities included drop-in sessions for staff, an online survey, attendance at PACE forums and a series of strategy sessions with NEDs. The total number of attendees across all session was 242. This first phase of our involvement work occurred before the team started drafting the strategy document, meaning that the conversations held during this period were able to genuinely shape the strategy.

The Partnerships and Strategy Team held a workshop session to collate and categorise all engagement responses thematically against the six strategy goals. The findings of the engagement process were discussed in detail with NEDs and Exec and presented to the Senior Leadership Forum. Suggestions from the engagement process were combined with other proposed content from relevant leads on key areas of work to create an initial draft, which was refined through a series of one to ones with execs and other senior leaders. The content for the outline draft of the strategy was finalised in early January 2021 and sent to a design and print company to create a designed and formatted version of the strategy document.

A "Read Right" review of the draft strategy was undertaken by a panel of volunteers from Healthwatch East Riding of Yorkshire to assess for accessibility and readability. The panel commented that the document was well presented and looked appealing to readers. The volunteers stated that the language used within the document was appropriate and mostly easy to understand. However, the panel noted that some long sentences were used and that some terms were used which were not widely understood. These comments were taken into account in creating the final draft text: sentences were simplified where possible and confusing terms were either replaced or explained.

Between February and April 2022, we held a second round of consultation and engagement events where we shared a draft of the new strategy with participants. Activities included a programme of external stakeholder engagement activities to seek views on the draft strategy from our system partners across Humber and North Yorkshire and ensure that the content aligned with the values and priorities of key partners. Alongside engagement activity with external partners, we ran a second round of internal engagement session in February and March where the draft strategy was shared with members of PACE Forums and various staff meetings and forums from across the organisation including the BAME network, Senior Leadership forum and Scarborough and Ryedale locality hubs. The sessions took a "you said, we did" approach, thanking staff for their contributions to date and explaining how staff input has shaped the draft strategy. The total number of attendees across all session was 241.

In total, we held over 30 consultation and engagement events which were attended by a wide range of people from inside and outside the Trust, including partner organisation across health, care and local government as well and voluntary and community sector organisations. The conversations at these events covered a rich and broad range of issues, and have informed the style and content of final draft of the strategy. The text was then reviewed with NEDs and execs to refine the language used and to incorporate more measurable and specific outcomes.

4. Strategy Content

The refreshed strategy describes the building blocks we will put in place to grow and innovate services which meet the needs of our patients, service users, families and communities. At the start of the document, we have included a succinct "elevator pitch" describing the Trust's unique assets and USPs. The themes expressed in this statement around system leadership, co-production and research-driven innovations in delivering care are developed and expanded on throughout the strategy document:

> **As a multi-specialty health provider with a broad out of hospital portfolio, we're proud of our role in leading service integration across all six Places in the Humber and North Yorkshire Health and Care Partnership area and beyond. We are passionate about using our high-quality research and our proven track record in co-producing services with our staff, patients and carers to drive innovation.**

In accordance with the original brief to the Partnerships and Strategy team, the headline strategic goals from the previous strategy were retained. However, the content and scope of each goal has been refreshed and in some cases broadened to reflect new challenges and opportunities. The strategy includes a page on each goal with content split into two sections detailing how we will achieve each goal and how we will know we have achieved it. The six strategic goals are:

- Innovating for quality and patient safety
- Enhancing prevention, wellbeing and recovery
- Fostering integration, partnerships and alliances
- Promoting people, communities and social values
- Developing an effective and empowered workforce
- Optimising an efficient and sustainable organisation

The document also includes:

- A chief exec and chairs introduction explaining the purpose of the document and highlighting key themes, including:
  - Our aspiration to achieve a CQC rating of outstanding
  - Our commitment to continuing to support and develop our workforce
  - The importance of co-producing all aspects of our work with staff, patients, carers and communities in all aspects of our work
  - The central role partnerships with other organisations and communities will play in our future development
- An overview of the work of the Trust to build a picture of the range of services we deliver, the geographic area we cover and the diversity of our staff

- A "strategy on a page" communicating the Trust's vision, mission and values
- A section describing how the strategy was developed, emphasising the importance of co-production

5. Design

From the outset, it was felt to be important that the Trust Strategy document was user friendly and visually appealing. A design company was engaged to produce a consultation draft, which received very positive feedback during the second round of consultation where the designed document was shared with participants.

Once the content of the strategy is finalised, a final design for the document will be produced. In view of the positive reception for the design during consultation, we are planning to retain the overall structure and look of the document, although new images will be incorporated alongside the revised text.

A staff photography competition was held to raise awareness of the strategy refresh and to source images of the areas where the Trust delivers services for use within the strategy document.

Sample Pages

The internal pages shown above are taken from the consultation draft and are subject to change. The full consultation draft can be viewed here: HTFT Strategy Document (flippingbook.com)

An Easy Read version will be produced after the final content has been approved. A supplier has been identified for this process who has previously worked with the Trust on similar projects.

6. Strategy Launch and Communications Plan

The launch of the strategy has been provisionally scheduled to take place at the Annual Members Meeting on 6th October 2022. The Partnerships and Strategy Team has worked closely with the Communications Team to produce a Communications Plan (see Appendix 1) which describes how we propose to reach key stakeholder groups. A short video will be produced to explain and promote the strategy, which will be used as part of the launch and at future internal and external events.

7. Monitoring and Assurance

Good progress has been made on developing a monitoring framework to underpin the Trust Strategy. A review was carried out of the indicators that had been identified for monitoring delivery of the current strategy. These indicators were re-aligned to lines in the draft of the refreshed strategy and reviewed with the lead Execs and NEDs for each strategic goal to confirm continued appropriacy and relevance.

The proposed metrics in the emerging monitoring framework should reflect the following principles:

- Metrics should be targeted, strategic and should focus attention on the most pressing issues, for example under waiting times, focusing on metrics which capture the quality and safety impact of long waits.
- Where feasible, existing reports and monitoring mechanisms should be utilised, such as the HR Insights Report, IQPT or regular reporting mechanisms for specific programmes with agreed outcomes such as the QI Strategy, Recovery Framework or Green Plan. The Strategy monitoring framework will signpost to where detailed measures can be found rather than replicating them.
- In a small number of cases, new strategy specific measurements will need to be designed. These primarily relate to the strategy goals on Fostering integration, partnerships and alliances and Promoting people, communities and social values. Wherever possible, these measurements should be aligned with existing processes, for example expanding regular Place Intelligence updates to capture evidence of partnership working or refreshing and expanding the Trust Social Values report to cover new areas.

The next stage in finalising the monitoring framework will be to review the proposed metrics with EMT and service leads and agree data sources and collection mechanisms. The final stage will be to review existing Board reporting frameworks such as the BAF and ensure that these reports are aligned with the refreshed strategy. This process is expected to be completed in Autumn 2022.

The detail of how Humber will deliver the Strategy will be set out in a series of enabling strategies covering People, Estates, Digital, Patient and Carer Experience and our Clinical Strategy. These supporting strategies will contain more details, specific metrics relating to each area of delivery.

8. Recommendation

That the Trust Board approve the content of the draft Trust Strategy.

9. Next Steps

Once the content of the strategy is approved, the Partnerships and Strategy Team will progress the following actions:

- Agree a final design for document
- Produce an easy read version
- Progress plans for the strategy launch in October 2022

**Appendix 1: Communications Plan: Launch of Refreshed Trust Strategy**

Summary and aim: Over the last nine months, the Partnerships and Strategy Team have been working with both internal and external Trust stakeholders to review and refresh the Humber Trust Strategy. The updated version is due to be launched in September 2022 and therefore the following plan outlines the actions to be taken in the lead up to this launch. It is important that in the lead up to the launch of the strategy, and within the launch itself, this journey is recognised and communicated to ensure stakeholders know the value of their contributions during this process.

Communications activity plan:

#	Phase	Date(s)	Channel/Event	Audience	Notes
1	End of engagement	May 22	Intranet Page	Humber Staff	Communications published to announce the end of the engagement process, thank everyone, and inform when to expect an update
			Website page/news	All	
2	Video Development	June-August 22	N/A	All	Trust brief and script completed and submitted to supplier, awaiting shooting brief from supplier
			Humber Youth Action Group	HYAG	Support in developing materials for launch communications
3	Launch	Sept 22	Build up to launch – to link in with Annual Members Meeting (AMM) Communications	All	Joined up approach between Partnerships and Strategy and Communications Team to ensure no communications opportunities are missed.
		October 6th 22	Annual Members Meeting	Members, Exec Team, also available for public streaming	Strategy launch has a dedicated slot within the AMM. Video will be shown and printed copies of the document to be shared with attendees.
		October 7th 22	Virtual 'Thank you' card	External stakeholders and staff, patients etc.	Follow up from launch at AMM, thank stakeholders for their contributions, link to video and document included
			Bespoke Global Email	Humber Staff	Follow up from launch at AMM, thank all staff who contributed to the video and the development of the document
			Email from Michele Moran to partners	Partners	Thanking partners for contribution in development of strategy – focus on collaborative ways of working moving forwards
			Email from Michele Moran to Non-Execs	Non-Execs	Thanking non-execs for contribution in development of strategy
			Email to VCSE partners from Partnerships and Strategy Team	VCSE partners	Focus on VCSE elements of strategy and how we will foster these relationships moving forwards.
		Oct 22	PACE Forum	Patients/Service Users	Show video and copy of new strategy – explain the link with PACE strategy
			Staff Survey	Humber Staff	Need to show how we are using Staff Survey feedback as part of the monitoring and assurance framework within the strategy
4	Post Launch Embedding	Nov 22 Onwards	All channels	All	Ongoing work with communications team to ensure any opportunity to reference the strategy is taken.

Caring, Learning
& Growing Together

Stakeholder map:

Partner Engagement Power/Interest Grid
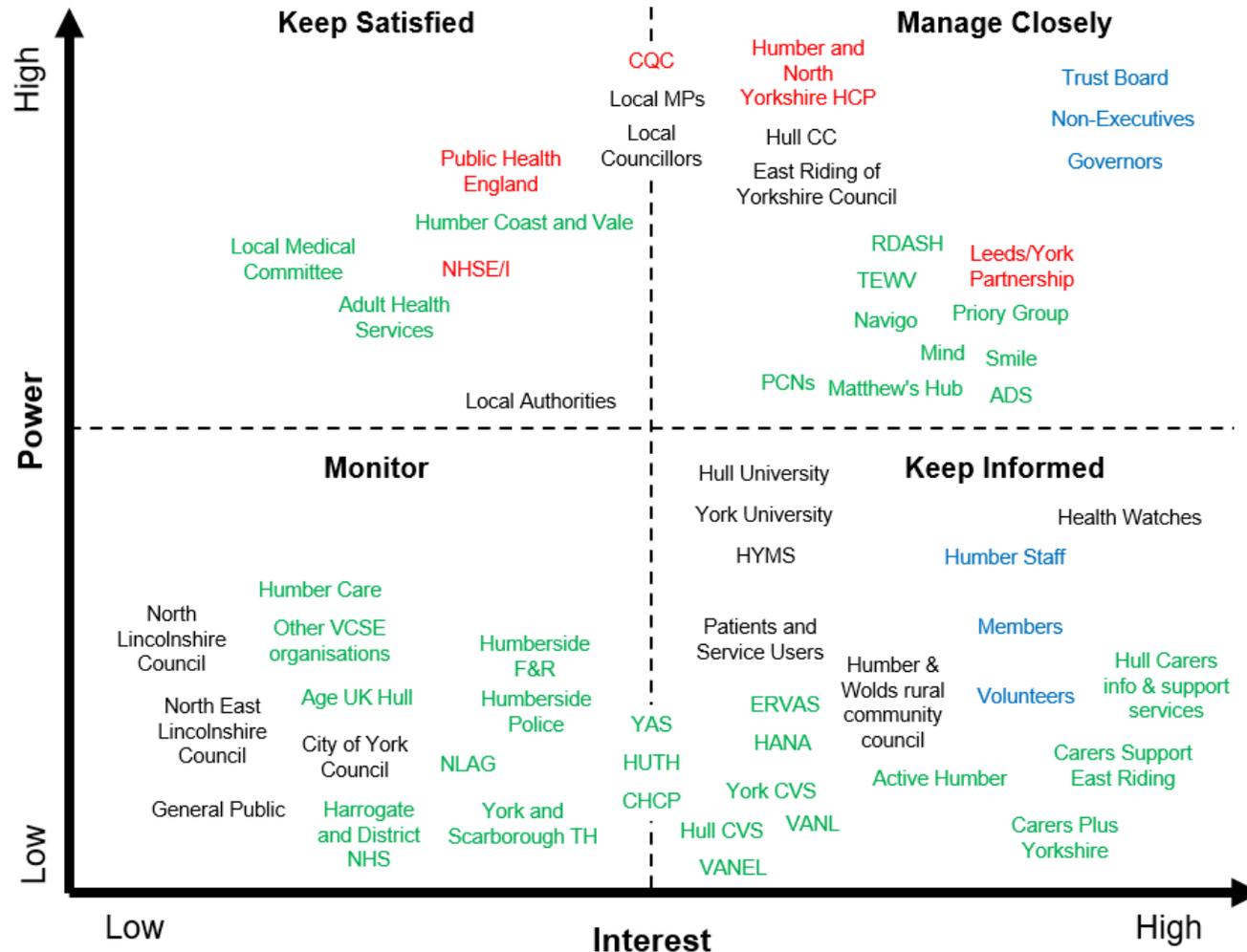
Acronym Guide:

CQC	Care Quality Commission
CC	City Council
HCP	Health and Care Partnership
NHSE/I	NHS England/Improvement
PCN	Primary Care Network
TEWV	Tees, Esk and Wear Valleys Foundation NHS Trust
RDASH	Rotherham, Doncaster and South Humber NHS Foundation Trust
ADS	Alzheimer's Dementia Support
HYMS	Hull and York Medical School
ERVAS	East Riding Voluntary Action Services
HANA	Humber All Nations Alliance
CVS	Hull Community and Voluntary Services
VANL	Voluntary Action North Lincolnshire
VANEL	Voluntary Action North East Lincolnshire
NLAG	North Links and Goole NHS Foundation Trust
TH	Teaching Hospital
VCSE	Voluntary, Community and Social Enterprise
F&R	Fire and Rescue

Stakeholder Types:
- Commissioners
- Providers / 3rd sector organisations
- Internal stakeholders
- Other

Communications chanels targeting key stakeholder groups:

Stakeholder	Contact	Date	Action
Members	Annual Members Meeting	06/10/22	LAUNCH
Local Authorities/ICS	Email from Michele Moran	07/10/22	Draft email for Michele to send
Staff	Global	07/10/22	Draft launch email and seek approval from MM, Board and Non-Execs
Health Watches	Mandy Dawley Meeting	TBC	Ask Mandy Dawley for the Strategy to be included as an agenda item
Governors	Chair's Meeting	Katie Kolrein	Liaise with Caroline Flint to ask for the Strategy to be an agenda item
VCSEs	Email from P&S Team – send to networks for support in distribution	07/10/22	Draft email
Delivery Partners/Other Providers	Chief Exec to Chief Exec email	W/C 10/10	Draft email for Michele to send
Patients/service users	PACE Forum Patient facing newsletter – Humber People?	Oct 22	Ask Mandy Dawley for the Strategy to be included as an agenda item Ask comms for information on how we include an article in Humber People
General Public	Social	Oct 22	Liaise with Loren Hakeney to create social media campaign
Universities	Ask comms - exec lead? John Byrne?	W/C 10/10	Draft email for John Byrne (or alternative) to send to universities
Volunteers	Sharon Nobbs	TBC	Ask Voluntary Services what events/communication channels we can use to showcase the strategy to volunteers
MPs	Comms	TBC	TBC
PCNs	Email from P&S Team – send to networks for support in distribution	W/C 10/10	Draft email
Board/Non-Execs	Involved in sign off, need to be aware of engagement plan	July-Sept 22	Continue engagement meetings with leads to ensure they are aware of the engagement plan
Humber Youth Action Group	Need to be involved in developing communications for young people	July-Aug 22	Consult with the group to support in the development of the strategy video
CQC/PHE	Ensure they are given copy of the strategy via Su Hutchcroft	W/C 10/10	Send Su Hutchcroft a copy of the strategy and a supporting email for her to forward on

NHS

Humber Teaching
NHS Foundation Trust

Caring, Learning
& Growing Together

Trust Strategy
2022-2027

Introduction

Humber's strategy is an important statement of who we are, what we do and why it matters. It describes the building blocks we will put in place to grow and innovate services which meet the needs of our patients, service users, families and communities. This strategy is an opportunity to build on our past achievements and to set ourselves ambitious goals for the next five years, including our target of achieving a CQC rating of outstanding to recognise our success in delivering high-quality care. We aim to continue to develop as a leading integrated health and care provider, delivering safe, responsive and accessible care across mental health, forensic services, community services, primary care and services for children, young people and people with learning disabilities and autism.

Since our strategy was last refreshed in 2019, we have lived through the unique challenge of continuing to deliver excellent care in the context of a global pandemic. Our staff, patients, carers and health system partners have faced huge pressures and our staff have gone above and beyond to maintain safe, high-quality care. We recognise the continued importance of supporting the wellbeing and mental health resilience of our workforce, not only because it is the right thing to do, but because it will help our staff feel valued and fulfilled and help our health and care system to thrive.

Humber is passionate about working in partnership with our communities to co-produce services which support the most vulnerable and reach out to under-served groups.

This entails involving and truly listening to people to understand their unique challenges, from children and young people to older adults and from diverse communities including inner cities, coastal towns and small rural villages.

Humber aspires to be an 'anchor institution'; an organisation which has a strong connection to our local population and has a strong influence on the health and wellbeing of our communities. In this role, we are committed to improving the lives of local people and contributing to addressing the wider drivers of health inequalities through our procurement practices, by offering routes into employment and by reducing our impact on the environment.

At the time of writing, the NHS is changing. Integrated Care Systems (ICS) are taking on a stronger, statutory role in integrating services and improving population health. Over the five-year period covered by this strategy, we look forward to working together with our partners in health and care, local government, education and the voluntary and community sector to improve the health and wellbeing of people across the Humber and North Yorkshire Health and Care Partnership.

Integrating with health and care services provided by other organisations is an important part of our future development, but no partnership is more important than the partnership we have together within Humber. From community services in Whitby to mental health support in Hull, our new strategy is deeply rooted in our values of caring, learning and growing.

Caring, Learning & Growing Together

About Humber Teaching NHS Foundation Trust

NHS Humber Teaching NHS Foundation Trust

As a multi-specialty health provider with a broad out of hospital portfolio, we're proud of our role in leading service integration across all six Places in the Humber and North Yorkshire Health and Care Partnership area and beyond. We are passionate about using our high-quality research and our proven track record in co-producing services with our staff, patients and carers to drive innovation.

Caring, Learning & Growing Together

How Humber supports our workforce and our communities:

- Humber is proud to deliver services which support people across their life course, from providing health visitors and supporting children's mental health and wellbeing, to working with older people with dementia.

- By working in partnership with other NHS providers, local authorities and voluntary and community sector organisations such as MIND, Smile Foundation, Matthew's Hub and ADS (Alcohol and Drug Service) to deliver services to our communities.

- Our Patient and Carer Experience (PACE) strategy feeds into everything we do. We listen to what people want and take action accordingly. For example, a Youth Action Group has recently been established to improve engagement with young people.

- By paying tribute to the dedication and support of our staff through our staff rewards scheme and our annual programme of events to recognise and celebrate success.

- Humber enables staff to lead healthy lives and look after their mental and physical wellbeing, both at home and in the workplace with dedicated support from our Staff and Volunteer Health Trainer Service.

Humber's track record in delivering innovation and transformation:

- Investing our estate by redeveloping Whitby Community Hospital's Tower Block to house a refurbished modern space which contains an Urgent Treatment Centre, Inpatient Unit, Therapy Services and much more.

- Leading digital innovation across the Humber and North Yorkshire Integrated Care System and beyond by hosting the Yorkshire and Humber Care Record, which improves patient care by securely sharing information from patient records between health and social care services.

- Humber Primary Care practices deliver innovative health services to meet the needs of our diverse communities.

- Humber mental health services support our service users on their journey to recovery in the community and inpatient services, such as Inspire our award-winning Child and Adolescent Mental Health inpatient unit.

Our Trust Strategy on a Page

Our Trust Mission:

We are a multi-specialty health and social care teaching provider committed to Caring, Learning and Growing.

Our Trust Vision:

We aim to be a leading provider of integrated health services, recognised for the care compassion and commitment of our staff and known as a great employer and a valued partner.

Our Trust Values:

Our internal values shape our behaviours and guide the way we work with our patients, staff, partners, within our community and with each other.

- **Caring** for people while ensuring that they are always at the heart of everything we do.
- **Learning** and using proven research as a basis for delivering safe, effective and integrated care.
- **Growing** our reputation for being a provider of high-quality services and a great place to work.

How we will deliver our strategy:

Our strategy describes our overarching long-term goals for Humber and explains in broad terms how we will achieve them.

The detail of how Humber will make this vision a reality is set out in a series of enabling strategies covering People, Estates, Digital, Patient and Carer Experience and our Clinical Strategy.

In addition, each of our divisions produce operational service plans each year which translate our strategic goals into direct actions which benefit staff and patients within each service area.

The organisation has developed a detailed set of measurements and ambitions which sit alongside this document, which will be used to monitor the progress we are making towards achieving our strategic goals. This will be updated throughout the five-year lifespan of the strategy.

Innovating for quality and patient safety · Enhancing prevention, wellbeing and recovery · CARING · Fostering integration, partnership and alliances · Maximising an efficient and sustainable organisation · A multi-specialty health and social care teaching provider · LEARNING · GROWING · Developing an effective & empowered workforce · Promoting people, communities & social values

DIAGRAM CHANGES (to be completed by designer). To reflect Health Inequalities cross cutting everything add an outer circle to this diagram with text "Addressing Health Inequalities". Amend radial diagram to offset goals from values

Innovating for quality and patient safety

How we will achieve this:

• Attain a CQC rating of outstanding for safety to inform our ultimate aim of achieving a rating of outstanding in recognition of our success in delivering high-quality, safe, responsive and accessible care.

• Use patient experience and other forms of best available evidence to inform practice developments and service delivery models for the services we provide and commission.

• Work collaboratively with our stakeholders co-produce models of service delivery and deliver transformation programmes that meet the needs of the communities we serve and address health inequalities, both in our provider role and in our role as lead commissioner.

• Continually strive to improve access to our services and minimise the impact of waiting times for our patients, their carers and families.

• Shape the future of our health services and treatments by building on our existing research capacity, taking part in high-quality local and national research, embedding research as a core component of our frontline clinical services and translating research into action.

How we will know we have achieved this:

• Inspection by the CQC will result in a rating of outstanding for patient safety and an overall rating of outstanding at the next inspection.

• Quality improvement methodology and validated patient and clinical outcome metrics are routinely used to measure health outcomes and inform continuous service improvements.

• Access to our services will be in the top quartile in the Yorkshire and North East Region.

• The number of service areas which offer opportunities for people to take part in high quality research will increase.

• We can evidence that research and audit are used to promote change across our clinical pathways.

Enhancing prevention, wellbeing and recovery

How we will achieve this:

• Focus on putting recovery at the heart of our care. This means supporting people using our services to build meaningful and satisfying lives, based on their own strengths and personal aims. We will offer holistic services to optimise health and wellbeing including our Recovery College, Health Trainers, Social Prescribing and Peer Support Workers.

• Embed a trauma informed approach to supporting the people who use our services. In doing this, we will acknowledge people's experiences of physical and emotional harm and deliver our services in a way that enables them to feel safe and addresses their physical, psychological and emotional needs.

• Empower adults, young people, children and their families to take control by becoming experts in their own self care, making decisions and advocating for their needs.

• Work in partnership with our staff, patients, service users, carers and families to co-produce integrated services which take a collaborative, holistic and person-centred approach to care.

How we will know we have achieved this:

• A recovery focused approach will be embedded in Humber policies and procedures covering supervision and appraisal, risk management, MDTs, how we provide information to patients and how we develop our estate.

• Dedicated resources will be allocated to transformative projects to creatively support recovery.

• Humber will adopt a trauma informed approach to care, covering clinical models for patient care and underpinning our approach to supporting our staff.

• Shared decision making will be embedded in all services, enabling patients and service users to plan and measure their own recovery and wellbeing, working towards self-defined personal goals with involvement from their carers and families.

• People with lived experience will be involved in co-designing, co-producing and co-creating all new or changing services.

• Expanded volunteer roles including Patient Safety Partners and opportunities for patient and carer representation on interview panels will give our patients, carers, families and service users a meaningful role in shaping and delivering services.

Fostering integration, partnerships and alliances

How we will achieve this:

• Work alongside our partners in health, social care, the voluntary, community and social enterprise sector, Healthwatch, local government and other fields to develop integrated services as part of the Humber and North Yorkshire Health and Care Partnership.

• Take a collaborative approach to facilitating the provision of modern innovative services, building on our role as Lead Provider for perinatal mental health and aspects of specialised mental health commissioning.

• Work closely with all six Place-based partnerships across Humber and North Yorkshire to facilitate collaboration and empower local systems. Place-based partnerships have responsibility for improving the health and wellbeing outcomes for the population, preventing ill health and addressing health inequalities at a local level.

• Collaborate with system partners to maximise the efficient and effective use of resources across health and care services.

• Empower Humber staff to work with partners across organisational boundaries, embracing a 'one workforce' approach to enable patients to access the right support, in the right place, at the right time.

• Use our system-wide understanding of our local population's health needs and our knowledge of the impact and effectiveness of interventions to plan services.

How we will know we have achieved this:

• Humber will maximise its role in leading and supporting provider collaboratives and enable the delivery of patient-centred, multi-partner care models and pathways.

• Humber's ambitions and service delivery at Place or local authority level will be aligned with local Health and Wellbeing Strategies, recognising the different and unique priorities of each of the Places Humber serves.

• System-wide solutions to long-term problems, including workforce challenges and access to services, will be designed and delivered in collaboration with our partners.

• Humber will build on its strong ICS and regional leadership role to develop our influence at a national level.

• Our own and our partners' clinical and financial data will be used to inform the delivery of more effective services, building on Humber's role in leading development of the Yorkshire and Humber Care Record and our partnerships with local universities.

Promoting people, communities and social values

How we will achieve this:

• Take action to address health inequalities and the underlying causes of inequalities, both in our role as a provider of integrated health services and our role as a developing anchor institution, supporting the long-term aim of increasing life expectancy for our most deprived areas and for population groups experiencing poorer than average health access, experience and outcomes.

• Work collaboratively with our partners in the voluntary sector to build on our shared strengths - our deep knowledge of service users' needs and our ability to respond to changing circumstances.

• Strengthen Humber's relationships with statutory partners including housing, education and Jobcentre Plus to deepen our understanding of our communities.

• Celebrate the increasing cultural diversity of Humber, offering opportunities for our staff, patients, families and the communities we support to safely express their views and shape and influence our services.

• Work alongside economic development and health and care system partners to ensure that our investments in facilities and services benefit local communities.

• Offer simplified routes into good employment for local people.

• Provide opportunities to people with lived experience of mental and physical ill health, autism and learning disabilities and people from communities experiencing deprivation.

How we will know we have achieved this:

• Humber's staff will have a strong understanding and awareness of the principles of health inequalities. Health inequalities data will be incorporated in performance reporting to enable the organisation to deliver services in a way that maximises our ability to address health inequalities.

• Strong relationships with voluntary sector organisations and networks will increase the role of this sector in developing and delivering services.

• A wide range of statutory partners will be involved in strategic decision making and service design.

• Humber staff, governors and our patient and carer experience champions will fully represent the diversity of the communities we serve, including rural and urban areas, under-served communities and young people, through our Youth Action Group.

• Information is regularly gathered about the views of staff as residents and valued representatives of their communities, covering our services and wider social issues.

• Our Social Values Report will continue to demonstrate the social value our work generates through the use of our resources for community benefit and our spend within the local economy.

• By working with education providers and local support services, Humber will help people facing barriers to employment to access entry level roles as a starting point on a fulfilling career pathway. A wide range of volunteer and apprentice roles will be offered across Humber's services.

Developing an effective and empowered workforce

How we will achieve this:

• Attract, recruit and retain the best people by being an anchor employer within the locality; with roles filled by staff that feel happy and proud to work for Humber.

• Grow a community of leaders and managers across Humber with the capability, confidence and values to create a highly engaged, high performing and continually improving culture.

• Maximise a diverse and inclusive workforce representative of the communities we serve.

• Enable new ways of working and delivering health care, anticipating future demands and planning accordingly.

• Prioritise the health and wellbeing of our staff by understanding that staff bring their whole self to work, so we place mental and physical wellbeing at the heart of the individual's experience of working at Humber.

• Engage with schools, colleges and universities to create a highly skilled and engaged workforce who want to grow and develop to deliver high-quality care.

• Ensure all colleagues are highly motivated to achieve outstanding results by creating a great employer experience, so that they feel valued and rewarded for doing an outstanding job; individually and collectively.

• Develop a culture of learning, high engagement, continuous improvement and high performance that builds on our values and enables us to realise the potential of our people.

How we will know we have achieved this:

• Humber will score above the benchmark group average for each of the People Promise themes in the NHS National Staff Survey.

• The percentage of staff recommending us as a place to work will increase to 80% or above.

• Our positions filled will increase to 95% and our retention rate will increase to 92%.

• The number of disabled, black and ethnic minority and LGBTQ+ staff in leadership roles will be equivalent to the communities we serve.

• Sickness rates will be lower than the ICS average.

Optimising an efficient and sustainable organisation

How we will achieve this:

• Empower all staff to contribute to the efficiency and sustainability of the organisation by making informed decisions about the efficient use of resources.

• Work with our partners to optimise the efficiency and sustainability of the Humber and North Yorkshire Health and Care Partnership in our role as lead provider.

• Continue to develop our estate to provide safe, environmentally sustainable and clinically effective environments that support operational delivery.

• Embrace new, safe and secure technologies to enhance patient care, improve productivity and support our workforce across the health and social care system. We will design technologies around the person's needs and will make sure that people are not excluded from accessing services due to digital poverty or poor rural connectivity.

• Work with our partners and communities to minimise our effect on the environment to meet the NHS climate change target.

How we will know we have achieved this:

• The organisation's financial position is in line with targets set by NHS England.

• Humber achieves its aim to be in the top 25% for efficiency and sustainability measured against national financial benchmarking tools, where this is compatible with maintaining appropriate levels of investment in the future of high-quality services.

• Humber adopts a lead provider role for an increased number of services.

• The organisation scores above the national domain for 'Condition Appearance and Maintenance' against the annual Patient Led Assessment of the Care Environment surveys.

• Humber achieves the Government backed Cyber Essentials accreditation in recognition of the organisation's robust cyber security approach by October 2022.

• Data Quality Maturity Index (DQMI) scores are maintained above the national average.

• Humber meets its Green Plan Target to reduce CO_2 by 25% by 2024/25.

How we developed our strategy

Humber's approach to developing our strategy was based on listening to our staff, our governors, our non-executive directors and our patients, families and carers through our Patient and Carer Engagement Forums. Over 30 engagement events were held which were attended by a wide range of people from inside and outside the Trust, including partner organisation across health, care and local government as well as voluntary and community sector organisations.

The conversations at these events covered a rich and broad range of issues and have informed the style and content of this document. We would like to take this opportunity to thank everyone who was involved in this process for their invaluable contribution to developing our shared Trust Strategy.

You said, we did

Our Care

You said:

"Listen to front line staff first before making changes."

"Invest in service provision, resources, staff."

"Over next 5 years it's about how we take the best of the last 2 years and use that to move forward"

"Services that are person-centred based on individual needs and where the service user is involved in decisions about their care and support."

"Work on waiting list backlogs, ensuring patients feel communicated with and tackling inequalities."

Our Partnerships

You said:

"Collaborative relationships with providers resulting in creative packages of care. Aim to create a culture of helpfulness, what CAN we do not what we CAN'T do."

"Encourage more take up of volunteers across teams."

"Keep people motivated to engage with Trust in a virtual world."

"Overcoming the impact Covid 19 has had on people and the local communities we work in."

Our Workforce and Organisation

You said:

"Time and thought from managers and leads to check in and ask if everything is ok."

"Support managers to understand and manage resources."

"Recognition and respect of all professionals within the trust and opportunity for development based on choice of the professional."

"Trauma-informed services in physical spaces that are welcoming, warm and comfortable."

We did:

Committed to reducing waiting lists, co-producing person-centred services with staff and patients and reducing our vacancy rates to below the ICS average.

We did:

Committed to working with partners to develop integrated services, using volunteers more widely across the Trust and building on our role as an Anchor Institution to better support our communities.

We did:

Committed to growing a community of leaders and managers with the capability, confidence, and values to create a highly engaged, high performing and continually improving culture and empowering all staff to contribute to the efficiency and sustainability of the Trust.

Caring, Learning & Growing Together

DRAFT

If you have any comments or questions about this document, please contact: hnf-tr.partnerships@nhs.net

The following photographs from this document were taken by Humber staff to show places and communities which mean something to them:

- Sunk Island – Dave Trowsdale, Mental Health Nurse, Home Based Treatment Team (Community Mental Health)
- River Humber - Susan Cavanagh, Forensics Division
- South Cave, Wolds Way - Kate Yorke, Psychologist
- Bridlington – Kcawkill, Support Worker
- Hull Marina - Angie Wainwright, Senior Admin Assistant, Partnerships and Strategy Team

Caring, Learning & Growing Together

Title & Date of Meeting:	Trust Board Public Meeting - Wednesday 27th July 2022		
Title of Report:	Six-month Review of Safer Staffing – Inpatient units (Oct 2021-March 2022)		
Author/s:	Executive Lead Hilary Gledhill, Director of Nursing, Allied Health & Social Care Professionals. Tracy Flanagan Deputy Director of Nursing, Allied Health & Social Care Professionals		
Recommendation:	To approve		To receive & note	x
	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 October 2021-March 2022. It provides a current position in relation to Care Hours per Patient Day (CHPPD) and key performance indicators (KPI) for each unit. The report provides assurance that our levels of staffing are safe and supports the Director of Nursing and the Medical Director in providing a confirmation statement to the Trust board to this effect.		

Key Issues within the report:
- 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

Matters of Concern or Key Risks to Escalate: • Sickness remains a challenge across many areas with only MVC achieving the trust target. Sickness in the Humber Centre is the highest across the divisions. This is due to a combination of Covid related absence and long-term sickness. • Inspire, Townend Court, and MVL require further review and improvement in relation to fill rates, sickness and Clinical supervision.	**Key Actions Commissioned/Work Underway:** • 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 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
Positive Assurances to Provide: • CHPPD in all areas remains above the Trust target including a revised target for Pineview and Ouse. • The majority of areas have seen a fall in their RN vacancies with the exception of Ullswater; Ouse PICU, MVC, MVL and	**Decisions Made:** • The report has been presented to EMT and the Workforce & Organisational Development Committee. It was noted that CHPPD remains above national and peer group CHPPD and that good assurance was given that the units were safely staffed in the majority of units (15/18). Work

Whitby. This is a significant change from the previous reporting period where the majority of areas had seen an increase in their 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 4 were reported as causing low 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

required for the remaining 3 units was noted. No incidents causing harm related to safer staffing in the reporting period was also noted.

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	13/07/22
	Finance & Investment Committee		Executive Management Team	11/07/22
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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

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 October 2021 to March 2022. It provides a current position in relation to Care Hours per Patient Day (CHPPD) and key performance indicators (KPI) for each unit. The report 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)

All of the inpatient teams have undertaken a safer staffing review since the last reporting period. The Deputy Director of Nursing met with members of each mental health, learning disability; community and low/medium secure in patient team including service managers; charge nurses (CN), clinical leads, matrons, divisional clinical leads, finance; erostering and unit staff and 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 undertaken. Maister Court became operational as an older adult treatment unit in November and is not 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 Ouse, MVL, Swale, MVC, Inspire and Townend Court. The latter 4 units did not meet the minimum threshold in the previous reporting period.

Townend Court fill rates have improved again and due to low bed occupancy their CHPPD remains high.

Inspire opened their PICU (Nova) in July 2021 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 good and a further review of staffing is currently in progress to review their requirements as they open the remaining PICU beds.

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 executive director to maintain safer staffing requirements

2.2 Care Hours Per Patient Day

There has been an apparent rise in CHPPD levels reported at an organisational level nationally (8.9 in July 2019 to 10.3 in March 2022).The Trust overall has maintained higher than average levels of CHPPD across the same period with 12.4 in July 2021, 12.7 in Dec 2021 and 13.0 in Feb 2022 and 13.5 in March).CHPPD at an organisational level in relation to registered nurses has also been benchmarked against the national and peer data and we have remained above both medians throughout.

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 CHPPD thresholds at an individual ward level. This work is being progressed.

2.3 Registered Nurse Vacancies
The majority of units have seen a drop in their RN vacancies with the exception of Ullswater; Ouse PICU, MVC, MVL and Whitby . This is a significant change from the previous reporting period where the majority of units had seen an increase in their 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. 18 international recruits have now been deployed across Malton; Whitby; MVC and Ullswater.

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 MVC achieving the trust target. Sickness in the Humber Centre is the highest across the divisions. Ullswater has 14.1% (which is a slight fall from the previous reporting period); and Ouse, Derwent and Pine view have 12.6%; 11.3% and 11.8% respectively. The service experienced significant Covid 19 related absence during Jan-March and ongoing reviews of absence are supported by their HR partner

2.5 Training/Appraisal and Supervision
Since the last report we have maintained a relatively stable position in terms of training compliance with the majority of units achieving the trust targets. Malton has dipped just

below the target and this is due to the numbers of new starters. 4 units are just at the threshold and this relates to compliance with ILS/BLS and safeguarding level 3 training. A full review of ILS and BLS and safeguarding level 3 compliance has been undertaken and was reported to the Workforce and OD Committee in November including reasons for low compliance and a recovery plan to achieve compliance which is currently under delivery. Additional capacity has been bought in for BLS and the recovery trajectories are being monitored closely.

Appraisal compliance remains above target for all units with the exception of PICU whose 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 whose compliance has improved from 57% to 64%; MVL whose compliance has improved from 61% to 64% and Ullswater who have dropped from 75% to 68%. Swale, Pineview; Newbridges and STaRS have dropped just below target to 71%,74% 78% and 73% 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. 89 episodes have been identified in this period compared to 32 in the previous reporting period. All reported episodes relate to the Humber Centre. Ouse have reported 16 incidents; Pine view have reported 40 incidents, Ullswater have reported incidents and Swale have reported 29 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 identified that some cancelled leave was also 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 double counting 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. 159 incidents were reported for this reporting period compared to 171 for the previous reporting period. Incidents were categorised as no/low harm with no incidents reported of moderate harm or above. 32 related to staffing shortages across the whole of the Humber Centre and the need to move staff and deploy AHPs, Band 7s and Modern Matrons onto the units to maintain safety. Willow at Townend Court (TEC) reported 64 incidents which related to below minimum staffing levels across TEC as a whole. These were covered by the service manager; modern matron and community services providing additional support

The majority were classified as staffing shortages not affecting patient care directly (n=105) and all of which were reporting no harm.

24 related to the inability to provide adequate care with 1 reported as causing low harm. The low harm incident related to staffing levels lower than the minimum number at Whitby and critical medications being administered 15-30 minutes late. No specific evidence was cited in relation to harm caused as a result of this. There is evidence from the datix that mitigations were put in place including service managers, matron's; AHPs, community staff supporting the units and a focus on essential nursing care resulting in no harm being reported

11 incidents related to activities being reduced or cancelled. 1 of these was reported as low harm. This was due to low staffing at Whitby but there was evidence of mitigations put in place including staff staying on duty beyond the end of their shifts and there is no evidence of any direct harm cited in the datix.

3 incidents related to delayed or cancelled leave. 1 related to the lack of Responsible Clinician cover meaning s17 leave had not been written up.

12 incidents were reported about staffing issues relating to Covid19 absence; 1 was reported as low harm and related to a patient testing positive in the Humber Centre and needing to be moved to Darley ward with 2 staff to support which left other areas short staffed but no evidence of direct harm is cited in the datix.

Three incidents related to delay in medication administration. 1 of these is reported as low harm and relates to Whitby where below minimum staffing levels had an impact on all activities. The second relates to medications being administered late at Pine View and the 3rd relates to a delay in actioning changes to medication following an MDT on Maister.

One incident related to personal hygiene needs not being immediately met on Lilac due to not enough staff being available to enter seclusion but no harm is reported.

3. Staffing Establishments Review Methodology

The Deputy Director of Nursing Allied Health and Social Care Professionals (DDNAHSCP) 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. Face to face and MS team safer staffing reviews have subsequently taken place with all teams; service managers; matrons and their finance leads to review their safer staffing data and their establishments The MHOST and SNCT have been utilised to allow establishments to be modelled based on national data and dependency data which 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 2021–Sept 2022 report have been reviewed to confirm improvement and/or make recommendations where no improvement is noted.

4. Results

Assurance Overview

April 2021-September 2021		
Low assurance	Adequate assurance	Good assurance
0	4 (TEC/Inspire/STARS/MVC	14
October 2021- March 2022		
Low assurance	Adequate assurance	Good assurance
0	3 (TEC/Inspire/MVL)	15

Unit	Summary and Action
Granville Court	Since the last reporting period there has been a slight increase in sickness from 6.9%% to 8.6 %. Performance in relation to appraisals has remained at 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 85% to 83%. 6 incidents relating to staffing shortages were reported via datix. These related to staff shortages. No patient harm resulted as a consequence of these shortages. Patient safety 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 patient group. The minimum staffing levels are based on the CQC requirements for nursing homes and were reviewed at the last CQC inspection. CHPPD data is now collated manually for in the Trust safer staffing dashboard. The vacancy rate for RNs has dropped from

	22% to 10% and the use of bank and agency has remained at 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 increased to 64%to 43%. The fill rates for RNs on days have increased from 49% to 64%. The fill rates do not reflect when the clinical lead and B7 drop into the numbers, this is being addressed by the eroster team. The fill rates on nights have dropped to below target from 86% to 66% this means that there are several shifts where there is only one registered nurse covering the unit. The overall fill rates on days have dropped further below target from 78% to 65%. On nights the fill rates remain above target at 99%. CHPPD has increased slightly and remains strong at 29.3. All other quality and productivity targets have been met with the exception of Clinical Supervision which has improved from 57% to 64% in the last reporting period. Sickness has risen from 8.6% to 15.2% in the current period as a result of significant C19 related absence. 65 incidents relating to staffing shortages were reported via datix. Non resulted in harm. Vacancies have fallen from 27% to 22% and bank and agency use has risen from 25% to 33% 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 has 3 newly qualified nurse and are looking at B6 development roles to support recruitment **The CHPPD and performance indicators give adequate assurance that the unit is safely staffed** but requires improvement in relation to supervision. The minimum RN levels need to be reviewed on demand template. The Matron is taking this work forward. Supervision compliance for TEC is currently 83% (June 2022)
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 53% to 47%) and RN fill rates on nights have dropped below target to 69% . Overall fill rates have dropped from 72% to 63% on days and 83% from 96% on nights. Bed occupancy has increased from 57% to 82% and has contributed to a fall in CHPPD from 41.3 to 31.9 . Sickness has remained at 8.6% and the other quality indicators are acceptable with clinical supervision improving from 82% to 89% and training at 80%. Performance against appraisals remains above target at 85%.

	10 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 2 additional PICU bed and have modelled minimum staffing for these 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 that the unit is safely staffed** but requires improvement in relation to RN and overall fill rates. The agreed minimum staffing levels for the unit and budgeted establishment to support this need to be agreed. This work is underway with a report to the Chief Operating Officer and Director of Nursing to review prior to submission to EMT. 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 on days from 78% to 88%. They have dropped slightly from 100% on nights to 96%. The fill rates have dropped on days and nights to 88% and 90% respectively. CHPPD has risen from 12.8 to 15.8 and bed occupancy has dropped to 50%. The quality and productivity outcomes remain above target in this reporting period with sickness which has fallen slightly from 14.5% in the last reporting period to 14.1%; the highest level in the forensic services. Supervision has dropped from 75% to 68%. Appraisal compliance remains above target at 96%. 4 incidents relating to staffing shortages were reported via datix.. None were reported as resulting in any harm. Vacancies have risen from 12% to 15%. Bank and Agency use has fallen from 30% to 17% A safer staffing review was undertaken with the team. It was agreed that going forward they will use the recently launched LDOST tool (Learning Disability Optimal Staffing Tool) which the Trust is now licensed to use. Despite not having used a tool to review their dependency levels to date it was agreed 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 84% on days to 94% but have remained at 51% on nights. The overall fill rates have improved on days from 80% to 98% and for nights from 79% to 92%. CHPPD has improved from 7.3 to 9.1which is above the overall Trust target Sickness has increased slightly from 11.7% to 11.8%. Other quality indicators are above target with the exception of supervision which has fallen from 97% to 74%. Training has fallen slightly from 94% to

	92%. Appraisal compliance is 96.7%. 12 incidents relating to staffing shortages were reported via datix. None of these resulted in any harm.

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 team felt that in the most recent reporting period the MHOST tool does not adequately reflect some of their patient acuity. 2 patients have demonstrated significant levels of distressed and disturbed behaviour requiring intensive support and the environment provides challenges due to the layout and age of the estate. They are also providing support to South West Lodge. The team felt that their minimum staffing on days should be increased to reflect this. This will be revisited in the next safer staffing review and the wider review of the forensic service staffing. They have increased their bank and agency use from 15% to 35%. 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, or 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 has improved from 70% to 86%. Fill rates for registered nurses on nights has also improved slightly from 99% to 101% Overall fill rates for days and nights have dropped slightly to 78% and 99% respectively. CHPPD rates have improved from 11.3 to 12.1. Sickness has dropped from 2.9% % in the last reporting period to 11.3% reflecting the significant covid related absence in forensic services at the beginning of the year . 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 reduced from 14% to 0% and bank and agency use has reduced from 25% to 19%

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 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 80% to 50% on days and have dropped slightly from 99% to 97% on nights. The second RN on days is often moved to support other areas which is reflected in the fill rates for days. Overall fill rates have dropped below the lower threshold from 79% to 71% on days and remain above target at 94% on nights. CHPPD has dropped from 6.5 to 6.3 which is below the overall Trust target and |

	the model hospital national average for forensic services. The model data in the MHOST tool suggests that for the participating wards the average CHPPD for Medium Secure Units (MSU) is 7.3 and for MH rehabilitation 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 fallen from 13.1% to 12.6 % remaining over target. Performance against appraisals remains at 96%. Training and supervision performance remain strong at 95% and 91% respectively. 1 incident relating to staffing shortages was reported via datix. This did not result in any harm. Vacancies have increased from 12% to 27% however bank and agency use has reduced from 12% to 10%. A safer staffing review was undertaken with the team and dependency data was collated using the MHOST tool (Both the MSU and the mental health 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 improved to just below target from 56% to 73%. RN fill rates on nights have risen slightly to 103%. The overall fill rates on days have risen above target from 74% to 91% and fallen from 126% to 106% on nights. The B7 and B4 OT assistant go into the numbers to support safety, this is not reflected in the fill rate figures. CHPPD has dropped from 10.5 to 9.5 due to increased bed occupancy. Sickness has risen from 3.5%% to 10.7%. All other quality indicators are within target with the exception of supervision falling to 64% in March. Training is 93%. Performance against appraisals is 90.4%. Two safer staffing incidents have been reported. Neither of these resulted in harm. Vacancies have fallen from 24% to 21%. Bank use has dropped slightly from 39% to 35%. 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 was the same position as the previous reporting period and will be escalated to the General Manager for consideration and business case development as the required uplift in the establishment to increase their minimum staffing levels will be 2.6 FTEs. 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 given the increase in patient dependency and therefore it is recommended that their establishment is reviewed
PICU	Since the last reporting period registered nurse fill rates on days have fallen from 90% to 85% and have improved slightly on nights from 93% to 94% on nights. The overall fill rates are 90% on days and 107% on nights. CHPPD has improved slightly from 22.3 to 22.5 but is still comfortably above target. Sickness has fallen from 10.5% to 6.5 % 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 86% respectively. Vacancies of registered nurse have increased from 17% to 21% and bank and agency use has risen from 44% to 48%. 2 incidents relating to staffing shortages were reported via datix. Neither 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 improved to above target at 83 %. The RN fill rates on nights have increased from to 94% to 96%. Overall fill rates have remained comfortably above target at 91% and 109 % for days and nights respectively. CHPPD has dropped slightly from 9.6 to 8.8. Sickness has risen to 5% from 4.1% just below target. Supervision has dropped from 90% to 78%. Training compliance has remained good and above target at 95%. Performance against appraisal is 95%. Vacancies have dropped from 11% to 1% and bank and agency use has dropped from 24% to 22%. Bed occupancy has also risen slightly from 91% to 92%. No incidents relating to staffing shortages were reported via datix. A safer staffing review took place with the team. They have addressed some of their long-term vacancy issues. 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 rise in fill rates for RNs on days from 76% to 82%. The fill rates for RNs on nights has also risen from 87% to 100%. The overall fill rates are above target for days and nights at 85% and 110% respectively. CHPPD have fallen from 9.8 to 8.7. Sickness has fallen from 9.9% in the previous

	reporting period to 6.0%. Supervision compliance has improved from 74% to 84% above target. Training has dropped slightly from 87% to 85%. Compliance with appraisals is 96.8%. Vacancies have fallen slightly from 16% to 14% and bank and agency use has fallen slightly from 33% to 30%. 1 Incident relating to staffing shortages was reported via datix. This 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 and an activity assistant who work 9-5 seven days a week. They also have a pharmacy technician who supports 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 within the expected range. **The fill rates, CHPPD and performance indicators give good assurance that the unit is safely staffed**
Millview Court	The fill rates for RNs on days are just below target at 74% and the fill rates for nights are 89%. The overall fill rates for days are 79% and for nights they are 96%. However, the CHPPD are above target at 9.6. RN vacancies are 44% and bank use is 38%. Sickness has dropped to 4.2%. The other performance indicators are above target with Clinical supervision at 94%; Appraisal compliance at 100% and training at 89%. 2 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. The Covid 19 pod has been operational during the reporting period which has meant that bed occupancy has been difficult to report clearly. 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. They have done a significant amount of work to address their vacancy position and now have an international nurse recruit and 3rd year student who is completing their last placement and will remain once qualified in September **The CHPPD and performance indicators give good assurance that the unit is safely staffed**
Avondale	Since the last reporting period RN fill rates have risen from 72% to 83% on days and remain above target at 103% on nights. Overall fill rates have risen slightly on days from 78% to 82% which is within target. CHPPD have dropped from 17.3 to 12.1 but remain above the national average. All other quality measures are above target with the exception of sickness which has risen from 2% to 6.9%. Performance against appraisals was 93% for the reporting period. Vacancies have increased from 3% to 13% and bank use has increased from 26% to 32%. No safer staffing incidents have been reported. 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 within the expected range. 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 affects 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 58% and 57% respectively which is an improvement from 38% and 48% in the last reporting period. This is because there is often a registered OT on shift during the day but this cannot be reflected in the demand template as the staff are rostered to work across the community and inpatient unit . The fill rates on nights are 100% for RNs and 101% overall. CHPPD is 25.7 which reflects the small patient population and the nature of the unit. They have no RN vacancies; sickness has improved from 9.6% to 6.4% and bank use is 11%. The other performance indicators are above target with clinical supervision at 90% in March. Appraisal compliance at 96.5% and training compliance has risen from 91% to 94%. A safer staffing review has taken place with the team and it was acknowledged that this is a unique service and applying the MHOST tool has limited value as the patient numbers are very low but also staff work across the inpatient unit and the community and the inpatient side will be prioritised if acuity or need increases **The fill rates, CHPPD and performance indicators give good assurance that the unit is safely staffed**
Maister Lodge	Since the last review period fill rates for registered nurses on days has improved from 74% to 100%. RN fill rates on nights have increased from 105% to 108% The overall fill rates are 95% and 106% respectively for days and nights CHPPD remains above target at 19.7 .7 Vacancies have fallen to 19% from 26% and bank use has increased from 19% to 26%. All other quality indicators are above target with the exception of sickness which has fallen slightly from 5.8% in the previous reporting period to 5.7%. Appraisals are at 97%; Clinical supervision at 100% in March and training at 88%. 3 safer staffing incidents have been reported. None of these resulted in any harm 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 have fallen from 84% on days to 52% below target. They have risen slightly on nights from 101% to 103%. Overall fill rates have fallen from 108% to 76% on days and remain at 117% on nights. CHPPD has remained above target at 14.7 Supervision has improved from 61% in the last reporting period to 79% in March. Sickness has fallen to 1.1 %. Performance against appraisals has remained at 87.5%. Compliance with training has fallen from 96% to 89%. Vacancies have increased from 1% to 14% and bank and agency use has increased from 20% to 41%. Four safer staffing incidents have been reported. None of these resulted in any harm. 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 of the ward. This will be looked at in the next review **The overall fill rates, CHPPD and performance indicators give adequate assurance that the unit is safely staffed** but requires further improvement in relation to sickness, supervision and RN fill rates on days
Whitby	Since the last review period RN fill rates have fallen from 93% on days to 86% and from 100% on nights to 98%. CHPPD has fallen from 10.4 to 8.6. 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 system data**.** Sickness has risen from 8.4% to 10.5%. Performance against appraisals has remained at 97% Supervision compliance has improved from 67% to 86% and training has fallen from 89% to 82%. Vacancies have risen from 10% to 21% and a small amount of bank and agency has been used 6%. Twelve safer staffing incidents have been reported. Three 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 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. **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 improved from 79% to 95% on days and from 96% to 106% on nights. The overall fill rates have dropped slightly 94% to 90% on days and improved slightly from 98% on nights to 100%. The CHPPD have dropped from 11.8. to 8.8. 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 risen from 1.2% in the last reporting period to 5%. Clinical supervision has dropped slightly 100% to 94 % comfortably above target. Performance against appraisals has remained at 96% Training has improved from 72% to 74%. The unit currently has 8% RN vacancies an improvement from 45% . They have taken 5 international recruited RNs and they also have 2 members of the team undertaking the nursing associate and degree apprentice programmes. 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 external to the Trust The most recent data was published in March 2022 and shows that the Trust continues to perform well against our regional peers and nationally. Nationally there has been a rise in CHPPD levels reported at an organisational level (8.9 in July 2019 to 10.3 in March 2022).The Trust has maintained higher than average levels of CHPPD across the same period with 12.4 in July 2021, 12.7 in Dec 2021 and 13.0 in Feb 2022 and 13.5 in March 2022).CHPPD at an organisational level in relation to registered nurses has also been benchmarked against the national and peer data and we have remained above both medians throughout.

These figures provide assurance that at an organisational level we are performing well regionally and nationally. In September last year the data site was upgraded and is now called the Model Health System. The CHPPD data is now available at a service and ward level. However, it is difficult to benchmark with confidence at unit level as it does not

reflect the specialist nature of some of our wards. For examples our Humber Centre wards can be benchmarked against forensic services but the model system data does not differentiate between low, medium and high security and acute, treatment and rehabilitation pathways.

Consistent with the regional and national picture our Allied Health Professional CHPPD reporting remains low.

March 2022	CHPPD Overall	CHPPD Registered Nurses	CHPPD – Healthcare Support Workers	CHPPD total AHP staff
Trust	13.5	4.5	8.9	0.1
Peer*	12.5	3.1	8.6	0.1
National	10.3	3.3	6.7	0.1

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

6.0 Review of the eroster and demand template.

Members of the eroster and Flexible Workforce Team joined the latest round of safer staffing reviews. This has us 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. 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 the 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 were adequate WTEs for the AHP 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.

One option for capturing the AHP contribution would be to adjust the demand template to look for 1 first level RN per shift and then a second registered practitioner which might include the nursing associate role or a 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.

Another 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.

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, and MVL require further review and improvement in relation to fill rates, sickness and clinical supervision.
- CHPPD in all areas remains above the Trust target including a revised target for Pineview and Ouse.
- Sickness remains a challenge across many areas with only MVC achieving the trust target. Sickness in the Humber Centre is the highest across the divisions. This is due to a combination of Covid related absence and long-term sickness.
- The majority of areas have seen a fall in their RN vacancies with the exception of Ullswater; Ouse PICU, MVC, MVL and Whitby . This is a significant turnaround from the previous reporting period where the majority of areas had seen an increase in their 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 4 were reported as causing low harm. 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 this but would require further investment in the establishments or a change to CHPPD reporting. This work is being progressed.
- 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 but 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 18 international RNs who have been deployed in Malton; Granville; Whitby; MVC; Humber Centre and primary care. Further international recruitment is ongoing

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 continues to review the safer staffing dashboards monthly and follow 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 been undertaken 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 attended the safer staffing reviews and any identified required changes to the demand template have been actioned

The trust wide CHPPD threshold has been reviewed and agreed via EMT.

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

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 and other recruitment opportunities.

4. 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

5. CHPPD targets to be reviewed at team level based on available national data from Model Health System and MHOST/SNCT databases for specialist wards

6. 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

Title & Date of Meeting:	Trust Board Public Board Meeting 27 July 2022				
Title of Report:	Research & Development Six Monthly Update Report				
Author/s:	Cathryn Hart, Assistant Director Research & Development				
Recommendation:	To approve		To receive & note		√
	For information		To ratify		
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	To provide an update on the work of the research team to ensure opportunities for our community to participate in research, trial new interventions and enhance quality. Also to provide the Board with assurance and reassurance around the Trust's obligations in relation to the delivery of NIHR Portfolio research, performance against targets and the Research Strategy.				

Key Issues within the report:

Matters of Concern or Key Risks to Escalate:	**Key Actions Commissioned/Work Underway:**
• N/A	• Recruitment for new regional 'agile research team' hosted by Trust, funded externally via Yorkshire and Humber Clinical Research Network (CRN), now in progress. • Business case to the CRN for strategic funding to support research in primary care was successful, enabling work to expand research across our GP practices to continue.
Positive Assurances to Provide:	**Decisions Made:**
• External well-led review positively highlighted research. • Evidence of positive impact of research during 2021-22 demonstrated in appendices 1-3. • Exceeded national target of 45% GP practices recruiting into NIHR Portfolio studies. • Trust Research Strategy fits with national NIHR Primary Care Strategy themes. • External research funding secured for 2022-23. • Annual research conference organised for 3 Nov 2022.	• N/A

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee	04/05/22	Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			
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	

Research & Development (R&D) - Six Monthly Update Report
Trust Board July 2022

1. Performance

Infographics summarising the past year, 'Research in numbers 2021-22' and 'Impact of research 2021-22', are included in *appendix 1* and *2* respectively, followed by an example of the impact taking part in research can have on people's lives, in the words of a research participant (*appendix 3*).

A brief overview of research for 2021-22 has also been included in the Trust's Quality Accounts. There were 49 National Institute for Health Research (NIHR) Portfolio studies plus a further 16 categorised as non-Portfolio studies, running across the Trust during 2021-22.

A national high-level objective in 2021-22 was for 45% of GP practices to be recruiting into Portfolio studies; we exceeded this with seven out of our eight Trust GP practices recruiting into studies.

Various national and regional performance targets for NIHR Portfolio research were suspended last year due to the ongoing pandemic, including the focus on individual Trust recruitment targets. It is anticipated that some targets will be reinstated for 2022-23, though these have not yet been confirmed at the time of writing.

There are currently 20 Portfolio studies active in the Trust (see *appendix 4, table 1)*, plus 7 'non-portfolio' studies (see *appendix 4, table 2).*

Our research team were shortlisted in various categories in the new Yorkshire and Humber Clinical Research Network (CRN) Annual Awards being held on 17 May in Leeds:
- Early Career Researcher of the Year - Dr Hannah Armitt, Research Clinical Psychologist
- Best contribution in non-NHS setting – Clive Nicholson, Research Nurse
- Best Patient Experience – Emma Anderson, Senior Research Assistant, and Lisa Airey, Research Assistant
- Best Public Engagement Contribution – Trust Research Team

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. This currently runs until 31 Mar 2024 and provides most of the Trust funding to support research. Our annual review meeting with the CRN senior leadership team will take place on 21 June and is expected to include a review of research performance in 2021-22, challenges and consideration of activities and goals for 2022-23.

In 2021 the Trust also agreed to host a number of CRN-funded posts to support research delivery across the wider geographical patch of the Humber and North Yorkshire Health and Care Partnership. To date four of these posts have been appointed to and with more planned later this year, the aim is to have an additional regional workforce with flexibility and capacity to work on national Portfolio studies across broader settings, including community and primary care.

The Grant Thornton Well-Led Review in April highlighted research in the Trust, with the final report stating, *'The Trust is ambitious in its research portfolio has some good examples of how it encourages and celebrates improvement and innovation'.* It is likely that future CQC Well-Led inspections will also have a stronger focus on 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. The annual research conference is one of the ways the Trust is able to highlight examples of this across services.

3. National Vision and Trust Research Strategy

In Feb 2022 the NIHR Primary Care Strategy website ([NIHR Clinical Research Network Primary Care Strategy](#)) was launched to support implementation of the Strategy that was published in Mar 2021. This focusses on primary care as a key setting for research, with its main aim being to achieve equitable opportunity for people across the country to be engaged in and benefit from research. The four themes of this national research strategy for primary care are:

- A. Research is available and responsive to the health and care needs of our population
- B. Adaptive connection of research systems and processes to Primary Care systems
- C. Strategic engagement and incentivisation in Primary Care
- D. Strategic development of the Primary Care Research Workforce

The priorities and objectives identified in our Trust Research Strategy fit well with these national themes identified above and some examples of progress against these in primary care are highlighted in this update report.

The General Medical Council (GMC) recently shared an article ['Normalising research – promoting research for all doctors'](#) on their website highlighting the importance of engaging doctors in research, stating 'When doctors and other healthcare professionals engage with research opportunities as part of their clinical work, there are demonstrable benefits to individual patients, patient care overall, healthcare teams, care organisations, practices and doctors themselves. Our aim is to enable a culture in the workplace where doctors are encouraged to be research-aware and research-active.' This fits well with our own research strategy, especially our first priority of *Research embedded as a core component of clinical services.* Research team members being classed as part of clinical teams, as they are in many other Trusts, is a key component of this. It ensures more people accessing our clinical services are informed of research studies in which they may be eligible to participate, as enshrined in the NHS Constitution. Developing more clinical academics in the Trust is also key and research now featuring in the medical recruitment video in production is a great way of showing how serious the Trust is about supporting research.

4. Funding

CRN funding for 2022-23 to support delivery of NIHR Portfolio studies was still to be confirmed at the time of writing, but the indication is that the opening allocation will be equivalent to that in 2021-22 of approximately £360k. As a result of a successful business case to the CRN for strategic funding to continue to support research in primary care, a further £66k has also been confirmed for 2022-23. Due to having recruited over 600 people to Portfolio studies in 2021-22, DHSC Research Capability Funding of £20k is also expected for 2022-23, but again yet to be confirmed. It is not unusual for external research funding to be unconfirmed at the start of a financial year.

5. COVID-19 Research

We continue to support COVID-19 research, most recently with our GP practices as a research hub for the PANORAMIC trial investigating if new antiviral treatments for COVID-19 in the community reduce the need for hospital admission and help people to get better sooner.

Two years on from the start of the Covid-19 pandemic, Professors Chris Whitty and Lucy Chappell issued a special [message](#) to everyone working in research delivery thanking them for their dedication and hard work. Prof Whitty states *'We knew really right from the beginning that the only way through this pandemic for the UK and indeed globally was going to be science and research'*.
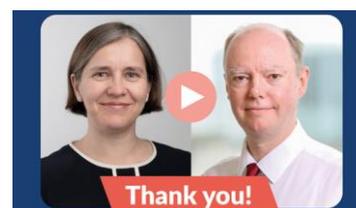
6. Opportunities, innovation and alliances

Patients accessing Trust services continue to be offered a breadth of research opportunities spanning numerous health conditions and many types of study design, with approximately 40% of Portfolio studies in 2021-22 involving the evaluation of novel treatment interventions.

Work continues to strengthen our research collaborations and to bring studies to the Trust in areas where there has been limited previous involvement, with notable successes this past year being within our primary and community care services (see *appendix 4, table 1)*.

A really positive outcome of utilising a very small amount of Research Capability Funding received from DHSC in 2021-22 to enable protected time for a Trust clinician to work on developing research, has been the success of a number of grant applications recently which were submitted in collaboration with universities and community groups. For example, Dr Hannah Armitt has secured a NIHR Research for Patient benefit (RfPB) grant as the co-lead for a research study focusing on co-producing a nature-based intervention for children with ADHD, with a heavy focus on involving patients and members of the public in its development and delivery. Hannah is also the co-applicant on a 'Closing the Gap' knowledge mobilisation grant with University of York colleagues, which has been awarded to co-produce digital resources to promote new research findings of benefit to people experiencing and/or recovering from severe mental illnesses.

7. Learning and engagement

The research team welcomed their first student nurse on placement Jan-Mar 2022; a great opportunity for clinicians of the future to understand the benefits of research very early on in their training and for research to be further embedded as a core element of clinical services. Feedback was incredibly positive and we look forward to welcoming more students through the year.

Planning for the Trust's annual research conference taking place on 3 Nov is well underway and registration opened in May to link in with celebrating International Clinical Trials Day (20 May). Like last year's, this will be a blended conference, with people having the option to attend virtually or in person to enable some networking opportunities. As well as research-active clinicians in the Trust the programme will also include high-profile speakers from across the country: Dr Wendy Mitchell, research champion living with dementia/ and Times bestselling author, Prof Mark Hayward - University of Sussex, Mr Erik Mayer - Imperial College London, Dr Philip Kerrigan - University of York, Catheryn Evans - Medicines and Healthcare products Regulatory Agency and Dr Neville Young - Yorkshire and Humber Academic Health Sciences Network.

Quarterly research newsletters continue to help raise the profile of Trust research. The latest issue is available on the Trust website, as well as being shared with external stakeholders and via internal communications. Our @ResearchHumber' twitter followers have grown to almost 800, and articles relating to research have frequently been included in various Trust communications. Regular online research drop-in sessions are also continuing, and these are open to anyone in the Trust to meet the team, learn more about research, share ideas and ask any questions they have about research.

Wendy Mitchell, Research Champion who lives with dementia, and Cathryn Hart, facilitated another really well-received Recovery College workshop on 'Living with Dementia' in Mar 2022; *'this has been truly inspirational'* was just one of the comments received.

A research module has also been included in the recently launched Patient and Carer Experience course 'How to get involved in Trust activities', hosted on the Recovery College platform.

Appendix 1 – Humber Research: 2021-22 in Numbers
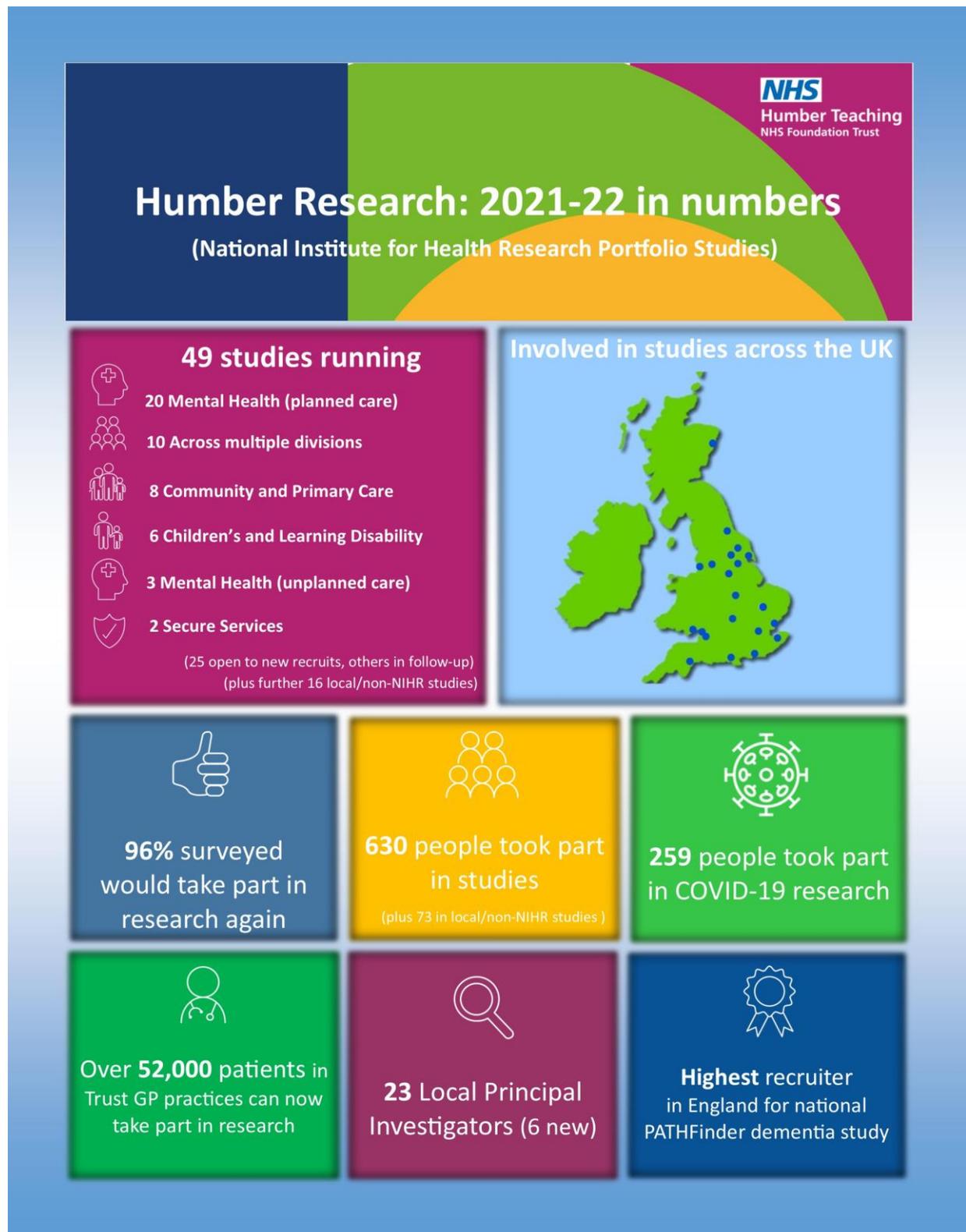
Cathryn Hart, Assistant Director Research & Development

Appendix 2 – Impact of Research 2021-22

Impact of Research: 2021-22

Changed lives

'Research gives me purpose, an identity and a feeling that I'm still helping people in some way'

'Feel less alone'

'Talking to you has been gorgeous'

'Research makes me feel ALIVE!'

Shared learning

328 delegates from 77 organisations registered for 2021 Research Conference

' I love these events. They endorse what this particular Trust is all about - learning and continuous improvement.'

Approx. 40% of studies included novel interventions

Increased time spent with people

Researchers spent more than 750 hours with patients and carers (over and above clinical contacts)

Contributed to evidence

15 publications included authors from our Trust

14 more publications related to research involving the Trust

Enhanced Clinical Skills

37 clinical staff trained in new interventions as part of research

Co-produced accessible animation demystifies research

RESEARCH
Research is for everyone
They told me research is for everyone

Generated income

£458k research funding into the Trust

Cathryn Hart, Assistant Director Research & Development

Appendix 3 – Impact of Research: In the words of a participant

I felt very weary at the beginning and it was difficult to come to terms with how in-depth the study was. Then after around a week everything clicked into place, and what made it click was the researcher. She was always adapting how she worked to help me. She was brilliant. I really felt she wanted me to get something out of the study. The researcher was very rejuvenating for me, she picked me up in a time when I was down which could have easily become a deep depression. She made me look deep in myself.

Before this study started I began to feel like I wasn't worth anything, and after taking part I feel brilliant and I now understand that my circumstances were not helping my situation. She was everything! She looked at my situation as a whole not just one thing. She helped me get answers and took away obstacles that were in my way. She provided me with information on local services and addresses that really helped.

She made me feel she was genuinely interested and when you spoke with her you could tell she was genuinely concerned. She helped to make the manual apply to me, she adapted the work booklets to apply to my situation. She gently encouraged me to get involved in the study and apply it to my life.

I feel like everyone needs a researcher! She made me grow in determination. She was very kind. She changed my perspective on my social relationships too. At the beginning I was struggling with my relationship with my partner and now I can see that at that time he was also struggling. I really feel this support has helped to improve our relationship and we are in a much better place. I felt she was really realistic and that helped ground me.

"It may not be helpful now but you can start planning it". This led to me redoing my garden and adding a rockery and planning my garden for this year. She encouraged me telling me I didn't need to be a photographer to take photos and enjoy taking them. On my difficult days when I struggled with my arthritis, she encouraged me and reminded me of the things I did even though I was in pain that day. She encouraged me not to give up and to do little bits whenever I can.

I feel the study has given me tools to cope when I am feeling anxious. When we discussed doing things the researcher would ask 'why not?' and I have taken that with me in my general life. From the study I am now helping others who are isolated in my local area and trying to be more open to new friendships.

The study made me think! I was pretty well down when I started, I couldn't seem to experience any positive feeling in the beginning. I would say the study has taught me not to give up.

Cathryn Hart, Assistant Director Research & Development

Appendix 4 – Research studies running in the Trust

Table 1: NIHR Portfolio studies in set-up, open to recruitment or in follow-up (April 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	Follow up
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	Follow Up
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
HOMESIDE: A home-based music intervention for people with dementia v1	Intervention	Dr Emma Wolverson Clinical Psychologist	Prof Helen Odell-Miller Anglia Ruskin University	30/08/2022	Follow Up
Practices, attitudes and outcomes of patients with memory problems (NoDem)	Observation	Dr Chris Rewston Clinical Psychologist	Prof Naji Tabet Brighton and Sussex University Hospitals NHS Trust	31/01/2023	Open
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 Maria Kallikourdi Consultant Psychiatrist	Dr Domenico Giacco East London NHS Foundation Trust	30/06/2022	Open
Getting more physically active: finding out what helps and hinders	Observation	Dr Faisal Shaikh Consultant Psychiatrist	Dr Rowan Diamond University of Oxford	01/06/2022	Open
Un-Planned Mental Health - Adult					

Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
The National Confidential Inquiry into Suicide and Safety in Mental Health	Observation	No Local Investigator Required	Prof Louis Appleby University of Manchester	31/03/2024	Open
Section 17 Leave: supporting unpaid carers	Intervention	Dr Haley Jackson Research Nurse	Prof Martin Webber University of York	31/03/2023	Open
Children's & Learning Disability					
Safer online lives: use of the internet & social media by people with Intellectual Disabilities	Observation	No Local Investigator Required	Dr Paraskevi Triantafyllopoulou University of Kent	30/06/2022	Open
Physical health of young people in inpatient mental health services: a 6 month prospective study	Observation	Dr Nicola Green Clinical Psychologist	Dr Rebekah Carney Greater Manchester Mental Health NHS Foundation Trust	31/08/2022	Follow up
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	Follow up
PRINCIPLE - Platform Randomised trial of INterventions against COVID-19 In older peoPLE	Intervention	No Local Investigator Required	Prof Christopher Butler University of Oxford	25/03/2022	Open
Catheter II - 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 – testing an interactive programme to help people aged 60-85 with lifestyle changes and brain training activities which may help with memory and thinking skills	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	Open

Specialist Services					
An investigation into aftercare planning for those remitted to prison from secure services: a mixed methodology exploratory study	Observation	No Local Investigator Required	Dr Sarah Leonard University of Manchester	31/07/2022	Open
Across multiple services					
ISARIC/WHO Clinical Characterisation Protocol for Severe Emerging Infections in the UK (CCP-UK) – COVID-19	Large scale	Cathryn Hart Assistant Director R&D	Prof Calum Semple University of Oxford	28/02/2023	On hold
Patient safety investigation techniques in mental health trusts	Observation	No Local Investigator Required	David Wood University of Manchester	29/07/2022	Open

Table 2 – Non-portfolio studies in set-up, open to recruitment or in follow-up (April 2022)

Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
Planned Mental Health - Adult					
Fear of Childbirth (FOC) outcome measures study	Observation	Claire Marshall Specialist Nurse	Claire Marshall Humber Teaching NHS Foundation Trust	30/06/2022	Open
Children's & Learning Disability Services					
Exploring experiences of working within a Positive Behaviour Support (PBS) framework and how this influences attitudes, perceptions, and values towards people with learning disabilities who present with behaviours that challenge	Observation	Natasha Rogers Trainee Clinical Psychologist	Natasha Rogers University of Hull	30/09/2022	Open
Risk perception and its effect on therapeutic relationships in a Child and Adolescent Mental Health Service: A Dialogical Narrative Analysis	Observation	No local investigator required	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
Strength assessment and strength training in pulmonary rehabilitation: an online survey of services in England	Observation	Bev Quarton Specialist Respiratory Practitioner	Kate Pittaccio University of Essex	03/10/2022	Open
Community & Primary Care Services					
Experiences of refugees in the UK who have suspicious thoughts	Observation	Jessie Whichelow Trainee Clinical Psychologist	Jessie Whichelow University of Hull	25/09/2022	Open

Title & Date of Meeting:	Trust Board Public Meeting 27th July 2022			
Title of Report:	2021/2 Gender Pay Gap Report			
Author/s:	Steve McGowan Director of Workforce and OD			
Recommendation:	To approve	Yes	To receive & note	
	For information		To ratify	
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	To provide the Trust Gender Pay Gap Report 2022 as required under The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, which came into force on 31st March 2017. The report has been considered by the Executive Management Team meeting and the Workforce & OD Committee and any comments received have been included.			

Key Issues within the report:				

Matters of Concern or Key Risks to Escalate: N/A	**Key Actions Commissioned/Work Underway:** • Develop a talent management and succession planning process to provide balance in the promotion, succession planning and development opportunities. • Provide career coaching and mentoring for staff and self-confidence sessions to increase the confidence for women to apply for promotion • The application of rigor in the negotiations of starting salaries for medical staffing posts and afford greater flexibility for part time workers to progress. • The implantation of a new Clinical Excellence Award Policy to ensure transparency and to eliminate the potential for bias. • Continue to ensure awareness and encourage female and part time eligible consultants to apply for clinical excellence awards (and seek feedback

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	from those who don't to assess any potential conscious or unconscious bias).

Positive Assurances to Provide:	Decisions Made:
• The Trust has a Gender Pay Gap of 11.4%, an improvement of -1.51% on the previous year, which is significantly lower than the national average of 15.4%; • The Trust workforce comprised 78.7% Female and 21.3% Male and whilst the Trust has a high proportion of Female staff overall this is generally in line with National NHS Figures (76.7%); • Women occupy 74.84% of the highest paid jobs and 81.08% of the lowest paid jobs; The Trust has a median bonus gender pay gap of 50%.	N/A

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	13th July 2022
	Finance & Investment Committee		Executive Management Team	20th June 2022
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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

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

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

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

Humber Teaching Foundation Trust – Gender Pay Gap Report

Introduction

1.1 This is the fifth Gender Pay Gap report for Humber Teaching Trust (HTFT), and it is a welcome addition to the workforce data that the Trust uses to monitor diversity and informs our decision-making regarding workforce inequalities.

1.2 The workforce at HTFT is predominantly female, which is in common with the wider NHS. HTFT has a good track record of promoting diversity within the workforce. The Trust uses this data to recognise that inequalities continue to exist and drive the actions that we take to address those inequalities.

1.3 The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, which came into force on 31st March 2017, has made it a statutory requirement for organisations with 250 or more employees to report their gender pay gap annually by 31st March, as of 31st March the previous year

Purpose of this report

2.1 This report sets out the information that the Trust is required to publish and some further information that has shaped our current action planning. These actions are included as next steps at the end of this report. The Trust will continue to build on the progress it is making in promoting diversity and equality within the workforce and living our values of being welcoming, kind, positive, respectful, and professional.

Background to Gender Pay Gap Reporting

3.1 Since the 31st March 2017, it has been a legal requirement for public sector organisations with more than 250 employees to report annually on their gender pay gap.

3.2 The first report was published in 2018, and was informed by 'snapshot data' as at 30th March 2017. The second, third and fourth reports (published in 2019, 2020 and 2021) were informed by 'snapshot data' as at 30th March for each previous reporting year. This year's report is informed by 'snapshot data' as at 30th March 2021.

3.3 The report must include:

- The mean and median gender pay gaps
- The mean and median gender bonus gaps
- The proportion of men and women who received bonuses
- The proportions of male and female employees in each pay quartile

3.4 The definitions set out in the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 and NHS Employers guidance on the definitions of ordinary and bonus pay have been followed in preparing this report.

3.5 The gender pay gap shows the difference in the average pay between all men and women in the workforce. The gender pay gap is different to equal pay. Equal pay deals with pay differences between men and women who carry out the same, or similar, jobs or for work of

equal value. It is unlawful to pay people unequally on the basis of gender. It is possible to have pay equality but still have a significant gender pay gap.

3.6 The Gender Pay Reporting regulations were specifically introduced to facilitate a national shift towards greater equality in the average hourly earnings of men and women. This is influenced by a range of factors, including:

- Women historically working in lower-paid occupations and sectors and occupying fewer senior roles
- Women taking time out and / or working part-time due to unequal sharing of caring responsibilities
- Historical stereotyping and workplace cultures that were unsupportive

3.7 Across the UK in 2021, The Office for National Statistics reported that the mean gender pay gap for full time employees was 7,9%, down from 7% in the previous year, whilst for all employees it was 15.4%, up from 14.9%. (Source – The Office for National Statistics, November 2021).

3.8 The Trust is committed to the principle of equal opportunities and equal treatment for all employees regardless of sex, race, religion or belief, age, marriage or civil partnership, pregnancy / maternity, sexual orientation, gender reassignment or disability. On this basis, the Trust has a clear policy of paying employees equally for the same or equivalent work, regardless of their sex (or any other characteristic set out above), The Agenda for Change pay framework is designed to support NHS Trusts in ensuring NHS employees are paid equally and this is fully embedded within the Trust.

3.9 The Trust has a largely female workforce, like many other NHS organisations, with 78.7% of the workforce being female, and 21.3% male.

4. Definitions and Scope

4.1 There are six measures that must be included in a gender pay gap report – these are:

- The mean gender pay gap
- The median gender pay gap
- The mean gender bonus gap
- The median gender bonus gap
- The proportions of men and women who received a bonus
- The proportions of men and women in each quartile pay bands

4.2 The gender pay gap is defined as the gap between the mean or median hourly rate of pay that male and female colleagues receive.

4.3 The mean pay gap is the difference between the average hourly earnings of men and women – i.e., the hourly gap divided by the average for men equates to the mean gender pay gap

4.4 The median pay gap is the difference between the midpoints in the ranges of hourly earnings of men and women – it takes all salaries in the sample, lines them up in order from lowest to highest and picks the middle-most salary.

4.5 This report is based on rates of pay as of 31st March 2022 and bonuses paid in the year 1st April 2021 to 31st March 2022. It includes all workers in scope as of 31st March 2022. In scope means all staff employed under a contract of employment including those under Agenda for Change terms and conditions, Medical and Dental terms and conditions and Trust contracts for very senior manager roles (VSM).

4.6 As a Foundation Trust, HTFT is empowered to determine the rates of pay for VSMs. The VSM roles in the Trust include the Chief Executive, Executive Directors and one other senior manager seconded to the ICS.

4.7 Only staff employed by the Trust at the snapshot date of 31st March 2022 are included in this report. All data is taken from the Electronic Staff Record system (ESR).

5. Gender Profile across the Humber Teaching NHS Foundation Trust

5.1 78.7% of the Trust's staff are female, with 21.3% being male. This is largely in line with the national NHS figures where 76.7% of employees are female.

5.2 Below are 4 tables outlining the Trust's Gender Pay Gap, in summary:

- The Trust's mean gender pay gap is 11.4% an improvement on 2021 (12.91%)
- The Trust's median gender pay gap is 1% an improvement on 2021 (4.95%)
- The Trust's mean bonus gender pay gap is -21.41% and has increased since 2021 (-9.21%)
- The Trust's median bonus gender pay gap is 50% an improvement on 2021 (60%)
- The proportion of males receiving a bonus is 1.27% and larger than 2021 (0.19%)
- The proportion of females receiving a bonus is 0.27% and smaller than 2021 (1.12%)

5.3 The proportion of males and females in each quartile pay band is:

- Quartile 1: 81.08% Female and 18.92% Male
- Quartile 2: 76.97% Female and 22.03% Male
- Quartile 3: 81.95% Female and 18.05% Male
- Quartile 4: 74.84% Female and 25.16% Male

Gender Pay Gap Data
Average & Median Hourly Rates   **Number of employees | Q1 = Low, Q4 = High**

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	19.2452	15.7015
Female	17.0418	15.5309
Difference	2.2034	0.1706
Pay Gap %	11.4490	1.0867

Quartile	Female	Male	Female %	Male %
1	647.00	151.00	81.08	18.92
2	615.00	184.00	76.97	23.03
3	654.00	144.00	81.95	18.05
4	598.00	201.00	74.84	25.16

Gender Pay Gap Bonus Data

Gender	Avg. Pay	Median Pay
Male	7,299.41	5,026.70
Female	8,862.47	2,513.30
Difference	-1,563.06	2,513.40
Pay Gap %	-21.41	50.00

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	7.00	2636.00	0.27
Male	9.00	706.00	1.27

Proportions of Genders in each Quartile
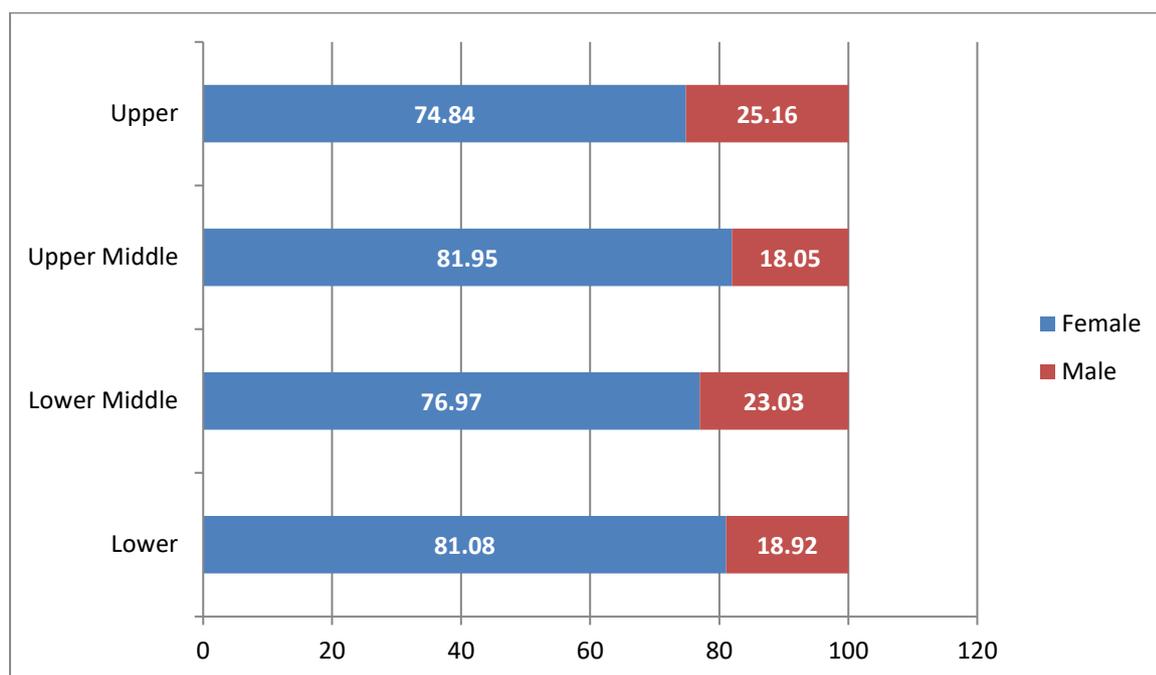
5.3 Mean Gender Pay Gap

The calculation shows the difference between the mean average hourly rate of pay that male and female full-pay relevant employees receive. For all calculations full pay does not mean full time, it means that a person has received their full pay therefor people on maternity leave with half pay and those on sick leave with half pay are excluded.

The calculation is undertaken by subtracting the mean average hourly rate of pay of all female full-pay employees from the mean average hourly rate of pay of all male full-pay employees and dividing the result by the mean average hourly rate of pay of all male full-pay employees and multiplying it by 100.

- The Trust's mean gender pay gap is 11.4%

5.4 Median Gender Pay Gap

The calculation shows the difference between the median hourly rate of pay that male and female full-pay relevant employees receive.

The calculation is undertaken by subtracting the median hourly rate of pay of pay of all female full-pay employees from the median average hourly rate of pay of all male full-pay employees and dividing the result by the median average hourly rate of pay of all male full-pay employees and multiplying it by 100.

- The Trust's median gender pay gap is 1%

5.5 Mean Bonus Gender Pay Gap

The calculation shows the difference between the mean average bonus pay that male and female full-pay relevant employees receive.

The calculation is undertaken by subtracting the mean average bonus pay of all female full-pay employees (who were paid bonus pay during the 12 month period ending with the snap shot date) from the mean average hourly rate of pay of all male full-pay employees (who were paid bonus pay during the 12 month period ending with the snap shot date) and dividing the result by the mean average bonus pay of all male full-pay employees and multiplying it by 100.

• The Trust's mean bonus gender pay gap is -21.4%

The only people reported to have received bonus pay are Medical Staff who have received Clinical Excellence Awards and the Chief Executive. There are 16 people who received bonus pay (9 Males and 7 Females). *The negative bonus pay gap here indicates female staff are receiving more.*

5.6 Median Bonus Gender Pay Gap

The calculation shows the difference between the median bonus pay that male and female full-pay relevant employees receive.

The calculation is undertaken by subtracting the median bonus pay of all female full-pay employees from the median average bonus pay of all male full-pay employees and dividing the result by the median average bonus pay of all male full-pay employees and multiplying it by 100.

• The Trust's median bonus gender pay gap is 50%

5.7 The proportion of males and females receiving a bonus payment

These two calculations show the proportion of male employees who were paid bonus pay and the proportion of female employees who were paid bonus pay.

Male-This calculation is undertaken by dividing the number of males who were paid bonus pay in the qualifying period by the total number of male employees and multiplying by 100. Female- This calculation is undertaken by dividing the number of females who were paid bonus pay in the qualifying period by the total number of female employees and multiplying by 100.

• The proportion of males receiving a bonus payment is 1.27%
• The proportion of females receiving a bonus payment is 0.27%

The difference in the figures can be explained by the high proportion of females in the organisation, however the numbers of staff receiving bonuses is still very low.

5.8 The proportion of males and females in each quartile pay band

This calculation shows the proportions of male and females in four quartile pay bands, the calculation is undertaken by dividing the workforce into four equal parts;

- firstly, all relevant employees are ranked from lowest hourly rate of pay to the highest hourly rate of pay
- Secondly, the list is divided into four sections called quartiles with an equal number of employees in each section

The proportion of males and females in each quartile pay band is:
- Quartile 1: 81.08% Female and 18.92% Male
- Quartile 2: 76.97% Female and 22.03% Male

- Quartile 3: 81.95% Female and 18.05% Male
- Quartile 4: 74.84% Female and 25.16% Male

The highest proportion of male employees per quartile is in the highest bracket whilst the second lowest proportion is in the lowest bracket which results in the gender pay gap of 11.4%.

6. Conclusion and next steps

The Trust has a mean gender pay gap of 11.4% which represents an improvement of 1.51% on the previous year. It is also below the national rate of 15.4% and continues the Trust trend of being significantly below the national benchmark for gender pay gaps.

However, the Trust has seen a significant widening of the mean bonus gender pay gap by 12.2% in favour of male workers. This is likely a direct result of a shift in the proportion of male staff receiving a bonus this year for 0.19% to 1.27% and a proportional drop of female staff receiving a bonus which has dropped from 1.12% to 0.27%. This is down to the process for Clinical Excellence Awards.

The Trust recognises that it has further work to do in positively impacting the gender pay gap position. We will focus on those things that our data and insight are telling us need attention. In this coming year, we intend to focus on:

- Develop a talent management and succession planning process to provide balance in the promotion, succession planning and development opportunities;
- Provide career coaching and mentoring for staff and self-confidence sessions to increase the confidence for women to apply for promotion;
- The application of rigor in the negotiations of starting salaries for medical staffing posts and afford greater flexibility for part time workers to progress;
- The implantation of a new Clinical Excellence Award Policy to ensure transparency and to eliminate the potential for bias;
- Review non-agenda for change pay to ensure this doesn't indirectly affect female employees;
- Continue to ensure awareness and encourage female and part time eligible consultants to apply for clinical excellence awards (and seek feedback from those who don't to assess any potential conscious or unconscious bias).

Title & Date of Meeting:	Trust Board Public Meeting – 27 July 2022		
Title of Report:	External Review of Governance Action Plan Update		
Author/s:	Name: Michele Moran Title: Chief Executive		
Recommendation:	To approve		To receive & note	x
	For information		To ratify	
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	To present the updated action plan to demonstrate progress against all actions to address the recommendations arising from the external review of governance – Appendix 1. The action plan has been delivered with some recommendations actioned and progressing and as previously agreed a review of embeddedness of all actions will be undertaken in quarter 3 (October - December) and reported to Board.		

Key Issues within the report:

Matters of Concern or Key Risks to Escalate: • No issues to raise.	**Key Actions Commissioned/Work Underway:** • The external review of governance was formally reported to Board in April 2022 and it was agreed the action plan to address the recommendations within the report would be reported to Board monthly through to completion. • All actions to address the recommendations had an end date of July 2022. All recommendations have been progressed by the agreed date and for those due in July these are progressing. • A review of embeddedness of all actions will be presented to Board in quarter 3.
Positive Assurances to Provide: • 23 recommendations were made and have all been addressed. 4 actions (recommendations 4, 5, 10, 23) continue to be progressed at the time of this report. A review of embeddedness of all 23 recommendations will be presented to Board in Quarter 3.	**Decisions Made:** • n/a

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

Monitoring and assurance framework summary:

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

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			
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	

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

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

No.	Risk	Recommendation	Overall Lead	Action/s to address recommendation	By when	Any additional comment **NB a review of embeddedness of actions will be undertaken in quarter 3**
KLOE 1 Is there the leadership capacity and capability to deliver high quality, sustainable care?						
1	**LOW**	**Non-Executive Director recruitment** The Trust does not have a NED who has a clinical background, and this or NHS operational experience may be an area for focus for the remaining NED vacancy as this will complement the wide range skill set amongst the existing NEDs **Recommendation** The recruitment of a new NED should focus on engagement of an individual with NHS clinical or operational experience.	MM/CF	Appointment to the vacant NED post progressed and appointment made in April 2022 – the candidate has clinical experience. Recommendation being addressed via interviews - action to be updated post recruitment	April 2022	Action closed as new ned with clinical experience appointed in April 2022.

| 2 | LOW | **Succession planning**

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

Recommendation

Succession planning should be undertaken to document plans for the immediate, 6 week and 6 month absence of any Executive or senior leadership team member. Relevant leadership training can be included on the plan for those who would require further support or development to act up or to develop into the position in the longer term. | MM | A proforma has been developed and completed to clearly identify succession planning for each board member – including named person, backfill arrangements that may be required and any development needs.

EMT succession plan has been completed.

Senior Leadership Team succession plan has been completed. | May 2022 | Action closed – formal succession plans documented and on file. |

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

		data sources, gaining a greater insight and understanding of the services. The Trust should consider allocating NEDs to a geographical area or specific service to build relationships, rotating each year.		Joint governor/ned visits are being scheduled for the months ahead. Face to face visits are discussed in CoG, sub groups and development sessions and will be kept under review and scheduled as appropriate throughout the year.		
KLOE 2 - Is there a clear vision incredible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?						
4	**Low**	**Collaborative Committee membership** A Clinical Director is now in post for the Provider Collaborative working alongside the Programme Lead and this clinical input potentially reduces the requirement for the Trust's Director of Nursing to have membership on the Collaborative Committee. As operational arrangements mature the Board should revisit these membership arrangements to consider, and allow for, separation of the provider/commissioner roles. **Recommendation** As the Lead Provider role matures and the provider/commissioner roles become embedded, the Board should consider reviewing the Collaborative Committee's Terms of Reference, assessing the appropriateness and requirement for the Director of Nursing to remain a member.	MM SME	The recommendation is accepted and will be implemented as roles mature. Consideration has been given to this and fed back to Board. An update and timeframe for making this recommendation effective will be provided to the July Board. July update: Further conversations have taken place and the position reassessed. Given some of the clinical conversations it has been agreed to keep the Director of Nursing on the Committee but review later in the year.	July 2022	Action progressed and an update will be provided as part of the Quarter 3 review report to Board.

No.	Risk	Recommendation				
KLOE 3 - Is there a culture of high quality sustainable care?						
5	**MED**	**Freedom To Speak Up Guardian resource** The Trust has a Freedom to Speak Up (FTSU) Guardian in post for 1 day a week, supported by 2 part time deputies. The total resource equates to 2 days a week for this important agenda. The Guardians work with staff governors who act as ambassadors for the FTSU agenda and have received some local training and are in place to signpost staff and support the Guardians. **Recommendation** The Board should consider whether its current resource is adequate to allow for proactive work and sufficient reach to staff in its geographically dispersed services.	MM	It had been agreed (as reported to the April'22 Board) that adverts for 5 ambassadors across the divisions and corporate areas will be progressed to increase the resource available to FTSU. Adverts went out on 15 June and expressions of interest received. Updates will be reported to Board through normal reporting arrangements via CEO report and will be included in next FTSU report to Board in September.	June 2022	Action progressed and an update will be provided in the FTSU report to September Board and as part of the Quarter 3 review report to Board.
6	**LOW**	A Non-Executive Director is aligned to the FTSU agenda although this NED is at the end of his term with the Trust and therefore a new NED will need to be aligned to this role. It will be important for the new NED to access the on-line training modules that are available via the national Guardian's office web-site. **Recommendation** The NED who is to be aligned to the FTSU agenda should access the nationally available training modules to promote a full understanding of	MM	A new NED with responsibility for FTSU has been aligned to this agenda (Dean Royles). Access to training modules were shared with NED lead on 14/4/22 who has undertaken to complete the training. Training will be monitored between Guardian and NED	April 2022	Action complete. Training links shared in April. Lead confirmed training complete 25/5

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

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

9	LOW	**Freedom To Speak Up data** The FTSU Guardian submits data as required to the National Guardian's Office and reports to the Board each quarter. The FTSU Guardian does not report data to the Board by ethnic group or gender and this may offer additional information for the Board to analyse in terms of themes and trends. **Recommendation** The FTSU Guardian should report data by ethnic group and gender as this may highlight additional themes and trends for the Board members to consider.	MM	Recommendation accepted and future reports will include data broken down by ethnic group and gender as reported to the April Board. The next 6 monthly FTSU report to Board will be in October and the requirement for this data breakdown has been captured in the Board action log.	May 2022	Action complete and continuous.
10	LOW	**Quality of appraisals** Appraisal rates are currently 97.06% and this is good performance against the Trust's expectation of 100% at year end. However, the Trust has not routinely sampled completed appraisals to be assured of the quality, and this is a missed opportunity. **Recommendation** The Divisional Leadership Teams should arrange to review a sample of completed appraisals to gain assurance that they are being completed as intended to maximise the potential of the process for staff.	SMc	A recent internal audit where sample records were assessed, provided significant assurance in this regard. A couple of areas within the report are being worked through – the report will go back to Audit Committee in June As an additional action, EMT agreed on 28 March that a dip sample of appraisals will be carried out in each area by managers with the support of HR business partners where required at the end of the appraisal window. A process has been agreed by EMT and work is underway in July.	July 2022	Action progressed - this work is underway and an update will be provided to Board as part of the planned report in quarter 3 review report to Board.

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

12	LOW	**Action logs** For Board level Committees we note that action logs are present and well maintained. We noted that whist the action logs documented the timescale for completion of the action, the date of when the action was completed was not recorded, and this should be addressed. **Recommendation** Chairs of Committees and groups that use action logs should ensure the date the action was completed is documented.	MH	27/4/22 Email sent to ned chairs, exec leads and committee administrators. Advice provided to committee and group administrators regarding action logs to ensure the date the action was completed is clearly documented and that a consistent standard is achieved across all groups.	April 2022	Actioned and continuous.
13	LOW	**Committee Assurance** Committee Chairs have not routinely observed the key meetings that feed into their Committee for assurance, and this should be considered on an annual basis to confirm confidence in the governance and reporting framework. **Recommendation** On an annual basis NEDs who Chair Committees should observe the sub-meetings/groups that feed into their Committee to gain a view on how business is undertaken.	MM / CF	A schedule of ned attendance at direct reporting groups for 2022/23 is in place and covers all committees and reporting groups	May 2022	Action Complete.

No.	Risk	Recommendation				
KLOE 4 - Is there a culture of high quality sustainable care?						
14	**LOW**	**Allocation of Non-Executive Directors to Committees** There were only two NEDs present at some Committee (one being the Chair) and this may be due to the fact that the Trust has a NED vacancy that is currently being recruited. Once all NED positions are recruited the Board should review NED allocation and cross referencing to other Committees to maximise the opportunities of attendance and to view the interdependencies of the various Committee agendas. **Recommendation** Board members should consider the numbers of NEDs at its Committees and discuss whether membership could be increased for some of the busier Committees to facilitate further challenge and opportunities to gain greater assurance.	CF/MM	Committee membership should be a NED Chair and 2 NEDs (with the exception of the commissioning Collaborative Committee). Terms of Reference for all committees approved at the May Board.	May 2022	18/5/22 Action Complete.

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

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

Recommendation

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

▪ Matters of concern or key risks to escalate;

▪ Major actions commissioned / work underway;

▪ Positive assurances to provide; and

▪ Decisions made. | MH | The Chairs Log to Board highlights these key issues but the front sheet has been reviewed and agreed to provide a consistent approach in presenting using the quadrant style. | May 2022 | Complete and continuous. |

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

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

No.	Risk	Recommendation				
KLOE 5 - Are they clear and effective processes for managing risks, issues and performance?						
19	LOW	**Management of risk** The Corporate Risk and Compliance Manager has a structured and consistent approach to risk and this was clear from the meetings we attended. However due to an unexpected short term absence at one meeting, where we were observing, the presentation of the Risk Register was not managed well and this may indicate that wider ownership of the risk management process is required and that processes do not become person dependent. **Recommendation** The Trust should ensure its arrangements regarding updating and presentation of risks are not person dependent.	HG/OS	Executives have confirmed that there is no requirement for the Risk Manager to attend each board sub committee. Lead executives on the respective committees are expected to discuss the risks on the register and answer any queries. Exec Leads to be reminded of the need for Exec Leads to present risks to respective committees.	April 2022	Complete.
20	LOW	**Board Reports** Financial performance papers are produced to a high quality and we note that the Board receives a separate finance report. This has been a long standing arrangement that is well evaluated, with no appetite for change. However the title of the Trust's 'Integrated Board Report' (IBR) is misleading as readers may expect full coverage of performance for all portfolios, and this is not the case.	PB	The title of the Integrated Board Report has been updated to 'Performance Report' and reflected in reports to board wef April 2022 meeting.	April 2022	27/4/22 Action achieved and closed.

		Recommendation				
		The Board should reconsider the title of its Integrated Board Report to ensure it accurately reflects the purpose and content of the report.				
21	LOW	**Divisional Performance and Accountability Reviews** The Trust has an established Divisional Performance and Accountability Review process that is operated on an 'earned autonomy' model, with review frequency ranging from 1-6 months. Reviews have been scheduled every 3 months during the Covid-19 pandemic due to the surge in activity, however the earned autonomy model process will be reinstated in April 2022. The Clinical Director is invited to all reviews, however we note that the CD is frequently unable to attend and this may be due to clinical commitments. Reviews should be scheduled to facilitate the attendance of the Clinical Director. **Recommendation** Accountability Reviews should be scheduled to facilitate the attendance of the Clinical Director.	LP	The clinical director attended accountability reviews in March 2022. The next reviews are scheduled for 23 & 29th June 2022 and the clinical director has confirmed attendance. Going forward, future dates will facilitate the attendance of the Clinical Director.	May/Jun 2022	Achieved – and continuous.

No.	Risk	Recommendation				
KLOE 6 - Is appropriate and accurate information being effectively processed, challenged and acted on?						
22	LOW	**Integrated Performance Report** The Trust's Integrated Board Report (IBR) is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format. The cover sheet of the IBR details commentary (including mitigating actions) for indicators that fall outside of normal variation, and this is a useful summary. However for the majority of metrics this detail is not included in the main body of the report alongside the data. **Recommendation 22** The Integrated performance report could be enhanced by the expansion of narrative to contain root causes, actions and impact/timescale as well as national/local benchmarking where available.	PB	The front sheet of the performance report highlights and provides an update on any areas outside of normal variation – a footer note has been added to the performance report to read the performance report with the cover sheet with explanatory narrative for any areas outside of normal variation from May onwards.	May 2022	18/5/22 Action closed and continuous.

23	LOW	**Data Quality Assurance Indicators** Although the Trust has a Data Quality Group in place and undertakes work to assures its data quality, it does not at present utilise a Data Quality Assurance Indicator and this should be considered. A data quality traffic light or kite mark could be used to appear next to key performance indicators in the SOF report to provide visual assurance on the quality of data underpinning a performance indicator. A visual indicator acknowledges the variability of data and makes an explicit assessment of the quality of evidence on which the performance measurement is based. **Recommendation** The Trust should consider the use of Data Quality Assurance Indicators to inform users of any data quality risks attached to the data that might impact decision making	PB	Consideration was given in the 8 June DQ Group as to whether traffic light or kite mark would provide a worthwhile improvement. The DQ group agreed to research further with other Trusts to determine if feasible – this has been progressed further with feedback due at the DQ group on 11th August. The DQ group reports to EMT and an update on a decision will be provided to the September Board.	June 2022	Action progressed and an update will be provided in September after the recommendation to EMT and decision and will form part of the Quarter 3 review report to Board.
KLOE 7 - Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?					
We have not made any recommendation for this KLOE					

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

Title & Date of Meeting:	Trust Board Public Meeting – 27th July 2022			
Title of Report:	Annual Non-Clinical Safety Report 2021 - 2022			
Author/s:	Peter Beckwith – Director of Finance Paul Dent Safety & PPE Manager			
Recommendation:	To approve		To receive & note	☑
	For information		To ratify	
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	The Purpose of this paper is to provide the Trust Board with the Annual Non Clinical Safety Report. The Annual report provides assurance to the Trust Board on the ongoing management of non clinical Health and Fire Safety within the Trust.			

Key Issues within the report:

Matters of Concern or Key Risks to Escalate:

- 3 fire incidents occurred during the year. The cause of the 2 fires was malicious ignition, the 3rd was accidental ignition (see page 16)
- 34 false fire alarm activations occurred during the year and 62 unwanted fire alarm activations. Fire Service attendances have been only as per the 'after normal hours' protocols of call filtering. 5 fire service attendances occurred in line with the call filter protocol, 2 for fire related incidents (see page 16)
- 9 RIDDOR incidents have occurred

Key Actions Commissioned/Work Underway:

- Intercom systems have been installed at all GP Surgeries to control the flow of visitors entering the surgeries.
- Estates vehicles have been fitted with location tracking devices to monitor the movement of the vehicle to allow users to provide personal safety measures/locations in an emergency situation or breakdown and enhance vehicle security and lone working in unoccupied buildings.

Positive Assurances to Provide:

- The number of staff receiving safety training for H&S, Fire and Security has surpassed the baseline target of 85%. The training compliance has increased on the previous year's compliancy figures (see page 25) the average rate for all disciplines is within the mid 90% range.
- A target for the reduction of unwanted false alarms was set at 50% as an annual objective, the actual target achieved was 60.7%
- Risk assessments were completed within the annual timeframe for all Trust buildings achieving compliancy with Regulatory requirements.
- COVID building and COVID secure assessments have been completed for Trust buildings.
- Safety assessment audits have been carried out at Trust premises and action is taken to address any issues identified. The Trust is conforming to the standards required by the Department of Health and has been deemed compliant by the enforcing authorities.

Decisions Made:

- .N/A

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee	20.07.22	Executive Management Team	11.07.22
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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

Annual Non-Clinical Safety Report
2021-22

Caring, Learning & Growing Together

CONTENTS

Annual Non-Clinical Safety Report 2021-22

Executive Summary

This report provides information relating to key activities undertaken by the Safety Team, with respect to policies, workplace activity safety management reviews, premises Health & Safety, Fire Safety and Security inspections and Safety training provision.

The report provides information on incidents which meet the reporting requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) and which have been reported to the Health and Safety Executive (HSE).

In the reference period, a total of 9 reportable incidents occurred compared to 3 in the previous twelve month period. Of these incidents, 6 incidents related to violence and aggression, 2 as a consequence of a slips, trips and fall and 1 relating to an injury sustained preparing food.

During the reporting period, the Trust did not receive any enforcement notices from the Health and Safety Executive.

Throughout the reference period Health & Safety inspections and Health & Safety management reviews have been undertaken to assess compliance with Trust Health and Safety Policies and applicable Health and Safety legislation.

The Trust board has the primary responsibility and accountability for security management, with day-to-day functions/advice provided by the Accredited Local Security Management Specialists (ALSMS).

Trust managed premises have been risk assessed and audited during the year to ensure continuing compliance with Fire Safety provisions. Standardised methods of fire safety risk assessment have been adopted across the Trust area.

In order to complement the Regulatory Reform Fire Safety Order 2005 (RRFSO 2005), 'FIRECODE' a suite of documents, underpins a move away from prescriptive fire safety

measures and towards a risk-based approach of the Fire Safety Order.

Trust premises conform above the minimum standards required by the Department of Health and a maintenance/improvement programme is in place to maintain standards in accordance with HSC 1999/191 'Achieving Statutory Fire Safety Provisions'.

Security and lockdown profiles within Trust managed buildings and sites where staff are located, along with the GP surgeries are undertaken to ensure continued safety provisions are suitable and achievable.

During the reporting period 3 fire incidences occurred within the Trust. The causation factor for two of the incidents was malicious ignition of HTFT property, the third was as a consequence of accidental ignition.

All fire, false alarm and unwanted fire signals which took place during 2021/22 have been entered onto the Estates database. This information is used to look at trends and develop and implement initiatives to reduce the causation factors of fire alarm signals.

There has been an increase in reporting incidents to the police compared to the previous year, Absconding/AWOL, Violence & Aggressive, criminal damage and theft incidents are the major incidents reported.

Emergency procedures are continually evolving to ensure protective and preventative measures employed protect all patrons of buildings should a fire occur and evacuation be necessary.

Management have been made aware that they have a duty to ensure staff under their managerial control are aware of their roles and responsibilities as detailed within Articles 8 – 23 of the RRFSO 2005. Failure to comply with this requirement is an offence under criminal law.

The Risk Assessments of premises are dynamic, and because more emphasis is being placed by inspecting authorities on the management of fire safety, continued support for managers and supervisors has been given during the year 2021/2022.

The COVID 19 pandemic had an impact on safety inspections but during the relaxing of the lockdown periods safety inspections recommenced. COVID-19 workplace inspections now form part of the audit process for Humber buildings and will continue to do so until instructed otherwise. As reoccupation of Trust buildings has become more open to staff and services the reintroduction of the checking/testing regime has to be built into the weekly programme of events to be completed to ensure compliancy with the H&S and Fire Safety requirements.

Introduction and Purpose

The purpose of this report is to provide the Humber Teaching NHS Foundation Trust Board with assurance regarding the ongoing management of Health & Safety, Fire Safety and Security within the Trust. It is a requirement that the Board receive an annual Safety report to assure the Board that sufficient safety arrangements are in place and that the Safety measures being employed are being effectively managed across the Trust.

This report provides analysis of the Trust's Safety performance for 2021/22 and outlines key developments and work that has been undertaken during the reporting period.

The current programme of work aims to achieve further improvements in Health and Safety, Fire, Security Management and COVID recommendations for the workplace, whilst also highlighting and mitigating associated risks. An important focus of current activity is to encourage and support a risk- based culture towards managing safety hazards, in which a positive and proactive approach to safety management is developed and maintained.

The fire and false alarm statistics in this report cover only premises owned and occupied by Humber Teaching NHS Foundation Trust (HTFT).

Reporting Structure and Governance

This report details Trust wide safety performance throughout 2021/22 in order to comply with the Health & Safety at Work Act 1974 and the Regulatory Reform Fire Safety Order 2005 and associated statutory regulations.

The Chief Executive has overall responsibility and accountability for all Health & Safety and Fire Safety matters. The Director of Finance/Senior Information Risk Owner is the designated Executive Director responsible Health & Safety, Fire Safety and Security.

Health and Safety is managed within the Trust's Health & Safety, Fire Safety and Security Team. The Safety Manager reports directly to the Deputy Director of Estates and Facilities.

The Trust's Safety Manager manages all 'non-clinical' aspects of Health and Safety within the Trust. Patient safety risks regarding patient clinical care is overseen by the Clinical Risk Management Group.

The governance structure for Health & Safety, Fire Safety and Security is via the Health and Safety Group, which reports into the Executive Management Team and provides quarterly reports to the Finance Committee with issues escalated to the Trust Board when appropriate.

The Health and Safety Group has the following responsibilities:

- Receive and review Health & Safety, Fire and Security related policies and recommend where these policies will go next in terms of ratification.

- Review information on Trust Health & Safety, Fire and Security incident reports, collate actions for the action tracker and monitor accordingly.

- Review, monitor and challenge where relevant, reports and action plans received.

- Invite relevant Managers to provide information on incidents or to respond to inspection reports.

- Review the outcomes of external or internal Health & Safety, Fire and Security inspections and make recommendations and representations to others as required.

- Encourage and support the principles of Occupational Health and Infection Control throughout the Trust and any related health surveillance programmes.

- Review upcoming new and amended Health & Safety, Fire and Security related legislation for its impact on Trust's activities.

- Review Health and Safety related civil law cases and relevant Health and Safety Executive prosecutions for their impact on Trust activities.

- Review Health and Safety key performance indicators and findings of Health and Safety audits against Trust Policies and CQC outcomes 10 and 11, collate actions for the action tracker and monitor accordingly.

- Keep records of all proceedings, decisions and activities of the H&S Group.

- Receive and review the quarterly Safety Board update report and recommend ratification to EMT prior to submission to the Board.

- Regular Health & Safety, Fire and Security reports are provided to the Board to ensure they are cited on all statistics and issues relating to safety matters.

There are 2 sub-groups of the Health and Safety Group:

Water Safety Group

Humber Teaching NHS Foundation Trust accepts its responsibility under the Health and Safety at Work etc. Act 1974 and the Control of Substances Hazardous to Health Regulation 2002 (as amended), to take all reasonable precautions to prevent or control the harmful effects of contaminated water to residents, patients, visitors, staff and other persons working at or using its premises.

To discharge this duty, a Water Safety Management Group, under the direction of the Trust's Estates Department, meets regularly to co-ordinate the water safety management activities.

Issues arising from the above meetings are escalated to the Trust's Health and Safety Group.

During the 2021/22 period, in conjunction with the Trust's externally appointed Authorising Engineer, a Trust Water Safety Plan was formally reviewed, adopted and implemented.

Legionella awareness refresher training, for key Trust staff, will be undertaken in 2022.

Asbestos Management Group
Humber Teaching NHS Foundation Trust accepts its responsibility under the Health and Safety at Work etc. Act 1974 and the Control of Asbestos Regulations 2012, to take all reasonable precautions to prevent or control the harmful effects of asbestos containing materials (ACMs) to clients, visitors, staff and other persons working at or using its premises.

To discharge this duty, an Asbestos Management Group, under the direction of the Trust's Estates Department, meets regularly to co-ordinate asbestos management activities. Asbestos awareness refresher training for key Trust staff was undertaken as an online course between February and June 2021 to suit individual needs due to the COVID pandemic.

Legal Compliance Overview

Health and Safety
The foundation of the current management of Health and Safety in the United Kingdom was established by the Health and Safety at Work etc. Act 1974, which remains the principal Health and Safety legislation. The Act and its associated regulations, address the way in which Health and Safety is managed within all organisations.

The Trust fulfils its legal responsibility for Health and Safety by:

Legislation	Description of Actions/Compliance
Health and Safety at Work etc. Act 1974	Maintaining a team of professionals to provide advice and support to managers and staff. Undertaking reviews of local Health and Safety Management processes during Health & Safety review/support visits at Unit/Team level. Undertaking premises Health and Safety inspections to assess the level of safe working conditions and promoting improvements. Continuing to develop a library of template work activity risk assessments and substances hazardous to health assessments for Units/Teams to access. Monitoring Health and Safety incident reports on DATIX, carrying out incident investigations as required and sharing the lessons learned. Facilitating a range of E Learning based Health and Safety Training courses.
Management of Health and Safety at Work Regulations 1999	Undertaking reviews of Teams/Units work activity risk assessments. Continuing to develop a library of template work activity risk assessments for Teams/Units to access.
Health and Safety (Sharp Instruments in Healthcare) Regulations 2013	Maintaining Sharps devices activity assessments. Restricting purchasing of sharps devices to approved makes and models only.
Control of Substances Hazardous to Health (COSHH) 2005	Undertaking reviews of Teams/Units COSHH assessments.
Personal Protective Equipment at Work Regulations 1992	Undertaking reviews of Teams/Units Personal Protective Equipment risk assessments

Legislation	Description of Actions/Compliance
Display Screen Equipment Regulations 1992	Undertaking reviews of Teams/Units Display Screen Equipment assessments where applicable.
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013	Reporting incidents to the Enforcement Authority which meet the RIDDOR reporting requirements. Carrying out incident investigations as required and sharing the lessons learned.
Health and Safety Information for Employees Regulations (Amendment) 2009	Displaying Health and Safety information posters in Trust buildings.
Health and Consultation with Employees Regulations 1996	Having in place a number of employee Health and Safety representatives for improved consulting and communication of Health and Safety.
Safety Representatives and Safety Committees Regulations 1977	Liaising with Union appointed Health and Safety representatives for improved consulting and communication of Health and Safety.

Fire Safety of Humber Teaching NHS Foundation Trust Occupied and Maintained Properties

The following table summarises the schedule of directives and state of compliance in relation to fire safety.

DIRECTIVE	REQUIREMENT	COMPLIANCE	COMMENTS
POLICY AND PRINCIPLES	**Clearly Defined Fire Safety Policies**	YES	Organisational fire policy in line with requirements as detailed in the HTM suite of documents and the RRFSO 2005.
	Director Appointed Re Fire Safety	YES	Director of Finance/Senior Information Risk Owner
	Fire Safety Manager	YES	Paul Dent
	FIRECODE Compliance Confirmation	YES	Certificate dated 30.01.2022
	Fire Safety Improvement Programme Instigated	YES	Forms part of the Capital Investment programme
	Annual Fire Report to Board	YES	May 2022
	Fire Reporting Procedure	YES	All Fire & False incidents reported through DATIX

COVID 19 Pandemic

The Covid 19 pandemic had an effect on how the Trust operated in the early stages.

To ensure the Trust was able to continue to deliver core services to patients and service users and to protect staff the Trust was proactive from the start of the pandemic by implementing remote working and rota systems to ensure the operations of all disciplines continued to deliver service requirements. Due to management and staff approach to this new way of working, a smooth transition was achieved whereby service delivery was not affected.

Staff who were asked to work from home as an interim measure to stifle the growth of the pandemic were aided by the Trust by:

- Using a risk assessment template developed for home working.
- Being allowed to take workstation equipment, office chair and in some cases desks to make the transition to home working more seamless.
- Helping when transportation of office furniture was required by utilising Trust estate vehicles.
- Management being in contact with staff/teams.
- Health and well being programmes being sent up and liaison with Occupational Health staff.

Fire Nominated Officers

The Department of Health requires under FIRECODE Policy & Principals – Fire Safety in the NHS Health Technical Memorandum 05-01: Managing Healthcare Fire Safety, that a Fire Safety Manager be appointed to ensure day-to-day activities in relation to fire safety.

This responsibility has been delegated to the Safety and PPE Manager.

In 1997, the Fire Precaution (Workplace) Regulations placed responsibility on every person who has, 'in any extent, control of a workplace to ensure that, so far as it relates to matters within their control', the workplace complies with any applicable requirement of the Regulations.

Non-compliance could, in serious cases, render the responsible person liable to an unlimited fine and/or a custodial sentence.

Such persons who have 'in any extent Control of a Workplace so far as it relates to matters within their control', must be made aware of their responsibilities and of the legal implications if those responsibilities are not carried out. This responsibility has been continued and extended by the RRFSO 2005.

The above requirements are being disseminated through clear distinct training routes, these being the Fire Safety Awareness courses, Fire Warden/Responsible Person Training courses and Management courses.

Evacuation Plans for individual premises are continually reviewed,

with Responsible Persons being named and designated duties listed in order to promote a clear understanding of fire safety roles and responsibilities.

The training of Nominated Fire Officer/Fire Wardens has been on-going with both fire refresher and fire warden courses being provided to HTFT staff. All safety related training has been migrated to online courses accessible through the ESR portal.

Safety Related Policies

Safety policies are regularly reviewed and updated to reflect changes in legislation, service improvements or external agencies' requirements.

The Trust's overarching Health and Safety policy is due for review in June 2022.

The Fire Safety policy was reviewed in December 2021 and was placed on the Intranet as a live document, the policy has a manual of procedures to ensure total compliance with RRFSO 2005. The policy will be due for review December 2024.

The Redress Procedure was reviewed in April 2021 and approved at the Health & Safety Group in April 2021 the procedure is due for renewal in 2024.

All Safety related polices are available to staff via the Trust's Intranet site.

Incident Reporting

The reporting of incidents across the Trust is key to establishing trends and identifying specific areas where improvements are required.

Reporting Industrial & Dangerous Diseases Occurrences Regulations (RIDDOR) Incidents

RIDDOR require employers and other people in charge of work premises to report and keep records of:

Work related accidents which cause deaths

Work related accidents which cause certain serious injuries (Reportable injuries)

Diagnosed causes of certain industrial disease.

Certain dangerous occurrences (incidents with potential to cause harm).

There have been 9 RIDDOR reportable incidents during the 2021 - 2022 period, brief details of the incidents are summarised in the table below:

Comparison of all RIDDOR reportable incidents

Reporting Period	2019/20	2020/21	2021/22
1 April 2021 to 31 March 2022	5	3	9

Incident	Action Taken
Individual pushed another individual (staff member) when they were informed their leave was deemed inappropriate. The individual pushed injured their back on a door handle and was relieved of duty to attend A&E.	Individual reminded about boundaries and staff member attended A&E department for medical checks.
Whilst de-escalating a situation an individual ran at staff and proceeded to punch them in the arm and shoulder.	Staff reminded to be aware of patient demeanours when entering patient striking zones.
Individual who already had a pre-existing back injury was punched in their back by a patient who was refused leave, this caused significant pain. Individual returned to the office to sit down and became unresponsive and	An ambulance was called and paramedics were witness to the second seizure.

Individuals partner arrived at the unit and was able to give further |

Incident	Action Taken
entered into two seizures which effected their speech, vision and awareness of surroundings.	information about how they react following seizure activity, Individual went home in the company of their partner following clearance from the ambulance crew. Individuals partner contacted the unit later and stated that the individual had had a further seizure but was able to manage this and get them home.
Individual left their office and slipped on a laminated poster that had fallen to the floor.	Individual reported pain in knee and difficulty moving, but declined an ambulance and physical observations by clinical staff. Individual encouraged to sit and rest and take the rest of day off. Ice pack and own pain relief taken. Individual later agreed to attend A&E
During an incident of restraint an individual dislocated their thumb.	Individual attended A&E and has been offered support from management of the unit. Staff reminded to be aware when in contact with patient whilst applying restraint techniques.
Individual was preparing evening meal and managed to cut finger causing significant/severe cut and significant bleeding.	Wound was cleaned and dressed with gauze and bandage, before being supported to A&E. Following an assessment, individual was advised to return the next day as they may need a radial digital nerve repair operation and physio.
Individual was involved in an altercation with several punches to the facial area and a lock type manoeuvre.	Injured individual was encouraged to seek medical attention. Injury sustained was a torn muscle in shoulder.

Incident	Action Taken
Individual misjudged the kerb in the rear car park causing loss of balance causing an injury to their back. **The lighting in the area was reduced due to the security lighting being faulty not functioning correctly rendering the area in darkness.**	Individual informed management and attended the walk-in clinic for advice and medication. Faulty lighting reported to Estates and repaired.
Individual injured during a physical assault and was unable to activate their personal alarm in time which subsequently caused a cut, bruising and swelling to the head.	Individual concerned referred to A&E for medical check. Awareness of patient disposition and behaviour reinforced with medical staff.

6 of the reports were as a direct result of patient assaults and managers have cascaded verbal awareness of staff being 'patient' aware and an increase in de-escalation tactics and physical intervention training to ensure patient on staff assaults are reduced.

The 2 slips and trips incidents have been addressed by the lighting in the area being enhanced and kerb edges checked for any remedial repairs that are required. The second incident was as a result of slipping on a laminated notice
that had fallen off a notice board, management and staff have been asked to either:

- Remove and limit items on notice boards and when required secure them correctly
- Or fit notice boards that have an enclosed area behind a sliding screen.

The 1 incident in the preparation of food, staff in Hotel Services have been requested to ensure that the correct protective PPE is used when using knives and that the correct knife is used at all times.
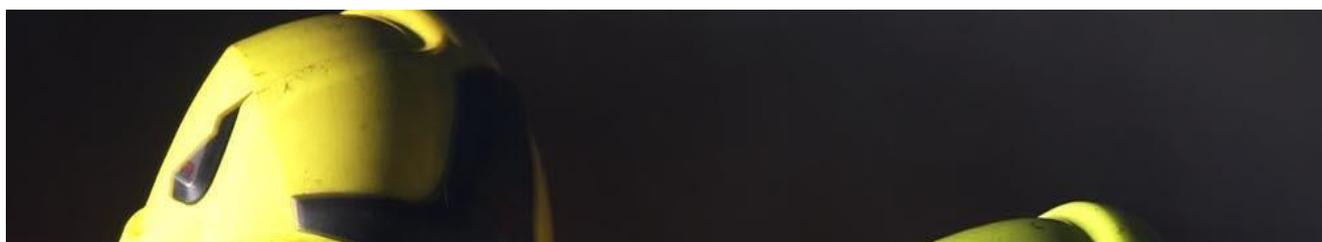
Fire and False Alarm Incidents

In order to monitor and control false alarms and satisfy the Department of Health Estates & Facilities requirement for submission of fire incident details, there is an internal reporting system within the Trust. Three fire related incidents were reported with 62 unwanted fire signals and 34 false alarm activations occurring over the last reporting period.

There has been a significant decrease in unwanted fire alarm signals of 63.2%. This is primarily due to, staff being more vigilant and proactive in de-escalating situations which may give rise to spurious alarm activations. Causation factors for fire alarm activations have been, patients deliberately starting fires in accommodation areas, the use of smoking materials and e-cigarettes, or physically damaging the fire detection systems employed.

False alarm calls increased by 10.2%, the primary causes being contractor work adjacent to fire detection systems and patients accidentally damaging fire alarm call points and associated equipment.

For both False Alarms and Unwanted Fire Signal activations both staff and management have been reminded and advised to monitor patients who are known for causing unwanted fire signals.

Fire Incidents 2021/2022

Over the past reporting period three fire incidences have occurred, two incidents were due to malicious ignition, the third being accidental with two ignition sources identified as being lighters. Details of each incident have been reported to the Health and Safety Group with appropriate escalation within the Trust.

There remains an ongoing challenge with lighters and smoking paraphernalia being introduced into Trust buildings. Management and staff are 'policing' the issue but in some instances as soon as the lighters have been confiscated, family, friends and other patients returning from leave are resupplying patients.

For all of the incidents detailed below, if it had not been for the prompt intervention actions of staff the fire incidents would have developed.

All fire incidents have been investigated and management and staff debriefed as to their individual actions. Staff have been asked to be more vigilant, with policy and procedures reinforced after each incident.

The reported incidents were as follows:

- The incident was as a result of a staff member leaving food in a microwave and leaving it over the cooking period causing it to ignite and catch fire. A reminder was issued via the weekly global promulgation regarding leaving food unattended whilst using microwaves.

- This incident was a fire in the female area of a bedroom accommodation. The fire was contained to clothing on the floor of the bedroom. The fire

was extinguished by ward staff. Minor damage was caused to floor covering. This was deliberate ignition by a patient, the ignition source being a lighter.

- A fire occurred within the bedroom accommodation the cause was deliberate ignition of combustible materials within the bedspace area. Staff attempted to extinguish the fire using portable fire extinguishers. The fire service attended and extinguished the fire and ventilated the room of origin. A fire investigation by the fire service deemed it arson with intent and the patient was arrested.

False Fire Alarm Signals 2021/2022
False alarm activations have increased from 30 on last year's figures to 34 this year, an increase of 10.2%.

False alarm activations have been predominantly as a result of patient actions, whereby fire alarms have been activated by; aerosols being sprayed directly into fire detectors, unattended food that patients have been preparing, the increase in e-cigarettes and smoking paraphernalia being used within buildings.

Management and staff have been reminded through various communication routes to be more vigilant with patients when these products are being used. Management have also been asked to ensure that smoking materials and

ignition sources are surrendered by patients on leave and to reinforce the no smoking policy for visitors to Trust buildings.

It has been noted that over the last quarters reporting period there has been a marked reduction in activations caused by vaping.

Unwanted Fire Alarm Signals 2021/2022
Unwanted fire signals have decreased from 98 from last year's figures to 62 this year, a decrease of 60.7%. The majority of the unwanted fire alarm activations over the past reporting period have been down to patient actions, along with limited incidences dust entering fire detectors during construction works and staff testing the fire alarms without the appropriate communications taking place between site and the alarm receiving centre (SCAMP Security).

Staff and management have been reminded to be more vigilant whilst contractual work and alarm testing is taking place. This has been reinforced through all fire related training courses. A monthly report is received regarding alarm activations and causation factors from the alarm receiving company and the report where applicable is sent to managers for them to action locally.

Staff are also reminded of their responsibilities under the Regulatory Reform Fire Safety order 2005 through the fire training course that are provided as part of the mandatory training programme.

The percentage of fires to false alarms & unwanted fire signals was 3% actual fires and 97% false alarms/unwanted fire signals. As previously advised, there is significant national concern within the Fire Service at the high levels of unwanted fire signal incidents within the Healthcare Industry.

Systems are now in place whereby the Fire and Rescue Service will require Alarm Receiving Centres (ARC's) to confirm that a building has a confirmed report of a fire before they attend. The introduction of the call filter system has proved advantageous in reducing the number of fire service attendances and the 'down time' of the premises whilst the reason for the alarm activation is confirmed.

A reporting system with the Alarm Receiving Centre (ARC) SCAMP security now produces a monthly return of not only the alarm activations but also when the fire service were informed and if they attended HFT buildings.

Of the 62 unwanted and 34 false alarm signals (totalling 96) incidences, the fire service attended site on 5 occasions, 2 of the attendance being for fire related incidents.

Call Filter System
The introduction of the call filter system has proved beneficial in reducing the number of fire service attendances due to spurious alarm activations. Staff continue to embrace the system and are comfortable with the operating parameters of the 3 minute

investigatory timeframe. Humberside Fire & Rescue Service have cited HTFT as using best practice in line with the National Fire Chiefs Council (NFCC) and the HTM guides for the reduction of unwanted fire signals for NHS premises.

Emergency Fire Procedure Plans
The arrangements for transmitting emergency calls to the fire service across the Trust has been rationalised for all HTFT premises implementing the call filter procedure. The new procedure is contact between the premises and the ARC to confirm the nature of the alarm activation before contact is made with HF&RS, should this be required (confirmed fire incidents only).

The attendance of HF&RS to premises on the call filter system has been reduced to the minimum amount with attendances being made to life risk premises after normal office hours only, as per the out of hours protocol.

Regular fire drills/exercises to enhance staff awareness of procedures are a statutory requirement and must be arranged by managers to ensure the suitability of the Evacuation Plan for the premises. The approach now is that drills/evacuation exercise should take place twice a year, this approach being deemed best practice from the Department of Communities and Local Government.

All organisational premises pre COVID had completed at least two evacuation exercises within the last reporting period and a database is held with the Safety Manager to ensure that all premises are

complying with the requirements of the RRFSO 2005 in relation to this matter.

NOTE: *Due to the COVID 19 pandemic not all Trust buildings have completed the two evacuation exercises as required. Where buildings have been repopulated exercises have been completed.*

As Trust buildings become repopulated evacuation exercises must recommence. Management have been contacted to reinstate evacuation exercises as soon as practicable. A reminder regarding reinstating evacuation exercises has been placed regularly in all Trust promulgations to reinforce the message regarding this matter. Procedures are in place for fire evacuation of all organisational premises. Such plans detail how the evacuation will be carried out, who will carry it out and where the patients will be evacuated to. These protocols are in place for all trust premises and as the risk/client base changes then plans are amended accordingly.

All HTFT premises now hold an evacuation strategy in the event of the premises having to completely 'decant' from site to an alternate premises/location. This alternative evacuation plan dovetails in with the resilience measures outlined in the Major Incident Plan as detailed in the Civil Contingencies Act 2004.

Security Incidents

The ALSMS has a duty to investigate all criminal allegations relating to any security incident in a timely and proportionate manner reporting the findings to the appropriate

management tier and liaising with the police.

Advice and support provided to management while localised investigations are carried out, which contributed to appropriate action plans.

CCTV images have been provided to the police on several occasions in relation to assaults on staff members and patients, theft of vehicles and criminal damage to vehicles and buildings to support their investigations. Along with internal investigations with regards to safeguarding of patients and inappropriate staff working hours.

An upgrade to the CCTV system within Miranda House has been completed, covering all internal and external patient areas.

During this reporting period a group of conspiracy against Covid-19 protestors were reported to have visited local vaccination hubs and our area. Staff and volunteers were advised to be extra vigilant and report any suspicious activity to the police immediately. One protester visited the Willerby Hill site but didn't cause any issues.

There has been an increase (63) in reported incidents to the police compared to the previous year. Absconding/AWOL and Violence & Aggressive incidents have been the major incidents reported. The increase has been due to an increase in clinical patient activity. Staff are informed that assaults are neither acceptable nor "part of the job" and

that the reporting of incidents is essential.

A total of 21 Unacceptable Behaviour letters were sent to service users, visitors and/or family members who were verbally abusive towards a wide range of staff whilst undertaking their duties. This was found to be a significant increase from the previous year. The letters were issued because of a variety of incidents, ranging from service users; being verbally abusive using racist language, being rude and using inappropriate language, threatening and causing criminal damage to buildings and vehicles. One letter was also issued to a family member, as a result of their threatening behaviour towards staff during a visit to an inpatient unit. The letters issued were associated with incidents within community settings and GP Practices.

A Service Level Agreement has been set up allowing inpatient units to access a Drug Search Dog team where there has an identified need to search on the grounds of safety or security due to the behaviour or risk presented by an individual with regards to controlling contrabanded substances entering the buildings. The aim is to provide long term deterrents to persons wishing to use or supply illegal drugs and to improve the safety and security of all persons to promote and maintain a safe environment where care and treatment can be delivered safety.

Safety Assessments

Health and Safety Risk Assessments

Health and Safety risk assessments are a key tool in ensuring that Health and Safety standards are monitored and managed correctly by Trust staff and/or where Trust services are delivered. The following are completed on an annual or risk-based frequency:

- Workplace/activity risk assessments for compliance with the Management of Health and Safety at Work Regulations.

- Control of Substances Hazardous to Health (COSHH) assessments for compliance with the Trust's COSHH Policy.

- Display Screen Equipment (DSE) assessments for compliance with the Trust's DSE Policy.

- Driving at Work assessments for compliance with the Trust's Driving at Work Policy.

- Moving and Handling assessments for compliance with the Trust's Moving and Handling Policy.

As part of the process, line managers are requested to review their Unit/Team's Health and Safety risk assessments against a checklist, to ensure the required assessments are in place and have been communicated to staff.

Where risk assessment reviews identify any non-conformances for example, missing activity assessments, assessments requiring review, the

relevant line manager is required to take action to rectify the non-conformance.

Themes Arising from The Assessment Reviews In 2021/22
Themes arising from risk assessment completed were:

- Office space and accommodation.
- COVID workplace assessments.

Office space and accommodation plans/layouts are confirmed by the Estates Development Team who plan working spaces on a figure of 5sqm per person floor area as per existing H&S requirements. Due to the COVID 19 pandemic office space has been reconfigured to achieve mandatory social distancing measures.

COVID 19 building assessments and COVID secure workplace assessments have been completed for all Trust buildings and for Trust staff who occupy a demise in 'other' buildings.

Template Health and Safety Risk Assessments
The continued rollout of template Health and Safety Assessments over the last 12 months has reduced the length of time needed to undertake the reviews and provides a more consistent approach to the assessment process across services.

Feedback on the template assessments continues to be positive and the introduction and implementation of new template assessments is on-going, with greater co-operation and sharing of

assessments actively encouraged across the service areas,

An electronic version of the existing fire folder is being trialled at Newbridges inpatient unit and should this prove effective as a recording tool the intention is to roll it out to all Trust buildings and replace the existing manual paper-based reporting system.

The physical condition of some premises has been brought to the attention of the Safety & Estates Teams and where possible remedial works have been, and are being, programmed in.

All aspects of safety systems within the organisation continue to improve. The safety team are assessing which areas require addressing to evolve to the next level for audit purposes as it has been identified that staff on site are duplicating recordings.

Fire Risk Assessments/Audits
The RRFSO 2005 requires an annual fire risk assessment to be carried out in all premises in which people are employed to work.

Within the healthcare industry the risk assessment identifies deficiencies against the mandatory provision of FIRECODE and details appropriate measures to achieve an acceptable standard.

The purpose of the audit is to monitor compliance with FIRECODE and statutory requirements, to identify areas of non-compliance and set up remedial programmes.

The risk assessment and audit process are the principal elements of the FIRECODE Compliance Certificate and the Annual Statement of Fire Safety which has to be submitted annually to the Department of Health Estates and Facilities.

All premises managed by the Trust have a fire risk assessment completed annually but because of its very nature, it is dynamic and fluid and section/departmental heads need to be aware of the implications of the fire risk assessment.

As part of the fire risk assessment all premises have an arson risk assessment completed to ensure the premises are inspected both internally and externally and any arson issues are identified and removed.

Interim fire safety inspections are being implemented to enhance the annual inspection and ensure continued compliancy is being maintained.

Security Assessments/Audits
The assessment identifies any risks within the building and/or to staff, where appropriate, to make recommendations to ensure compliance with safety legislation. The assessment sets out the recommendations it is considered necessary for management to take, in order to satisfy the safety of the building, staff and patients.

All wards/departments are subject to assessments that are followed by annual audits. These are an integral part/addendum to the original assessment document. It is the responsibility of managers to advise the ALSMS of any changes that may affect the validity and contents of this document and subsequent audit reports.

All inpatient units have been issued with separate ID badges for contractors following an arising theme from the assessment audits.

Intercom systems have been installed at all the Trust managed GP surgeries to control the flow of visitors entering the building and potentially breaching COVID Safe areas.

Extra security arrangements and procedures have been introduced as a consequence COVID-19, the need to work more flexibly where possible and the general reduction in occupation of the estate. This has been undertaken to ensure that staff and Trust buildings are safe and secure.

Trust vehicles used by Estates have been installed with tracking location devices to monitor the movement of vehicles allowing users to provide personal safety measures/locations in an emergency situation or

breakdown and enhance vehicle security and lone working in unoccupied buildings.

Themes arising from the assessment reviews in 2021/22

Themes arising from risk assessment completed were:

- Unsecure doors and windows
- Non-compliance with Lone Working procedures due to the lack of staff working from their bases owing to Covid-19 working arrangements
- Lack of key management and responsibilities with specific keys

All broken windows, doors and equipment identified are reported to the Estates Helpdesk for repair or replace.

Planned Actions for 2022/23

Safety Inspections

All Trust premises to have annual safety inspections diarised for the period 2022/23 to ensure compliance is being achieved with regulatory requirements and to confirm assurance for the organisation when audited externally. A building will now have all safety inspection completed

within one visit where possible to alleviate 'down time' for staff. Inpatient buildings will have the assessments completed at times when the attendance of the safety team will not affect clinical service delivery.

Building Plans & Risk Assessments

Risk assessments continue to be programmed in to upgrade and increase the information compiled in relation to all Trust properties. As information is collated a final plan will be issued to each property identifying protective and preventative measures that are inherent to the building.

Raise Awareness

Regarding new legislations and guidance nationally, regionally and locally to all staff within the Trust regarding Health & Safety, Fire and Security related issues, through attending regular meetings/forums, newsletters, training sessions and visiting staff within their work settings/buildings.

Investigations

The Safety Team will continue to investigate all criminal allegations relating to Health & Safety, Fire and Security incidents in a timely and proportionate manner reporting the findings to the appropriate management tier and external organisations where appropriate.

Accessibility Audits

Accessibility audits commenced January 2022 and will continue through 2022/23 to ensure that accessibility to Trust buildings is in line with current legislation and the requirements of the Access Audit

Handbook 2013 edition and Approved Document M (Vol 2 – Buildings other Than Dwellings).

Safety Premises Inspections

Safety inspections of Trust buildings and buildings where Trust staff are based are undertaken as part of the incident prevention work and to seek compliance with the Workplace (Health, Safety and Welfare) Regulations. (See Appendix A)

Services Joining the Trust

The actions outstanding from premises inspections highlights that as services join the Trust and their buildings become the responsibility of the Trust, substantial work is often required to bring the condition of the buildings up to the required Trust standards.

Estates are working closely with the Safety Team to review new services prior to joining the Trust and to ensure that due diligence is completed, so issues with building standards and compliance are addressed prior to the new service buildings becoming the Trust's responsibility.

Safety Training

As part of the Trust's mandatory training policy, all staff are required to complete safety training aligned to their role. The Trust monitors compliance on a regular basis.

The table on page 19 shows the overall compliance rates for the following Health and Safety/fire related training as of the 31st March 2022. The Trust's target compliance rate for each of the listed training is 85%, the training compliance rates were all above the baseline target at Trust Level.

From December 2021 COSHH awareness and Display Screen Equipment training has been incorporated into the H&S awareness course and as such reporting of these two elements are captured in the H&S awareness figures.

Safety Related Training Compliance 2021/22

	2021									2022		
	Apr	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
	%	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**
Display Screen Equipment Awareness*	97.61	97.64	97.36	97.28	96.95	96.69	97.06	96.05				
COSHH Awareness*	96.61	96.67	96.08	96.16	95.72	95.83	95.68	95.53				
H&S Awareness	95.94	96.40	95.59	96.91	96.33	96.67	96.45	96.43	97.14	96.40	95.73	96.44
Moving & Handling	95.42	95.69	95.55	95.64	94.90	95.32	95.23	95.63	96.68	94.34	95.27	95.86
Fire Refresher	93.33	93.79	94.31	94.46	93.94	94.04	94.06	94.11	95.20	94.95	94.33	95.11

Training incorporated into H&S Awareness from December 2021

Fire Training Plans for 2022/23

All fire refresher and fire warden training will now be completed as an online ESR package, however when required, bespoke site-specific fire training will be given on request. There will be a cost saving in employing online training as staff will not be travelling to training venues. In essence they will be able to complete mandatory training in their workplace. This approach is in line with the Department of Health guidelines and the UK Core Skills Training Framework.

Completing safety training online will also aid staff to complete mandatory training in a safe environment during the current COVID 19 pandemic.

Fire Warden Training

This training has been made into an interactive online version. This new format will help managers identify and allow training of new fire wardens within the workplace. The premise of placing this package online was to help staff train in fire warden duties, whilst also reducing time away from the workplace. In addition, the student can complete the training in their own time and allows staff to be available for workplace duties.

It has proved so successful that the training package has been sold to a neighbouring organisation.

Security Related Training

The Prevent and Channel Panel process adopts a multi-agency approach to identify and provide support to individuals who are at risk of being drawn into terrorism. is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.

The Trust's safeguarding team provides information, liaises with partners, supports internal colleagues, shares appropriate information and attends the Channel Panel meeting, this is usually the Safeguarding Adults Specialist Practitioner, supported by the Prevent Lead for the Trust and the

Named Nurse for Children for the Trust. The Channel Panel in Hull and East Riding of Yorkshire are attended monthly and when an urgent meeting is needed to discuss a specific case and information is provided for the North Yorkshire panel if requested.

The Trust Prevent lead continues to attend at the strategic Silver or MAP Prevent meetings which looks how the latest guidance from the Home Office can be disseminated and have overall oversight of the local Channel Panels

The Trust has four Prevent Champions, two have attended the Humberside Police required training.

Prevent training is delivered to staff via e learning and is discussed within the Level 3 Safeguarding mandatory training, regularly information is shared in the Trust wide global newsletter, the safeguarding team has its own Prevent information guide leaflet and maintained a Prevent page on the intranet which has key information and the respective local authority Prevent referral forms.

There are four associate trainers to support training deliver to all the Trusts services, which has been provided from various venues within the local area. The latest training venue is the MKM Stadium, Hull.

A DMI Trainer supports Humber Centre staff to deliver Search training on their security refresher courses. Humber's Positive Engagement Team (PET) have delivered training to the other adult in-patient units.

The PET team continue to support services with specialist training for instances where patients and service users present with more complex issues/risks (clinical holding), which is an annual refresher session. Specialist courses have been provided to Learning Disability Community Teams to enhance their skills to safely physically intervene and hold when necessary. These has been developed at the request of the service to fit the needs of their team, all content has been selected from the pre-approved DMI training curriculum. Specialist training course for WARD 13 HRI staff and CAMHS included clinical holds for NG feeding (covering people with eating disorders). A training package for Wellington Care staff was undertaken specialising in theory disengagement, seating and standing holds for their clients.

The training team provides training for Mechanical Restraint, Secure Escort Vehicle, Basic Life Support and Search training.

De-escalation Management Intervention (DMI) training is now certificated by BILD (British Institute of Learning Disabilities) standards, the trainers are required to undertake 4 annual CPD development days. PET is an approved Certificated Training Centre. Annual refresher courses were extended to an 18-month period due to clinical activity owing to COVID – 19.

Conflict Resolution Training Level 1 is available for all staff via their Electronic Staff Record training profile. The training identifies and signposts support mechanisms within

the Trust, list most common causes of conflict, recognises different types and styles of behaviour and explains the importance of keeping a safe distance in conflict situations.

Throughout the Covid-19 pandemic, Personal and Team Safety training (PATS) has been available in a socially distanced environment, where 577 colleagues have been trained. They have also conducted 172 staff for DMI Initial Programme and 333 have completed the refresher course.

The Trusts training target was 85% however, during this time, there was a drop in training attendance and as a result Trust compliance fell to 81.88% which was an increase in the previous year for DMI refresh and 71.95% again an increase from the previous year for PATS. The decrease is due to the clinical activity within the inpatient units and staff covering Covid-19 sickness levels.

Regulatory Reform Fire Safety Order 2005

Managers at every level have been encouraged to accept their responsibilities under the RRFSO 2005 and be pro-active in the discharge of those duties. This must include ensuring that all staff members receive fire training as this is an area where the Trust may be deemed to be vulnerable.

E Cigarettes

E-cigarettes were approved to be used within inpatient type premises in 2019. The type of e-cigarette being employed is the Generation 2, with chambered types not approved within Trust premises. The replacement liquid is kept in the nurse's station. Due to some liquids being identified as flammable they are stored in a flame and waterproof storage box.

Within the forensic unit's disposable e-cigarettes are available through a vending machine.

During the Coronavirus pandemic additional amounts of disposable e-cigarettes, as used in Forensic Services, were purchased to issue to patients in assessment units. It was recommended that additional safety protocols and fire protected rooms be employed during this period due to the increased risk posed to the organisation by the use of such items.

Although there is still an issue with false alarm activations being a causation factor there has been a noticeable reduction during this last quarterly reporting period.

Liaison with the Fire Service

Humberside Fire & Rescue Service (HF&RS) continues to focus on local health care premises for audits under their own inspection programme. Contact is maintained via the Premises Managers and the Trust Fire Safety Manager.

The Fire Service now have an After the Fire Team who enter premises to conduct a thorough audit of procedures.

Joint liaison regarding fire investigation with HF&RS and the Police will take place for incidents to ensure a more cohesive approach to fire investigation is conducted and outcomes for internal investigations are prepared.

Liaison with Humberside Police Force
Working relationships continue with various departments within the local Police force with sharing intelligence and information. The Dog Training Section use any unoccupied buildings to support their training needs. It also provides a physical Police presence as a deterrent within empty premises. An added benefit of the relationship has been the offering of awareness sessions to new police recruits around Mental Health, along.

The Trust Prevent lead continues to attendance at the strategic Silver or MAP Prevent meetings which looks how the latest guidance from the home office can be disseminated and have overall oversight of the to the local Channel Panels.

Summary of Action for 2022/23

Initiatives will continue to reduce fires, false alarms and unwanted fire signals during the next year.

The initiatives will combine awareness, advice and investigations of incidents relating to Health & Safety, Fire and Security.

COVID assessments will continue until instructed otherwise and will form part of the new regime of assessment inspections to be completed over the next reporting period.

Conclusion

The Trust seeks to ensure that it provides a safe working environment for staff, clients and visitors through risk assessments, inspections, staff engagement, training and advice and guidance and will continue to improve on this.

The 2021/22 period gave rise to an increase in the number of RIDDOR reportable incidents compared to the previous two years and this is a trend we wish to see reduce during the next reporting period.

Changes to the Trust structures and more flexible methods of working has presented fresh challenges for the Safety Team and the management tiers within the Trust. However, with continued streamlining of the review and risk assessment process, increased staff Health and Safety representation and more focused training, the Trust has striven to meet these new challenges.

P Dent *GIFireE, MIFSM, ASMS. MNAHS*
Safety & PPE Manager

PROPERTY NAME	Site Code	PROPERTY ADDRESS	POST CODE	Fire RA AF	Security RA AF	H&S RA AF
77 Beverley Road		Beverley Road, Hull		25/01/2022	25/01/2022	25/01/2022
Alfred Bean Hospital	AB	Bridlington Road, Driffield	YO25 5JR	24/03/2022	24/03/2022	24/03/2022
Anlaby Clinic	AC	First Lane, Anlaby	HU10 6UE	05/01/2022	05/01/2022	05/01/2022
Ayton and Snaiton Surgery		Pickering Road, Scarborough	YO13 9JF	02/08/2021	02/08/2021	02/08/2021
Baker Street	MC	7 Baker Street, Hull	HU2 8HP	14/01/2022	14/01/2022	14/01/2022
Bartholomew House	GB	161 Boothferry Road, Goole	DN14 6AL	25/03/2022	25/03/2022	25/03/2022
Becca House	BE	27 St John's Avenue, Bridlington	YO16 4ND	27/01/2022	27/01/2022	27/01/2022
Beverley CMHT	BD	Manor Road, Beverley	HU17 7BZ	25/01/2022	25/01/2022	25/01/2022
Beverley Health Centre	BB	Manor Road, Beverley	HU17 7BZ	01/09/2021	01/09/2021	01/09/2021
Bransholme Northpoint GP	BT	Part 3rd Floor, Bransholme Health Centre, Goodhart Road, Hull	HU7 4DW	30/06/2022	30/06/2022	30/06/2022
Bridlington Medical Centre (1st Floor)	BM	Station Road, Bridlington	YO16 4LZ	28/06/2022	28/06/2022	28/06/2022
Brook Square Surgery		Trafalgar Square Surgery, 41-44 Trafalgar Street West, Scarborough, North Yorkshire	YO12 7AS	30/11/2021	30/11/2021	30/11/2021
Coltman Avenue	CA	Coltman Avenue, Beverley	HU17 9LP	17/02/2022	17/02/2022	17/02/2022
Coltman Street	CS	Coltman Street, Hull	HU3 2SG	16/02/2022	16/02/2022	16/02/2022
Cottingham Clinic (King St)	CT	King Street, Cottingham	HU16 5QJ	22/06/2022	22/06/2022	22/06/2022
Crystal Villas		15 St John's Avenue, Bridlington	YO16 4ND	01/07/2022	01/07/2022	01/07/2022
Danes Dyke Surgery		463a Scalby Road, Scarborough, North Yorkshire	YO12 6UB	30/11/2021	30/11/2021	30/11/2021
Driffield 8 Market Place (CMHT,DAC,RIVENDELL)	DP	8 Market Place, Driffield	YO25 6AP	25/04/2022	25/04/2022	25/04/2022
East House	ES	38 St John's Avenue, Bridlington	YO16 4NG	08/04/2022	08/04/2022	08/04/2022
East Riding Community Hospital	BV	Swinemoor Lane, Beverley	HU17 0FA	13/08/2021	13/08/2021	13/08/2021
Eastfield Medical Centre		14 High Street, Scarborough, North Yorkshire	YO11 3LJ	17/08/2021	17/08/2021	17/08/2021
Field House Surgery	FS	18 Victoria Road, Bridlington	YO15 2AT	17/03/2022	17/03/2022	17/03/2022
Filey Surgery		Station Avenue, Filey, North Yorkshire	YO14 9AE	17/08/2021	17/08/2021	17/08/2021
Flamborough Surgery		Chapel Street, Flamborough	YO15 1LQ	16/09/2021	16/09/2021	16/09/2021

Goole Substance Misuses Service	GH	100 Boothferry Road, Goole	DN14 6AE	31/05/2022	31/05/2022	31/05/2022
Granville court	GC	4 Granville Court, Hornsea, East Yorkshire	HU18 1NQ	10/08/2021	10/08/2021	10/08/2021
Hawthorne Court	HW	St Mary's Lane, Manor Road, Beverley	HU17 1BT	09/03/2022	09/03/2022	09/03/2022
Health Trainers, Bridlington	QA	19 Quay Road, Bridlington	YO15 2AP	28/06/2022	28/06/2022	28/06/2022
Health Trainers, Goole		67 Boothferry Road, Goole	DN14 6BB	31/05/2022	31/05/2022	31/05/2022
Health Trainers Withernsea		Withernsea Leisure Centre, Queens Road, Withernsea		Asked ERYC	02/07/2021	02/07/2021
Hessle Health Centre		11 Hull Road hessle	HU13 9LZ	30/05/2022	30/05/2022	30/05/2022
Hornsea Cottage Hospital	HC	Eastgate, Hornsea	HU18 1LP	29/03/2022	29/03/2022	29/03/2022
Hornsea Kingfisher Lodge	HC	as per Hornsea Cottage Hospital	HU18 1LP	29/03/2022	29/03/2022	29/03/2022
Humber Centre	XX	Willerby Hill, Beverley Road, Willerby	HU10 6XB	27/09/2021	27/09/2021	27/09/2021
INSPIRE		Walker Street	HU3 2HE	01/02/2022	01/02/2022	01/02/2022
Maister Lodge	ML	Hauxwell Grove, Middlesex Road, Hull	HU8 0RB	05/10/2021	05/10/2021	05/10/2021
Malton Community Hospital		Middlecave Road, Malton, North Yorkshire	YO17 7NG	29/10/2021	29/10/2021	29/10/2021
Manor House Surgery	MH	Providence Place, Bridlington	YO15 2QW	08/07/2022	08/07/2022	08/07/2022
Market Weighton GP Practice	MW	10 Medforth Street, Market Weighton	YO43 3FF	01/07/2022	01/07/2022	01/07/2022
Millview	MV	Castle Hill Hospital, Castle Road, Cottingham	HU16 5JQ	02/07/2021	02/07/2021	02/07/2021
Miranda House	DG	Gladstone Street, Anlaby Road, Hull	HU3 2RT	26/06/2021	26/06/2021	26/06/2021
Newbridges	NB	Birkdale Way, Newbridge Road, Hull	HU9 2BH	25/10/2021	25/10/2021	25/10/2021
Peeler House GP Practice	PE	1 Ferriby Road, Hessle, East Yorkshire	HU13 0RG	06/10/2021	06/10/2021	06/10/2021
Pine View22/06/2021	GT	Beverley Road, Willerby	HU10 6AW	29/06/2022	29/06/2022	29/06/2022
Pine View -South West Lodge	GT	Beverley Road, Willerby	HU10 6AW	29/06/2022	29/06/2022	29/06/2022
Pocklington Beckside GP Practice	PB	1 Amos Drive, West Green, Pocklington	YO42 2BS	04/06/2022	04/06/2022	04/06/2022
Pocklington Health Centre	PC	8 -10 George Street, Pocklington	YO42 2DF	01/07/2022	01/07/2022	01/07/2022
Practice 2		Station Road, Bridlington	YO16 4LZ	25/02/2022	25/02/2022	25/02/2022
Princes Court (Ground Floor)		Princes Court, Princes Avenue, Hull	HU5 3QA	11/10/2021	11/10/2021	11/10/2021
Princes Medical Centre	PM	Princes Medical Centre Princes Avenue, Hull	HU5 3QA	22/04/2022	22/04/2022	22/04/2022
Prospect Road Surgery		174 Prospect Road, Scarborough, North Yorkshire	YO12 7LB	27/06/2022	27/06/2022	27/06/2022
Rosedale	RD	Preston Road, Hedon	HU12 8JU	02/09/2021	02/09/2021	02/09/2021
Scarborough RUFC	S&R	Silver Royd, 569 Scalby Road, Scarborough, North Yorkshire	YO11 1UB	02/08/2021	02/08/2021	02/08/2021
St Andrews	GS	271 St Georges Road, Hull	HU3 3SW	30/05/2022	30/05/2022	30/05/2022

Snainton Surgery		Station Road Snainton	YO13 9AP	02/08/2021	02/08/2021	02/08/2021
Sunshine House	SJ	70 Walker Street, Hull	HU3 2HB	31/08/2021	31/08/2021	31/08/2021
The Grange	CE	Hauxwell Grove, Middlesex Road, Hull	HU8 0RB	31/05/2022	31/05/2022	31/05/2022
Townend Court (PSYPHER,CTLD,OPCMHT)	TC	298 Cottingham Road, Hull	HU6 8QG	13/07/2022	13/07/2022	13/07/2022
Townend LD Unit	NA	296 Cottingham Road, Hull	HU6 8QA	06/10/2021	06/10/2021	06/10/2021
Walker Street Centre	CD	70 Walker Street, Hull	HU3 2HE	16/09/2021	16/09/2021	16/09/2021
Waterloo Centre	WC	Brunswick Avenue, Hull	HU2 9AY	05/08/2021	05/08/2021	05/08/2021
West End	WE	2062-2068 Hessle Road, Hull	HU13 9NW	23/06/2022	23/06/2022	23/06/2022
Westlands	WA	Wheeler Street, Hull	HU3 5QE	31/01/2022	31/01/2022	31/01/2022
Whitby Community Hospital	WCH	Springhill, Whitby, North Yorkshire	YO21 1EE	08/11/2021	08/11/2021	08/11/2021
Willerby Hill - College House	CL	Willerby Hill, Beverley Road, Willerby	HU10 6NS	22/06/2022	22/06/2022	22/06/2022
Willerby Hill - Learning Centre	XC	Willerby Hill	HU10 6ED	02/09/2021	02/09/2021	02/09/2021
Willerby Hill - Lecture Theatre (Ex Tech Centre)	XD	Willerby Hill	HU10 6ED	22/06/2022	22/06/2022	22/06/2022
Willerby Hill - Mary Seacole	XB	Willerby Hill	HU10 6ED	24/06/2022	24/06/2022	24/06/2022
Willerby Hill - PABX	XH	Willerby Hill (3 yearly frequency)	HU10 6ED	02/07/2020	02/07/2020	02/07/2020
Willerby Hill - Sledmere House	HR	Willerby Hill	HU10 6ED	14/07/2022	14/07/2022	14/07/2022
Willerby Hill - Trust HQ	XA	Willerby Hill, Beverley Road, Willerby	HU10 6ED	14/07/2022	14/07/2022	14/07/2022
Willerby Hill -Skidby House	XE	Willerby Hill	HU10 6ED	14/07/2022	14/07/2022	14/07/2022

Title & Date of Meeting:	Trust Board Public Meeting – 27 July 2022			
Title of Report:	Humber & North Yorkshire Integrated Care Board Governance & Operating Arrangements			
Author/s:	Michele Moran Chief Executive			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	Attached is the agreed operational and governance structure for the Integrated Care Board (ICP). The functions and structure will be reviewed as the ICB develops but is a positive step in the ICB development and helps towards operational delivery of the ICB key objectives: Start Well Live Well Age Well Whilst: Improving Outcomes Tackling Inequalities Enhancing Productivity Supporting Boarder economic frameworks. The system is evolving, and Humber is a key organisation in those developments. The Board are asked to review the paper.			

Key Issues within the report:

Matters of Concern or Key Risks to Escalate:	**Key Actions Commissioned/Work Underway:**
• None	• Strategic development and governance structures
Positive Assurances to Provide: • Organisational involvement with the developing system	**Decisions Made:** • . Operating arrangements as attached approved

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

Monitoring and assurance framework summary:

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

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

Humber and North Yorkshire Governance and Operating Arrangements

Amanda Bloor, Chief Operating Officer

Karina Ellis, Executive Director Corporate Affairs
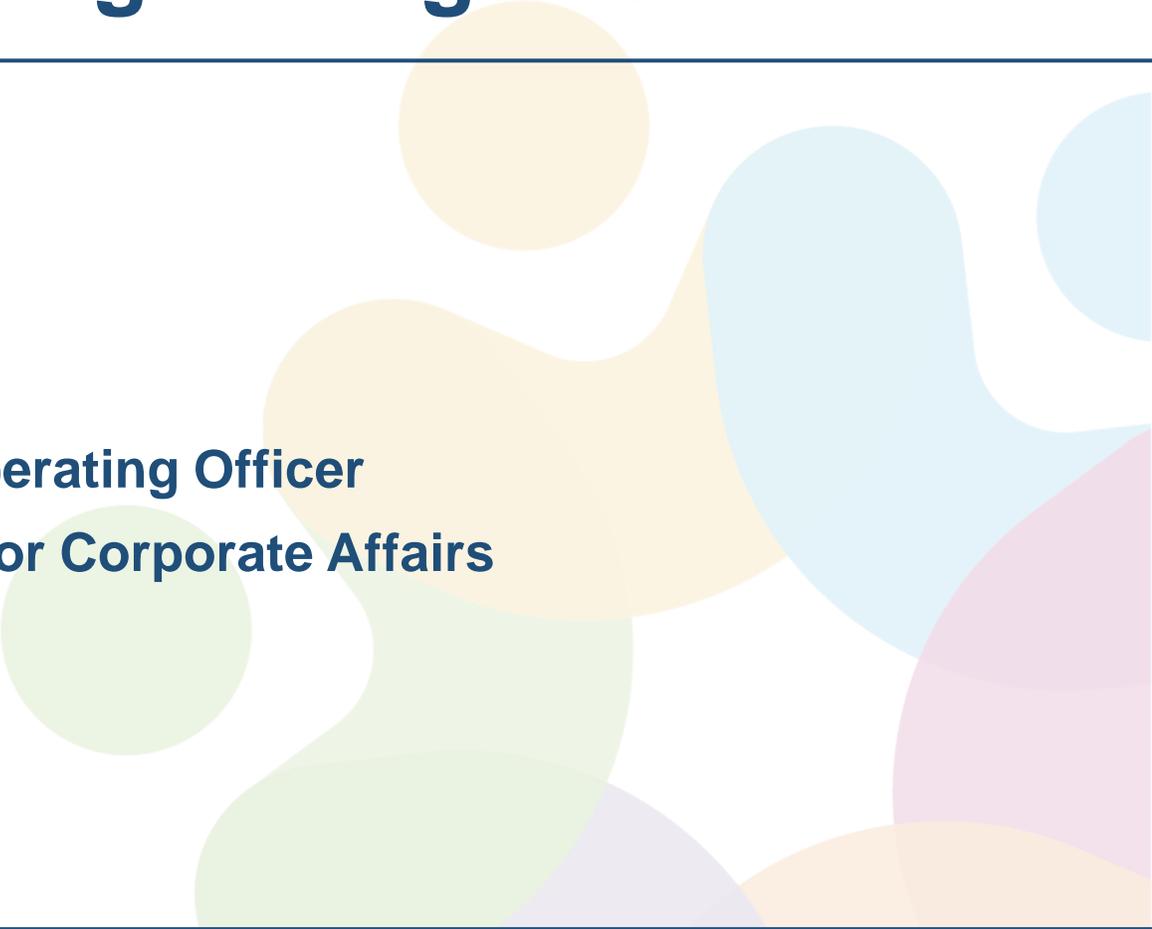
Our Mission/Purpose

To improve the lives of the people who live and work in Humber and North Yorkshire

We will do this by:

Improving outcomes
Tackling Inequalities
Enhancing quality and productivity
Supporting social and economic recovery

Our Vision

To ensure all our citizens

Start life well
Live well
Age well
End life well

Our way of working

- Establishing a collaborative culture based on trust

- Empowering place based and provider collaboratives

- Ensuring an honest public narrative

- Being a transformative with a clear appetite for innovation

- Placing a greater emphasis on prevention and demand management

- Using shared data and intelligence to support decision making

- Influencing national and regional policy

- Learn by doing

Humber and North Yorkshire
Health and Care Partnership

Statutory Arrangements

Humber and North Yorkshire
Health and Care Partnership

The following describes the four core elements of an Integrated Care System:

Place

Arrangements between local authorities, the NHS and providers of health and care will be left to local areas to arrange. The statutory ICB will work to support places to integrate services and improve outcomes. **Health and Wellbeing Boards** will continue to have an important role in local places. **NHS provider organisations** will remain separate statutory bodies and retain their current structures and governance but will be expected to work collaboratively with partners.

Integrated Care Board

Directly accountable for NHS spend and performance within the system. As a minimum, the ICB board must include a chair and 2 non-executives, the ICB Chief Executive and clinical and professional leaders, and representatives from NHS trusts, primary care and local authorities.
ICB board - 2 statutory committees – **Audit** and **Remuneration**. It also need to establish other committees to focus on oversight and assurance and provide the board with assurance on the delivery of key functions including system quality and finance.
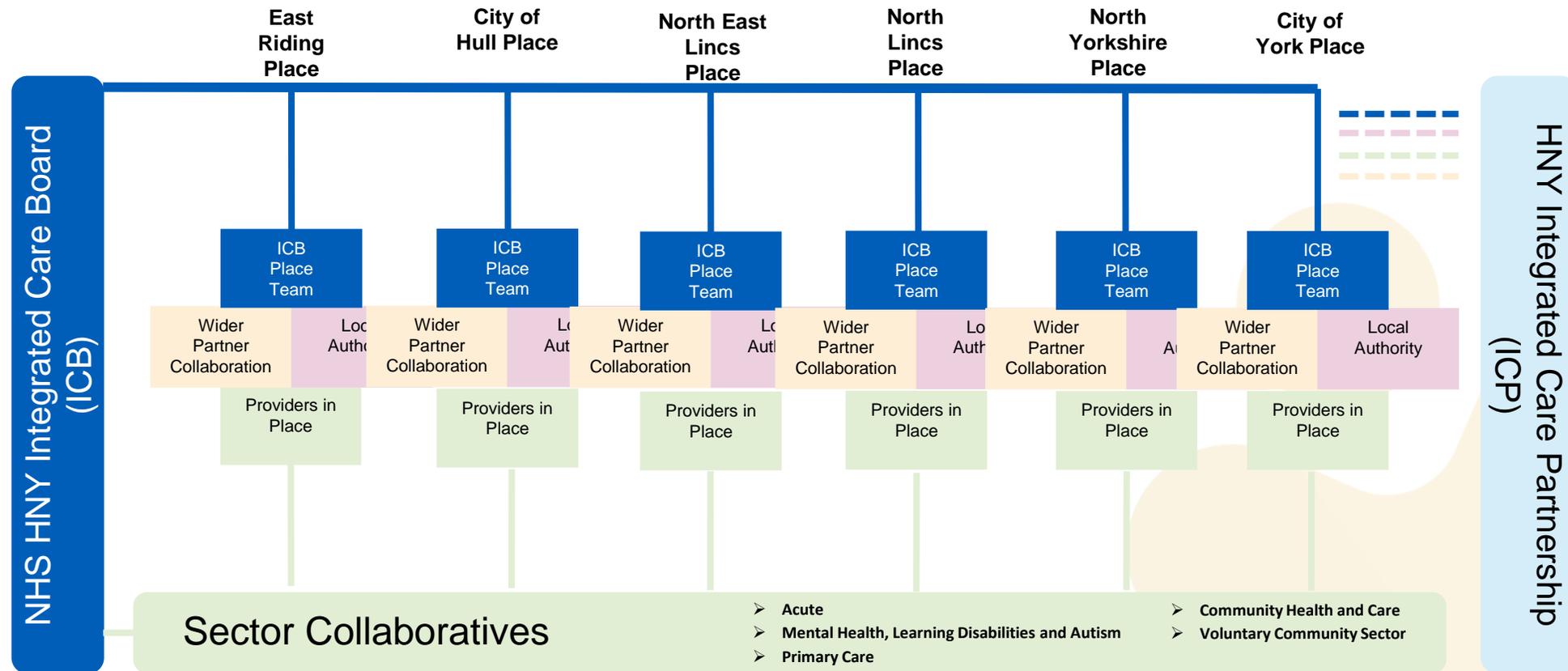
Integrated Care Partnership

The ICP is a standalone statutory committee between the ICB and Local Government. It will develop an **integrated care strategy** to address the health, social care and public health needs of their system. The membership and detailed functions of the ICP is up to local areas to decide. Focus on the **wider connections between health and wider issues including socio-economic development, housing, employment and environment**. It should take a **collective approach to decision-making and support mutual accountability** across the ICS.

Sector Collaboratives

Arrangements to ensure **each provider is part of a collaborative** to deliver specific objectives with one or more ICB, to contribute to the delivery of that system's strategic priorities. The members of the collaborative will agree together how this contribution will be achieved. The ICB and sector collaboratives should define their working relationship, including participation in committees via partner members and any supporting local arrangements, to facilitate the contribution of the sector collaborative to agreed ICB objectives.

HNY Whole System Operating Model

Humber and North Yorkshire
Health and Care Partnership

We have consistently emphasised the importance of place-based partnerships and our whole system operating model has been developed with Place at the core.

NHS HNY Integrated Care Board (ICB)

HNY Integrated Care Partnership (ICP)

East Riding Place	City of Hull Place	North East Lincs Place	North Lincs Place	North Yorkshire Place	City of York Place
ICB Place Team	ICB Place Team	ICB Place Team	ICB Place Team	ICB Place Team	ICB Place Team
Wider Partner Collaboration / Local Authority	Wider Partner Collaboration / Local Authority	Wider Partner Collaboration / Local Authority	Wider Partner Collaboration / Local Authority	Wider Partner Collaboration	Wider Partner Collaboration / Local Authority
Providers in Place	Providers in Place	Providers in Place	Providers in Place	Providers in Place	Providers in Place

Sector Collaboratives

- Acute
- Mental Health, Learning Disabilities and Autism
- Primary Care
- Community Health and Care
- Voluntary Community Sector

The ICB will be the employer for the current CCG and Partnership Staff. The majority of staff will continue to work in Place and continue to undertake similar roles as they do now and some will undertake functions wider than Place where that is appropriate

Providers of health and care working in collaboration and as sector collaboratives both in Place and across the system to ensure health and care needs are met for the the population at Place and across the system.

Local Authorities working jointly with the NHS and with other partners in Place on population health and addressing health inequalities, community engagement and co-production, supporting local integration, provider collaboration and service transformation.

The ICP will enable the system partners to address the broader population health, socio-economic outcomes and inequalities. Working in partnership with the whole system (communities, public and private sector etc.) will be mutually accountable for the delivery of the agreed strategy.

Humber and North Yorkshire: Functions and Decisions Map

Humber and North Yorkshire
Health and Care Partnership

Integrated Care Partnership (ICP)

Key role and responsibilities are to:
- Develop and agree an **integrated care strategy** across Humber and North Yorkshire
- Make recommendations to the ICB on delivery of integrated care strategy
- Have **oversight** of delivery of the integrated care strategy
- Work effectively, collaboratively with partners and to have **shared accountability**.

Membership: ICB Independent Chair, Representatives from the ICB, Local Authorities, Healthwatch, and other partner organisations.

Health and Wellbeing Boards (HWBB)

Key role and responsibilities are to:
- Agree the **Joint Strategic Needs Assessment** and the Joint Health and Wellbeing Strategy for their Place
- Encourage the organisations that are responsible for commissioning health or social care services to work together and to work closely with the Board;

A partnership between each Local Authority and 'place': York, East Riding, Hull, North Lincs, North East Lincs and North Yorkshire.

Strategy

Integrated Care Board (ICB)

Key role and responsibilities are to:
- Develop and agree a **5 year delivery plan** that reflect the integrated care strategy
- Discharge the functions of an ICB including the accountability for **NHS spend and performance**
- Hold the executive to account for financial and operational objectives delivery
- Create an environment and conditions for **effective partnership working**

Membership: Independent Chair, Chief Executive, Executive Directors, Non-Executive Directors, and members selected from nominations made by Trusts, Local Authorities and General Practice, VCSE and HealthWatch

Delegation

Accountability

Place Arrangements

Key Role and Responsibilities are to:
- Deliver integration and service transformation in line with Place priorities and as required to deliver outcomes for the population
- Address health inequalities at a Place level

Membership: Place Chief Executive Lead, NHS Place based directors, NHS, public health, social care, local health and care providers, VCSE, HealthWatch

Delegation

Assurance

Integrated Care Board Committees

Provide the Integrated Care Board with assurance about specific functions e.g. Audit, Risk, Remuneration, Quality, Performance, Finance

Delegation

Assurance

Place committees (as required)

Provide the Place Committee with assurance about place delegated functions e.g. Quality, Finance if required

Agreements

Sector Collaboratives

Sector Collaboratives will deliver key responsibilities agreed with the ICB where it makes sense to work together across Humber and North Yorkshire to meet the needs of the population.
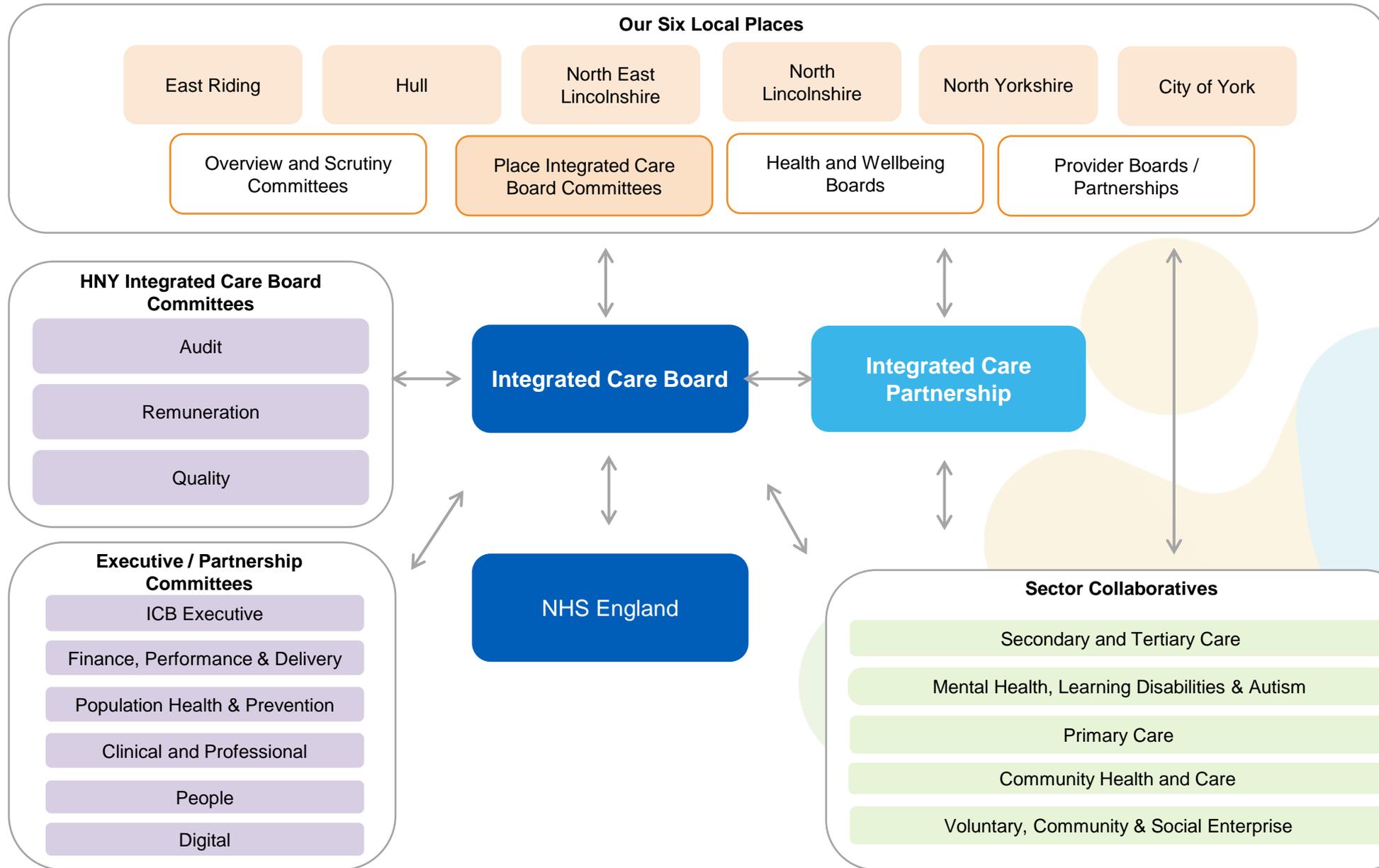
Provider Partnerships

Provider Partnerships will collaborate to deliver plans that transform services to meet the needs of the population in a specific place

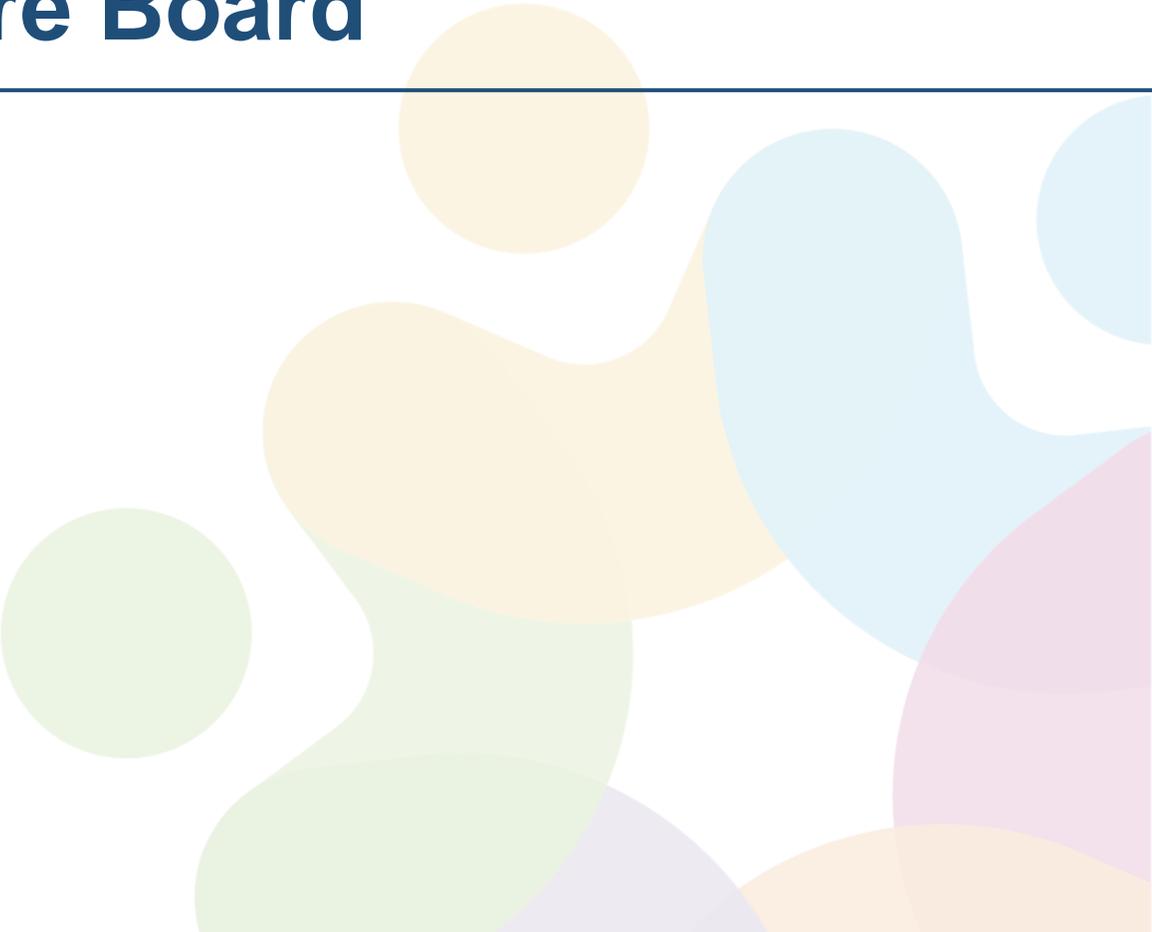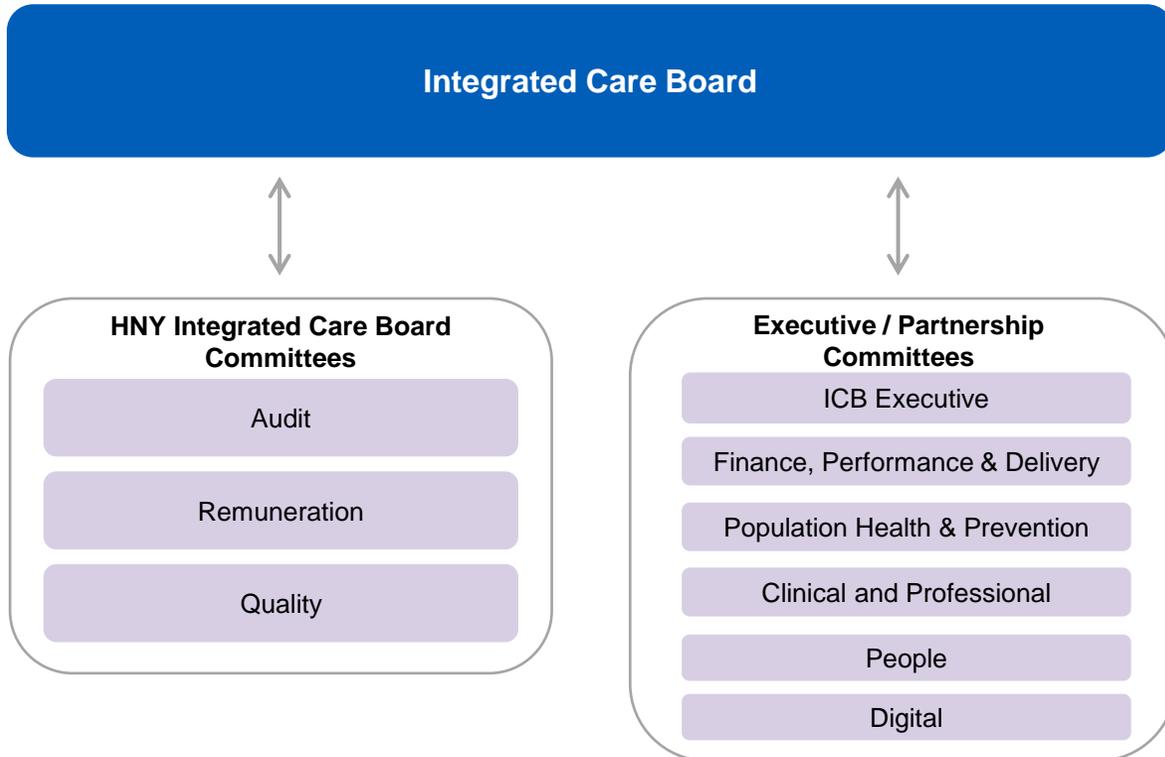# Humber and North Yorkshire: Governance & Accountability

Our Six Local Places

| East Riding | Hull | North East Lincolnshire | North Lincolnshire | North Yorkshire | City of York |

- Overview and Scrutiny Committees
- Place Integrated Care Board Committees
- Health and Wellbeing Boards
- Provider Boards / Partnerships

HNY Integrated Care Board Committees
- Audit
- Remuneration
- Quality

Integrated Care Board

Integrated Care Partnership

NHS England

Executive / Partnership Committees
- ICB Executive
- Finance, Performance & Delivery
- Population Health & Prevention
- Clinical and Professional
- People
- Digital

Sector Collaboratives
- Secondary and Tertiary Care
- Mental Health, Learning Disabilities & Autism
- Primary Care
- Community Health and Care
- Voluntary, Community & Social Enterprise

Integrated Care Board

Integrated Care Board – Principles and Functions

Humber and North Yorkshire
Health and Care Partnership

Functions of the Integrated Care Board:

Integrated Care Board

HNY Integrated Care Board Committees

- Audit
- Remuneration
- Quality

Executive / Partnership Committees

- ICB Executive
- Finance, Performance & Delivery
- Population Health & Prevention
- Clinical and Professional
- People
- Digital

1. Developing a plan to meet the health and healthcare needs of the population, having regard to the ICP strategy.
2. Allocating resources to deliver the plan Establishing joint working arrangements with partners that embed collaboration as the basis for delivery within the plan.
3. Establishing joint working arrangement with partners to deliver the plan.
4. Establishing governance arrangements to support collective accountability between partner organisations for whole-system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations
5. Arranging for the provision of health services in line with the allocated resources
6. Leading system implementation of people priorities including delivery of the People Plan and People Promise
7. Leading system-wide action on data and digital
8. Using joined-up data and digital capabilities to understand local priorities, track delivery of plans, monitor and address unwarranted variation, health inequalities and drive continuous improvement in performance and outcomes.
9. Through joint working between health, social care and other partners including police, education, housing, safeguarding partnerships, employment and welfare services, ensuring that the NHS plays a full part in achieving wider goals of social and economic development and environmental sustainability.
10. Driving joint work on estates, procurement, supply chain and commercial strategies to maximise value for money across the system
11. Planning for, responding to and leading recovery from incidents (EPRR),
12. Functions to be delegated by NHS England and NHS Improvement include commissioning of primary care and appropriate specialised services.

Integrated Care Board – Roles, Membership & key documents

Humber and North Yorkshire
Health and Care Partnership

Integrated Care Board		
	Name	**Role**
Non-Executives	Sue Symington	Chair
	Stuart Watson	Non-Executive Director (audit)
	Mark Chamberlain	Non-Executive Director (remuneration & quality)
Ordinary / Partner Members	Simon Morritt	Provider Partner Member
	Dr Bushra Ali	Primary Care Partner Member
	Cllr Jonathan Owen	Local Authority Partner Member
Executive Members	Stephen Eames	Chief Executive
	Amanda Bloor	Chief Operating Officer
	Dr Nigel Wells	Exec Director of Clinical & Professional
	Teresa Fenech	Exec Director of Nursing & Quality
	Jane Hazelgrave	Exec Director of Finance
Executive Participants	Jayne Adamson	Exec Director of People
	Karina Ellis	Exec Director of Corporate Affairs
	Anja Hazebroek	Exec Director of Communications
Partner Participants	TBC	Local Authority
	TBC	Local Authority
	Louise Wallace	Director of Public Health
	Jason Stamp	Voluntary and Community Sector
	Andrew Burnell	Community Interest Companies
	Michele Moran	Mental Health, Learning Disability and Autism
	Helen Grimwood	Healthwatch
	Shaun Jones	NHSE/I attendee

Key documentation

- **Integrated Care Board Constitution and Standing Orders**
- **Standards of Business Conduct Policy**
- **Functions and Decision Map**
- **Conflicts of Interest Policy**
- **Scheme of Reservation and Delegation**
- **Governance Handbook**
- **Terms of Reference**
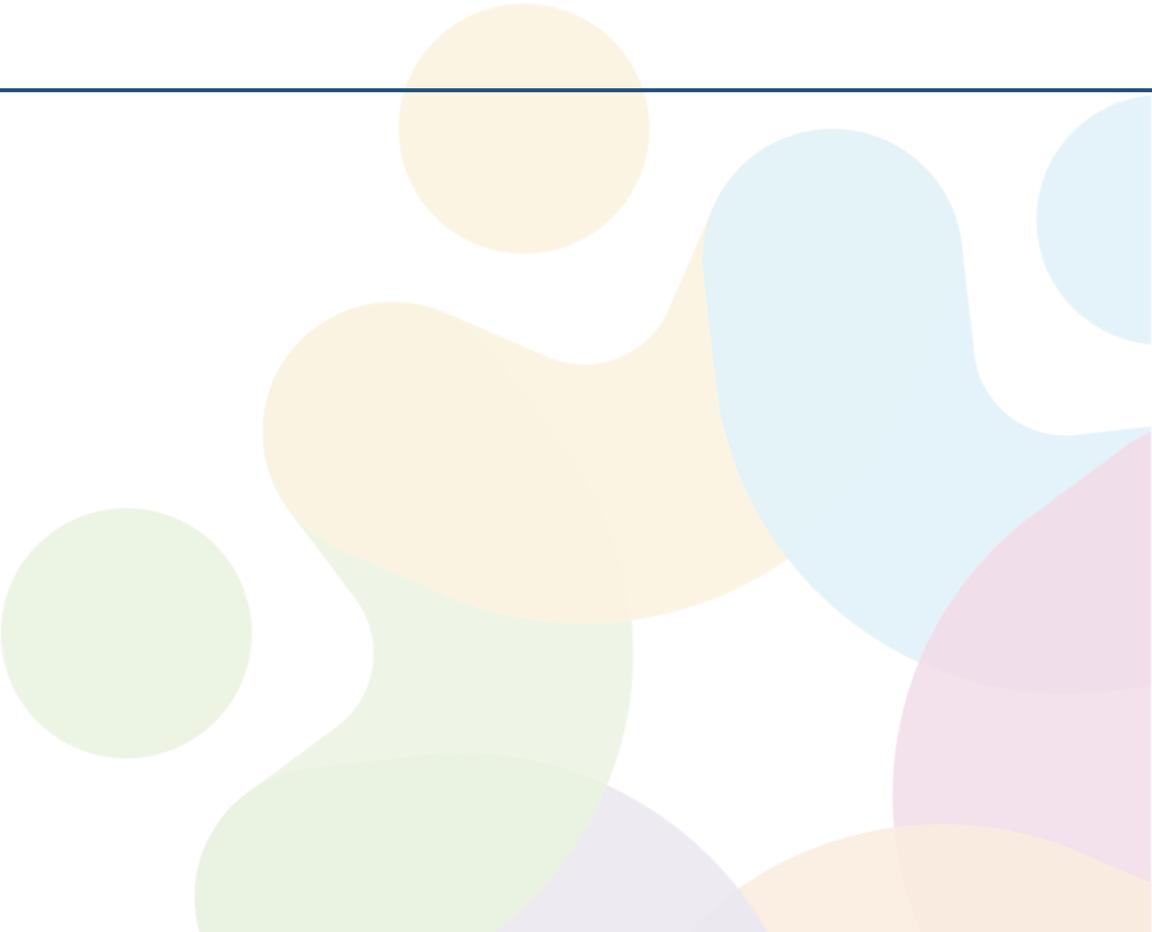 - Remuneration,
  - Audit,
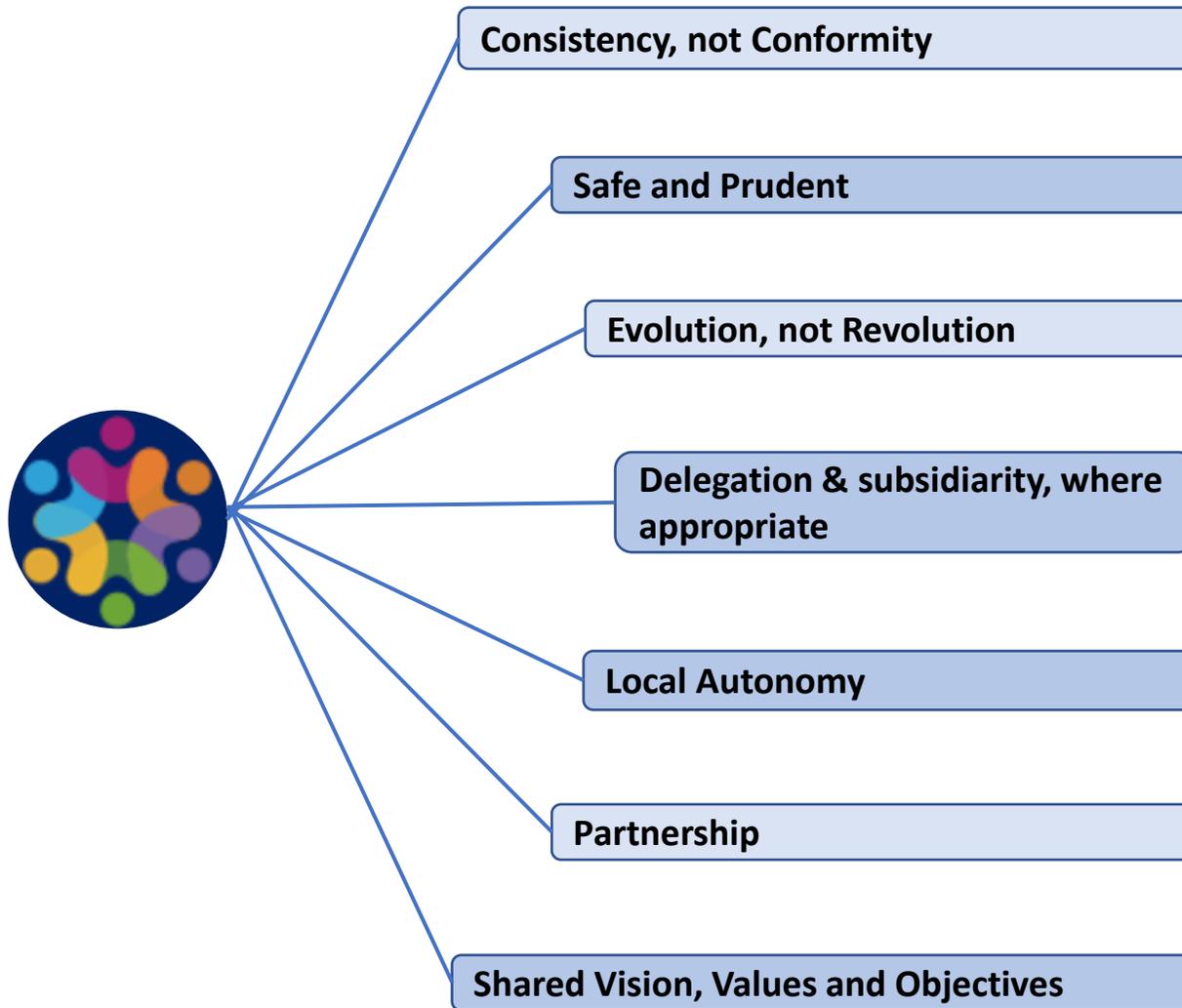 - Quality Committees

Documents can be found here

ICB Executive Portfolio's

Humber and North Yorkshire
Health and Care Partnership

Chief Operating Officer	Finance and Investment	Nursing & Quality	Clinical & Professional Development	People	Corporate Affairs	Communication, Marketing & PR
Amanda Bloor	Jane Hazelgrave	Teresa Fenech	Nigel Wells	Jayne Adamson	Karina Ellis	Anja Hazebroek
• Primary Care Strategy • Population Health & Health Inequalities • COVID 19 & Vaccination • Commissioning • Operating Model framework with Place • Transformation programmes with Place and Provider Collabs • Operational planning (annual and longer) • Interpretation & implementation of the LTP, NICE quality standards and other national strategic priorities • Performance & assurance • Emergency planning	• Statutory ICB financial & investment activities • Financial strategy & planning • Budget devt. & allocation • Productivity & Value for money Programmes • ICS Capital programme • Financial governance, policy, & best practice standards • Financial Audit & Assurance • Sustainability & Net Zero strategies • ICS Estates function • Provider Selection Regime/ Procurement/ Contract Management	• Quality & safety assurance and governance incl clinical risk • Safeguarding • Infection prev & control • Nursing Workforce, leadership & development • Midwifery and AHPs • Mental Health, Learning Disabilities & SEND • Children and Young People • Maternity • End of Life • Continuing Health Care • Regulatory process, support, improvement & compliance • Safer just culture, safe systems & safe care	• Clinical & Professional strategy • Clinical pathway devt. • Clinical leadership devt. • Pharmacy & Meds Mx • Medical & Dental leadership and development • Clinical & Professional education • Innovation, research & development • Clinical effectiveness • Digital • Clinical & professional workforce strategy & performance • Freedom to Speak Up Guardian • Caldicott Guardian • Individual Funding Requests	• People strategy and plan • Workforce planning • OD, talent management & succession planning • Education & training • Recruitment & retention • People change management • Staff health & wellbeing • Diversity & inclusion • Trade Union relationships • Workforce/ employee engagement • Voluntary and Community Sector	• Governance incl. information governance and risk management • Corporate Services incl. Legal and Regulatory • System Development Plan • Strategy Development incl. Partnerships with wider system leaders & stakeholders • Co-ordination of ICS / ICB activities on behalf of Chair & CEO e.g. Anchor Networks • Portfolio / Programme Management • Patient & Public Insight incl complaints, PALs • Link with regulators & coordination of inspections • Business Intelligence & Analytics • Business Continuity	• Marketing • Communication and engagement strategy • Development of multimedia channels • Stakeholder mapping and research exercises • Design and co-ordination of high-profile campaigns • Link with NHSE National and Regional comms • Communications delivery • Media enquiries • Disseminating information to the public and stakeholders • Stakeholder engagement

Place

Our guiding principles for Place

Consistency, not Conformity

Safe and Prudent

Evolution, not Revolution

Delegation & subsidiarity, where appropriate

Local Autonomy

Partnership

Shared Vision, Values and Objectives

Place

ICB Place Team

Wider Partner Collaboration

Local Authority

Provider Collaboration at Place

They will:

- Calibrate local priority setting (LA) and delivery of national priorities (NHS).
- Undertake collaborative decision-making at Place with Local Authority, VCSE and other bodies to improve local services and outcomes and tackle inequalities, using evidence such as practice level / ward level population profiles.
- Target operational capability to support their PCNs, General Practices, GP Federations and wider primary care provider partners to enable primary care to fully participate at all levels.
- Mobilise operational capability across local providers to integrate care for their populations, underpinned by documented place provider partnership arrangements.
- Align local JSNA with the ICP Strategy to align views on local needs and where at-scale working is needed to fully address those needs.

Overview of Place

We have confirmed six Place based arrangements that are broadly coterminous with LA boundaries (except Craven in North Yorkshire which is part of a neighbouring ICB).

The Place arrangements are supported by a minimum leadership arrangement of an NHS Place Director (ICB) and a Place Chief Executive Lead and the appointments are set out below.

Each Place has completed a maturity assessment against a common framework and have a development plan and roadmap to support their journey and growth.

In the first year (22/23) the resources will be delegated to the NHS Place Director to be discharged through the Place Committee/Board arrangement which include a wide range of health and care partners relevant to their local place and in accordance with the Scheme of Reservation and Delegation and the Operational Scheme of Delegation.

It is the intention of each Place to work towards the development of joint committee arrangements by April 2023.

Place Leadership

East Riding	Hull
• Place Director – Simon Cox • Place Chief Executive Lead – Caroline Lacey	• Place Director – interim Erica Daley • Place Chief Executive Lead - Matt Jukes
North East Lincolnshire	North Lincolnshire
• Place Director – Helen Kenyon • Place Chief Executive Lead – Rob Walsh (NB joint arrangement with ICB)	• Place Director – Alex Seale • Place Chief Executive Lead – Peter Thorpe
North Yorkshire	York
• Place Director – Wendy Balmain • Place Chief Executive Lead – Richard Flinton	• Place Director – to be confirmed covered by Chief Operating Officer • Place Chief Executive Lead – Ian Floyd

Sector Collaboratives

Overview of Sector Collaboratives

Humber and North Yorkshire
Health and Care Partnership

We have established five sector collaboratives
- Collaborative of Acute Providers (CAP),
- Mental Health, Learning Disability and Autism, Collaborative,
- Primary Care Collaborative,
- Community Health and Care collaborative, and
- VCSE Collaborative.

A set of priorities for 2022/23 is being agreed with each collaborative and assurance of delivery will be through the Finance, Performance and Delivery Executive Committee.

We are working with each of the sector collaborative on their development plan to support leadership to deliver collective action to address quality and risk and also how they establish Clinical and Quality leadership arrangements.

During 2022/23 we are hoping to work with the Acute, Mental Health, Community and Primary Care collaboratives to support their development and maturity to lead collective action on system quality issues.

Sector Collaborative Leadership

CAP	Mental Health, LD & Autism
• Chair / Chief Executive Lead – Chris Long • Director – Interim Wendy Scott	• Chair / Chief Executive Lead – Brent Kilmurray • Director – Alison Flack
Primary Care	Community
• Chair / Chief Executive Lead – Faisel Baig • Director - TBC	• Chair / Chief Executive Lead – Andrew Burnell • Director – Yvonne Elliott
VCSE	
• Chair / Chief Executive Lead – Jason Stamp • Programme Director – Gary Sainty	

Title & Date of Meeting:	Trust Board Public Meeting – 27 July 2022			
Title of Report:	NHS Humber and North Yorkshire Integrated Care Board Minutes 1 July 2022			
Author/s:	Michele Moran Chief Executive			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	To present for information the minutes from the first NHS Humber and North Yorkshire Integrated Care Board (ICB) meeting			

Key Issues within the report:

Matters of Concern or Key Risks to Escalate:	**Key Actions Commissioned/Work Underway:**
• None to note	• Strategy development and operational polices and governance
Positive Assurances to Provide:	**Decisions Made:**
• Developing ICB and engagement taking place within the system	• As noted in the minutes – various related to start up governance

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

Monitoring and assurance framework summary:

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

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

**MINUTES OF THE FIRST MEEETING OF
NHS HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD
HELD ON 1 JULY 2022**

Present (Voting Members)

Sue Symington (Chair)	Integrated Care Board Chair
Dr Bushra Ali	Primary Care Partner Member
Amanda Bloor	Chief Operating Officer
Mark Chamberlain	Non-Executive Director
Stephen Eames	Chief Executive
Teresa Fenech	Executive Director of Nursing and Quality
Simon Morritt	Provider Partner Member
Councillor Jonathan Owen	Interim Local Authority Partner Member / Integrated Care Partnership Vice Chair
Dr Nigel Wells	Executive Director of Clinical and Professional Services

In attendance (Non-Voting Members)

Jayne Adamson	Executive Director of People
Andrew Burnell	Partner Participant – Community Interest Companies
Karina Ellis	Executive Director of Corporate Affairs
Anja Hazebroek	Executive Director of Communications
Shaun Jones	Partner Participant – NHS England Attendee
Michèle Moran	Partner Participant – Mental Health
Jason Stamp	Partner Participant – Voluntary and Community Sector
Louise Wallace	Partner Participant – Public Health
Michèle Saidman	Executive Assistant

Apologies

Jane Hazelgrave	Executive Director of Finance and Investment
Helen Grimwood	Partner Participant – Healthwatch
Stuart Watson	Non-Executive Director

The agenda was discussed in the following order.

1.   Welcome and Introductions

Sue Symington welcomed everyone to the meeting and provided an overview in terms of the formal establishment of the Integrated Care Board (ICB), emphasising the importance of the day. She commended Karina Ellis's work in respect of preparation for the meeting.

2.   Apologies for absence

As noted above.

3. Declarations of Interest

There were no declarations of interest in the business of the meeting. All interests were as per the Register of Interests.

4. Minutes of the previous meeting

There were no minutes as this was the first meeting of the ICB.

5. Matters arising and actions

As item 4 above.

6. Notification of any other business

Sue Symington noted she had a matter to raise at item 16.

7. Integrated Care Board Constitution and Standing Orders

In introducing this item Karina Ellis explained that, as with all the papers presented, much of the work had been undertaken through a six to nine month transition programme established by Stephen Eames and the six CCG Accountable Officers. She expressed appreciation to everyone involved in the significant amount of work to achieve the governance requirements for closedown of the CCGs and establishment of the ICB as per the Health and Care Act, noting that the Audit Committee Chair had reviewed all the papers and not raised any material concerns.

The Constitution and Standing Orders, presented for assurance, set out the ICB membership and the formal means and processes of governance. Both documents had been approved by NHS England and had been developed to reflect the intended diverse and inclusive working arrangements of the ICB.

The Board:

Noted for information the ICB Constitution and Standing Orders.

8. Integrated Care Board Standing Financial Instructions

 Karina Ellis explained the Standing Financial Instructions ensured that the ICB fulfilled its statutory duty to carry out its functions effectively, efficiently and economically, ensured regularity and propriety of financial transactions, and were part of the ICB's control environment for managing the organisation's financial affairs defining the purpose, responsibilities, legal framework and operating environment. They enabled sound administration, lessened the risk of irregularities and supported commissioning and delivery

of effective, efficient and economical services. Included within the Standing Financial Instructions was a section on Losses and Special Payments in accordance with the requirements of HM Treasury.

The Board:

Approved the ICB Standing Financial Instructions.

9.   Integrated Care Board Scheme of Reservation and Delegation

Karina Ellis presented the ICB Scheme of Reservation and Delegation which detailed delegation arrangements to such as committees, collaboratives or individuals. It had been drawn up to reflect the ICB operating and governance frameworks and to facilitate safe and effective decision making within the organisation.

The Operational Scheme of Delegation, a supporting document to both the Scheme of Reservation and Delegation and the Standing Financial Instructions, provided operational guidance on the ICB's delegation framework for all staff, including those working for the ICB on an interim or agency basis.

Nigel Wells noted an issue in respect of delegation to the Area Prescribing Committee which required clarification. At the present time that Committee could make recommendations but with no formal delegation. This would be resolved in line with the Scheme of Reservation and Delegation for the next Board meeting.

In response to Simon Morritt seeking clarification about the £1.5m and £250k waivers respectively for the ICB and Place pertaining to contracts, it was noted that this had been informed by previous CCG arrangements. Consideration would be given to these delegated values, feedback would be given at the next Board meeting.

The Board:

1. Approved the Scheme of Reservation and Delegation.
2. Approved the Operational Scheme of Delegation.
3. Noted that clarification would be provided at the next meeting as described above.

10.   Integrated Care Board Committees' Terms of Reference

Karina Ellis presented the report that comprised the terms of reference for the Board's three statutory committees: the Audit Committee, Remuneration Committee and Quality Committee. These committees, mandated by NHS England and NHS Improvement as part of the robust operation and governance of the ICB, provided assurance in respect of quality and safety of services and also supported employees. The terms of reference were consistent with the templates issued by NHS England and NHS Improvement but also reflected further requirements of the ICB where appropriate. Sue Symington noted that the named members of the Audit Committee was still subject to finalisation in conjunction with the Committee Chair.

The Board:

Received and approved the terms of reference for:
i)   Audit Committee
ii)   Remuneration Committee
iii)   Quality Committee

11.   Integrated Care Board Governance Documents and Polices

Karina Ellis referred to the suite of mandated documents and policies that comprised an essential part of the safe and effective operation of the ICB as a statutory NHS body, supplemented the ICB Constitution and supported the ICB's accountability as a public body. She provided an overview of each document, namely: Governance Handbook, Functions and Decision Map, Code of Conduct and Behaviours (Standards of Business Conduct Policy), Conflicts of Interest Policy and Procedures, Policy for Public Involvement and Engagement, Whistleblowing (Freedom to Speak Up) Policy, Policy for the Development of Policies, and Adoption of Legacy CCG Policies, as appropriate, on an interim basis

With regard to the Whistleblowing Policy Karina Ellis advised that Nigel Wells was Freedom to Speak Up Guardian. She also noted that national guidance was still being received therefore the policy would be reviewed and updated accordingly within six months. Additionally, references to 'Lay Member' would be amended to 'Non-Executive Director' as suggested by Mark Chamberlain to reflect the different terminology from that in the former CCGs.

Karina Ellis explained that the proposed adoption of legacy CCG policies was to ensure the ICB had requisite policies in place pending completion of review of the former CCGs' policies. The review would be based on a risk management approach for prioritisation with the expectation for the majority to be completed by the end of the financial year; a schedule was being maintained.

Anja Hazebroek referred to members' previous consideration of an early draft of the Public Involvement and Engagement Policy 'Working with People and Communities' emphasising the commitment to putting people at the heart of the policy as fundamental. She highlighted, in addition to statutory obligations, ambitions regarding non statutory engagement with the community noting the perspectives of strengthening the voice of under-represented groups, new ways of working, a culture of participation, collaboration and improvement, and building on existing practice.

The Public Involvement and Engagement Policy was welcomed as a good foundation. Discussion included emphasis on its role in terms of underpinning and building on established health inequalities work; the need for greater clarity regarding assurance that legal duties, such as in relation to transformation and service change, could be evidenced; and the importance of effective communication across all the respective organisations.

The Board:

Approved, subject to the above minor amendments:
i)   Governance Handbook

ii) Functions and Decisions Map
iii) Code of Conduct and Behaviours (Standards of Business Conduct Policy)
iv) Conflicts of Interest Policy and Procedures
v) Policy for Public Involvement and Engagement
vi) Whistleblowing (Freedom to Speak Up) Policy
vii) Policy for the Development of Policies
viii) Adoption of Legacy CCG Policies, as appropriate, on an interim basis

12. Integrated Care Board Founder Members of the Integrated Care Partnership

In presenting this report Karina Ellis explained the statutory requirement for the establishment of an integrated care partnership arrangements and advised that the Health and Care Act set out four core elements to an integrated care system (ICS): Place, Provider Collaboratives, Integrated Care Board and an Integrated Care Partnership (ICP). The ICP would be a statutory committee to be jointly developed by the ICB and local authorities, with membership to be locally determined. The expectation was for the ICP to focus on connections between health and wider issues including socio-economic development, housing, employment and environment.

Support was sought for the Chair and Chief Executive of the ICB to be founding members of the Humber and North Yorkshire ICP to work alongside the six local authority Chief Executives and their nominated elected members to establish the integrated care partnership arrangements.

The Board:

Approved that the Chair and Chief Executive of the Integrated Care Board would be founding members of the Humber and North Yorkshire Integrated Care Partnership.

13. Appointment to Specialist Lead Roles

Stephen Eames referred to the report which proposed appointment to specialist lead roles in accordance with requirements of the Health and Social Care Act 2022 or as required by NHS England and NHS Improvement in response to the Act. The roles and respective nominated leads were:

i)	Conflict of Interest Guardian	Independent Non-Executive Director (Audit) supported by Executive Director of Corporate Affairs
ii)	Caldicott Guardian	Executive Director of Clinical and Professional Services
iii)	Senior Information Risk Owner	Executive Director of Corporate Affairs
iv)	Statutory Safeguarding Roles	Executive Director of Quality and Nursing
v)	Emergency Preparedness, Resilience and Response (EPRR) Accountable Emergency Officer	Chief Operating Officer
vi)	Data Protection Officer	Associate Director of Corporate Affairs

vii)	Named Lead for Children and Young People	Executive Director of Quality and Nursing
viii)	Mental Health Lead	Executive Director of Quality and Nursing
ix)	Counter Fraud Champion	Independent Non-Executive Director (Audit) supported by Executive Director of Finance and Investment
x)	Equality, Diversity and Inclusion Champion	Independent Non-Executive Director (Remuneration) supported by Executive Director of People
xii)	Staff and Wellbeing Champion	Primary Care Partner Member

The Board:

1. Received assurance that special roles had been assigned to nominated members as detailed above.
2. Approved the nominations to specialist lead roles as detailed above.

14. Chief Executive Update

Stephen Eames expressed appreciation to colleagues across the system for their work through the transition to reach the point of establishment of the Humber and North Yorkshire Health and Care Partnership, noting in particular the former Clinical Commissioning Groups that had ended at midnight. He highlighted that, while system working had already been taking place and there were good relationships across the ICS, this new way of working for the NHS was a repositioning with the aim of addressing the significant challenges across health and care, some immediate and some longer term, that previous systems had failed to manage. The overall ambition was to improve the lives of the people who live and work in the area but specifically a real ambition to make a difference in terms of life expectancy. There was notably a 10 year gap in life expectancy in some areas of Humber and North Yorkshire compared to the national average.

Stephen Eames noted the aim of integrated care systems:

- Improving outcomes
- Tackling inequalities such as smoking which remained the biggest killer
- Enhancing quality and productivity
- Supporting social and economic recovery

Stephen Eames highlighted aspects relating to these aims, including noting that smoking remained the biggest killer locally with notable prevalence in areas of deprivation. He advised of potential for discretionary monies to support such priorities and explained that supporting social and economic recovery would be undertaken through working from 'place' level upwards with partners across local government and the voluntary sector.

A system strategy and five-year strategic plan are to be developed by the end of the year in accordance with requirements, although some aspects would be intended for a 10 to 15 year timescale. Both elements would be built up from 'place' and take account of the health and wellbeing strategies across the six Humber and North Yorkshire areas.

In terms of immediate priorities Stephen Eames highlighted improving access to primary care, social care and elective surgery; improving quality of services particularly urgent and emergency care; also noting the context of regular winter pressures in addition to the already challenged services. While recognising the significant work taking place collectively to address the immediate pressures, consideration was required in terms of moving away from current systems that were not resolving the challenges. The 50, 000 plus workforce across the organisations was highlighted as a key component with emphasis on engagement both with them and the c1.7m population across the system. The formal duty was to deliver value for money services within budget.

Stephen Eames advised that, although the ICB had managed to start with a financially balanced plan, significant work would be required to reach a sustainable position. He explained that there were four cross cutting strategies with associated challenges:

- Safety and quality - notably in the context of the pandemic.
- Capacity – for which a 'winter plan' developed in partnership with local authorities describing the need for c400 beds, both hospital and community, had recently been submitted; workforce being critical in this regard.
- Culture – different ways of working.
- Digital – on the cusp of a digital revolution, nationally and internationally, this resource was key to realising the ICS ambitions. It was also critical for this resource to be tied directly to the front line.

With regard to longer term priorities Stephen Eames reiterated reference to the 10 year gap in life expectancy in some areas of the ICS emphasising the ambition to make a difference in relation to improving the quality of people's lives. There were a number of high profile areas of prevention/public health priorities, including smoking as referred to above, obesity, alcohol and drug abuse; the wider inequalities pertaining to some coastal communities were also noted.

Other challenges referred to by Stephen Eames related to the report 'Child of the North: Building a Fairer Future after COVID-19' which highlighted impact on children due to the pandemic. He also referenced the significant challenge in respect of the 2030 net zero and climate change targets set internationally and the collective duty to attract inward investment at every opportunity. Difficult decisions would be required in terms of prioritising people and communities who were most in need. The ambition was to ensure all plans reflected lived experience in order to ensure informed, strongly evidenced decision making.

Sue Symington noted this update set the tone for some of the work required and the extraordinary shared responsibility going forward.

Cllr. Jonathan Owen referenced life expectancy advising that local authorities had a number of joint working arrangements in place. He suggested a mapping exercise across the ICS to bring this together.

Ensuing discussion focused on aspects of collaborative transformation and integration across health and social care, building on data and intelligence, to support the life expectancy ambitions. In addition to the areas of prevention referred to above, concerns were noted about the perspectives of mental health life expectancy, people with long term conditions, some areas of severe deprivation across the ICS, emphasis on the need for

innovation and a different approach to use of resources to meet the current challenges. Recognition and understanding through patient engagement of potential impact pertaining to physical and psychological barriers was required and the importance of working with community leaders was highlighted.

From the workforce perspective there were opportunities to develop the meaningful agenda and motivation to make a difference. However, the current pressures across the system should not be under-estimated and the requisite culture change should be recognised.

The Board:

Noted the update.

16. Any Other Business – Appointment of Executive Directors

Sue Symington explained that a brief meeting had taken place before the Board meeting for formal appointment of the Designate Executive Directors to their Executive roles. A report explaining the process around the appointment to all the Board roles would be added to the papers under this item to formally share these arrangements.

The Board:

1. Noted the appointment of the Executive Directors.
2. Noted that the report explaining the process for appointment of the Executive Directors and the Board would be made available.

15. Chair's Notes

Sue Symington expressed appreciation to Karina Ellis and her team for the work she had led through the transition. She also expressed appreciation to Jayne Adamson from the recruitment perspective and Amanda Bloor as conduit in terms of the former CCGs.

Sue Symington thanked and commended members for joining the Board highlighting the high profile, financial responsibilities and mandate to bring about change. She emphasised that all members had an equal part to play to achieve the ambitious outcomes.

Finally, Sue Symington conveyed thanks to Stephen Eames for his energy, commitment and patience through the transition to establishment of the ICS, also commending his leadership from the "the bigger picture" perspective.

The Board:

Noted the information.

17. Time and Date of Next Meeting

The Board:

Noted the next meeting would be on Wednesday 13 July 2022 at 9.30am.

18.   Close

In closing the meeting Sue Symington circulated tree dedication certificates to Board members advising that six native broadleaf trees had been planted in Whashton Wood by the Yorkshire Dales Millennium Trust to mark the establishment of Humber and North Yorkshire Health and Care Partnership.

Title & Date of Meeting:	Trust Board Public Meeting – 27 July 2022			
Title of Report:	Finance and Investment Committee – Chair's Log			
Author/s:	Francis Patton			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	The purpose of this report is to provide Board with assurance on the financial performance of the Trust including investment and business development. 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 extra meeting held on 20th of July 2022 and a summary of key points for the Board to note.			

Key Issues within the report:

Matters of Concern or Key Risks to Escalate:	**Key Actions Commissioned/Work Underway:**
• The NHS are only currently funded for a 3% pay award, NHSE are saying that they will fund the c5% awarded but it could mean cuts elsewhere. • The Committee felt that the Quality Committee should look at and gain assurance of the use of agency staff. • The forecast deficit and options available to Board within Primary Care should form a topic for a Board Strategic Session.	• A recovery plan has been commissioned for agency usage. • The Committee asked for an additional deep dive on other areas of agency usage. • A recovery plan has been developed and is being implemented for Primary Care which will be monitored by FIC on behalf of the Board.
Positive Assurances to Provide:	**Decisions Made:**
• The committee gained positive assurance on non-clinical safety within the Trust from the annual report. • The Trust recorded an overall deficit of £0.374m for Month 3 consistent with the Trust's planning target. • The committee gained positive assurance on strategic goal 5.	• To recommend the Annual Non-Clinical Safety report to Board.

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

Monitoring and assurance framework summary:

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

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

Committee Assurance Report – Key Issues

Executive Assurance

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

A summary of the key areas discussed were that the Trust recorded an overall deficit of £0.374m for Month 3 consistent with the Trust's planning target but there was a potential risk if the national pay increase exceeded 3%. Cash remains strong but Agency costs are a concern as is the performance of Primary Care. The BRS programme continues to deliver.

A deep dive report was received on Agency costs which are becoming an issue. The Exec have requested a recovery plan which will be developed via Operational Delivery Group and linked to the Medical Workforce Strategy which is due to be completed by October and will include different roles/models including associate clinicians. The Committee discussed the need to cross reference this with the Quality Committee in terms of gaining assurance on the quality element of agency staff. The Committee also asked for a further deep dive into other areas of agency usage.

The Committee received an update on Primary Care performance which outlined some concerns on the overall financial performance. A recovery plan is in place and the Committee recommended that this should be the focus of a Board Strategic session.

The Committee received, noted and recommended to Board the Annual Non-Clinical Safety report to Board which didn't raise any issues of major concern.

The Committee received and gained assurance on strategic goal 5 on the BAF.

The key areas of note arising from the Committee meeting held on 20th of July were:

- In terms of the Insight report the key issues raised were: -
  - o As reported to the NHS England Board Meeting on the 7th of July final plans were received from systems on the 20th of June 2022 and reflected the additional £1.5bn that had been provided to systems to cover non pay inflation and extra support for ambulance services. Final returns show 37 out of 42 systems had plans to deliver a balanced budget The final plan shows an aggregate deficit position of £100m in 5 systems, and work continues with those systems to deliver a breakeven plan by the end of the year. Key Risks to delivery of the plan are highlighted as:
    a. Delivery of efficiency plans
    b. Rising emergency demands
    c. Pay awards above the 3%
    d. Service Pressure
  - o The National Audit Office is to carry out a value for money review of the Department of Health and Social Care's new hospitals programme amid concern that the promised 40 hospitals will not be built by 2030, and that costs are spiralling.
  - o NHS England will seek to cut its workforce by 30% to 40% following the merger of NHS England and NHS Improvement, and the upcoming formal merger with NHS Digital and Health Education England.
  - o An update on the pay award as announced on the 20th that it will be c5% which although being funded by NHSE the Trust needs to monitor as it could mean cuts elsewhere.

- The Trust recorded an overall deficit of £0.374m for Month 3 consistent with the Trust's planning target. Work is continuing with Commissioners in relation to income risk. Agency expenditure was £2.028m, this is £0.376m more than the previous year's equivalent Month 3 position. Work continues to reduce the level of agency costs with the aim of recruiting to permanent medical consultancy posts. Cash balance at the end of Month 3 was £31.889m of which £3.444m relates to the Provider Collaborative. The aged debtors outstanding at the end of June was £4.934m and the current value of creditors is £9.224m. At the end of June £0.229m had been spent against the 2022/23 capital programme, £0.028m of which is on digital and technology and £0.201m on estates schemes. Expenditure is traditionally slow in the first quarter of each financial year The largest scheme in the programme is the Humber Centre refurbishment, however the scheme hasn't yet started due to issues with finalising the cost and nature of the scheme.

- At month 3 Children's and LD reported a £0.177m gross expenditure underspend; Community and Primary Care reported an overspend of £1.070m; Mental Health reported an underspend of £0.487m; Forensic services reported an underspend of £0.022m Corporate Services reported an underspend of £0.219m

- In terms of BRS for 2022/23 the Year to Date (YTD) actual savings are £1.226m and this is equal to the profile which is a positive start to the year.

- The Committee received a deep dive report on agency costs focused on consultants as Agency Expenditure is above previous years and above the Trusts previous Agency ceiling.

This had been discussed at Executive Management Team on 18th July 2022. EMT have requested a recovery plan which will be developed via Operational Delivery Group and linked to the Medical Workforce Strategy which is due to be completed by October and will include different roles/models including associate clinicians. The Committee discussed the need to cross reference this with the Quality Committee in terms of gaining assurance on the quality element of agency staff. The Committee also asked for a further deep dive into other areas of agency usage.

- The Committee received a report on the Primary Care Finance Position / Recovery Forecast. For the year ended 2021/22 a £1.512m deficit was reported for Primary Care. Current modelling for Primary Care has an improved forecast moving the deficit position to £0.969m but this is £0.802 m adverse variance to plan and cause for concern. Various scenarios for 2022/23 have been modelled moving the forecast deficit to circa £0.4m depending on the approach taken to various practices. The Committee felt that this should be escalated to Board and could be an area for discussion in a Board Strategic Session.

- The Committee received, noted and recommended to Board the Annual Non-Clinical Safety report for 2021/22. Paul Dent was thanked for all of the work he and his team working in conjunction with the estates team had put in to ensure that the Trust had met its safety obligations.

- The Committee received and noted both the draft BAF and risk register. Assurance Level 2 has been maintained (Partial Assurance) and an Agency Recovery Plan is being developed as well as a Primary Care Recovery Plan which is being implemented. Risk FII220 has been retired, as covid funding and expenditure has been built into the approved financial plan.

Title & Date of Meeting:	Trust Board Public Meeting – 27th July 2022			
Title of Report:	Workforce and OD Committee Assurance Report			
Author/s:	Name: Dean Royles Title: Non-Executive Director and Chair of Workforce and OD Committee			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	The Workforce and Organisational Development Committee is one of the sub committees of the Trust Board This paper provides an executive summary of discussions held at the meeting held on 13th July 2022 and a summary of key points for the board to note. The minutes of the meeting held on 12 April are attached for information			

Key Issues within the report:

Matters of Concern or Key Risks to Escalate:	**Key Actions Commissioned/Work Underway:**
 • Impact on staff of rising cost of living • National pay award overdue • Number of leavers is increasing following a fall during the covid period • Covid surge leading to increased absence 	 • Ensuring access as appropriate to financial wellbeing service • CNO and Director of Ops to review infection control approach in light of covid surge
Positive Assurance to Provide:	**Decisions Made:**
 • Good attendance and chairing of EDI group • Chair of workforce has attended all three subgroups reporting to the Workforce Committee • Staff in post numbers growing as is establishment • Deep dives into leavers and sickness absence. Sickness absence is in line with comparable benchmarks • Accountability reviews include discussions on workforce data • Average age of workforce is reducing • Gender pay gap report published • Number of ambers on safe staffing report reducing	 • Executive Team to explore admin support for BAME networks • Delayed presentation of EDI report to the Trust Board until it has been considered by the Quality Committee • Deep dive reports to include specific actions to address concerns • Job plans to be completed by 30 November

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	13.7.22
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

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

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			
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	

Committee Assurance Report – Key Issues

Positive Assurances to Provide:

Chairs logs from any group reporting to this committee

- There was a well led review recommendation which discussed the chairs attending the subcommittees. DR attended all three of subcommittees including staff health and wellbeing, equality and diversity and medical education.

Workforce Insight Report

- Really good insight report, lots of data and intelligence in there that is giving a good understanding of the challenges in the organisation. There is an increased confidence within the data and are looking at metrics that are measuring priority areas around workforce. Recognised that divisions and directorates within their accountability reviews are paying close attention to this data which is improving decision making around the workforce. We are growing the workforce as we are growing the establishment, some of that progress may be better were it not for inheriting services, where the vacancy rates remain high and then we have to work to fill those. We looked into the impact of suspensions and restrictive practice on staff from protected characteristics to ensure that there was no disproportionate effect.

Sickness Deep Dive Report

- There is good data coming in from the deep dive report in relation to sickness absence that is helping us understand in increasing detail about the issues around the organisation. Explored the COVID related absence on that. When we look into the benchmarking it is noted we are benchmarking equally in comparison to other similar trusts and organisations.

Trust Workforce Plan
- This workforce plan has improved year on year. There is a real sophistication about the detail within this report which will be helpful to business partners working with OPS team about what it is we are trying to achieve in the year.

Trust equality and diversity report

- Reviewed the equality and diversity report and explored this from a workforce perspective and a layout in terms of assurance. It was noted that it has been discussed and contributed to by our networks BAME and LGBT because of the interplay with quality. This report will go to quality committee in August prior to board. It is suggested this becomes one of those escalated board level discussions.

Safer Staffing Report

- The majority of our areas have seen a fall in vacancies. In terms of positive assurance, the number of ambers is reducing.

Hard to Fill Recruitment Task and Finish Group

- The hard to fill recruitment task and finish group appropriate detail of this will now be included within the insight report and will now be added as part of regular updates which we will now receive on the workforce plan. Therefore, this item is being removed from the agenda of this meeting.

Minutes of the
Workforce and Organisational Development Committee
Held on
Wednesday 13ᵗʰ April 2022
2:00am - 4:00pm
Microsoft Teams

Present:
Members:

Mr Dean Royles (DR)	Non-Executive Director (Chair)
Steve McGowan (SMc)	Director of Workforce and OD
Mrs Hilary Gledhill (HG)	Director of Nursing
Mr Francis Patton (FP)	Non-Executive Director

Other attendees:

Mrs Emma Collins (EC)	Senior HR Business Partner
Dr John Byrne (JB)	Medical Director
Mrs Lynn Parkinson (LP)	Chief Operating Officer
Pete Cook (PC)	Head of Learning and Organisational Development (15:00-15:23)
Stephanie Cammish (SC)	Senior Administration Assistant (Note taker)

16/22	**Apologies for Absence** Mrs Karen Phillips (KP) Deputy Director of Workforce and Organisational Development Oliver Sims (OS) Caroline Flint (CF)　　　　Chair Person Michele Moran (MM)　　　　Chief Executive
17/22	**Declarations of Interest** None declared.
18/22	**Minutes of the meeting held in January 2022** The minutes of the meeting held in January were accepted as an accurate record.
19/22	**Action Log** Action Log was reviewed and discussed.
20/22	**Chairs logs from any groups reporting to this committee** a) Mrs Parkinson updated the committee on the progress of the Staff Health, Wellbeing Engagement Group. This was a productive and busy meeting. The staff survey results were embargoed at this point however they were received, there was a brief discussion however this will be discussed in more detail at the next meeting. This will be the key agenda item at the next meeting with focus on Staff Health and Wellbeing scores. This will be a sense check against our existing workplan and to ensure the current actions are in line with the latest results. Work has continued on the plan as it currently stands and updates were provided within the assurance report, particularly around staff break rooms and updates on this through Estates. Work has been done on a tool that would be useful for staff and managers which is the wellbeing passport, in effect this is a wellbeing plan to support staff members to have a conversation with their managers on what supports them to remain in the workplace, this has now been signed off and is a great piece of work. A presentation was provided around the ICS wide resilience hub which is working with staff to provide psychological support, which is underpinned through the trauma informed

		approach.
		b) Mrs Collins updated the committee on the progress of the Equality, Diversity, and Inclusion (EDI) Group. All policies will now be fed into the EDI working group as an opportunity to engage with staff networks. The policies that were taken to the January meeting for feedback include bullying and harassment, disciplinary and attendance management. There was representation from all staff networks, and each provided their updates. We have now passed year end so work is now being done on reports such as gender pay and will be presented at the next group. Mr McGowan added that the RES annual report, NHS full report and we are in the top 10 for one of the indicators, we are fourth in the country for the indicator around shortlisting and then being successful in a role. Mr Patton enquired, there is an outstanding policy at the audit committee, and I am conscious that this needs to be picked up through this committee. Mr McGowan advised this is the attendance policy which has since been updated and approved at EMT on Monday. This will then be taken to board for ratification and then this will feed into the audit committee. Mr Royles enquired if there was any update on stonewall and if we will be signing up for membership? Mr McGowan advised this is an emotive issue, the view has been taken that they have been supportive in what we have done so far and there has been no push back internally. c) Dr Byrne updated the committee on the progress of the Medical Group. The minutes and chairs log were taken as read. The report captures the increasing activity at undergraduate level and confirms the increase in capacity at higher trainee level which is positive. It outlines the enhanced structure particularly with the higher trainee tutor. We also now have a champion for international medical graduates which fits in well with the EDI and inclusion, which is a positive step. Communication will be going out to consultants to ask them to do more of what they are already doing around education and training, there will always be capacity issues and challenges however we need to keep them engaged. **Action: Invites to be sent to Mr Royles to attend all three sub-groups for assurance.**
21/22		**Workforce Insight Report** The Workforce Insight report was presented to the committee by Mr McGowan. Mr McGowan highlighted the following to the committee: • The £3,000 golden hello for Band 5 nurses has been agreed. • There is also an £1,000 R&R payment for Band 5 nurses which recognises we want to retain the nurses we currently have as well as bringing new ones in. • Flexible working data should now start feeding into this report as this data has been made available from 1 March. • The appraisal window is now open and there was good take up last year on this and there has been a push for the same this year and also from a quality perspective. • There is also now base funding for the health and wellbeing side with permanent funding for an Occupational Therapist, Staff Trainer and £50,000 funding per year for staff that are health based. • There has been work done linked with the Finance and Investment Committee that all medics are moved over to temporary contracts, this will allow us to receive the VAT back. All three agencies have now agreed to be on temporary and all medics should be on temporary contracts by May, and we should be able to start Phase 2. • We would like the overall conversion rate for apprentice first to be better. • The three operational areas have gone into level 3 on the accountability reviews around workforce.

- There are still 10 courses that are below the target however there 7 of these are improved from the previous year.

Mr Patton enquired how the Trust aims to ensure the quality around appraisals?

Mr McGowan advised that the proactive work has already taken place in the form of drop-in sessions for managers and staff on what a good appraisal is. As part of the review process, managers will be expected to do a dip sample of the quality of those. There is also the external audit in which dip sampling took place across the Trust and this will be brought to the next audit committee.

Mr Patton also enquired on the apprenticeships section of the report, there was previous push back from Avondale on take up of apprentices, out of the 144 exemptions how many of these do we think could have been apprentices?

Mr McGowan advised that he cannot comment on many could have been apprentices however the sign off has now changed from general manager sign off to Director sign off which should improve this. We would like the percentage to be better however in the previous year there were only 2 apprentices recruited compared to 35 this year which is a great improvement.

Mrs Parkinson added that we need to look at this from an overall perspective, there is a great pressure on all departments especially inpatient areas around undergraduate nurses and placements. There is limited capacity, and each student needs to be supervised.

Mr Royles commented do we feel we have the narrative wrong around apprenticeships in that they are work with an education and not work with a placement. Possibly we can communicate that the time does not need to be spent on the education aspect, but these are people able to work. We may need to review if the policy we have in place for apprentices is working for the Trust.

Dr Byrne commented that there is a tyranny around targets and also, I think there is some confusion on what we mean by apprenticeships. I had a conversation with senior psychologist around what the opportunities might be around Band 7-8a under the apprenticeship scheme. I think there is a big communication piece to go on understanding the opportunities rather than focussing on the barriers.

SMc advised he believes that managers are avoiding doing this as they believe it is too difficult to do with everything else going on. There are examples such as at Christmas where there was a lift in exemption where managers were trying to get as may through as they could to get them through. There are 92 people within the organisation that are doing other apprenticeships, so there are 35 that have been recruited in however there are another 92 at all different levels who are doing it as part of their development.

Mr Royles enquired if the safeguarding training is looking like it is on track?

Mrs Gledhill advised the first compliance figures will be done after all the changes will not be available until May. The February figures have been reviewed and the 3 areas that were quite low but showing improvement were CAMHS, Community and GP's. It was asked if the new 0-19 service coming across would affect the figures and it was advised that they are fully compliant.

Mr Royles enquired about the rise in rule breaks, this is not an attempt to put on more pressure however it is about getting the assurance that they are being regularly reviewed.

Mrs Parkinson advised this has been scrutinised by herself and her deputy, they are higher than we would want them to be however due to the covid and non-covid absence rates it reached 9.45% last week.

Mr Royles enquired when we might see the data on the impact that the golden hellos are having and when they would be reviewed?

	Mr McGowan advised that it was agreed in EMT that this would be reviewed in March 2023 for both incentives, I would expect that this will be reviewed annually.
22/22	**Risk Registers** Mrs Collins provided an update on the risk register to the committee: - All risks that are rated 9 and above are listed within the report. - 3 new risks have been added to the report which include provider to provider contractual checks process, job planning for medics, and we are a team people promise. - The GP staffing risk has been moved to the primary care risk register. - The DBS risk has moved to the operational risk register, we are satisfied that HR processed are in place around this so this is more around compliance. Mr Patton enquired in the first section around nursing the reduction is from 22% to 15% however when looking at the gaps in assurance, we're in a worse position than we were in February however the risk has come down. The actions are also the same as the previous year however the target date has changed. Are we just moving the same targets to the next year and never removing the risk? Mr McGowan commented that the Trust has never been in a better position in terms of nurses than in the past 3 years. The overall vacancy rates are at just over 10% and we have never had more nurses than we do now. Mrs Gledhill advised it is not down to Oliver to review all of the risk registers, he is the risk manager, and he pulls the data together however each risk register has a lead. The first section has me down as the lead so I will advise Oliver to move that over to me. It was confirmed that risk WF20 should sit with Pete Beckwith, this is currently on the report as TBC. Mr Royles enquired that we review the risks 9 and above at this meeting and if we were reviewing risks at level 12 and above, we would be reviewing more of the key risks? This is only a suggestion for the committee to review. It was advised that within the well-led review that we will review the board assurance framework as part of the terms of reference. The board assurance framework was opened up to questions from the committee: Mr Patton enquired that it confirms that there are 7 consultant job descriptions missing which is affecting the ability to recruit to positions. Is there any update on where we are on those? Dr Byrne confirmed that the job planning system is going electronic, so this is a work in progress. The job descriptions are being worked however as I have expressed previously, I believe there should be a generic job description. There are not a wealth of consultants waiting to apply for these positions as in previous adverts they are been out for years. I am confident that the provider gateway will address some of these vacancies in the coming months.
23/22	**Risk Management Annual Report and Risk Management Strategy Update** The Risk Management Annual Report and Risk Management Strategy Update was taken as read. Mrs Gledhill highlighted that this is a look over the risks across the whole year and this report will also be taken Finance and Investment Committee and Trust Board. The corporate register started the year with 7 risks and has ended with 5, the report shows all changes to risks and also risks that were removed in year. It also shows any risks that have not changed and an explanation as to why this is, this is to demonstrate that we are managing our risks.
24/22	**Guardian of Safe Working Hours Quarterly Report** The Guardian of Safe Working report was taken as read. Dr Byrne advised that Mo is aware of the well-led review and will start booking meetings with Alison. Following a transition period, the rotas have now been sent out to Junior Doctors. The work undertaken by Estates at Miranda House and the Junior Doctor accommodation has been received positively.

25/22	**Trust wide External Audit Plan (Workforce)** The Trust wide External Audit Plan (Workforce) was provided to the committee for review.
26/22	**Proud Leadership/Apprenticeships** Mr Cook provided a presentation to the committee: PROUD update April 22.pptx Dr Byrne enquired if there is a bit too much rigidity around how many days people have to attend every session on the leadership courses. We all agree they are beneficial however having to attend 9 days in 6 months is a big ask for some areas with covid pressures. Mr Cook advised that the course does have a bit of rigidity however all dates are confirmed ahead of time. Mr McGowan added that the drop out rate pre-covid is very similar to now, so I don't believe covid is as much of a factor as we think. We will always expect some drop out due to the nature of this organisation however we also have the review the cost of the course and this is why we have to advise that when they drop out this is a last resort. Mrs Parkinson added that she was disappointed when she received the drop out data, I would like to receive information such as this so I can intervene where possible. Dr Byrne enquired if there is a go live date for the 360 reviews? Mr Cook advised there is not a firm go live date as yet however some funds have been approved for the 360 tools. I believe this will be within the next 1 to 2 months and this will be in line with the mentoring work. Mr Patton added that 360 reviews are a great tool however it is worth reviewing how many people these are sent out to as one person can end up with multiple requests. Mrs Parking enquired we could have the data of apprenticeship adverts that go out, but we don't manage to recruit? Mr Cook advised we can get hold of this, and it would be interesting to review that.
27/22	**Review of Disciplinary Procedure** Mrs Collins provided an update to the committee. The disciplinary procedure is scheduled to be reviewed annually following an incident some years ago. There is continued assurance of our Trusts procedure and some key measures summarised including enhanced monitoring of ER case progress and introduction of the suspension and welfare pack. This is based on our current policy and procedure however it is noted that we are in the final stages of updating our disciplinary policy and procedure which is going through the final approval and ratification processes.
28/22	**2021 National Staff Survey Results** Mr McGowan provided a brief update on the report. Highlights include, the data is significantly improved from data collected back in 2017/18, the analysis shows that we are ahead of the NHS average on the majority of questions that have been asked which link into the people promise. Reflecting on the updates around staff health and wellbeing and apprenticeship, we have a plan to further improve these results next year.
29/22	**Recruitment Task and Finish Group** Mr McGowan presented the updated recruitment data for March. Highlights include: • There are currently more nurses working for the Trust than at any time I the last 3 years. There are 70 more nurses working for the Trust compared to April 2019 and another 15

	compared to 12 months ago. Mrs Gledhill's team recruited a total of 108 nurses last year which is over the target that was set. • We have a retention issue in that we lost 92 nurses and we had planned for 77 however this had led onto the work undertaken around the retention payments. The total loss was 10.3% and this is the lowest we have seen in the past 3 years. • There has been good work around consultants, there are 5 more consultants working for the Trust compared to the start of the year and the vacancy rate has been brought down from 30% to 24% and there were 7 consultants recruited within the year. • The GP data was previously removed from this committee however this has been included in this report. Dr Byrne commented that from recollection the turnover rate is at 33% but it would be interesting to see the sickness rate compared to 2 to 3 years ago. The introduction of the Hull 0-19 service may also bring vacancy pressures as the service grows. Mr Royles added that we need to address that there may be staff who have delayed retirement or other changes due to covid and this may also see an increase in turnover.
30/22	**To Review the Meeting and Assurance Report** The assurance report was received by the committee. There was a comment within a returned questionnaire around membership for this committee. Mr Patton commented that I do not believe the membership needs to be reviewed however as part of the well-led review it was recommended that we have 3 NEDs invited to this committee. Dr Byrne enquired if the 3rd NED could be a rotation between the NEDs, so it is not always fixed attendees. SMc commented that the freedom to speak up item has not been brought to this committee for some time and does a decision need to be made on the frequency of this. **Action: Mr Royles to speak with Alison Flack on the freedom to speak up forward plan and how this forms part of the terms of reference for this committee.**
31/22	**Effectiveness Review** The effectiveness reviews were circulated to the committee for review.
32/22	**Any Other Business** None
33/22	**Date and Time of Meetings in 2022:** Wednesday 13th July 2022

Title & Date of Meeting:	Trust Board Public Meeting – 27 July 2022		
Title of Report:	Collaborative Committee Assurance Report		
Author/s:	Stuart McKinnon-Evans Non-Exec Director - Audit Chair (Chair)		
Recommendation:	To approve		To receive & note	✓
	For information	√	To ratify	
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	The Collaborative Committee is one of the sub committees of the Trust Board This paper provides an executive summary of discussions held at the meeting on Thursday 30 June 2022 and a summary of key points for the Humber Teaching NHS Foundation Trust Board to note.		

Key Issues within the report:

Matters of Concern or Key Risks to Escalate:	**Key Actions Commissioned/Work Underway:**
• Schoen Clinic York continues to be temporary closed to new admissions • Pressures within CAMHS with young people awaiting admission for nasogastric tube feeding	• Continuation of positive work with Schoen Clinic York on action plan to address issues identified following CQC rating of Inadequate
Positive Assurance to Provide:	**Decisions Made:**
• Action Plan in relation to Schoen Clinic York to support reopening to new admissions in the near future	• Band 8B Senior Case Manager role – ratified at Collaborative Committee • Additional investment into secure community forensic teams – ratified at Collaborative Committee • Proposal to align Learning Disability forensic outreach liaison and secure community forensic mental health teams across Humberside was supported by the Collaborative Committee • To streamline the reporting to this Board and its frequency to 6-8 weekly • Membership of Board reviewed, and to remain as is. Well Led Review action point thus completed.

		Date			Date
Governance: *Please indicate which committee or group this paper has previously been presented to:*	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	30 June 2022
			Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

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

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

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

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

The meeting on 30 June 2022 was quorate

Quality Assurance - Schoen Clinic

The Committee discussed the report detailing assurance required from the Schoen Clinic before a decision can be made about recommending re-opening to admissions. If these assurances are provided, then the recommendation will be to start gradual re-admission. This would be with one or two patients and with very close support, monitoring and oversight from the Collaborative Planning & Quality Team (CPaQT). The CQC will also be linked in with that decision.

The Committee accepted that not all the quality indicators will be green before there will be an agreement to re-open to admissions. Re-opening the unit would be in a measured way and testing out each admission pending the safeguarding and ligature items being assured.

Work Stream Updates

CAMHS

- Current pressures in relation to CAMHS eating disorder beds continue – as at 30 June there are 8 young people on the waiting list; 7 of those are waiting for an eating disorder bed.
- There are 5 delayed discharges; 3 at Inspire, 1 at Mill Lodge and 1 out of area. The reasons for these are that there are no suitable discharge destinations. A shared care pathways meeting has been established, attended by all 6 local authority places, and plans are being put in place to work collaboratively to put protocols in place to manage delayed discharges more effectively.
- Work is progressing with the new Mill Lodge day care eating disorder model

Adult Eating Disorder

- The Schoen Clinic being closed to admissions is impacting on the wider system; in terms of Humber and North Yorkshire there is one person waiting for a bed and 7 out of area referrals have been received.
- Day Care model is being developed for adult eating disorders and work is being undertaken with the community health transformation programme.
- Discussions have been held with the NHS E regional team on the impact on the South Yorkshire and West Yorkshire provider collaborative and planning will be undertaken with regional areas.
- A strategic plan on eating disorders was requested and it was suggested this be an agenda item for the

next Collaborative Committee meeting.

Adult Secure

- HNY SPC were tasked by NHS E with leading on writing the new national Community Service Specification. The first phase is complete and is with NHS E to go through the governance process.
- Delayed Transfers of Care (DTOCs) have increased this month; we now have 7 DTOCs which are currently 12 weeks plus, and a further 7 which are at 4 to 8 weeks. Work has been undertaken with providers around the definition of DTOCs and not being ashamed to label a patient as such. This has allowed us to work as a system to progress.

Finance

- Under budget at month 2 for Adult Secure and Adult Eating Disorders
- Pressure on the CAMHS budget due to the limited bed availability at Inspire and pressures re acuity of care at Mill Lodge
- CAMHS financial pressure will be added to the Provider Collaborative risk register
- Humber Teaching NHS FT will be asked to provide a report detailing when the beds at Inspire (Nova and Orion) will be fully opened.

Early intervention, prevention, and trauma-informed pathways in CAMHS

Clinically Led Workforce and Activity Redesign (CLEAR) programme, which is a transformational model and is being led by the ICS:
- There is no cost as it is funded through NHS E.
- It will look at that early intervention in relation to eating disorders and look at where things go wrong when people are first identified, looking at what could be changed to improve early intervention and prevention.

Work will continue with the ICS to seek system wide opportunities to improve CAMHS pathways

Audit – adult eating disorders

Internal audit on the governance and management arrangements, including clinical governance, for the provider collaborative adult eating disorder workstream.

The report has been received with a level of assurance for the process with a very positive outcome; there are 5 minor recommendations which are being progressed.

Future Collaborative Committee meeting arrangements

It was agreed to streamline the reporting arrangements, to avoid excessive duplication between the Committee and its supporting bodies, and to reduce the frequency to 6-8 weekly.

The Committee discussed the composition of the Committee following an action from the Well-led Reviews.

Mrs Gledhill's membership of the Committee was originally temporary; however, it was agreed her attendance at meetings has been helpful. It was noted that there are 2 Non-Executive Directors on the Committee as opposed to 3 which are on other committees. Whilst this poses a risk of non-quoracy, the Committee heard that it had been agreed to limit the number of Non-Exec Directors on the Committee when the Committee was first formed. The Committee agreed that there be no change to the composition of the Committee, and the action from the Well-Led Review be discharged

Title & Date of Meeting:	Trust Board Public Meeting – 27 July 2022			
Title of Report:	Council of Governors Public Meeting Minutes 14 April 2022			
Author/s:	Caroline Flint Chair			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	The minutes of the Council of Governors meeting held on 14 April are presented for information.			

Key Issues within the report:			
Matters of Concern or Key Risks to Escalate: • No issues raised		**Key Actions Commissioned/Work Underway:** • N/A	
Positive Assurances to Provide: • Meeting was not quorate • Positive Patient Story – Humber Youth Action Group • Well Led Review Presentation • Staff Survey Presentation		**Decisions Made:** • N/A	

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

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	

**Minutes of the Council of Governors Public Meeting held on
Thursday 14 April 2022 via Microsoft Teams**

Present: Rt Hon Caroline Flint, Chair
                Michele Moran, Chief Executive
                Jenny Bristow, Appointed Governor Humberside Police
                Sue Cooper, East Riding Public Governor
                John Cunnington, East Riding Public Governor
                Tony Douglas, East Riding Public Governor
                Tim Durkin, Wider Yorkshire & Humber Public Governor
                Craig Enderby, Staff Governor
                Sharon Nobbs, Staff Governor
                Tom Nicklin, Staff Governor
                Doff Pollard, Whitby Public Governor/ Lead Governor
                Jacquie White, Appointed Governor, University of Hull

In Attendance: Francis Patton, Non-Executive Director/SID
                Dean Royles, Non-Executive Director
                Mike Smith, Non-Executive Director
                Hanif Malik, Associate Non-Executive Director
                Stuart McKinnon-Evans, Non-Executive Director
                Peter Beckwith, Director of Finance
                Lynn Parkinson, Chief Operating Officer
                Steve McGowan, Director of Workforce & Organisational Development
                Jenny Jones, Trust Secretary
                Katie Colrein, Membership Officer
                Loren Hakeney, Communications Officer
                Bethia Dennis, Engagement Lead Children's Services (for item 17/22)
                Charlie, Young Person (for item 17/22)

Apologies: Andy Barber, Appointed Governor, Smile Foundation
                Patrick Hargreaves, Hull Public Governor
                Soraya Hutchinson, East Riding Public Governor
                Gwen Lunn, Appointed Governor, Hull City Council
                Ruth Marsden, East Riding Public Governor
                Helena Spencer, Hull Public Governor
                Nigel Wilkinson, Appointed Governor East Riding of Yorkshire Council

The meeting was held virtually via Microsoft Teams due to the restrictions of Covid 19. The meeting was also live streamed.

The meeting was not quorate. Governors who were not present at the meeting will be sent any items requiring approval for their views.

Post Meeting Note
Following the meeting an e mail was sent to those Governors who were not present asking for approval for the required items. Responses were received from Public Governors Helena Spencer and Soraya Hutchinson which fulfilled the quoracy requirements. Additional approval was also received from Andy Barber and Jenny Bristow

14/22	**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.
15/22	**Minutes of the Meeting held on 13 January 2022** The minutes of the meeting held on 13 January were agreed as a correct record.
16/22	**Matters Arising and Actions Log** The action log was noted. **Staffing & CAMHS** Tim Durkin referred to staffing in CAMHS and asked if the consultant has started work. The Chief Operating Officer, Lynn Parkinson confirmed that the consultant had started and the PICU beds on Inspire have opened. Staffing has been increased and progress is being made. **East Riding Improving Access to Psychological Therapies (IAPT)** Craig Enderby noted that the performance report still referred to East Riding IAPT as mentioned in the action (08/22(a). Pete Beckwith apologised for the error as the narrative had not been amended and will be done for future reports.
17/22	**Patient Story - Humber Youth Action Group – Making a Difference** Bethia Dennis attended to talk about the work of the Hull Youth Action Group. A video made by members of the group was played. Bethia explained that HYAG is for young people aged 11 – 25 in the Hull and East Riding areas. The group meets once a month virtually and to date 22 young people are registered. The meeting givens them an opportunity to have people come and talk to them and to give feedback and their views. It is important that young people from the community with diverse needs have this opportunity as they have lived experiences of mental health, neurodiversity and can benefit from engaging. It also helps to build confidence and self-esteem. Charlie, an active member of the group joined the meeting. He is 14 and from the Hull area and has recently completed work experience in the Trust. Charlie told Governors what he had been doing while on work experience which included spending time with the Health Trainers where he talked to fishermen in Whitby. Other areas included the Estates Team and the SMASH team where he created a leaflet for school years 6 & 7 transition which can be a difficult time for young people. As part of the group Charlie has also taken part in interviews. Sharon Nobbs asked Charlie how his friends had responded to his interest in the group. Charlie explained that some were really interested and others not so much. Tom Nicklin asked what benefits Charlie had seen from becoming involved. Charlie said the work experience had been interesting and given him a flavour of what work is done. It had been good to help people with smoking and weight management and he had seen how much people struggled in these areas. Hanif Malik asked what other support Charlie felt was needed to keep young people involved. Charlie said that by having more knowledge around the different support in place and the different platforms that are available. Hanif also asked Bethia about retaining the interest of young people and keeping them involved and how she found this. Bethia explained that many of the young people have interests outside of the group including pressures of school and college. She is grateful that they spare the time to come to the group and tries to make it as flexible as possible so they can attend. The group is made as enjoyable as possible to encourage young people to want to attend. The plan is for Bethia to visit schools and youth groups so she can share the work of the group. John Cunnington asked if Charlie had developed diplomacy skills to talk to some of the people while he was on work experience. Charlie said that some people were more open to listening to advice than others. He had seen that in some cases a different approach was needed and used this when talking to people.

	The Chair thanked Charlie for attending and for sharing his experiences with the Council of Governors. She felt that there may be other applications from young people for work experience opportunities. Members of the HYAG group were thanked for making the video that was shared with the Council of Governors.
18/22	**Chair's Report** The Chair provided a verbal update on her recent activities. **Governor Elections** Nominations for the current elections are closing on 21 April 2022. Feedback from Governors on future publicising to maximise the uptake for future elections had been taken on board and other ideas are welcome. **Council of Governors News** - Paul McCourt the appointed Governor for Humberside Fire and Rescue has taken up a new job in London. We are awaiting confirmation of a replacement representative. - Jean Hart, Service User and Carer Governor has resigned due to her other commitments. Jean continues to volunteer with the Patient and Carer Experience team. - The Chair thanked Paul and Jean for their contribution and support to the Council of Governors and wished them well for the future. - New Governors have been in post since 1 February and an induction session was held. As part of the session Trust staff, NEDs and Governors were invited to talk about their roles. The Chair thanked everyone for their time and involvement in this session which was well received. - Training modules are available for volunteers and for Governors to take up. - A small working group has been established to look at meetings/forums, engagement with NEDs and support for Governors. The outcomes of this will feed into a future Governor Development session. - The next Governor Development session is taking place on 26 April and will include a session on how the Trust identifies and manages risk. - Non-Executive Director recruitment continues with the stakeholder groups to be held on 19 April and interviews **Resolved:** The verbal updates were noted
19/22	**Chief Executive's Report** The Chief Executive presented her report which gave an update on the local issues. The Council's attention was drawn to: - Visits & team calls continue around the organisation. The "Meet Michele" sessions are proving popular and will remain online calls as they are well attended. - National Head of Patient Experience Awards– Well done to Mandy Dawley who once again received national acclaim for her work at the NHSE/I Heads of Patient experience Network awards. Congratulations Mandy! - Lateral Flow Tests – guidance has been updated and visitors no longer have to take a lateral flow test before coming to a unit. Staff will continue to take bi-weekly tests and front facing staff can obtain free tests from the Government website. - Staff Health and Wellbeing discussions continue especially with the challenges faced with utility costs and fuel. Mileage rates have been reviewed accordingly. For hard-to reach Band 5 nurses (which is a national issue), a Golden Hello initiative is being offered. The extra annual leave day as a thank you continues this year and staff will receive an extra £5 in their pay for Easter. - The Chief Executive's challenge this year will be a virtual bike ride around Trust locations on 23 June. Money raised goes into Health Stars and the staff health and

wellbeing fund.

Operational pressures remain high with staff absence pressures however no business continuity plans have been activated across services. There is a fluctuating position with Covid positive patients and currently there are seven in mental health and community, and Granville Court. The Trust remains at Opel 3 due to demand pressures and staff related absences through Covid and non-related Covid. Some system pressures are impacting on the Trust from the Local Authority and the private market with support for discharges for those service users who require supported accommodation in Learning Disabilities and Looked After Children. Close working with partners continues to try and address these national issues. Primary Care is also seeing a high level of demand.

Infection control requirements are in place and staff continue to test twice a week. The focus remains on staff health and wellbeing which will be kept high on the agenda.

Jacquie White commented that discussions have been held previously around access to telephone crisis lines which is commissioned with Mind and whether anything else is needed or more interventions to help with service pressures. She asked how Governors can understand the situation when looking at Trust data. Lynn Parkinson explained that the focus is always on operational priorities. Service users do receive services in a timely way and as quickly as possible. Services are impacted by the overall system position and some services are not able to be delivered for example Memory Assessment service as part of the diagnosis pathway is through the Acute hospital.

There is 24/7 access for the crisis line and improvement is being seen. There were pressures in early January when the Hull & East Riding Mind had vacancies, but these have been recruited to. There is a live dashboard available to Mrs Parkinson which shows the data. Some of the service users access the second crisis support and are getting service quicker. Service users presenting in their GP practice are also being responded too more quickly.

Tim Durkin expressed his thanks to the Executive team and staff for their work over a relentless couple of years. The Trust is being shown nationally as one of the most improved and a message needs to be sent to staff that Governors appreciate the pressures and the work that teams have been doing. Especially as it is not known when these pressures will reduce. It was suggested that a message could be put across the website banner thanking staff from the Governors

Sue Cooper asked if the crisis phone lines were available to anyone or whether it was people who had used the service before and needed support. Lynn Parkinson commented that anyone who had used the service before should have a crisis plan in place identifying who they needed to contact. However, if they needed help, they can call the 24/7 crisis line and they will be signposted to the help they need.

Lynn Parkinson reported that the Neurodiversity service was launched in March across Hull & East Riding to work with both children and young people with ASD and ADHD with some degree of learning disability. This new service is working with education and local authority partners to provide integrated service. Listening to children and families the service was previously fragmented and although the service is still bedding in, the early signs are positive. It is expected that the services will have a transformational impact on waiting times going forward, and work will continue on waiting time initiatives until they are reduced.

Tim Durkin asked if there are two teams in Hull & East Riding or just one combined team. It was confirmed it was one team. He was interested to know under the new scheme where discussions take place with a person being referred for support and wondered if management of calls and crisis calls should be included in the performance report or a separate report. He felt it was vital that the information is seen at an early stage. Mrs Parkinson explained that it is monitored, and data is available across all the services. Over 52-week waiters are a key focus and data is included in the performance report however she will take the suggestion back to EMT.

	Resolved: The report and verbal updates were noted.
	Suggestion made that a message could be put across the website banner thanking staff from the Governors **Action MM/MH**
	Mrs Parkinson to feedback to EMT views of Mr Durkin around crisis calls **Action LP**
20/22	**Council of Governors Effectiveness Review and Terms of Reference**
	The effectiveness review for 2021/2022 and updated Terms of Reference were presented. It was noted that the Lead Governor should read Doff Pollard and not Sue Cooper and this will be amended.
	Craig Enderby attended the January meeting, and this will be reflected in the attendance figures.
	Resolved: Subject to the changes identified, the effectiveness review and the Terms of Reference were approved
21/22	**Well Led Review**
	A presentation was given by the Chief Executive on the outcome of the Well Led review. It was noted that the Board have not yet received the presentation and any comments from received from today will be incorporated.
	The Chief Executive explained the process for the review. Based on the Key Lines of Enquiry (KLOE's), of the eight areas looked at, the Trust scored achieved five Green and three amber/green ratings. Recommendations were made for six areas with KLOE's apart from 7 & 8.
	KLOE 1 – recommendations were made around Non-Executive Director recruitment are underway and succession planning. The report acknowledged that have this in place, but it needed making clearer and a template has been developed
	It was recommended that quality and safety visits should be reintroduced as face-to-face withing infection control guidance. Suggestion made to have NEDs assigned to a geographical patch to build a relationship and then to rotate.
	KLOE 2 – a recommendation was made around the terms of reference for the Collaborative Committee around membership and this is being taken forward.
	KLOE 3 – recommendations were made in relation to the Freedom to Speak Up Guardian resources. The use of ambassadors is being progressed and there is a lead NED – Dean Royles. A follow up process will also be put into place to check that staff who have raised a concern have not suffered any detriment and are feeling ok.
	Quality of appraisals was an area of note. Appraisal take up is high and going forward samples will be taken to check the quality of appraisals.
	The review also suggested that Staff networks should have a Board level sponsor and a Chair to support the running and effectiveness of the networks.
	KLOE 4 – a recommendation was made to change action logs to being red, amber, green (RAG) rated. The Trust has pushed back on this as sometimes definitions are misinterpreted. Updates will be made to the existing actions logs to ensure they meet requirements.
	NEDs chair the Board Sub-Committees, and a recommendation was made for them to annually attend some of the groups that report into the Committees. The numbers of NEDs on Sub Committees will also be considered. A new template will be used for Board assurance to ensure the key themes are covered.
	KLOE 5 – some recommendations were made around the Risk Register in relation to adding the date the initial risk was recorded and that due to actions taken the scores should reflect this. The title of the IBR will be amended to Performance Report as there is a separate finance

report that goes to the Board.

KLOE 6 – recommendations were made around the expansion of narrative in the performance report and the data quality assurance indicators.

Doff Pollard said the Board should be congratulated on this report and the organisation should be pleased with the outcome. Well done to all involved.

John Cunnington asked about the findings of the report and how these align with the staff survey. The Chief Executive said there are some similarities for example around data analysis but nothing that is contradictory. Staff feel that they can raise concerns through the FTSU route and numbers over the last two years have reduced. The Executive team compare both this and the Staff Survey to cross reference the results.

Tony Douglas asked where the most improvement has been made since the last review. The Chief Executive said it was across all of the review. The last report demonstrated lack of risk management, risk awareness, lack of governance. There was one Committee that looked after everything. Significant changes have been made across the board and will see if we can send out the executive summary from the last report so comparison can be seen.   The slides presented today will be circulated to Governors. Any comments to be sent back to Katie Colrein please.

Resolved: The presentation was noted.
Executive summary of the last Well Led Review to be sent to Governors **Action MM**

22/22	**2021 NHS National Staff Survey Results** The report provided the detail of the Trust scores in the NHS National Staff Survey 2021, with comparisons to wider NHS scores. The Trust achieved a response rate of 44.1% overall which represented 1,304 responses from a sample of 2,958. The median response rate for all Mental Health and Learning Disabilities Trusts, was 51%. Steve McGowan highlighted the following areas from the report: Staff survey has changed this year. Some grouped under the NHS Peoples' Promise and categories are different and don't get the benchmarking data and there are new questions too. If there is no comparative score it's because it is a new question. 1% higher response rate than last year. Doing all that we can to increase this, and Hotel Services had a significant increase in their response rate this year. No areas of significant concern. Going back some years we were the bottom of the pack and real progress has been made to get to this position. Some of the data links back to these early scores. People's Promise 1 – overall 7.5 – better place to work than NHS Trust average. Number of questions made up this score and were included in the report. The trust was 5th most improved Mental Health Trust for being a place to work. Really important for recruitment and retaining staff. Some areas where action is needed but a lot of positive scores compared to the rest of the NHS. People's Promise 2 – positive results in this area. Significantly better than NHS around recognition, pay appreciating each other and feeling valued. People's Promise 3 – the organisation scored higher than the NHS average with 7. Marginally decreased on FTSU but others show the progress being made around unsafe clinical practice increased by 21% since 2017. Still some work to do around this but is going in the right direction. Staff knowing about their responsibilities, some new roles may be taking time to embed and monitoring this. Peoples' Promise 4 – the score was better than the NHS. As of the end of March 22 there

were 70 more nurses working in the Trust than in the last 3 years. It is a national issue and challenging and staff do feel the effect of not having those staff.

Tony Douglas referred to the harassment and bullying asking if there was a percentage for this. He was informed that from the survey on 50 occurrences who said experienced and reported it across all of the 1400 people who completed the survey. Will be working through the details of this. Burn out was another area raised, but the organisation is still better than the NHS average despite staff being through Covid. Work has been done to support them with staff Health and Wellbeing which continues, MSK fast track for physio and other interventions to support staff.

People's Promise 5 – All positive scores in this always learning question. Have culture of having an appraisal need to understand the quality of these appraisals and training events put on for staff and managers. Sue Cooper felt this was an excellent score and was pleased to hear about the sampling of paperwork to check on the quality.

People's Promise 6 – working flexibly – ahead of the NHS score on this question. Important about offering flexibility for shifts, family friendly etc. Always more we can do.

People's Promise 7 – only one were below the benchmark group but still above the NHS score. Shared objectives and team effectiveness are increasing. Manager scores are more positive suggesting that staff feel that managers are leading well. Still more work to do around working as teams.

Staff engagement and morale data was included and reflected what staff have been through. Some scores that may need to be worked on but shows how NHS is feeling. 9 questions notably decreased and will be worked through.

Tom Nicklin noted the positive results for staff survey does this reflect in seeing positive Friends and Family tests for patients and carers. Mandy Dawley does the comparisons across those area. Looking at different data sets and suggested the real value is when teams get their own levels. Not done this work yet but will take place in next few weeks.

John Cunnington felt it was a good report and asked if an action plan will be prepared and presented to the Council of Governors.   Try not to have a Staff Survey action plan, there is the overall Workforce Plan and People Delivery plan rather than having a separate action plan. Results of the staff survey are fed back to teams and will be publicised through briefings and each team will have individual plans and they go to the Workforce & OD Committee to present these plans to see if any other support is needed. Staff Governors can share the results and talk to staff about them too. Looked forward to a report later in the year advising on progress

Sharon Nobbs related to the 78% completion rate noting that it was only 22% for corporate staff and she asked if there was any reason for this low uptake. It was confirmed that this number is a percentage of the total and 300 staff are corporate and 1,000 are front line. Overall response rates are good, and there is always room for improvement.

The Chair suggested that any future updates could come to a Governor Development session if required to allow more discussion time.

Resolved: The report and verbal updates were noted

23/22	**Public Trust Board Minutes November 2021, January & February 2022** The minutes of the public Board meetings for November, January and February were provided for information. **Resolved:** The minutes were noted.
24/22	**Performance Update** Mr Beckwith presented the performance as at the end of February 2022. Information was provided on the areas which had fallen outside the normal variation range. Additional detail

was provided on waiting times. The safer staffing information related to January data when there as a high level of sickness. Positive movement has been seen on out of area beds.

A review of the performance report is being undertaken to take account of feedback from the Well Led Review and evolution of the report

Resolved: The report and verbal updates were noted.

| 25/22 | **Finance Report** |
| | The report provided the Council of Governors with a summary of financial performance for the Trust for the period |

- Block income payments continue to be received and the Trust has been set a break even target for the full financial year

- As at the end of February 2022, the Trust recorded an overall operating surplus of £0.106m which is in line with the Trusts planning target.

- Within the reported position at Month 11 is Covid expenditure of £4.431m and income top up of £2.438m.

- The Cash Balance at the end of February 2022 was £35.967m.

Tim Durkin asked about the underspend in mental health services as there was no detail in the report for the reasons for this as details were provided for other services. Pete Beckwith explained that mental health services is an area that has had the most significant growth in investment through the Mental Health Investment Standard (MHIS) and service development through national funding. As a Trust we always fully fund them in the plan from the start of the financial year. There are pressure points in mental health particularly around agency locums and we have built resources into the financial plans to support this. Pete Beckwith confirmed that as part of the planning process for 2021/22 the Trust were able to fully fund vacancies from the start of the financial year, noting that as these were new post underspend have built up whilst recruitment takes place, and the level of underspend has reduced month on month.

The Chief Executive explained that each service gets standard money for service provision. Some are at the right level, and some are under. Mental health has had MHIS funding to grow services which is what differentiates it from other services whilst Children and Young People and Primary Care specifically have not had this.

From the Safer Staffing dashboard pressures, it can be seen there are pressures in mental health due to staffing increased observations levels, use of agency staff or locum staff and we have doubled the staff for Easter. Because of the way it is funded in relationship to services there is a lot more headroom in mental health services whereas pressures caused by the same things in other services do not have this buffer and therefore it creates overspends. In the Children and Young People's service there is more acuity and more patients that are on intensive observations, so we flex the staffing budget dependent on the acuity, and this is increasing in Children's and Young Peoples and Learning Disability services at the moment. From a finance point of view in Primary Care we make clinical decisions but don't stop the service to maintain an underspend it is the way it is paid for and the way money utilised. We do ask staff to over recruit if they can for example if their budget says they can have 10 but they can recruit 12 they do so.

Tony Douglas asked about the ICS contribution and whether this is expected to grow in the next financial year. Pete Beckwith said that what should happen is that CCG who will become the ICS receive a running cost allocation and that is what should be available to fund the ICS/ICB. This would be the expectation. At the moment because the ICB is operating in shadow form it should get a running cost allocation that went to commissioners previously.

Resolved: The report was noted.

26/22	**Annual Declarations 2021/22**
	As a foundation Trust annual declarations are required to be made by the Trust with evidence of how the Trust meets these declarations ensuring the views of Governors are taken into consideration. The Council of Governors discussed the following annual declarations being presented to Trust Board for approval, 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.
	The report has been to the Executive Management Team and Board for comments and is presented for approval to the Council. It was noted that an internal audit review is currently underway to check that process are in place as are required.
	Doff Pollard referred to training for Governors which is an area being discussed at Development sessions to ensure that Governors have the right training for the role. John Cunnington commented that he felt that being given a presentation was not the best way to help Governors. The Chair explained that as a result of comments made, a small working group has been established to look at this and to give individuals the opportunity to feed into this. The outcome will feed into the Development session. Training that is available for volunteers has been made available to Governors for example. Some IT issues have been raised and these are being progressed.
	Sue Cooper agreed with the comments made. Training is not just about getting to meetings but as additional events and it would be helpful to know if there is a budget to pay for these. Pete Beckwith confirmed there is a training budget that sits under the Chief Executive and if the Chair felt there was some resource needed for appropriate Governor training, this could be discussed with the Chief Executive.
	Resolved: Those Governors present approved the annual declarations which will be submitted to the Board for approval.
27/22	**Engaging with Members Effectiveness Review and Terms of Reference**
	The effectiveness review for 2021/2022 and updated Terms of Reference for the Engaging with Members group were presented. Attendance at the meeting was a problem and a recommendation made to amend the Terms of Reference for a quoracy change and reference was made to the use of digital technology. The quorum has been amended to four elected public Governors and one staff Governor. A workplan has been produced for the coming year.
	Resolved: The effectiveness review and terms of reference were approved
28/22	**Governor Groups Feedback**
	The report provided updates from Governor groups that have taken place since the last meeting.
	Appointments, Terms and Conditions Committee
	Sue Cooper, Chair reported that the Audit Chair and Senior Independent Director were appointed.
	Helena Spencer has kindly offered to be deputy Chair for the Committee
	The Chair's appraisal has been undertaken in conjunction with the SID. Appraisals for Non-

	Executive Directors are taking place on 4 May and Governors will have an opportunity to give their views. Interviews for the Non-Executive Director post are taking place on 221 April 2022. **Engaging with Members Group** Doff Pollard reported that she attended a free Governors' training session about working with members and will be sharing the slides with other Governors. She also went on an NHS Provider Training event. The group continues to discuss member engagement and future opportunities. **Resolved:** The report and verbal updates were noted.
29/22	**Responses to Governor Questions** No questions had been raised since the last meeting. **Resolved:** The verbal updates were noted.
30/22	**Any Other Business** **Governor Elections** John Cunnington suggested that future campaigns should be advertised with Parish Councils to see if they can help with including information in newsletters or other information they send out. Sue Cooper explained that this has been discussed before and that it was key that there is consistency in any information that is being used and why the Trust Communications Team should be involved. These suggestions will be considered for future elections. Bethia Dennis mentioned in the patient story that she will be going into schools, and it was suggested this could be another way to help with membership. **Governor Development Session 26 April 2022** The session is hoped to take place in person for those who are available. Details will follow regarding the venue.
31/22	**Date and Time of Next Meeting** Thursday 14 July 2022, 2.00pm by Microsoft Teams

Signed…………………………………………………………………………………… Date

Chair