Trust Board Meeting 30 June 2021
Agenda - Public Meeting

For a meeting to be held at 9.30am Wednesday 30 June 2021, via Microsoft Teams

		Lead	Action	Report Format
	Standing Items			
1.	Apologies for Absence – Peter Baren	SM	To note	verbal
2.	Declarations of Interest	SM	To receive & note	√
3.	Minutes of the Meeting held on 19 May 2021	SM	To receive & approve	√
4.	Action Log and Matters Arising	SM	To receive & discuss	√
5.	Patient/Carer Story – Autism Services – My Experience as a Parent and Carer	JB	To receive & note	√
6.	Chair's Report	SM	To note	verbal
7.	Chief Executives Report	MM	To receive & note	√
8.	Publications and Highlights Report	MM	To receive & note	√
	Performance & Finance			
9.	Performance Report	PBec	To receive & note	√
10.	Finance Report	PBec	To receive & approve	√
	Assurance Committee Reports			
11.	Finance & Investment Committee Assurance Report	FP	To receive & note	√
12.	Quality Committee Assurance Report and 7 April 2021 Minutes 2021	MC	To receive & note	√
13.	Charitable Funds Committee Assurance Report	MC	To receive & note	√
14.	Commissioning Committee Assurance Report	PBec	To receive & note	√
	Corporate			
15.	Board Assurance Framework	MM	To receive & note	√
16.	Risk Register Update	HG	To receive & note	√
17.	Annual Non Clinical Safety Report 2020-2021 Report	PBec	To receive & note	√
18.	Humber Coast & Vale Strategic Objectives	MM	To receive & note	√
19.	Integrated Care System (ICS) Design Principles	MM	To receive & note	√
20.	Items for Escalation	All	To note	verbal
21.	**Any Other Business**			

22.	**Exclusion of Members of the Public from the Part II Meeting**			
23.	**Date, Time and Venue of Next Meeting** Wednesday 28 July 2021, 9.30am venue to be confirmed			

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Title & Date of Meeting:	Trust Board Public Meeting – 30 June 2021				
Title of Report:	Declarations of Interest				
Author/s:	Name: Sharon Mays Title: Chair				
Recommendation:	To approve		To receive & note	✓	
	For information		To ratify		
Purpose of Paper:	The report provides the Board with a list of current Executive Directors and Non Executive Directors interests.				

Governance: *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		Other (please detail) Monthly Board report	✓	

Key Issues within the report:	• Contained within the report

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*				
√ *Tick those that apply*				
✓	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
✓	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
✓	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			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
Mr Peter Beckwith, Director of Finance (Voting Member)	• Sister is a Social Worker for East Riding of Yorkshire Council • Son is a Student at Hull York Medical School
Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals (Voting Member)	No interests declared
Dr John Byrne, Medical Director (Voting Member)	• Executive lead for Research and Development in the Trust. No personal involvement in research funding or grants. Funding comes into the Trust and is governed through the Trust's Standing Instructions • Senior Responsible Officer for the Local Health Care Record Exemplar (LHCRE).which is governed through Humber Teaching NHS FT standing orders and procedures
Mrs Lynn Parkinson, Chief Operating Officer (Voting Member)	No interests declared
Mr Steve McGowan, Director of Workforce and Organisational Development (Non Voting member)	No interests declared
Non Executive Directors	
Mrs Sharon Mays – Chair (Voting Member)	• Trustee of Ready Steady Read • Sister is Head of Compliance Standards and Information at Tees Esk and Wear Valley NHS Foundation Trust
Mr Peter Baren, Non Executive Director (Voting Member)	• Non Executive Director Beyond Housing Limited • Son is a doctor in Leeds hospitals
Prof Mike Cooke, Non Executive Director (Voting Member)	• Independent Executive Mentoring Coach • Chair, Cochrane Common Mental Disorders Expert Advisory Board
Mr Mike Smith, Non Executive Director (Voting Member)	• Director MJS Business Consultancy Ltd • Director Magna Trust • Director, Magna Enterprises Ltd • Sole Owner MJS Business Consultancy Ltd • Associate Hospital Manager RDaSH • Associate Hospital Manager John Munroe Group, Leek

	• Non Executive Director for The Rotherham NHS Foundation Trust • Chair of Charitable Funds Committee at The Rotherham NHS Foundation Trust
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 • Director, Fleet Street Communications Limited
Mr Dean Royles, Non Executive Director (Voting Member)	• Director Dean Royles Ltd • Owner Dean Royles Ltd • Advisory Board of Sheffield Business School • Strategic Advisor Skills for Health • Associate for KPMG

Trust Board Meeting
Minutes of the virtual Public Trust Board Meeting held on Thursday 19th May 2021
by Microsoft Teams

Present:	Mrs Sharon Mays, Chair
	Mrs Michele Moran, Chief Executive
	Mr Peter Baren, Non Executive Director
	Professor Mike Cooke, Non Executive Director
	Mr Francis Patton, Non Executive Director
	Mr Dean Royles, 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
	Mr Mike Smith, Non-Executive Director
In Attendance:	Mrs Michelle Hughes, Head of Corporate Affairs
	Mr Adam Dennis, Communications Officer
	Mrs Katy Marshall, Head of Learning and Organisational Development (for item 99/21)
	Mrs Alison Flack, Freedom to Speak Up Guardian (for item 110/21)
	Mr Alec Saxby, Deputy Freedom to Speak Up Guardian (for item 110/21)
	Mr Andy Barber, Chief Executive H&EY Smile (for item 111/21)
	Miss Victoria Winterton, Head of Smile Health (for item 111/21)
	Miss Jessica Norton**,** Personal Assistant (minutes)
Apologies:	None

Due to the Government guidance for the Coronavirus, the Board meeting was held by Microsoft Teams. 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.

Congratulations were given to the Rt Hon Caroline Flint on her appointment as the new Chair and Mr Smith was welcomed back after a period of absence.

96/21   **Declarations of Interest**
The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they declare their interest and remove themselves from the meeting for that item.

97/21   **Minutes of the Meeting held 28 April 2021**
The minutes of the meeting held on 28 April 2021 were agreed as a correct record.

98/21   **Matters Arising and Actions Log**
The actions list was discussed and noted. No amendments requested. Mr Patton added that

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he has been on the MAPPA training and found it very interesting.

99/21   **Staff Story – Our Staff Produced Programme**
Mrs Marshall played a video which provided an overview of the leadership and senior leadership programmes. The leadership programme has being established to provide support to those leaders from bands 3 to 7 and the senior leadership programme is for bands 8 and above. The video provided an overview of the modules and included views from those that have completed the programmes.

In terms of the current position, Mrs Marshall confirmed that one cohort is completed and the other cohorts have restarted now that the pandemic has eased. Furthermore, they will continue to adapt and improve the course to make it better for those staff who participate.

Mrs Parkinson noted that the impact of the programme is demonstrable with an increase in emotionally intelligently led leadership leading to better staff engagement, although there is more that could be done to help the leaders in the organisation.

Dr Byrne added that huge developments have been made in recent years and it is good to have a coordinated and collective programme open to all staff bands which covers leadership and management skills. Feedback from his team is incredibly positive and an example of how investment can benefit the organisation. It is clear from the Staff survey that staff can see the opportunities for personal and professional development in the organisation and he expressed his thanks to Mrs Marshall's team for putting the programme together.

Mr Smith agreed with the comments made from other Board members. He queried what the progression and next stages are for the programme. Mrs Marshall explained that mentoring and coaching as well as action learning sets is being looked at. Another piece of work is with the Integrated Care System (ICS) and looking at how links can be made.

Mr Patton echoed Mr Smith comments and has seen at another organisation a staff programme that runs alongside their leadership programme showing staff what they would expect from their leaders. Mrs Marshall supported this approach and will look at adding this into the programme.

Professor Cooke congratulated the team for getting the cohorts going in the pandemic. He asked how this will be deployed further for those people wanting to go on the course. He also asked whether the Trust is doing enough on resilience and adaptability. Mrs Marshall said that the intention is to set up more cohorts once those already in place have finished to ensure that any gaps are addressed.

The Chief Executive thanked Mrs Marshall for sharing the video. She informed the Board that she attends at the beginning of each cohort and has found the mood very positive. Though there have been challenges with the pandemic, the new blended approach is working well and the work will continue to link in with the behavioural standards.

Mr Royles found it an excellent video with great feedback from participants.

Mrs Gledhill supported all of the comments made and agreed that those who have attended have really benefited. She saw this to be the start of the leadership journey for staff which can be embedded into practice supported by the Trust. She agreed that action sets would assist this process as well as reviewing with the cohorts after six months to see how things are going. Mr Patton suggested that the Trust could use those who have been on the programme to link in with new starters and perhaps develop a course for staff.

Mrs Marshall said there are a number of things planned for the future and she welcomed the positive comments and suggestions made by the Board.

The Chair could see the impact this is making and noted that some staff had fed back to her

that they are enjoying speaking to the Trust Board and meeting members of the Executive team and Non-executive Directors in these sessions

Resolved: The video and verbal update were noted

100/21 **Chair's Report**
The Chair provided an update in relation to the work she has undertaken since the last meeting.

Apologies were extended for the delay in circulating some of the papers due to the earlier Board meeting date. The Chair thanked everyone for turning papers around quickly. Updates included:-

- New Associate Non Executive Director interviews are taking place next week with the stakeholder groups taking place on Monday.
- The Chair has continued attending the staff health and wellbeing group as the Staff Wellbeing Guardian. There is an active group which is driving priorities for staff. In the run up to the Chair leaving the organisation, Mr Royles will take over this role.
- A positive meeting was held with Caroline Flint who has been appointed as the new chair. The Chair and Mrs Flint will work together to ensure a smooth handover takes place
- The Chair attended the Yorkshire and Humber Chairs meeting with good attendance reported
- There was good attendance at the last virtual Staff Awards for those with long service, retiring and for employees of the month.

Resolved: The verbal updates were noted

101/21 **Chief Executive's Report**
The report provided updates from each of the Directors along with a summary of activities undertaken by the Chief Executive who drew the Board's attention to the following areas:-

- The Trust stepped down Gold command as the NHS reduced to opal level three. The Steering Group and Clinical Advisory Group continue to meet.
- The Chief Executive visited Whitby recently to see staff and thank them for their work. The development of the new building continues and photos were included in the report for information.
- Pictures of the new brand design livery on Trust vehicles were included in the report. Mr Beckwith added that the vans look fantastic and gave a sense of professionalism for the Estates Team.
- The Chief Executive remains the Breast Feeding Guardian and was pleased to announce that gold status has been maintained.
- The Trust is sponsoring the Hull Daily Mail awards.
- It was noted that Dr Byrne is the Health and Equality lead for the organisation.
- A blended approach continues to be progressed to allow staff to work both remotely and to be able to book office spaces.
- Restoration and recovery work is underway. Morale remains high but people are tiring. There are a lot of ideas for teams, divisions and the overall Trust to aid recovery and Mr Beckwith is looking to establishing a budget for managers to use to take ideas forward.
- Provider Collaborative work continues and many conversations with NHSE are underway. The Trust is seen as example of best practice.
- The report included a Quality Accounts update for information and attention drawn to the work undertaken by Health Stars.

Professor Cooke congratulated everyone for all their continued work. He noted the consistency of deploying this in terms of the quality and in terms of priorities the Quality

Committee is recommending the same ones, but with more stretch.

Professor Cooke commended the blended approach being taken for the fifth Research Conference. He also expressed his thanks to Health Stars on the 93 staff wishes that have been received this month.

Mrs Gledhill highlighted the digital development plan and the key elements included which will further raise the Trust's profile. The plan will be monitored to show progress.

Mr Patton raised queries on the new variant of COVID in the local area and long COVID. Dr Byrne expressed the importance of making sure people are vaccinated and that they continue to comply with guidelines in terms of infection control. It was reported that there have being no Indian variant to date in our geographic area, but there have been small outbreaks in the north of the patch. Mr McGowan confirmed that we have four staff off for currently with long Covid and some others with these symptoms are in work and being managed on a case by case basis.

Mr Patton was pleased to see the uptake in nursing and mental health. Mrs Gledhill confirmed that students are coming in however the difficulty is in finding them a placement. The process is working well in divisions and there have been many successes with thanks extended from the universities they are placed from.

Mr Smith thought that long COVID will probably have a debilitating effect and much support will be needed. Mr Royles commented that there are some calls from some medical bodies for COVID to be classified as an occupational disease.

Mr Patten drew attention to the COVID restrictions with Hull showing the worse impact and slowest recovery. The evidence base is incredibly strong around health outcomes. It was known that the social and economic impact of COVID could be significant but what is interesting is the employment statistic around Hull, particularly around the nature of the industries Hull has. Over the next year or two it will be more challenging, but the team are exploring how opportunities for paid employment, volunteer roles as well as training roles are opened up.

The Chair commented that at a recent Chairs meeting, the impact the EU exit is having on health and equalities was discussed.

Mr Baren queried the dashboards and asked in terms of safety, how we are making sure the data is accurate and up to date on these dashboards. Mrs Gledhill confirmed that the dashboard is real time and is as accurate as the information submitted. The safety team check the data daily and the Corporate Risk & Compliance Manager is helping teams to train them on using the dashboards.

Mr Baren asked to what extent the auditors will be auditing the accounts figures. Mrs Gledhill reported that she has not heard anything about what they will audit going forward. Professor Cooke said he would like to see the Audit Committee having more input in the audit. It was noted that the Quality Accounts will be shared in other forums before coming back to Board in July to be signed off.

The Board ratified the Access to Health Records Policy and Human Rights and Equality Policy for Service Provision and Practice in relation to the Mental Health Act 1983

Resolved: The report was noted, the Quality Accounts for 2020/21 were approved and the policies ratified as detailed in the report.

103/21   **Performance Report**
Mr Beckwith presented the report for April. Attention was drawn to cash with a reduction in month which was expected due to the timing difference in allocations received and cash

leaving the bank for those schemes.

Mr Patton highlighted that all charts are heading in the right directions which is positive although out of area figures had gone up. Mrs Parkinson said it was positive that the results are now showing the benefits of all the work that has gone in to improve waiting times. Some services are seeing an increase in demand. In terms of out of area placements, this is impacted on by the work taking place at Maister Lodge as only five beds are available due to the capital scheme work that is underway to provide an additional five beds when work is completed. As such the service has contracts with NAVIGO and the clinical input for these users is comprehensive. There is still use of adult out of area beds and the team are working hard to reduce this given there is a national directive to eradicate all out of area beds. Mr Baren asked to be provided with details on those that are planned and unplanned out of area.

Mr Baren noted that the use of bank staff at the Humber Centre has increased. Mrs Parkinson explained that this is monitored closely and that some of the increase is due to the Trust's own staff who are on the bank covering the temporary need for staff and the rise in acuity. All staff meet mandatory training requirements before covering a shift and managers look at the quality indicators to see if the increase in bank causes any difficulties. The current data doesn't show this is causing any increase in risk. Mr McGowan added that it is positive that it is coming from bank rather than agency.

Mr Baren also noted that on the friends and family test, GP surgery recommendations have gone down slightly. Doctors may not have been able to see people as much face to face, but they have offered remote appointments and it is going to take time for primary care to get back up and running. Dr Byrne explained that the data is monitored to review any changes and encouraged people and colleagues to give feedback. The Chief Executive added that the e health consulting has increased work rather than making it more efficient and recently national guidance has been published about moving back to face to face appointments if the patient requests it.

Mr Royles highlighted training compliance being as high as it is during a pandemic. He noted that some areas have compliance although not where it is needed and this is discussed at the Workforce Committee. In terms of GPs, he felt it is important to listen to patients but not to try and get back to how it was before the pandemic as there are some benefits in using the remote virtual approach. Dr Byrne agreed that a blended approach needs to be done properly which cannot always be done easily.

The Chief Executive asked about involvement of care and whether more should be done to involve them in care. Dr Byrne added that the friends and family survey gives data and the team is expecting more inpatient data which so far, has remained strong through the pandemic. Services need to maintain focus on patient feedback to make sure services are as good as it can be. The Chair said this had been a useful debate and further discussion will take place outside the meeting.

The Board agreed that it is good to see waiting lists going in the right direction. An appendix was missing from the papers and was circulated during the meeting.

Mrs Parkinson highlighted that Early Intervention is going in right direction but is still below target. She explained that it is a small team and the model is for small caseloads. There have being unconnected staffing issues which has led to absence and replacement staff are in post, however further issues arose. A recovery plan is in place so improvement is expected.

The Chair appreciated the narrative on the front sheet of the report.

Resolved: The report and verbal updates were noted
Mr Baren to be provided with details on those that are planned and unplanned out of area
Action LP

104/21 **Finance Report**
Mr Beckwith presented the highlights for the finance paper including:

- The Trust continues to operate under block funding arrangements for the first 6 months of the year.
- Guidance is awaited for defunding from October 2021.
- Carrying out a full closedown in month one to keep governance on going.
- A minor surplus was recorded at month one.
- The report has less detail due to timing of the meeting and due to the roll over from previous year adjustments
- Income top up was shown in the report.
- The Finance & Investment Committee next month will have a detailed report for month two.
- The 332k is a one off from April which is a legacy. Still in process to confirm final block values.

Resolved: The report was noted.
The underlying cash position to be added as a footnote to the report in future reports **Action PBec**

105/21 **Workforce and Organisational Development Committee Assurance Report and March Minutes**
Mr Royles presented the assurance report and minutes of the March meeting. At the last meeting, the finance directorate provided a presentation on their staff survey, the Freedom to Speak Up Annual report was presented as well as the insight report which was discussed and included mandatory training. There are a number of indicators going in the right direction but for some areas, compliance isn't where it needs to be. A further report on these areas and plans in place will be taken to the next Committee.

Dr Byrne asked about morale data. Mr Royles said that this is subjective and we could draw some indicators in terms of sickness, turnover and the staff survey, but some of this is driven by COVID so this may increase when people start to leave who have stayed due to loyalty. Dr Byrne commented that it is important to keep a focus on this as an organisation as part of staff health and wellbeing and to keep investing in staff as we know this is beneficial. Mr McGowan added that the staff survey showed that morale is in a positive place and better than previous year's but it is good to look at it across a number of indicators.

Resolved: The report and updates were noted

106/21 **Mental Health Legislation Committee Assurance Report**
The Mental Health Legislation Committee assurance report was taken as read. Mr Smith highlighted three issues:

- The MAPPA public meeting – this is making good progress
- The Consent to treatment - an audit report gave assurance apart from one issue relating to forms and action plans. Mr Smith felt the audit was important to undertake and the team were given the opportunity to be part of the audit. Consent for treatment is fundamental to patient care.
- Links with outside world and particularly with the CQC. The Committee have been using their insight report for benchmarking as well as looking at the human rights policy to try and amend CQC closed culture.

Mr Smith added that this is a team effort and thanks were given to Mrs Nolan and Dr Byrne for their assistance. The Steering Group is also part of the work and he was pleased with the direction the group is going.

Dr Byrne referred to a closed culture and the landmark publication which was previously

bought to Board. There is reassurance that the work ongoing in the organisation pre-dates this. The Executive Management Team (EMT) is having conversations about how to communicate this to staff.

In regards to the patient stories for the Reducing Restrictive Interventions report for Mental Health Legislation Committee, Mrs Gledhill added that there have been some excellent DATIX reports submitted by teams showcasing how they have managed incidents using the least restrictive interventions. Mrs Gledhill will speak to the report author to add some to future reports.

Resolved: The Board noted the report

107/21 **Audit Committee Assurance Report**
Mr Baren provided an overview of the meeting took place last week. The move to Audit Yorkshire has been well received and significant assurance is seen in the report. There has being great achievements by the team and thanks were given to all those who have had audit in the past 12 months. The effectiveness review has been completed and a survey was undertaken to gain Committee members feedback. This included a request for improvement to the format of the Counter Fraud report which has been made. The Committee also approved the 20/21 audit plan, the counter fraud work plans for 21/22, the Access to Records policy and noted the internal audit action follow up recommendations were still at a high standard. The year-end accounts will come to next Committee in June. Mr Beckwith echoed Mr Baren's comments and felt it was positive that counter fraud recommendations are now being monitored which previously were not.

Thanks were extended to Mr Beckwith and his team for their work.

Dr Byrne said, in respect of the recent events in the Northern Ireland cyber-attack, there is reliance on national and external systems and asked what assurance the Audit Committee could provide. Mr Beckwith confirmed that it is a standard agenda item for each meeting for an update on the Cyber Operational Readiness Support (CORS) work plan. The Committee monitors progress against this and nothing is flagging up currently as an issue. The IT department also monitors this regularly. Mr Beckwith added that as part of the programme, IT carried out penetration tests where assurance was given.

The Chief Executive confirmed that EMT receive reassurance enabling assurance to be given to the Audit Committee on these issues. In light of the issue in Ireland, an email was sent out to all staff for reassurance. Mr Patton is the Cyber lead on the Board and has regular meetings so he is kept updated on issues. Mr Beckwith explained that the IT Team under the leadership of Mr Brumpton and Mr Rickles monitor these areas well.

Resolved: The report was noted.

108/21 **Humber Coast & Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative Commissioning Committee Assurance Report**
Mr Baren provided a verbal update on the position of the group. The work stream updates were working very well and regular updates provided to the Board on the partnership agreement position. More work has been done in workshops on risk and gain share but a final agreement is yet to be seen. The finance due diligence work is still in progress and a call with the national team is being arranged to go over any outstanding issues.

Resolved: The verbal update was noted.

109/21 **Annual Committee Effectiveness Reviews and Terms of References**
The Chair thanked the Committee chairs for the time put into these reviews.

Mrs Hughes presented the composite report which provided a Committee effectiveness review of each subcommittee that looks back over the past year prepared by the Committee

with terms of reference for approval.

Mrs Hughes highlighted that the Charitable Funds Committee review was prepared in March and taken back to the Committee yesterday and one update was required to the number of meetings held – 6 meetings were planned, 5 held and all meetings were quorate.

In terms of Committee workplans, as last year, the Audit Committee has requested a collation of Committee workplans to seek assurance and triangulate with the Board Assurance Framework (BAF) so that the Committee can demonstrate awareness of the work of the other Committees. These are being collated for the June Audit Committee meeting.

The Quality Committee review was presented by Professor Cooke. In terms of governance, it needs to be sound, strategic and strong enough and he felt that the Quality Committee met this. He would like to commend the Committee as it covered the business as usual, the COVID response was proactive and quality improvement was done all the time. He further expressed his thanks to Mrs Gledhill, Mrs Parkinson and Dr Byrne in terms of how they have worked together and thanked Mrs Hutchcroft for supporting the Committee. Professor Cooke said it had been good year for the Committee and Mrs Gledhill felt the Committee had its rhythm and discussions and challenges were all helpful.

The Charitable Funds Committee is developing and has had a reset which will assist going into the next year. All meetings have being quorate and have seen progress in connectivity. Grants have being great and deployed quickly. Whitby is this year's priority and the Committee has had a look back at Inspire for any learning. There is more to do on the ground, however the response has been good over a very stressful time and everyone went the extra mile. The Terms of Reference were changed at the last meeting to include Mrs Jenkinson as an attendee and an amended version will be brought to the next meeting.

The Finance and Investment Committee has seen the quality of papers improve over the year. There is a good challenge in the meeting and the Committee deals with things in the meeting to free up time at the Board. Mr Patton expressed his thanks to Mr Beckwith and Mr Omand for their finance work which has seen an effect on the finance performance. Mr Beckwith added that due to how finances were dealt with during pandemic, it is good to see the positive position and the improved position of primary care.

The Mental Health Legislation Committee is chaired by Mr Smith. He highlighted the Equality, Diversity and Inclusion comprehensive minute extract covering the work being undertaken. The work plan element is yet to be determined and will be discussed in a separate meeting. Dr Byrne added that it captures the work done and the Committee is in a strong position due to the work being undertaken in the Steering Group. For the Terms of Reference, Mrs Gledhill raised that the post of the Assistant Director of Nursing is no longer in place due to a restructure and the replacement is still to be determined.

The Audit Committee assurance was covered as part of the previous agenda item. The annual report is due shortly and the draft internal report on the Board Assurance Framework gives high assurance which bodes well for the Committee structure. For the Terms of Reference, there is a change to schematics and a typographical error, once amended and agreed at the Committee it will be brought back to the Board for final sign off.

The Workforce Committee is the newest of the Committees. Mr Patton started as the Chair of the Committee, but it is now Mr Royles who is the Chair. This Committee is not just workforce led but is also led by other Directors who all work together to get the results. Mr Royles is a member of other Committees and aims to have the same tone at this Committee which allows challenge but also provides an open environment that is constructive and helpful for those that attend.

The Remuneration and Nomination Committee effectiveness review was noted.

The Trust Board has adapted well to changes as have the Sub committees. Interactions with all has remained strong and grown which is an achievement throughout this pandemic. There is a desire to improve all the time and the changes made have been positive. The Chair thanked Board members and Mrs Jones for all the work over the past 12 months.

The Chief Executive agreed that we need to get the right balance and could see the Committees shaping up due to the hard work of the Executives and the Non-executive Directors. It was good to see the work in the Committees. An external governance review will take place in May 2022 and these effectiveness reviews will be part of this.

Resolved: The report was noted.
The Terms of Reference for the Trust Board, the Quality Committee, the Finance and Investment Committee, the Workforce and Organisational Development Committee and Remuneration and Nomination Committee were approved.
The Terms of Reference for the Charitable Committee were approved subject to proposed changes.
The Mental Health Legislation Terms of Reference were approved subject to removal of the redundant position under membership.
The Terms of Reference of Audit Committee were approved subject to change in schematics and typographical error.

110/21   **Freedom to Speak Up Guardian Annual Report 2020/21**
Mrs Flack and Mr Saxby attended the Trust Board meeting to provide an overview of the Freedom To Speak Up (FTSU) guardian annual report covering the work which has being done this year. The paper was presented at the Workforce Committee and covered the Freedom To Speak Up (FTSU) work which has been important during the pandemic. Highlights included:

- The Chief Executive is the executive sponsor and Board members have carried out a self-assessment process.
- The annual report continues to raise the profile of Mr Saxby and Mrs Titchener who are the deputy Freedom to Speak Up Guardians.
- The National Guardian's Office is yet to publish their report.
- There are two levels of training. Level one speak up training is now available in the training dairy and runs at every induction for all new starters. This raises the profile of Freedom to Speak Up from day one.
- The team continue to report case numbers which allows comparison with other Trusts and those with similar staff numbers.
- The number of concerns over last 12 months is lower than the last two years. If there are multiple contacts about same issue it is reported as multiple rather than just one. The pandemic may have affected the numbers as well as the change in strategy with some staff feeling more comfortable raising their concerns through managers.
- Concerns raised have been around patient care, COVID 19 working arrangements, bullying and harassment instances and equality and diversity. There were no particular themes or hotspot areas.
- The team haven't stopped raising the profile of Freedom to Speak Up and have been able to dial into meetings virtually and put articles into newsletters. The Chief Executive also raises Freedom to Speak Up in her blogs.
- Speak Up month was in October but communications are ongoing.
- Learning is an important part of speaking up and working with colleagues in area where it has being raised.
- The Chief Executive has commissioned one independent investigation.
- Received low responses on a questionnaire which the team will be focusing on this year.

Attention was drawn to the work plan. Mr Saxby added that he found it reassuring how serious the Trust acknowledges some of the issues that come to the team. They continue to

be visible and be approachable to colleagues in the Trust.

Mr Baren commented that the team are doing a great job and it is an important function. The Chair reiterated this and added that Staff Governors are also engaged with the process.

Dr Byrne queried, in the absence of a national report, what the understanding of what Trust data identifies compared to other organisations. Mrs Flack explained that a national report will be available and not all organisations have been submitting data during the pandemic but of those that have, the Trust is not an outlier.

Mr Patton mentioned that the staff survey showed that staff find that they can raise this more easily with managers which may be a reason why the reports are lower.

Thanks were expressed by the Board to Mrs Flack, Mr Saxby and Mrs Titchener for their work.

Resolved: The report was noted by the Board

111/21 **Annual Declarations 2020/21 Report**
An updated version of the annual declaration report was brought to the Board for information. The report was updated in order to strengthen evidence to reflect a recent Care Quality Commission (CQC) exercise. The Board noted the incorrect dates in 2.1 which will be amended.

Resolved: The report was approved by the Board subject to the change of dates identified.

112/21 **Health Stars Strategy Annual Review**
Professor Cooke provided an overview of the Health Stars Strategy annual review including the performance indicators. Miss Winterton and Mr Barber attended to present the review and to talk about how they found last year and highlight the activities that were done during the pandemic. This included the addition of Jude Wakefield, the new Whitby Appeal Co-ordinator and Bibhash Dash, the Black Asian Minority Ethnic (BAME) Wellbeing Project Lead who also delivered food hampers during the pandemic.

Mr Barber explained there has being real development which has maximised the partnership with volunteers and staff on the front line. He found that they were able to secure more funds because of the partnership between Health Stars, Smile and the Trust. The team have been focused on people but also the development of the Whitby project. They also finalised elements of the Impact Appeal and challenged themselves to spend the money that is available.

Mr Barber drew the Board's attention to the positive finance report although they slightly missed target and finished with a higher balance than expected. Due to the high balance, the Deputy Chief Operating Officer is helping co-ordinate more spend in the operational divisions. In the future the team will look to bring case studies to the Board on how they have impacted on staff and patients.

The Chief Executive said that there were conversations at the Charitable Funds Committee yesterday where priorities have been reset to take the work forward. It was good to see more Wishes being received and accepted.

The Chair added that it was good to see the work done to support staff during the pandemic and on behalf of the Board expressed thanks to the Team and the Charitable Funds Committee.

Resolved: The report was noted by the Board

113/21   **Humber Coast and Vale 2020/21 Annual Report**
The Humber Coast and Vale annual report was provided for information and awareness. The report covered the progress on the four priorities of the Integrated Care System (ICS).

Professor Cooke said that it was positive to see the Trust being proactive for which he thanked the Chief Executive. He drew attention to the provider collaborative where the second conference was well attended and received. He added that, having different leads that want to understand the system and the organisation is a healthy sign. Professor Cooke suggested that the report be brought into a Board development session to see if we are aligned to them and what else can be contributed. The Chief Executive supported his suggestion and it will be discussed at the June time out.

Resolved: The report was noted.

114/21   **Items for Escalation**
No items were raised.

115/21   **Any Other Business**
No other business was raised.

116/21   **Exclusion of Members of the Public from the Part II Meeting**
It was resolved that members of the public would be excluded from the second part of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

117/21   **Date and Time of Next Meeting**
Wednesday 30 June 2021 9.30am by Microsoft Teams

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

Action Log: 19.05.21
Actions Arising from Public Trust Board Meetings

Summary of actions from May 2021 Board meeting and update report on earlier actions due for delivery in June 2021						
Rows greyed out indicate action closed and update provided here						
Date of Board	**Minute No**	**Agenda Item**	**Action**	**Lead**	**Timescale**	**Update Report**
19.5.21	103/21	Performance Report	Mr Baren to be provided with details on those that are planned and unplanned out of area	Chief Operating Officer	June 2021	Information circulated by e mail 24.6.21
19.5.21	104/21	Finance Report	Underlying cash to be added as a footnote.	Director of Finance	June 2021	Underlying Cash referenced in Board Paper
Outstanding Actions arising from previous Board meetings for feedback to a later meeting						
Date of Board	**Minute No**	**Agenda Item**	**Action**	**Lead**	**Timescale**	**Update Report**
28.4.21	76/21(b)	Chief Executive's Report	The Quality Account report will come to the July meeting	Director of Nursing, Allied Health and Social Care Professionals	July 2021	Item not yet due
28.4.21	76/21(c)	Chief Executive's Report	Update on showcasing the staff survey work for NHS Employers to be included in the next report	Director of Workforce and Organisational Development	May 2021	Update included in Chief Executive's report
27.1.21	08/21(c)	Performance Report	Mortality report to go to the Quality Committee then to a future Board meeting	Medical Director	June 2021	Item moved to July meeting to allow for discussion at Committee

31.3.21	62/21	Strategy Refresh	Dates for discussion at a Board Time Out and for Governor updates to be identified	Director of Finance/ Chief Operating Officer	June 2021	Update on the first part of this, the stock take of where we are with the current strategy at the Board time out in June and then to Governors after that.

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

24.2.21	35/21	Mental Health Legislation Committee Assurance Report	Data around detention and diversity to be included in future reports. Timing to be discussed for when this can come to the Board via the assurance report	Medical Director/Mr Smith	May 2021	This will be discussed at the next MHLC meeting. Reports of this type are annual in nature.
24.2.21	36/21	Audit Committee Assurance Report	A consistent approach across all of the Committees to be taken. Mrs Hughes to liaise with Committee chairs and Executive leads to ensure this happened	Head of Corporate Affairs	March 2021	28/4 Noted the plan had been shared and had been to a number of committees
31.3.21	53/21(a)	Chief Executive's Report	Arrangements to be made for Mr Patton and Mr Smith to observe a MAPPA meeting	Chief Operating Officer	April 2021	This is being progressed with Dr K Yorke, Dates provided.
28.4.21	77/21	Publications and Highlights Report	Links to the "New dedicated mental health services for new expectant and bereaved mums" to be circulated to Board members	Chief Executive	May 2021	E mailed 11.5.21
28.4.21	76/21(a)	Chief Executive's Report	Quality Accounts priorities and update to be included in the next report	Director of Nursing, Allied Health and Social Care Professionals	May 2021	Item included in May report

Board Public Workplan 2021/2022 – *(no August or December meeting) (v6)*

Chair of Board: ___Sharon Mays_____

Executive Lead: _____Michele Moran_____

Reports:	Strategic Headings	LEAD	28 Apr 2021 (Strategy)	19 May 2021	30 June 2021 (Strategy)	28 Jul 2021	29 Sep 2021	27 Oct 2021 Strategy)	24 Nov 2021	26 Jan 2022	23 Feb 2022 Strategy)	30 Mar 2022
Standing Items - monthly												
Minutes of the Last Meeting	Corporate	SM	x	x	x	x	x	x	x	x	x	x
Actions Log	Corporate	SM	x	x	x	x	x	x	x	x	x	x
Chair's Report	Corporate	SM	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
Bi Monthly Items												
Finance & Investment Committee Assurance Report	Committees	FP	x		X		x	x		x	x	
Charitable Funds Committee Assurance Report	Committees	MC		x		x	x		x	x		x
Workforce & Organisational Development Committee	Committees	DR		x		x	x		x	x		x
Quarterly Items												
Quality Committee Assurance Report	Committees	MC	x				x	x		x		
Mental Health Legislation Committee Assurance Report	Committees	MS		x			x		x		x	
Audit Committee Assurance Report	Committees	PB		x			x		x		x	
Board Assurance Framework	Corporate	MM			X		x		x			x
Risk Register	Corporate	HG			X		x		x			x
6 Monthly items												
Trust Strategy Refresh/Update	Strategy	MM						X update				x
Freedom to Speak Up Report	Quality & ClinGov	MM	x						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	
Annual Agenda Items												
Review of Strategic Suicide Prevention Strategy	Strategy	JB										**x**

Board Dates:- / Reports:	Strategic Headings	LEAD	28 Apr 2021 (Strategy)	19 May 2021	30 June 2021 (Strategy)	28 Jul 2021	29 Sep 2021	27 Oct 2021 Strategy)	24 Nov 2021	26 Jan 2022	23 Feb 2022 Strategy)	30 Mar 2022
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 moved to Sep 21	Quality &ClinGov	JB			x		x					
Quality Accounts	Reg.Comp	HG		x							x	
Risk Management Strategy	Strategy	HG							x			
Infection Control Strategy (moved to Sept)	Strategy	HG					X					
Infection Prevention Control Annual Report	Quality &ClinGov	HG					x					
Safeguarding Annual Report	Quality &ClinGov	HG					X					
Annual EPRR Assurance Report	Quality &ClinGov	LP	x									
EPRR Core Standards	Corporate	LP					x					
Patient Led Assessment of the Care Environment (PLACE) Update – was Sept 18, but 2019 visits took place Oct	Quality &ClinGov	LP										
Health Stars Strategy Annual Review (moved to May in Apr 21)	Strategy	MM	x									
Health Stars Operations Plan Update	Perf & Delivery	MM										x
Annual Operating Plan	Strategy	MM									xdraft	x
Report on the use of the Trust Seal	Corporate	MM	x									
Review of Standing Order Scheme of Delegation and Standing Financial Instructions	Corporate	MH							x			
Annual Non Clinical Safety Report (moved to June – Apr 21)	Corporate	PBec		X def	X							
Annual Declarations Report	Corporate	PBec		x								
Charitable Funds Annual Accounts	Corporate	PB/MC							x			
Equality Delivery Scheme Self Assessment	Corporate	SMcG							x			
Gender Pay Gap	Corporate	SMcG			X							
WDES Report – added after July 19 meeting – reports into Workforce & Organisational Development Committee , but separate report to the Board	Reg. Compl	SMcG			X							
Equality Diversity and Inclusion Annual Report	Corporate	SMcG			X							
Board Terms of Reference Review	Corporate	SM		x								
Committee Chair Report	Corporate	SM										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	
Disciplinary Case Review (added March 21)	Corporate	SMcG										x
Workplan for 2021/22: To agree	Corporate	SM/MM		x								

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

Title & Date of Meeting:	Trust Board Public Meeting – 30 June 2021				
Title of Report:	Chief Executive's Report				
Author/s:	Name: Michele Moran Title: Chief Executive				
Recommendation:	To approve	✓	To receive & note	✓	
	For information		To ratify		
Purpose of Paper:	To provide the Board with an update on local, regional and national issues.				

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

Key Issues within the report:	• Identified within the report

Monitoring and assurance framework summary:

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

Caring, Learning & Growing Together

Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Chief Executive's Report

1 Around the Trust

1.1 Meet Michele
At the last session of 'Meet Michele' over 80 staff members attended. This is a discussion forum for all staff which will continue via MST. Good feedback was given on the recovery and staff support work taking place alongside the capital developments. Concerns centred on raising demand and acuity.

1.2 Recovery and Restoration Work
The recovery and restoration work progresses across the organisation this will support staff taking time away and recharge. This has been a large consultative and joint venture with staff.

You're a Star thank you is part of this and will be developed with staff. More details will be presented on all aspects of our recovery plan to the Workforce & Organisational Development Committee and the Board.

I thank all staff who have been involved, for their comments and suggestions,

1.3 Leadership Programme
The blended approach to the leadership programme continues and is receiving positive feedback. I attend each cohort opening day.

1.4 Staff Health Trainer Post Pilot
The Executive Management Team has agreed to pilot a Staff Health Trainer post which will help support our health and wellbeing work.

2 Around the Region

2.1 Hull Place
At the last Hull place meeting we majored on wealth creation. Wealth creation is vital to our communities and service users it also links strongly to the work that we are doing about access to employment, recovery and being a leading anchor organisation.

2.2 NAVIGO
Jane Lewington currently Chief Executive will replace Tom Hunter as Chair from September.

2.3 South West Yorkshire Partnership Foundation Trust
Rob Wester has signalled his intention to take a full time secondment to carry on his work leading the West Yorkshire ICS. Mark Brooks, South West Yorkshire Partnership FT Director of Finance will be acting Chief Executive.

3 National News

3.1 Integrated Care System Design Framework
The Integrated Care System long awaited design framework has been published. A brief paper is on today's agenda.

3.2 NHS Chief Executive Recruitment
Recruitment for Sir Simon Stevens replacement continues. Announcement of his replacement is due in August.

4 Covid-19 Summary Update – June 2021

This update provides an overview of the ongoing arrangements and continuing work in place in the Trust and with partner organisations to manage the ongoing Covid-19 emergency. The NHS national incident level was downgraded to Level 3 on 25th March 2021 due to hospital admissions and the number of deaths reducing.

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

Positive Test and Trace Update – Case increase and latest 7-day rate per 100,000.		
Area	**Actual increase in positive tests in latest 7 days** **(06 June – 12 June)**	**7 day rate per 100,000 for 7 days previous*** **(06 June – 12 June)**
East Riding of Yorkshire	106	31.1
Hull	75	28.9
North East Lincolnshire	149	93.4
North Lincolnshire	29	16.8
Yorkshire and Humber	4,471	81.2
England	42,044	74.7
Source: PHE Daily Briefing *Test results are updated every day and so rates are liable to change.		

For the same period the 7 day rate per 100,000 population for Scarborough is 18.0, for Ryedale is 33.0 and Hambleton is 27.0.

As of 16th June 2021, there have been 1,339 hospital deaths due to COVID-19 across the Humber area. This includes 858 deaths registered by HUTH, 453 deaths registered by NLAG, 26 deaths registered by CHCP (East Riding Community Hospital) and 2 death registered by HTFT. York Teaching Hospitals NHS Trust recorded 592 deaths over the same period.

The Trust has recorded no cases of Covid-19 positive inpatients during the last month and staff sickness absence related to Covid has reduced further. Due to this improved and now stabilised position, along with the successful roll out of both the first and second dose of the Covid vaccine, our Emergency Preparedness, Resilience and Response (EPRR) command arrangements remain stood down. The new Covid- 19 Task Group continues to coordinate and oversee our response to any ongoing requirements. The group meets fortnightly, is chaired by the Deputy Chief Operating Officer and reports to the Executive Management Team (EMT).Twice weekly Sitrep reporting remains in place to monitor the ongoing impact of the pandemic on our services. The command arrangements will be quickly stood up again if required, this remains under close monitoring particularly as the infection rates are now rising in some areas due to the delta variant.

Operational service pressures remained high in some areas in May and June with the highest pressures seen in our community services in Scarborough and Ryedale due to high demand from the acute hospitals for discharges to be supported along with increased demand from primary care and in our Children and Adolescent Mental Health services (CAMH's). This led to the Trust

experiencing overall operational pressures escalation levels (OPEL) varying between 2 (moderate) and 3 (severe pressure) predominantly for periods during May and June.

CAMH's services are continuing to experience increased 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. Break down of placements for young people in residential care is leading to urgent and crisis admissions to the acute hospital and mental health beds. System and ICS work is ongoing to enhance provision to support out of hospital care. Work continues to focus on reducing waiting times in these services, particularly in relation to autism diagnosis.

We continue to have a contingency plan through a mutual aid arrangement with Navigo to access additional mental health beds when required. Work on the new capital scheme at Maister Lodge is progressing well and will provide up to five new functional older peoples beds from early summer 2021. The new day treatment services continues to be effective at avoiding admission for some older people. Our overall bed occupancy has remained above its usual level in May and June with the pressures especially high for mental health beds and our community beds at Malton and Whitby Hospitals, it has been between 74-82%. The overall number of available beds is reduced due to the need to provide isolation/cohort beds for covid symptomatic and positive patients and infection control requirements. To address this shortfall and ensure beds are available when required the Trust has continued to block book independent sector beds and the position is continuing to be monitored very closely. The use of these beds will improve when the capital scheme completes and the additional older peoples beds open. Nationally requirements are in place to eradicate the use of out of area beds and our services are implementing plans to achieve this, this remains a challenge however as covid safe working practice remains in place.

Our primary care practices are also continuing to experience a rise in pressure and activity due to undertaking Covid vaccinations alongside higher than usual demand.

During May and early June the position relating to sickness absence has remained stable, however the business continuity plan for Malton ward was implemented for a short period due to high demand and the number of posts vacant in the service. A bespoke recruitment campaign is underway to address registered staffing shortfalls particularly in the Ryedale area.

Testing and Isolation Arrangements
The Trust continues to carry out swab or polymerase chain reaction (PCR) tests for any patients in our inpatient beds that have symptoms of Covid-19. Isolation areas remain in place for all of our inpatient services. Mill View Court, our Covid-19 positive isolation cohort ward for our mental health and learning disability patients remains operational and isolation beds remain available on Darley ward at the Humber Centre.

Lateral Flow (asymptomatic staff testing)
The Trust continues to encourage all staff to undertake twice weekly Lateral Flow Antigen Testing. Over 54,743 tests have been reported since December with 65 positive results which have been followed up by PCR tests and normal infection control procedures.

LAMP (loop-mediated isothermal amplification) tests are increasingly being utilised by NHS Trusts to replace lateral flow testing, this test is considered to be more effective in detecting coronavirus in asymptomatic staff. It has the benefit of requiring staff to undertake it once per week and is less invasive than a swab test, however the test needs to be undertaken by a lab with the result being returned within 24 hours. The Trust is currently working with a local programme supported by NHS England to commence deployment of this test by the end of July.

Covid-19 Vaccine
The Trust vaccination centre at Willerby Hill has continued to operate as a Primary Care Network

Site for Harthill PCN since the second dose programme for delivering vaccine to our staff was completed. The uptake for the 2nd dose has improved and is around 90% of all Trust staff with a

consistently high uptake across all services and divisions. A key area of focus has remained on bank colleagues where uptake has also improved in the last month.

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 are at good levels and we have not had any shortages of equipment.

Safe Working in our Environments
In accordance with the Government published guidance 'Working safely during coronavirus (COVID-19)" Covid safe working measures remain in place across the Trust.

The programme of works being undertaken to install mechanical ventilation in clinical areas that have been identified as requiring it, is progressing well. Risk assessments and mitigating actions were already in place in those areas prior to the work commencing.

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 15 months and in some areas service demand and operational pressures remain very high, they are continuing to tell us that they are feeling fatigued. Staff continue to have access to our psychologists for 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. Frequent "Ask the Exec" sessions continue and the last one took place on 27th May, 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 closely to ensure that it has been offered to all vulnerable staff. This is a dynamic process and reviews of completed assessments are required to ensure that mitigation being taken to reduce risks and work role adaptations are effective.

Support remains in place for our staff who are experiencing long covid and this has been developed further. The Executive Management Team have undertaken further work and engagement to develop a "Reset and Recovery" plan which will be implemented over the next 12 months. Engagement with staff has been taking place through a range of forums to ensure that it will meet their needs including the Senior Leaders Forum. The plan is now being finalised and will be presented again at the next Workforce and Organisation Development Committee

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

- Continuing to ensure that our covid related changes and interventions do not increase restrictive practices.

- Impact of long covid on both patients and staff

- Continuing to review clinical pathways to ensure that use of digital technologies promotes inclusion and maintains recovery rates.

Operational Planning - Recovery and Restore

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

- Supporting the health and wellbeing of staff and taking action on recruitment and retention.

- Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19.

- Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services.

- Expanding primary care capacity to improve access, local health outcomes and address health inequalities.

- Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay.

- Working collaboratively across systems to deliver on these priorities.

The Trust has focused its work on these areas utilising a range of forums with partners to contribute to place and Integrated Care System (ICS) plans. A number of submissions have now been made by the Trust to set out the workforce, financial and activity projections for 2021/2022 to demonstrate how the requirements in the guidance will be met.

These priorities need to be supported through the use of data and digital technologies, including the introduction of a minimum shared care record in all systems by September 2021. We continue to make progress and enhance our use of digital tools and technology.

The Trust continues to manage effectively 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 anticipated increase in demand. Planning has now commenced for next winter, 2021/2022 which incorporates the learning from the pandemic to date.

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

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

5 Director's Updates

5.1 Chief Operating Officer Update

5.1.1 Community Mental Health Team Transformation – Primary Care Mental Health Network

The new Primary Care Mental Health Network (PCMHN) implementation is progressing well across each of the Primary Care Networks (PCN's) in Hull and the East Riding of Yorkshire (ERY). We continue to progress conversations with our colleagues within Primary Care to look at the new Additional Roles Reimbursement Scheme (ARRS) and how we can further enhance the offer available to us, ensuring we work together as a partnership and identify key roles that will help support mental health delivery at the heart of primary care. This work is being undertaken in addition to the current transformation roll out. The funding for these roles is supported by NHS England/Improvement and mental health practitioners were added to the scheme form April 2021. This wider scheme supports PCN's to be able to recruit new roles to expand their care team with NHS with a forecast of 26,000 additional staff working in general practice by 2024. This means that on average, each PCN will have approximately 7 full time equivalent (FTE) staff in 2020/21 rising to 20 FTE by 2023/24 through the ARRS, with the funding. The additional mental health practitioners will be employed by the Trust.

Part of the CMHT transformation work required us to review and develop a new approach which which will replace the current Care Programme Approach review and policy. The new review has been developed with the recovery model, strengths based practice and person centred care at its core and has been co-produced with service users, carers and NHS staff along with our Local Authorities partners. The review also embeds the Care Act 2014 within it to reduce duplication of reviews for staff and those accessing services whilst ensuring needs are identified and planned for, promoting partnership working between organisations and achieving the best outcomes for those that access services. A final draft is due to be produced in the next month that will then progress through our clinical governance processes for approval.

Our Mental Health & Wellbeing Coaches within the PCMHN received 100% positive feedback in all areas of our Friends and Family Test over the previous 3 months. We have had some great feedback from people who have accessed a Mental Health and Wellbeing Coach through our Primary Care Mental Health Networks. Examples of this are:

"They delivered as promised. They promised me that I would be able to speak to a pharmacist about my medication and I received a call from a pharmacist within days."

"A service that treats you like a person not a statistic"

"I have received great treatment. I have no complaints"

5.1.2 Redesigning Adult Inpatient Mental Health Services

The target value design process (TVD) is now half way through the 12 week programme. The process involves the design team, mechanical and structural engineering consultants, cost consultants and a team from the Trust, all working together with the aim of achieving the optimum design for the best price.

Stage one of the process was to determine the cost for the current building design based on realistic outturn costs from similar building schemes, and this has already had some impact on reducing the capital costs. Further reductions are expected in stage 2 and stage 3.

As part of the second stage of work a workshop has taken place with the design and engineering team and the clinical and operational leads, to explore alternatives to the current design solution. Further meetings will take place over the next 3 weeks until a final design solution is agreed. The expectation is that further savings can be made.

The TVD process will complete at the end of July and the Strategic Outline Case narrative and financial models will be updated during August.

5.1.3 Mental Health Response Vehicle Pilot (MHRV)

We worked closely with Yorkshire Ambulance Services (YAS) to support the introduction of a Mental Health Response Vehicle Pilot which has now commenced. As part of NHS England's long term plan for mental health, commissioners are supporting investment in ambulance services across 3 key areas:

- Working with partner providers to increase capacity of mental health professionals in ambulance control rooms to improve telephone triage and support and to support other MH initiatives, including increasing opportunities for career development pathways for MH professionals to build experience across providers and sectors
- A national programme to increase mental health training and education for ambulance staff
- Funding for dedicated MH response vehicles to increase capacity to respond to mental health calls in a more timely manner and in a more suitable vehicle

The YAS Mental Health Project has been established to help plan and implement what this national initiative will look like at local level and the MHRV pilot is the first part of that project. The MHRV is based at Hull West Ambulance Station and operates in the Hull YE1 area for a 4 month period initially. It operates Sunday, Monday, Tuesday and Wednesday, 1400-0000 shift. MHRV crew will comprise ambulance service personnel who volunteered for the pilot due to a particular interest and/or experience in supporting patients with mental health issues. The volunteers have a range of backgrounds and credentials in both clinical and clinical support roles.

Prior to working on the MHRV the crew will have completed an approved 'Mental Health for Paramedics' training module. As the pilot progresses, the crews will be supported both individually and collectively by a clinical supervision team through a range of debrief; case review and open forum successes and lessons learned discussions which will not only support their own personal and professional learning and development but also play a key role in the pilot evaluation process. The emergent practice across the country is for the MHRV to be resourced by qualified Mental Health practitioners supported by an ambulance service colleague(s) and we have discussed this model with YAS as the one most likely to optimise outcomes for mental health patients. Whilst recognising the benefits this model would realise both for patients in mental health crisis and for the wider system, we aim to support this with staff from the Mental Health Response Service when we have capacity to do so as part of this pilot.

In line with the national Mental Health plan, the vehicle's prime purpose is response to calls for service for patients in mental health crisis. These will include: Calls to YAS from the public, or system partners that are triaged as suitable for the MHRV team e.g. not medically compromised:

- Requests from Humberside Police for conveyance of patients detained under S136.
- Requests from Healthcare Professionals (HCPs) for conveyance of patients being admitted to hospital, either under the Mental Health Act or informally.
- Requests from crews on scene with patients where the presentation suggests the primary problem is mental health related.
- Responding to Cat 5 – clinical call back - calls which have to be upgraded to an ambulance response because it has not been possible to make contact with the patient or complete a safe telephone triage.

The MHRV is a pilot, so whilst the national guidance and demand analysis have informed the calls to which it will respond at this stage, we expect there may be changes as the pilot moves forward and is evaluated.

5.2 Director of Nursing, Allied Health and Social Care Professionals

5.2.1 International Nurse Recruitment (INR) - Update

As previously reported, working in collaboration with five other Trusts we are looking to recruit 20 international nurses over the next 12 months. The Trust Recruitment Nurse is leading this initiative supported by the Assistant Director of Nursing.

In terms of progress we can report the following:

- An agency with expertise in international recruitment has been procured. The process of agreeing a timeline, recruitment requirements and strategy has now commenced. The framework for this is already complete and was part of the procurement process. We are still working towards a first cohort of five nurses arriving in August; however the timeline will be clearer following the initial meetings with the agency.
- We have employed on secondment an International Nurse Clinical Co-ordinator (INCC) who commenced on1/6/21. Both the INCC and the Recruitment Nurse have completed the objective structured clinical examination (OSCE) train the trainer session for Registered Nurses in preparation for in house international recruitment OSCE training once our first 5 recruits arrive. This approach will support the nurses in the undertaking of their OSCE, hopefully resulting in more nurses passing first time and becoming registered nurses in line with the Nursing and Midwifery Council requirements.
- We are working with NHSE/I on a mental health OSCE as this does not currently exist, meaning it is currently not possible to register nurses from overseas as Registered Mental Health nurses in the UK without them undertaking an 18 month conversion course. We have two nurses from HTFT who sit on the National Mental Health International Recruitment Operational Group (NMHIR) supporting this work. The purpose of the group is to develop guidance for International Recruitment pathways in Mental Health NHS organisations and ensure that educational and professional development support is in place across all regions. Due to the involvement in these groups we are taking part in the MH OSCE train the trainer session in June. This is a new training session and will enable us to provide effective in house MH OSCE training.
- An initial mandatory/induction and pastoral plan (virtually delivered) has been developed. This will be completed by the international nurse during the quarantine period. Following quarantine the nurse will complete a 3 week OSCE training plan completing their OSCE exam in 4 weeks. This education plan aims to have the nurse working in the clinical area by weeks 5 to 8 as a B4 waiting for their NMC PIN.
- We have developed an online International Recruitment Hub which will provide information to support the nurse with OSCE training, life in the UK and working within HTFT etc. This will be ready to share in the coming weeks.

Progress updates in respect of international recruitment will continue to be reported to EMT and the Workforce and Development Committee.

5.2.2 Professional Nurse Advocate (PNA)

In March 2021 Ruth May Chief Nurse for England announced the role out of a brand new programme called "The Professional Nurse Advocate (PNA). There is recognition that all sectors of the healthcare workforce were already experiencing widespread stress, mental health problems and burnout before the Covid 19 pandemic hit and the aim of this programme is to support nursing staff as they work towards recovery.

It's the first of its kind for nursing not only in England but the rest of the world. PNA training provides those on the programme with skills to facilitate restorative supervision to their colleagues and teams, in nursing and beyond. The programme has already successfully been delivered to

nurses working in maternity and critical care and the outcomes point to improved staff wellbeing and retention, alongside improved patient outcomes.

The training programme equips those on it to listen and to understand challenges and demands of fellow colleagues and to lead support and deliver quality improvement initiatives in response.

The next stage of the roll out is to train Mental Health nurses across the country and Humber FT was asked to submit applications to NHS England for selection onto the programme. We have successfully recruited 5 nurses who started the training in June this year via Lancaster University with a completion date of August 19th.

The programme is accredited at Level 7 and includes academic assessment, poster presentations and competency portfolios. The focus is on restorative supervision and on the four functions of advocating for Education and Quality and improvement. Once completed the 5 nurses will meet with the Director of Nursing, Allied Health and Social Care Professionals to discuss next steps in terms of rolling out the approach across the Trust.

As the programme is the first of its kind NHS England are keen to measure and share its impact, and will commission an economic evaluation and independent research into the initative.

5.2.3 The Domestic Abuse Act 2021
The Domestic Abuse Act received Royal Assent on 29th April. It gives us the first ever cross government statutory definition of domestic abuse as follows:

Any incident or pattern of incidents of controlling, coercive threatening behaviour violence or abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender or sexuality.

This includes forced marriage, honour based abuse and abuse relating to gender identity or sexuality. Abuse can be perpetrated by partners, ex-partners and family members, including children under the age of 18, adult children or siblings.

Included within the Bill is an important new clause that acknowledges children who see or hear, or experience the effects of domestic abuse, who are related to the person being abused or the perpetrator is also to be regarded as a victim of domestic abuse. Children will no longer be viewed as bystanders of domestic abuse, but victims in their own right.

In addition the Domestic Abuse Bill will implement/amend the following offences:

- A new offence of non- fatal strangulation/ suffocation.
- Extend the existing offence of disclosing private sexual photographs and films without the consent of the individual
- An amendment to the offence of coercive control will apply to former partners and family members who do not live together.

What does this mean for the NHS?
It has been estimated that nearly half a million victims and survivors of domestic abuse seek assistance from the NHS every year. Guidance for health professionals says that "domestic violence and abuse is so prevalent in our society that NHS and other provider staff will be in contact with adult and child victims (and perpetrators) across the full range of health services.

The Domestic Abuse Commissioner, Nicole Jacobs, has said that health must be central to strategic thinking. The Commissioner notes that health settings are trusted environments which

can reach people "from every background and walk of life subjected to domestic abuse". And it is therefore "critical" to ensure awareness about domestic abuse is embedded in the practices of all health settings.

A domestic abuse strategy is due to be published by the Government in 2021, alongside a new Violence against Women and Girls Strategy 2021-2024.

The Domestic Abuse Act will be in the revision of the national Safeguarding Accountability and Assurance Framework and the Standard NHS Contract with domestic abuse assurance to be included in the Safeguarding Commissioning Assurance Toolkit.

We will update our safeguarding training to encompass the Act and refresh our White Ribbon action plan in line with the Domestic Abuse Strategy and Violence against Women and Girls Strategy when it is published this year.

5.3 Medical Director

5.3.1 Annual Medical Education Awards
The Annual Medical Education awards were held on the 9th of July. It marked the final day of Dr Stella Morris as Director of Medical Education. The award ceremony can be viewed here
https://nhs-my.sharepoint.com/personal/j_lloyd_nhs_net/Documents/Microsoft%20Teams%20Chat%20Files/Annual%20Medical%20Education%20Awards%2020202021-20210609_102626-Meeting%20Recording%20(1).mp4

5.3.2 Research Team Annual Review
The Research team completed its annual review with the Yorkshire and Humber Clinical Research Network (CRN). It allowed us to share our work over the past year including our new research strategy as well as discussing the work the team did during the wider pandemic response. The CRN were positive about our approach and performance and a confirmed outcome of the meeting has been their commitment to support the development of research pathways into Primary Care. We have received addition funding which will enable to us to recruit into a dedicated primary care research nurse post for 1 year. The Trust has also been working with Professor Kieran Walsh at and his Health Management research team at Manchester University with a view to becoming an active site for some Health Care research focussing on Locum use in primary care and Mental Health services. This is a positive development and is line with our research strategy to broaden the scope of our current research portfolios

5.3.3 Mental Health Legislation Team
The Mental Health Legislation team have successfully completed their transfer into the Medical Directorate.

5.3.4 Virtual Armed Forces Veterans Festival
The Patient and carer experience team held a successful Virtual Armed Forces Veterans Festival which built on the work which has been ongoing over the last year since we were awarded Veteran Hospitals status.

5.4 Director of Workforce & Organisational Development

5.4.1 2021/22 Workforce Plan
The finalised plan will be presented to Workforce and OD in July.

5.4.2 Virgin Step Challenge
Teams across the Trust are signing up for step challenge which starts in July. So far 95 staff have signed up with many more expected. Communications have gone out across the trust and a presentation was given to the Senior Leadership Forum in June. A member of our Humber High

Potential Development Scheme is organising and managing this event as part of their development.

5.4.3 2021 HPMA Awards
The Workforce and OD Directorate have been shortlisted for the Analytics award. The submission was based on the workforce scorecard and Insight reports. The awards will be decided in October.

5.4.4 Sickness Absence and Leavers 12 month Deep Dives
A review of sickness absence and leavers across the last during the last financial year was considered at EMT in June. Both have been scheduled for discussion at Workforce and OD Committee in July.

5.4.5 NHS Employers
The Trust was contacted by NHS Employers regarding the excellent progress made on the National Staff Survey, in particular that we were among the top most improved trusts for scores on staff engagement, bullying and harassment, health and wellbeing, and immediate managers. We have committed to do a case study and speak with other trusts to explain our journey and some of the actions we have put in place.

5.5 Director of Finance Update

5.5.1 BCS Fellowship
Lee Rickles Chief Information Officer and Yorkshire and Humber Care Record Programme Director has become a fellow of the BCS the Charted Institute for IT. Becoming a fellow demonstrates leadership in IT recognising an individual's eminence, authority and seniority in the field

5.5.2 Care Certs
There are two types of CareCert notifications,

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

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

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

	Issued	Deployed or no Action required	Awaiting deployment, action or testing	Not Applicable (do not use the system the Care Cert relates to)
High Priority	3	2	0	1
CareCert Bulletins	31	30	3	0

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

5.5.3 Sale of West End

West end has been declared surplus to operational requirements and board has previously approved the sale of the property. Following acceptance of the board approved unconditional offer contracts have now been exchanged and the sale is due to complete imminently.

The purchaser has agreed to leaseback part of the building to the Trust for a 12 month period (from the date of completion) at a peppercorn rent, this will ease accommodation pressures caused by the covid pandemic.

5.5.4 Whitby Hospital Build Update
The Main contractor has now completed the new electrical supply into the Tower Block (completed 9th June) due to the delay in completing the shutdown the Tower Block will now be handed over on the 16th August 2021.

Work is progressing to manage the plan transfer of services into the Main Tower Block once the building is handed over and further communications are planned to inform staff, patients and the general public.

5.5.5 Office 365
The project brief for the Office 365 project was signed off by the project team and presented to EMT for approval on the 16th June. The deployment of Office 365 will see the trust migrate from the current Office 2010 suit of applications (which are now over 10 years old), to the new Office 365 products. This is not just a software upgrade but a migration to applications with more powerful productivity, cloud and device management and different ways of working.

The move to Office 365 will support the Trust's ambition for cyber essential accreditation which provides a level of assurance in relation to the Trust's cyber security. EMT supported a transitional approach and the establishment of a project group to provide oversight of the project across the Trust.

5.5.6 ICS Planning Target
Following submission of the financial plan an efficiency ask across the Integrated Care System has allocated the Trust a target to achieve a surplus of £0.315m for the period 1st April 2021 to 30th September 2021.

5.5.7 Corporate Benchmarking 2020/21
The Trust has been advised that NHS England and Improvement will be launching the corporate services data collection in July 2021.

The data collection ends on the 5th August 2021 and an option exists for Trusts to submit 2019/20 data. The return will be coordinated within the finance team, with review and sign off by each executive lead for their relevant area.

5.5.8 0-19 Tenders
The Business Development Team are supporting the Trust in relation to the two 0-19 tenders for Hull and East Riding Council.

- The Trust are the incumbent provider for the East Riding Tender which is being run as a traditional tender process with submission due on the 25th June.

- The Hull Tender process will follow a dialogue process with final bids due to be submitted in December 2021.

6 Trust Policies

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

7 Communications Update

Key Projects

- **Marketing & Events Apprentice**

We have worked with our Apprenticeships Manager to create this role, an 18-21 month apprenticeship with an excellent training programme to provide a great career opportunity for someone interested in a career in marketing, events and communications.

This role will centralise the events function and provide additional capacity to the team. By enabling the team to delegate responsibility for administrative and less specialist tasks we will free up capacity to support events and further develop our digital/broadcast communications.

The apprentice role will be Band 3 progressing on completion to a Band 4 Marketing and Events Assistant. A new member will join the team in late July/early August.

- **Brand Centre**

Our online Brand Centre is central to the successful roll out of our Trust rebrand. Access to the portal shows a steady improvement in staff engagement as it achieves the highest recorded usage since launch. Our brand workshops continue every six weeks to support staff to use the brand in their day to day work. Over 250 staff have now attended a workshop and interest and attendance has been sustained with over 30 staff attending the June workshop.

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

- **Humbelievable – Recruitment Campaign**

We continue to support hard to recruit to roles. Work over period includes:

- Producing new practical guide to creating a successful recruitment advert guide for managers.
- Proactive marketing and advertising campaign for North Yorkshire nursing including; four videos with Trust staff, tesco digital advertising campaign, media partnership and social media.
- Advertising for Psychiatry including; three videos and a full page BMJ advert
- Nurse Recruitment Fair marketing and event support

Users	Page views	Avg Session Duration	Most viewed page
3,817 (+25%)	7,359 (+18%)	00:50 mins	/jobs/ (4,006 *views*)

join.humber.nhs.uk performance.

With a 25% increase in website visitors and a 28% increase in first-time visitors, we continue to see the recruitment website exceeding its targets for engagement. The most viewed page (/jobs/) has seen almost double the amount of views since the last report. As this page continues to out-perform the others, it's clear that the majority of users are viewing the site for its intended purpose of displaying jobs and opportunities for application. As well as this, we can also see a steady increase in views of our other pages that give more information on the local area and specific roles. The Digital Development Plan for 2021/22 outlines plans to develop this digital platform, along with our other sites.

External Communications

- **Service Support**

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

- **Mental Health Helpline.**

We are working with the Mental Health (Unplanned) division and HEY Mind to roll out the new helpline to key audiences.

- **International Recruitment Hub:**

The team continues to work with the International Recruitment team to develop the online international recruitment hub. The hub will be launch ahead of the first cohort of new international recruits joining the Trust to provide a wealth of information to help following their arrival in the UK, through to training and beyond.

- **0-19 ISPHNS Tender:**

The team have been working closely with and supporting the ISPHN Service and tendering team to identify and key digital information to support the contract bid. This has included analytical data from both the Trust and Service websites and social media channels.

- **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 announcement of our new Trust Chair and our Mental Health Awareness Week activities.

Positive new stories published		Negative new stories	
Local media	13	Local media	4
Humber website	16		
TOTAL	**29**		**4**

- **Awareness Days**

This period has seen us mark a number of important dates including; Hoarding Awareness Week, Volunteers Week and Carer's Week

The week commencing 10th May was Mental Health Awareness Week, one of our largest campaigns of the year.

Mental Health Awareness Week is an annual event which focuses the whole of the UK on achieving good mental health. This year, the theme was 'nature'. Our aim was to work together with various teams across the Trust to promote and celebrate our services, knowledge and the support available to those in the Hull and East Riding communities.

In addition, our goal was to run an internal communications campaign which reassures staff that we cover these important awareness days and also support them with their health and wellbeing.

Engagement rates for external campaign:

- Reach (views): 14,000+
- Engagement (shares + likes): 700+

- **Trust Website Update**

	Target	Performance over period
Bounce Rate	50%	65%
Social Referrals	12% (a 10% increase in 2019 position)	6%

- **Social Media**

Due to a great response to the video content and profiles created to mark Volunteer Week and our Humbelievable recruitment activity, engagement rates and reach have exceeded our monthly targets.

	Target	Performance over period
Engagement Rate	4%	13%
Reach	+50,000 p/m	118,169
Link Clicks	1500 p/m	1,276

Internal Communications

Events and Campaigns

There are a number of campaigns of note that are been launched and shared with staff over this period. Including;

– NHS Birthday Celebrations

The national campaign for the NHS Birthday (5 July) this year is the 'Big Tea' - 'it's time to brew a national thank you'. As part of this, we will join with the nation to pour out our love, thanks, joy and reflection, and help raise funds to support our services. It's an opportunity for a feel good moment and a time to celebrate what's great about our Trust and the NHS.

All Trust staff will receive a Birthday gift (branded tote bag, cake and birthday card), fundraising pack and information to support them to engage with the celebrations.

– Staff Thank you & Celebration Event

Our first event Staff Thank You and Celebration Week, 'You're a Star', is our way of showing our appreciation to our #Humbelievable team for their resilience, resolve and dedication over the last 18 months. It will be a week of us celebrating our stars and thanking them and as well as an opportunity to colleagues to thank and celebrate each other for everything they've done during this time. The week will be launched to managers at the end of June and staff in early July.

Activity Summary;

Pre-Launch – End June	
Launch the 'You're a Star Fund'	**A summer of funded celebrations for services to get together in a way that's right for them.** **Team budgets allocated per person into Service Manager budgets.**

A week of celebration, reflection and sharing - September				
Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Launch event Staff Challenge Staff thank you gift distributed	Spotlight On: Extraordinary East Riding	Spotlight On: Super Scarborough	Spotlight On: Heroic Hull	Spotlight On: Wonderful Whitby Virtual lunch event and quiz

Poppulo – Internal Emails

Our internal communications system continued to support our awareness day campaigns and staff health and wellbeing agenda for staff. On 10 June we launched the VP GO, a nine-week fitness challenge to encourage staff to get more active, to staff. Since the launch, 91 people have signed up take part in the challenge.

Between the 7 May and 11 June we issued 38 internal communications to staff. The engagement rates still remain above the national average.

	Trust average engagement rates	National Average
Open Rate	66%	65%
Click Through Rates	20%	10%

Intranet

Development of the new intranet platform is well underway, with the Communications team continuing to work with all teams to transfer the content to the new site.

The new site layout and navigation system will allow staff to find services and items on the intranet easier when the new platform is launched. The new platform will be launched to staff at the end of July.

Current performance:

	Target	Performance over period
Bounce Rate	40%	56%
Visits	+20% on 2020 average	+45%

8 Health Stars

Whitby Appeal

The team continue to make great headway with the Whitby Hospital Appeal continuing to build relationships within the local community by being in attendance to the project groups.

Following the recent 'Extraordinary Whitby Engagement' meeting a generous donation from Cllr. Joe Plant of £5,000 was pledged and the team continue to work closely with Cllr. Plant to ensure the kind donation has the biggest impact.

The team continue to be proactive and diverse within their working roles and grant applications continue this month to support the larger areas within the project such as the garden & landscaping, artwork and sculpture.

A range of events are now in planning with the Mulgrave Estate 10k run fast approaching on 8 August 2021, Loftus and Whitby Athletic Club have kindly gifted Health Stars 20 free places for the event and Participants will be asked to raise £100 in sponsorship fees for the Appeal, if anyone would be interested in participating please email hello@healthstars.org.uk .

There is great progress being made in all areas of the rebuild and each month we see significant change as we head closer to the completion date, this is an exciting journey for us all to be a part of and we look forward to supporting Health Stars with "adding sparkle" to the hospital.

NHS Big Tea 2021

Work continues in preparation for this year's NHS birthday, which will see us celebrate 73 years of our wonderful NHS.

This year Health Stars have been working closely with NHS Charities Together to connect with the wider celebrations of which are being publicised and supported nationally, Teams will be encouraged to host their own tea parties either in the workplace or at home with friends and family.

With thanks to partnership work between our Trust Charity Health Stars, Trust Communications Team and Voluntary Services we are excited to celebrate and show our thanks to our wonderful staff teams.

In Whitby the Local Women's Institute groups will be hosting their own 'Teddy Bears Picnic' to celebrate the occasion. WI members will knit or crochet teddies with an NHS theme and, on the weekend of 3rd and 4th July, host their own tea parties in their local villages with the proceeds going to support the Whitby Hospital Appeal. There is a great sense of community spirit with more local groups wanting to participate by hosting their own event.

Dost Project

The Dost project is Smile Health's wellbeing, befriending, and signposting project for our Black, Asian, and Minority Ethnic communities. The project, which launched in January 2021 and was funded by Health Stars and sister Charity Health Tree Foundation thanks to NHS Charities Together Grant funding, aims to reduce the health and wellbeing inequalities that have exacerbated the impact of Covid-19.

In recent weeks, the project has been reacting to individual referrals and requests such as arranging covid vaccination appointments for a client who is non-English speaking and who has severe mental health issues. The team have been assisting one of our local authorities with collating support resources for a survivor of stroke in order to aid his recovery and rehabilitation. The team continue to be proactive in their work. For example, they have taken the lead in arranging football training sessions and kit for a group of vulnerable young people under care of a

local authority. The aim is to help them improve their physical and mental wellbeing by working towards a local football tournament.

The work continues to make great improvement to the lives of those who the project are supporting and I look forward to providing further updates as the project continues to flourish.

Events

As we continue on our journey transitioning out of lockdown, Health Stars have been making plans in partnership with Burton Constable later this year. They plan to host a charity "Starlight Ramble", plans are well underway and the event will focus on supporting children's mental post pandemic. As a family friendly event Health Stars are keen to raise awareness of support available whilst raising vital funds for areas within Humber Teaching NHS Foundation Trust specialising in this area of care, Hull and East Riding Astronomical Society will be supporting for an educational element making this a fun filled evening for all of the family. More details on the event will be available over the coming weeks.

Michele Moran
Chief Executive
June 2021

Title & Date of Meeting:	Trust Board Public Meeting – 30 June 2021				
Title of Report:	Publications and Policy Highlights				
Author/s:	Name: Michele Moran Title: Chief Executive				
Recommendation:	To approve		To receive & note		
	For information	x	To ratify		
Purpose of Paper:	To update the Trust Board on recent publications and policy.				
Governance: *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	5/5	
	Mental Health Legislation Committee		Operational Delivery Group		
	Charitable Funds Committee		Other (please detail)		
Key Issues within the report:	I. A new strategy for the changing world of health and social care - CQC's strategy from 2021 II. Putting people at the centre of visiting decisions III. NICE and CQC release updated joint working agreement IV. CQC launches new online resource to support culturally appropriate care V. Statement on tackling racism within health and social care CQC 28 May 2021 VI. National Quality Board NHS England VII. Providers are collaborating to deliver better care for patients VIII. Integrated Care Systems: Design framework NHS England 16 June 2021 IX. LeDeR Action from Learning Report 2020/21 NHS England 16 June 2021 X. Statement from our Chief Inspectors on developing our monitoring approach CQC 14 June 2021				

Monitoring and assurance framework summary:

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

Caring, Learning & Growing Together

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

Publications and Policy Highlights

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

1. **A new strategy for the changing world of health and social care – Care Quality Commission (CQC's) strategy from 2021** CQC 27 May 2021

We're changing how we regulate to improve care for everyone. What we've learned from the past five years puts us in a better position for the future. Our new strategy combines this learning and experience and we've developed it with valuable contributions from the public, service providers and all our partners. It means our regulation will be more relevant to the way care is now delivered, more flexible to manage risk and uncertainty, and will enable us to respond in a quicker and more proportionate way as the health and care environment continues to evolve.

This new strategy strengthens our commitment to deliver our purpose: to ensure health and care services provide people with safe, effective, compassionate, high-quality care and to encourage those services to improve. Our strategy is purposefully ambitious, and to implement it we will need to work closely with others to make it a reality. We'll review this strategy regularly so we can adapt to changes and be prepared for what the future holds. Our purpose and our role as a regulator won't change – but how we work will be different.

We set out our ambitions under four themes
*   **People and communities:** regulation that is driven by people's needs and experiences, focusing on what is important to them as they access, use and move between services.
*   **Smarter regulation:** a more dynamic and flexible approach that provides up-to-date and high-quality information and ratings, easier ways of working with CQC, and a more proportionate regulatory response.
*   **Safety through learning:** an unremitting focus on safety, requiring a culture across health and care that enables people to speak up and in this way share learning and improvement opportunities.
*   **Accelerating improvement:** encouraging health and care services, and local systems, to access support to help improve the quality of care where it's needed most.

Running through each of these themes are two core ambitions:
*   **Assessing local systems:** giving the public independent assurance about the quality of care in their area
*   **Tackling inequalities in health and care:** pushing for equality of access, experiences and outcomes from services.

We'll look at how the care provided in a local system is improving outcomes for people and reducing inequalities in their care. This means looking at how services are working together within an integrated system, as well as how systems are performing as a whole.
We're committed to our ambition of regulating to advance equality and protect people's Human Rights. Everyone in health and social care has a role to play in tackling the inequalities in health and care for some people. This strategy sets out our ambition for how we can help influence change.

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

New approach noted by the Trust. Regular discussions held with the Trust's CQC Relationship Manager regarding the changes.

2. Putting people at the centre of visiting decisions CQC 19 May 2021

Being able to see loved ones is incredibly important to wellbeing. The pandemic has made this challenging for many people, but for some people in care settings this has meant being separated and deprived of physical contact with loved ones for over a year. We also know that safe visiting during the COVID-19 pandemic feels different to residents, relatives and loved ones from what they are used to.

We have always been clear in our engagement with care providers - at every level of communication and at every stage of the pandemic - that the individual must be at the centre of any decisions made and all decisions need to stay under review as circumstances change. Every concern we have heard related to a potential blanket ban to visiting has led to action from our inspectors. This includes following up with providers, inspecting, raising safeguarding alerts where appropriate and engaging with local authorities.

Lead: Chief Operating Officer

We have remained focussed on ensuring that the approach the Trust has taken to visiting arrangements in our inpatient areas during the pandemic has been centred on individual needs whilst maintaining covid safe working requirements. Our clinical staff have repeatedly demonstrated how patient and relatives needs have been at the heart of our decision making. During the pandemic we have produced public guidance which was available at all sites and on the trust website, in addition we facilitated remote contact using IPAD's where this was appropriate. Oversight of how this issue is clinically addressed is maintained by our Covid- 19 Clinical Advisory Group reporting through our clinical governance structures and our EPRR command arrangements.

3. NICE and CQC release updated joint working agreement CQC 20 May 2021

CQC and The National Institute for Health and Care Excellence (NICE) have published an updated Memorandum of Understanding (MoU) agreement. The MoU sets out the framework to support the working relationship and nature of the joint working between CQC and NICE, to safeguard the wellbeing of the public receiving health and social care in England.

The agreement describes how both organisations will work together, in a coordinated way, to inform and accelerate improvement in the quality and safety of care. It covers the guidance, advice and other products that NICE provides for the health and care system and the support CQC provides for the development and implementation of NICE guidance, quality standards and indicators.

It also covers the support NICE provides to CQC for it to fulfil its role in the regulation of health and social care services and the circumstances in which CQC and NICE will engage and cooperate when carrying out their respective functions.

CQC and NICE intend that their working relationship will be characterised by the following principles:
- able to make decisions which promote the delivery of safe and high- quality care
- mutually supportive, respecting the statutory status and independence of both organisations
- valued at the highest levels of both organisations, with visible leadership, clear lines of accountability, and a coherent corporate approach

- open and transparent, with both organisations sharing information, where legally able to do so, to inform good decision making and to minimise risk
- efficient, with business processes designed to deliver outputs quickly, facilitate rapid communication between both organisations and to enable a collaborative approach to change and develop one that maintains public confidence in the two organisations.
- NICE and CQC will also consider any new areas of work and the resources available to take them forward. Key areas that will form part of these additional joint priorities might include:
- data and information (including artificial intelligence and digital health technologies)
- patient safety
- evolving models of care
- environmental sustainability - CQC and NICE will identify opportunities for potential collaboration on matters relating to environmental sustainability (ES)
- health inequalities – CQC and NICE will identify opportunities for potential collaboration on matters relating to health inequalities (HI).

The MoU will be updated in a year to reflect the revised joint priorities emerging from CQC and NICE's new strategies. It should be noted this MoU does not override the statutory duties, responsibilities, functions and reporting rights of CQC and NICE and is not enforceable in law. This MoU does not place extra legal responsibilities on either organisation. However, CQC and NICE are committed to working in ways that are consistent with the principles of this MoU. The agreement will be regularly reviewed to make sure it is relevant, up to date and effective.

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

MOU noted. To be noted at the Trust's Audit and Effectiveness Group where NICE and CQC are discussed.

4. **Care Quality Commission (CQC) launches new online resource to support culturally appropriate care** CQC 20 May 2021

Holistic, person-centred care has always been important, but during the Coronavirus pandemic it has become even more critical that we are all aware of culturally appropriate care. This is because people using services may have less contact with people that understand and affirm their culture - for example, family and friends. They may have spent more time over the course of the pandemic and lockdown with people who do not share their culture - for example in a care home. Culturally appropriate care can also be especially significant, for example, when people are at the end of their life or lose someone close to them.

Culturally appropriate care is about being sensitive to people's cultural identity or heritage. It means being alert and responsive to people's beliefs or conventions that might be determined by a person's culture. This is why we have launched our web resource today which updates guidance for providers on culturally appropriate care. It contains examples and good practice to help care providers think about different ways people's culture might affect the way they wish to receive their care and support.

Cultural identity or heritage can cover a range of things. It might be based on ethnicity, nationality or religion. Or it might be to do with the person's sexuality or gender identity; for example, whether they are Lesbian, gay, bisexual or transgender. It may also have to do with Deaf people who use British Sign Language, who also have a specific cultural identity.

Lead: Medical Director

This report will be shared with the lead for Pace and Carer experience (PACE) for review with regard to our PACE program and approach to equality and diversity.

5. **Statement on tackling racism within health and social care** CQC 28 May 2021

We stand against all forms of racism and are committed to equality of access, experiences and outcomes for people accessing health and social care services and for our staff.

- We set high standards on equality, diversity and inclusion for both the services we regulate and for ourselves as an organisation. As part of our Well Led assessments we look at how organisations are performing on race equality across their workforce and if we find poor practice, it impacts on the rating we give. Where it is within our legal remit, we also take enforcement action to make sure providers of health and care services take action to improve.
- When we do not have legal powers to act ourselves on workforce equality in regulated services, we work with others to resolve issues and we welcome closer joint working on racism, bias and inequalities across all health and social care regulators.
- We have made clear in our new Strategy our commitment to looking at how the care provided in a local system is improving outcomes for people and reducing inequalities in their care. This means looking at how services are working together within an integrated system, as well as how systems are performing as a whole. We also commit to understanding how local, social factors can impact the experience of providers and people using services, as well as the role that we play as part of that system and to asking the same questions of ourselves around bias as we do of those providing care.
- Everyone in health and social care has a role to play in ensuring that all colleagues can thrive in their workplaces and in tackling the inequalities in health and care that sadly still exist for some people. We know issues around race and inequality provoke strong emotions for people having to report their experiences and we must hear it, learn from it and act on changing it.

Lead: Director of Workforce and Organisational Development / Medical Director

This supports the work of the Trust in combatting racism and progress is monitored at both Workforce and OD and Quality Committees.

6. **National Quality Board NHS England 28 May 2021**

The National Quality Board (NQB) was formed in 2009 to champion the quality agenda, secure system alignment and drive quality improvement across the health care, social care and public health system. The NQB's current core priorities include supporting system transformation and the integration of care and outcomes, understanding and addressing unwarranted variation and inequalities, and supporting learning and recovery from the COVID-19 pandemic.

The NQB has just updated its Shared Commitment to Quality and published a Position Statement to support Integrated Care Systems (ICSs) in embedding quality in their design, planning and decision-making. Links to the documents are provided below.

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

Noted that the key requirements for quality oversight in ICSs are:

1. To ensure the fundamental standards of quality are delivered – including managing quality risks, including safety risks, and addressing inequalities and variation;

2. To continually improve the quality of services, in a way that makes a real difference to the people using them.

The NQB will support the following work in 2021-22:

• **A quality toolkit, drawing together a library of consistent indicators to help provide a single view of quality will be produced.**
• **Undertake policy work to clarify quality oversight arrangements at place and system level, including risk management approaches. To inform updated guidance on System Quality Groups (formally Quality Surveillance Groups)and Risk Summits – Q 2-3 2021/22**
• **Policy work to further define roles and responsibilities for quality at place, system and regional level – Q2-3 2021/22**
• **Ongoing work to review progress and impact, and share and celebrate learning, improvement and best practice from systems on quality, including engagement across health and social care.**

7. **Providers are collaborating to deliver better care for patients** NHS Providers 3 June 2021

Trusts are forging ahead with ambitious plans to work together to deliver better care for patients. A report by NHS Providers, _Providers deliver: collaborating for better care_ features 14 innovative cases studies which showcase successful cooperation between providers in the acute, mental health, community and ambulance sectors, working together and with local partners.

The case studies provide a striking insight into how the COVID-19 pandemic accelerated the drive towards collaboration both within and across integrated care systems (ICSs), with providers and wider system partners supporting each other during an incredibly challenging time.

The report sets out factors that can help or hinder that collaboration and outlines the support trust leaders need next from national NHS leaders.

Key ingredients for successful provider collaborations include:
• strong leadership
• a clear shared vision
• time and patience to build relationships and embed new ways of working.

Providers deliver: collaborating for better care also offers valuable understanding into the unequal impact of the pandemic on minority groups and communities and the way in which trusts and their partners have adapted and innovated to tackle health inequalities in the wake of COVID-19.

This report signals the launch of a new support programme from NHS Providers on provider collaboratives, which will give trusts invaluable access to best practice and peer to peer learning as they seek to navigate the new health landscape.

Lead: Chief Executive

Work on Providers Collaboratives is taking place across the Humber Coast and Vale (HCV) Integrated Care System (ICS). I am the CEO lead for this work, working closely with organisational leaders.

HCV has four Collaboratives at various stages of development:

- **Acute**
- **Community/Out of hospital**
- **Mental Health/Learning Disabilities/Autism**
- **Primary Care**

Work is progressing with how these develop with local authorities and other sectors and aligns to the developing Place plans.

Scenario planning is scheduled. Technical guidance is awaited.

The work links into our strategy development, planning work and priorities.

8 Integrated Care   Systems: Design framework NHS England 16 June 2021
These documents set out the headlines for how we will ask NHS leaders and organisations to operate with their partners in Integrated Care Systems (ICSs) from April 2022 and guidance in respect of what the employment commitment is, its application in practice and how it affects people. Report template - NHSI website (england.nhs.uk)

Lead: Chief Executive

A report is on today's agenda

9 LeDeR Action from Learning Report 2020/21 NHS England 16 June 2021

This Action from learning report identifies some of the work across the NHS in the past year to address the findings from LeDeR reviews, improve care and prevent premature mortality.

Lead: Medical Director

This report will be shared with our colleagues in our Learning Disability services and our Trust lead for LeDeR

10 Statement from our Chief Inspectors on developing our monitoring approach CQC 14 June 2021

As we move forward from the last year, we're making some changes to how we regulate. In March 2020, we suspended our routine inspection programme in response to COVID-19 and developed our ability to monitor services using a mix of on-site and off-site methods. We're further evolving our monitoring approach to ensure the public have assurance about the safety and quality of the care they receive, while still focusing on risk. We'll start piloting changes in how we monitor services from this week, before rolling these out to more services from July.

Over the last year, driven by a need to adapt to the pandemic, we made real progress in our ability to monitor services. The introduction of the emergency support framework gave us a structured way to have conversations with providers to help monitor risk and support them. We built on this with our transitional monitoring approach. The developments we're announcing today carry on the progress in how we monitor services in three key areas by:
- improving our ability to monitor risk to help us be more targeted in our regulatory activity
- bringing information together in one place for inspection teams, presented in a way that supports inspectors with their decision making

- testing elements of how we want to work in the future, including how we provide a more up-to-date view of risk for people who use services.

Developing our monitoring approach: We want to build on our learning over the last year to make changes in our ability to monitor services. We'll use the pilot to help improve the process further before rolling out to all services.

We'll carry out regular reviews that will help support our ability to monitor risk. Where the information we have does not find evidence that tells us we need to re-assess the rating or quality at a service, we will publish a short statement on the profile page on our website for these services. This will inform the public and people who use services, that this review has taken place and that we had no concerns based on the information we held at that time. We will also communicate this with the provider by email prior to the public statement being published.
We currently plan to carry out this review each month. This will enable our teams to target their resources where they are most needed.

Responding to risk: In cases where the information review indicates that we may need to re-assess a rating or the quality of care, our inspectors may want to gather more evidence. For services where we believe people may be at an increased risk of poor quality care, we may undertake an immediate on-site inspection and this may happen at any time. In these cases, we may update the rating for a service. Inspectors judgement will still be at the heart of our approach to inspection, the improved access to information will allow inspection teams to act quickly using their judgement, supported by our quality assurance mechanisms, where other sources of information indicate greater levels of risk elsewhere. To ensure we're making consistent and robust decisions we'll also carry out some sampling of services by carrying out an inspection. In this way, we'll be able to check that our monitoring activity is consistent with our inspectors' findings when they gather evidence either by telephone or by making an on-site visit.

We recognise the dedication and professionalism of everyone working in health and social care. Over the last year, COVID-19 has been, and continues to be, the biggest challenge to face the health and care system in living memory – and the response from all those working in the health and care system has been extraordinary. Thank you.

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

Statement noted

Title & Date of Meeting:	Trust Board Public Meeting– 30th June 2021				
Title of Report:	Performance Report - Month 2 (May)				
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead				
Recommendation:	To approve		To receive & note	✓	
	For information		To ratify		
Purpose of Paper:	This purpose of this report is to inform the Trust Board on the current levels of performance as at the end of MayI 2021. The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.				

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

Key Issues within the report: *Please ensure you also complete the monitoring and assurance framework summary below:*	Commentary is included below for those indicators that have fallen outside of the normal variation range. **Training -** The Trust has seen continued improvement in the uptake in training compliance, the overall compliance rate for May stands at 91.2% which is above the upper control limit and exceeds the Trust Target for training compliance, which is 85%. **Waiting Times** - The report demonstrates that the number of over 52 week waits has continued to reduce overall, with the most significant improvement being in Autism Spectrum Diagnosis (ASD). Improvement plans continue to be developed, implemented and monitored in each area. The appendix attached demonstrates the further ongoing reduction in 52ww for ASD. Digital Assessments are now being completed by a partner organisation, Healios, who are undertaking 16 digital assessments a month. If patient and family outcomes and satisfaction is good we will consider increasing this resource further.

Weekly performance monitoring is in place across those services with the longest waiting patients. The RTT Incomplete performance has improved again slightly this month and stands at 72.8%. Whilst focus has been on over 52 ww it also remains on over 18 week waits too and plans are also in place to improve and address that..

Out of Area Placements - The trust has procured additional out of area bed capacity to secure bed availability to deal both with increased demand and also reduced capacity due to the impact of covid on available beds within the Trust (isolation beds and infection control requirements).

Measures are in place to ensure that any of our patients admitted to out of area beds have close clinical oversight and are either returned to a Trust bed or their discharge is effectively and safely managed with input from our community services by care coordinators. Focus remains on achieving reduction in the use of out of area beds.

The increase in May is again primarily due to the reduction in available beds at Maister Lodge as a consequence of the works taking place to increase the bed base. Additional beds have been provided by Navigo to address this short term position. The works are on track to complete by the end of July 2021.

Early Intervention in Psychosis (EIP) - The EIP service has seen reduced performance in achieving the 14 day access target.

This reduced performance is attributed to a sustained increase in referrals to the service over the last 6 months, across both the under 35 and over 35's age group, especially since January 2021 which has also been compounded by reduction in clinical capacity due to staff absence.

A robust recovery plan is in place and the current mid-month data reflects an improved position of 56% of all new referrals accessing an assessment within 14 days against a target of 60 %. The number of patients currently awaiting an assessment is 3 with the longest wait currently at 23 days, 13 days and then 5 days respectively.

The service manager is providing support to the team and the recovery plan is reviewed weekly and updated fortnightly or as required if any significant changes have been identified.

Incident reporting - based on reporting rates we have seen an increase in the average monthly incident reporting rate. The main teams driving the increase are Inspire, Mental Health Response, Ullswater, Pine View and Townend Court; all of

	whom are experiencing high level of patient acuity/patient contact. The majority of incidents remain low/no harm with harm free care unchanged at 99.7% **Safer Staffing Dashboard** - Clinical Supervision- Although below compliance for Inspire the general trend is upwards with 74% compliance reported for May (62.5% reported in the dashboard – April figures). Millview Lodge compliance at 66.7% for April also remains below compliance in the May clinical supervision report. This has been reported to the Matron to look into how the team can be supported to ensure clinical supervision is undertaken to achieve compliance with the Trust target.

Monitoring and assurance framework summary:

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

NHS
Humber Teaching
NHS Foundation Trust

INTEGRATED BOARD REPORT

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

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

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team

Reporting Month:

May-21

Caring, Learning and Growing

Humber Teaching NHS Foundation Trust
Integrated Board Report

For the period ending:	**May 2021**	

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

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

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

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

Humber Teaching NHS Foundation Trust
Integrated Board Report

For the period ending:	May 2021

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

PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: May 2021

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

Narrative

Mandatory Training - Overall Compliance

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

Above target, an increase of 0.6% when compared to April.

Target: 85%
Amber: 75%

Current month stands at 91.2%
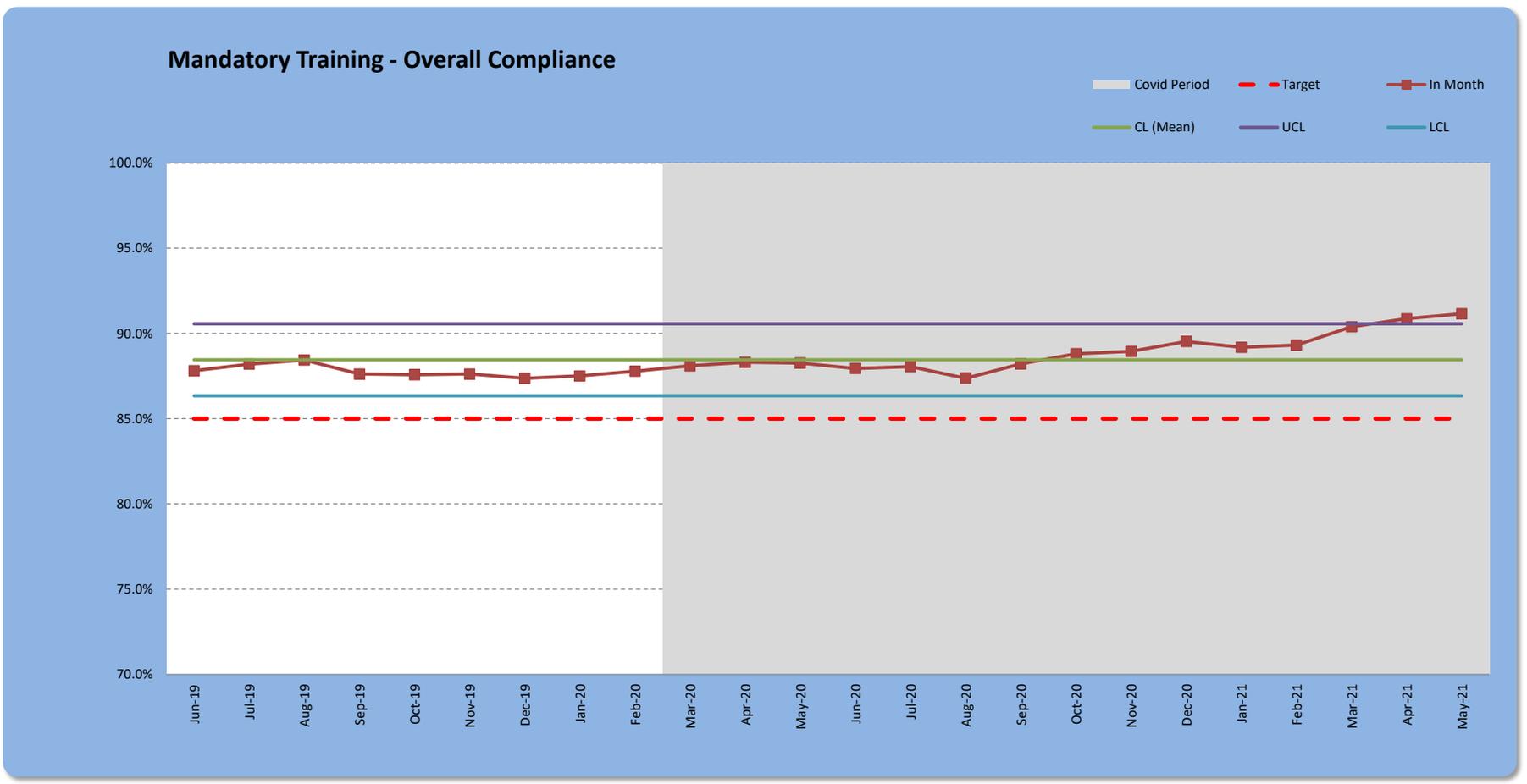
PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2021**

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

Narrative
Vacancies remain the same when compared to the previous reporting period.
Nursing Vacancy rate has decreased by 0.8% when compared to on the previous month.
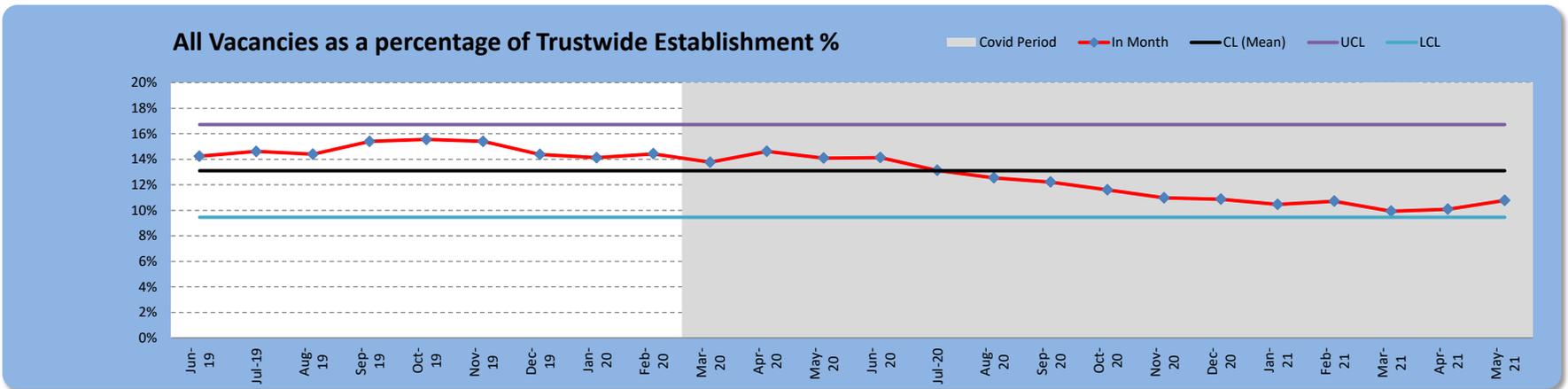
Breakdown for Month

	Trustwide	Nursing
Est	3034.98	850.53
Vac	326.95	104.69
	10.8%	12.3%
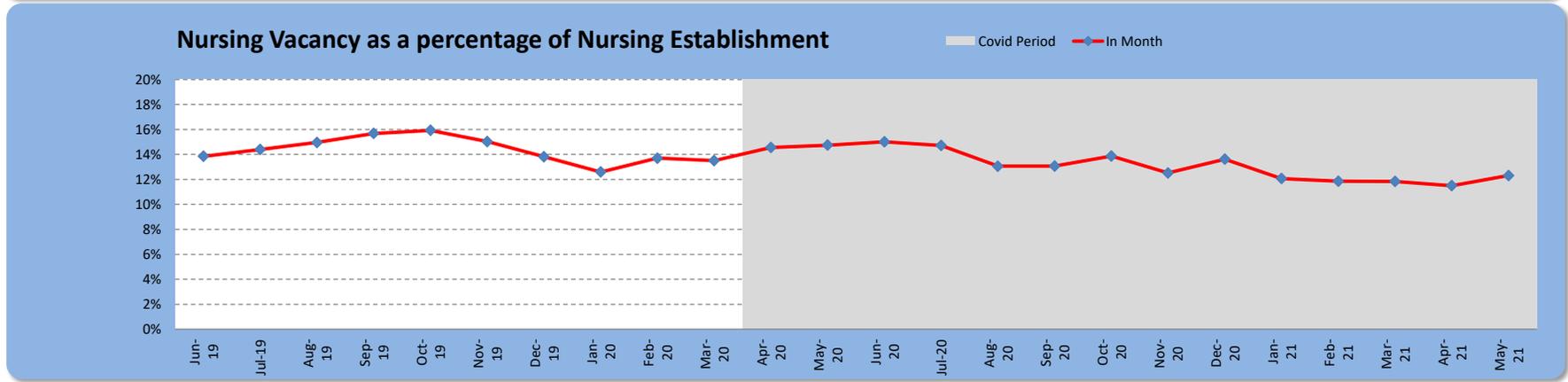
Current month stands at
10.8%

All Vacancies as a percentage of Trustwide Establishment %

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

Nursing Vacancy as a percentage of Nursing Establishment

Legend: Covid Period — In Month

PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2021**

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

Narrative

Increase of 46 when compared to the previous month

UCL: 867
LCL: 428

Current month stands at 852

Severity of incidents reported in the current financial year (YTD)
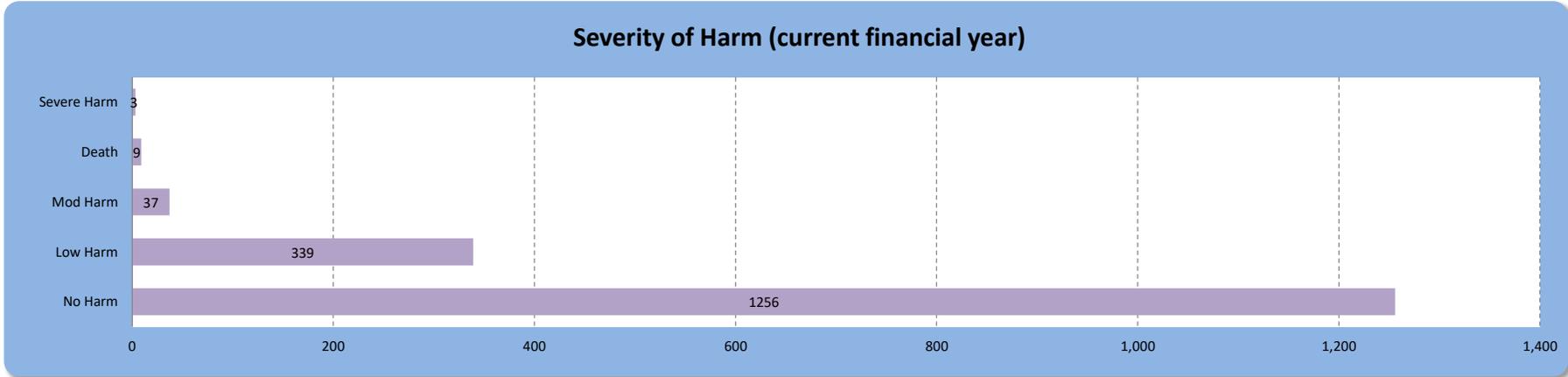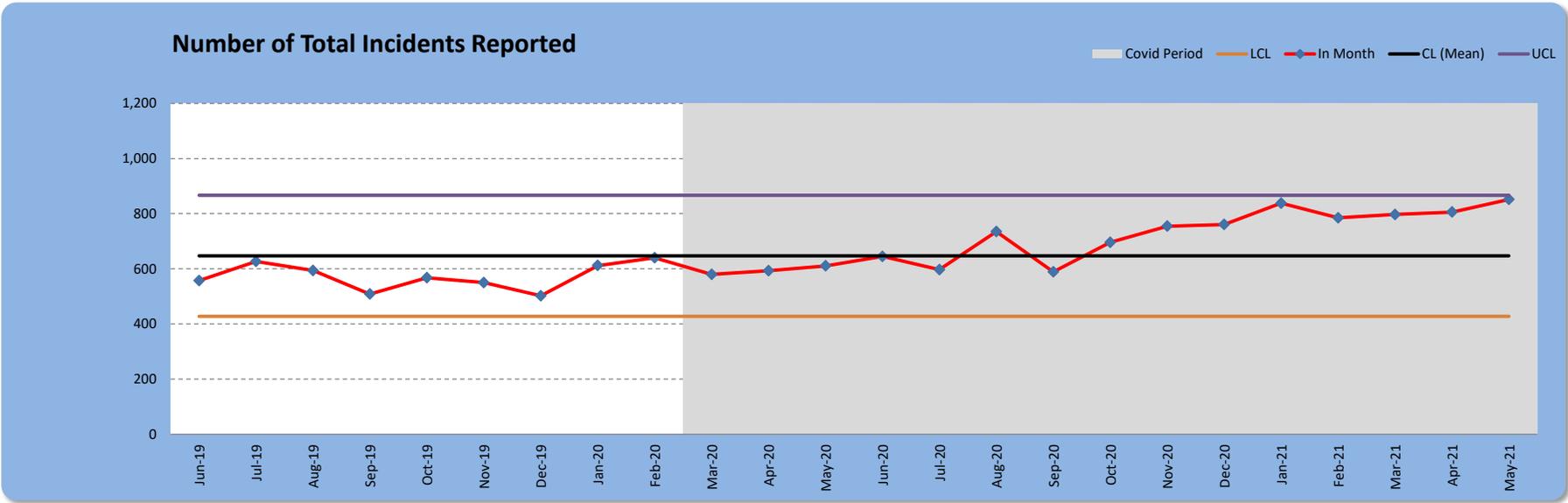
Number of Total Incidents Reported

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

Severity of Harm (current financial year)

Category	Value
Severe Harm	3
Death	9
Mod Harm	37
Low Harm	339
No Harm	1256

PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2021**

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

Narrative

Clinical Supervisions carried out in Timescale

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

May performance has decreased by 2.8%

No data for Mar-20 for any teams as the data collection was suspended due to COVID-19 planning.

Target:	80%
Amber:	75%

Current month stands at 83.2%

Page 7
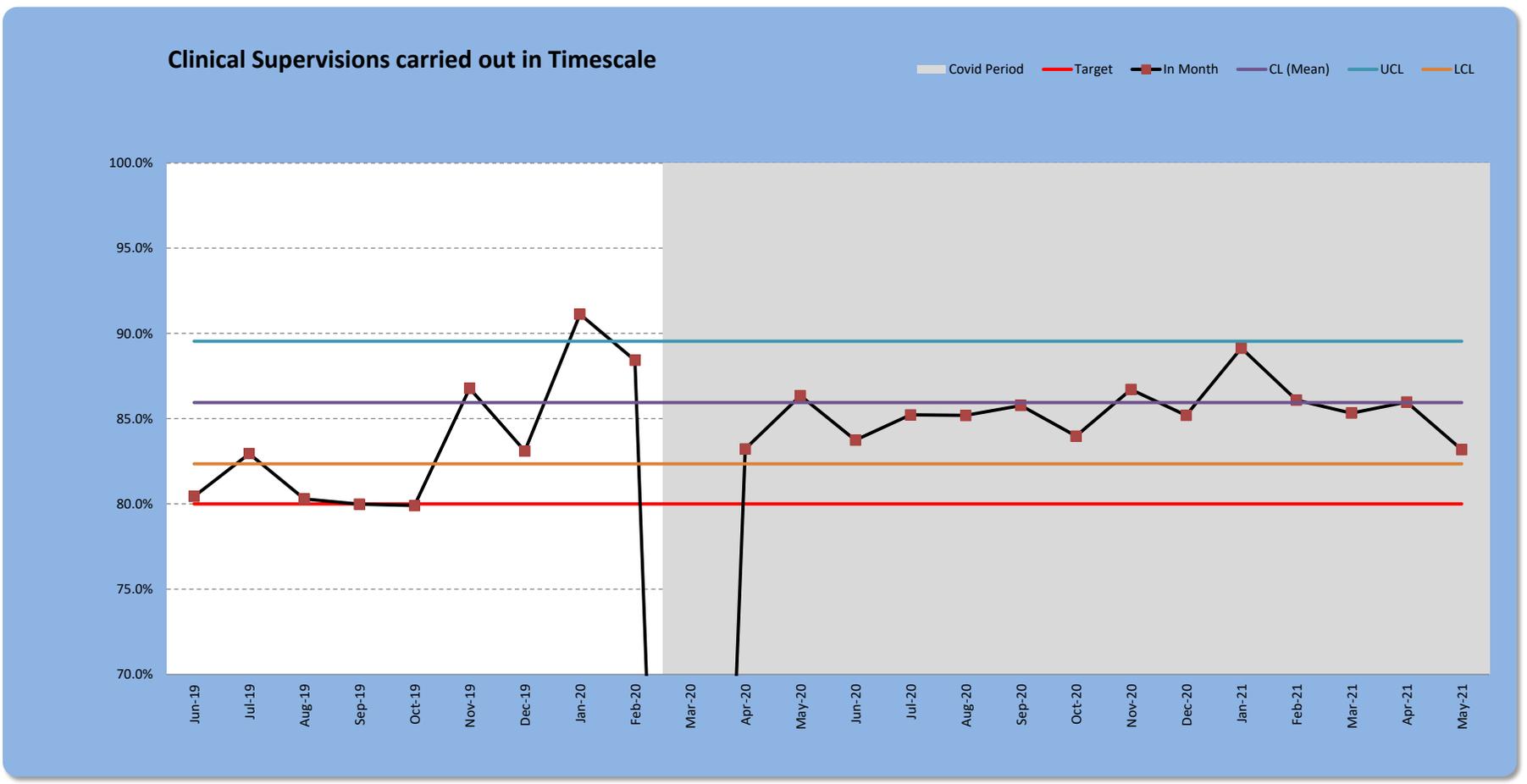
HUMBER TEACHING NHS FOUNDATION TRUST
SAFER STAFFING INPATIENT DASHBOARD

Shown one month in arrears

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

NHS Humber Teaching NHS Foundation Trust

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)	Mar-21	Apr-21
Adult MH	Avondale	Adult MH Assessment	35.4	77%	15.92	20.4%	↑	0.0%	→	83%	84%	100%	102%	0	4	0	0	75.0%	92.6%	100.0%	100.0%	3.8%	0.2	2	0
Adult MH	New Bridges	Adult MH Treatment (M)	43.5	100%	9.45	17.3%	↑	5.1%	↑	63%	130%	87%	139%	0	3	0	0	88.9%	95.7%	75.0%	85.7%	3.0%	1.7	3	2
Adult MH	Westlands	Adult MH Treatment (F)	40.1	96%	8.69	21.1%	↑	0.8%	↓	72%	105%	77%	133%	0	12	0	0	77.1%	88.4%	84.6%	73.1%	7.1%	2.0	0	3
Adult MH	Mill View Court	Adult MH Treatment	36.8	98%	13.55	25.3%	↓	0.0%	→	82%	74%	92%	98%	0	0	0	0	91.7%	95.8%	100.0%	94.1%	9.5%	4.8	1	3
Adult MH	PICU	Adult MH Acute Intensive	34.7	73%	23.34	29.9%	↓	5.8%	↑	98%	98%	92%	107%	0	2	0	0	100.0%	88.9%	64.3%	94.4%	16.2%	2.0	2	2
OP MH	Maister Lodge	Older People Dementia	32.3	92%	25.59	20.1%	↑	0.0%	→	80%	90%	100%	111%	0	1	0	0	100.0%	95.5%	66.7%	92.0%	9.0%	3.0	2	1
OP MH	Mill View Lodge	Older People Treatment	26.1	99%	12.33	14.2%	↑	0.0%	→	98%	221%	100%	111%	0	2	0	0	66.7%	94.7%	86.7%	100.0%	0.8%	0.3	2	2
Specialist	Pine View	Forensic Low Secure	30.7	98%	7.69	11.8%	↑	0.0%	→	74%	92%	50%	100%	0	1	0	0	100.0%	93.6%	72.7%	100.0%	3.9%	2.6	4	
Specialist	Derwent	Forensic Medium Secure	25.3	97%	10.63	15.6%	↑	0.0%	→	63%	88%	100%	99%	0	2	0	0	95.8%	94.1%	87.5%	82.4%	3.4%	1.4	2	1
Specialist	Ouse	Forensic Medium Secure	26.1	81%	8.06	8.1%	↑	0.0%	→	85%	84%	100%	94%	0	0	0	0	100.0%	98.5%	100.0%	100.0%	9.4%	0.4	1	1
Specialist	Swale	Personality Disorder Medium Secure	26.0	77%	11.71	34.7%	↑	0.0%	↑	79%	92%	103%	130%	0	0	0	0	78.6%	92.5%	60.0%	88.2%	4.5%	2.2	0	1
Specialist	Ullswater	Learning Disability Medium Secure	33.7	83%	11.02	24.5%	↑	0.0%	→	73%	133%	100%	94%	0	5	0	0	92.3%	95.2%	88.9%	94.1%	6.7%	1.4	1	2
Child & LD	Townend Court	Learning Disability	42.0	44%	31.50	23.4%	↓	0.0%	→	67%	109%	103%	119%	0	10	0	0	85.3%	88.8%	57.1%	96.0%	11.5%	2.6	3	3
Child & LD	Inspire	CAMHS	48.1	73%	31.35	21.2%	↓	0.5%	↓	54%	140%	97%	130%	0	8	0	0	62.5%	85.9%	44.4%	90.3%	0.6%	4.4	1	2
Child & LD	Granville Court	Learning Disability Nursing Treatment	52.8	Not Avail	n/a	27.1%	↑	6.2%	↓	100%	91%	100%	103%	0	0	0	0	87.2%	90.5%	88.9%	57.9%	7.6%	2.0	2	2
CH	Whitby Hospital	Physical Health Community Hospital	43.6	85%	10.49	0.0%	↑	0.0%	→	93%	89%	100%	100%	0	0	0	n/a	86.1%	97.5%	83.3%	100.0%	3.3%	1.5	0	0
CH	Malton Hospital	Physical Health Community Hospital	22.5	69%	10.77	Not on eRoster	→	Not on eRoster	→	78%	115%	98%	102%	0	0	0	n/a	100.0%	89.8%	88.9%	87.5%	0.3%	5.6	0	0

Exception Reporting and Operational Commentary

RAG ratings for Inspire have been removed until all beds are available. Planned establishment has been set at both Orion and Nova wards being fully operational. Until both units are open and functioning, the RAG rating has been stepped down.

Millview Court currently has reduced bed occupancy due to the unit being used for COVID patients. Newbridges have a lot of newly qualified nurses and the Charge Nurse is working with the resus officer to get them all through their ILS training. Their supervision compliance has improved to above target in March.

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.
In respect to the low CHPPD position for Pineview and Ouse wards, this is due to the patients on these wards being low acuity and therefore need less staffing that a normal ward/unit.

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

Registered Nurse Vacancy Rates

	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
	12.64%	12.50%	9.60%	9.10%	11.20%	10.60%	10.60%	11.16%	11.90%	10.30%	8.40%	8.80%

Slips Trips and Falls

Rolling 3 months	Mar-21	Apr-21	May-21
Maister Lodge	5	7	8
Millview Lodge	4	3	6
Malton IPU	3	3	0
Whitby IPU	2	3	1

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

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PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2021**

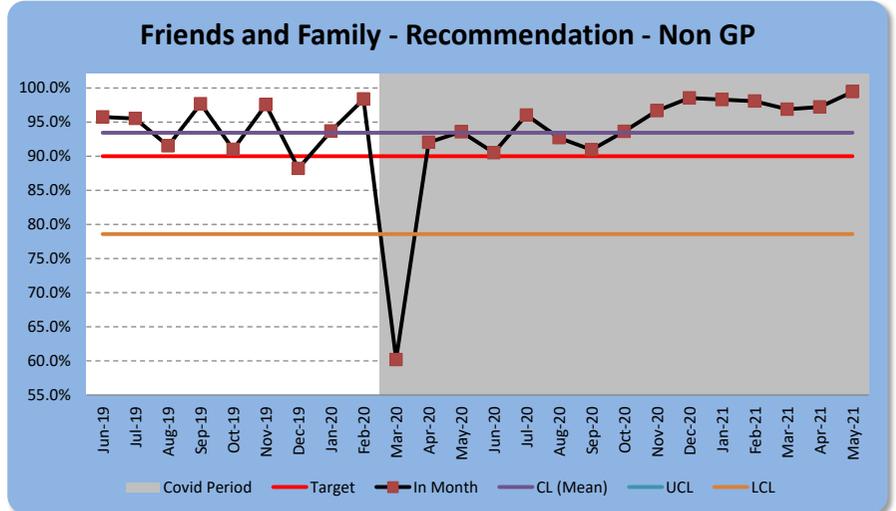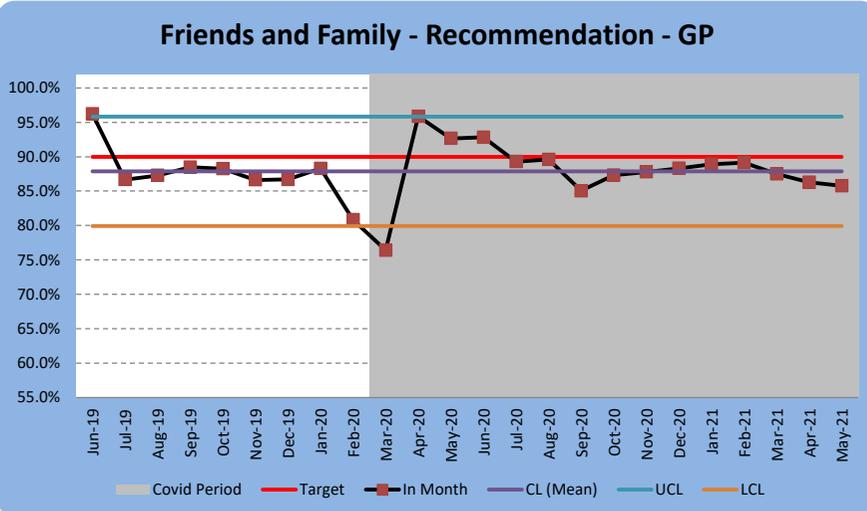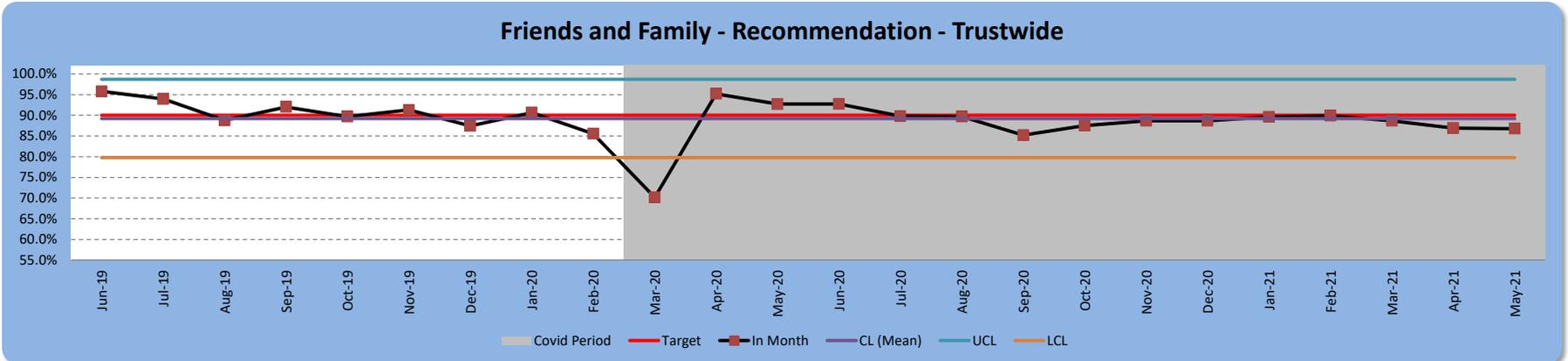| Indicator Title	Description/Rationale		KPI Type
Friends and Family Test	Results of the overall surveys completed where patients would recommend the Trust 's services to their family and friends	**Executive Lead** **John Byrne**	FFT %

Narrative

GP Recommendation is below target for May at 85.8%

Non GP is above target at 99.4% for May which is an increase of 2.2%.

Target:	90%
Amber:	80%

Current month stands at 86.8%

Friends and Family - Recommendation - Trustwide

Friends and Family - Recommendation - GP

Friends and Family - Recommendation - Non GP

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2021**

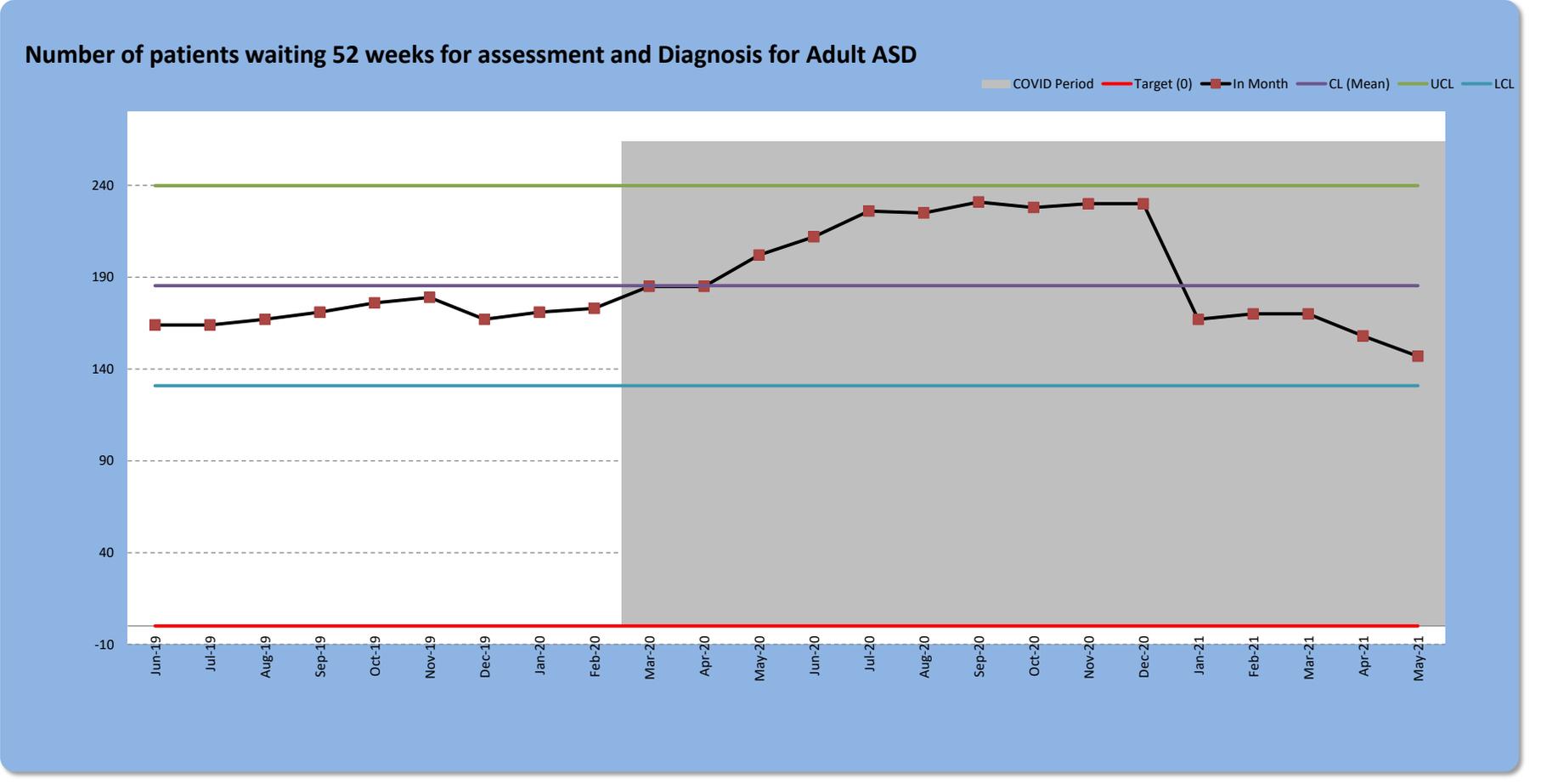| Indicator Title	Description/Rationale		KPI Type
Friends and Family Test	Results of the overall surveys completed where patients felt they were involved in their care	Executive Lead John Byrne	CA 3c %

Narrative
Performance has increased by 7.6% when compared to the previous month
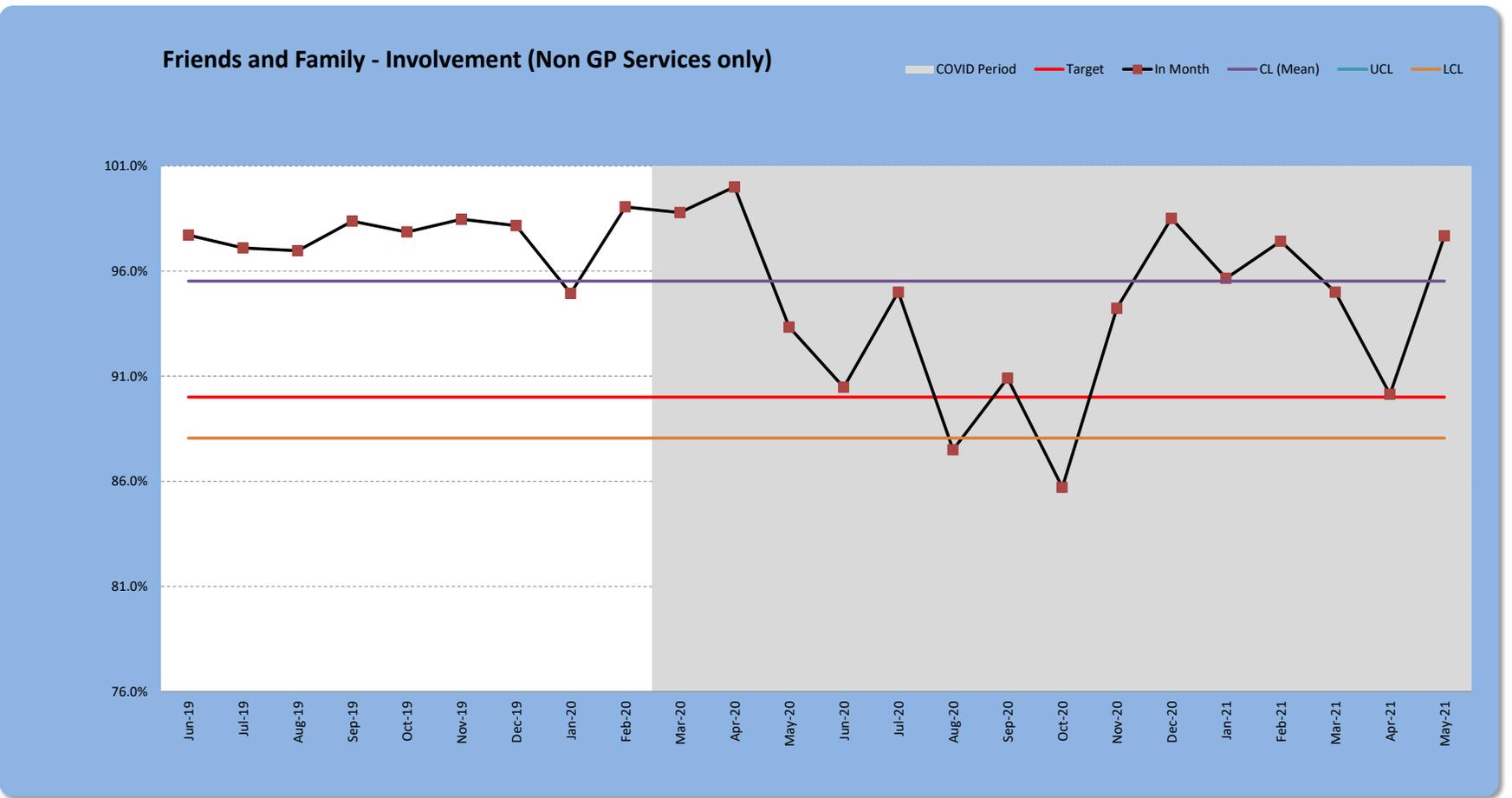
Friends and Family - Involvement (Non GP Services only)

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

Target: 90%
Amber: 80%

Current month stands at 97.7%

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery
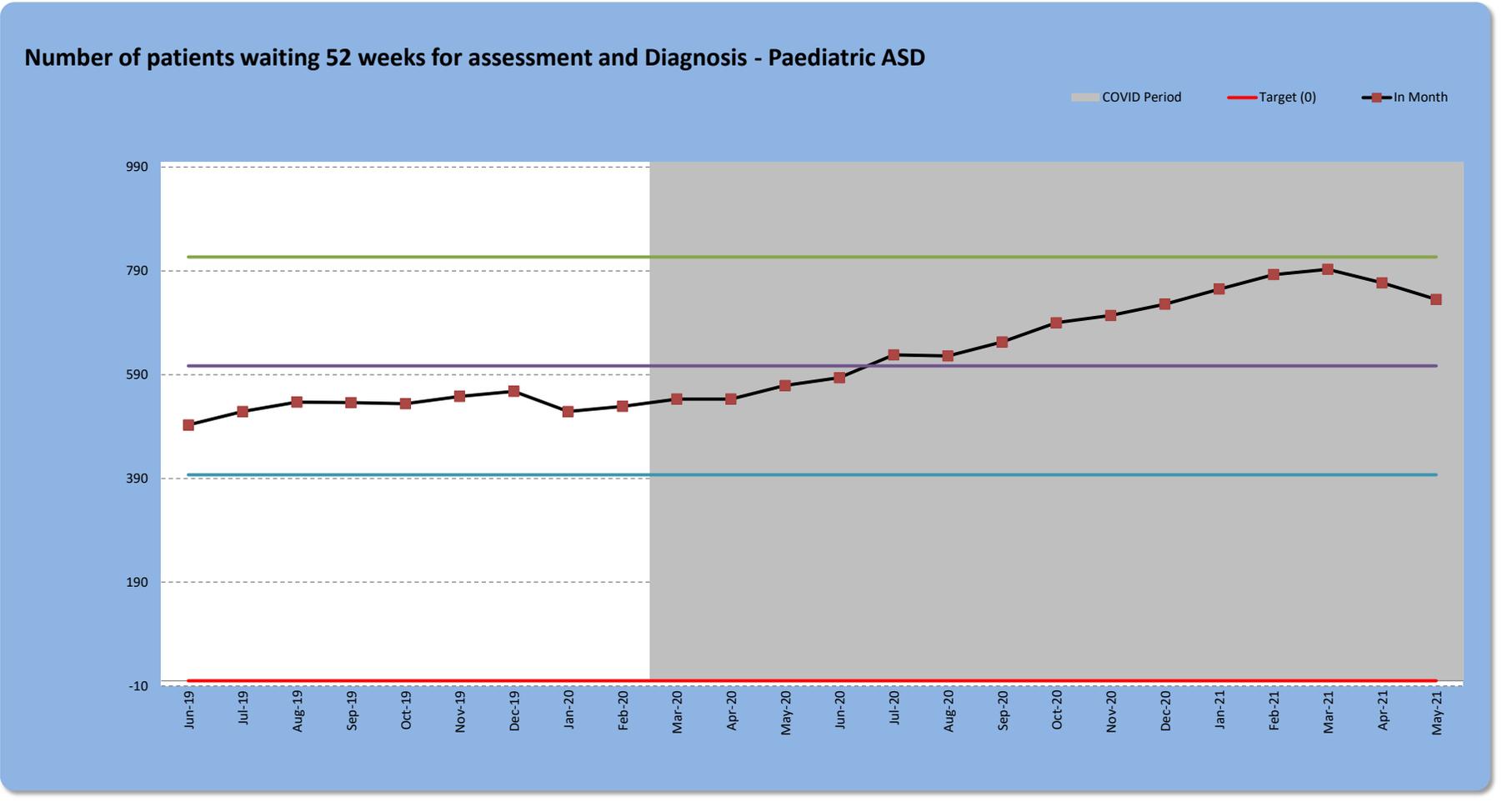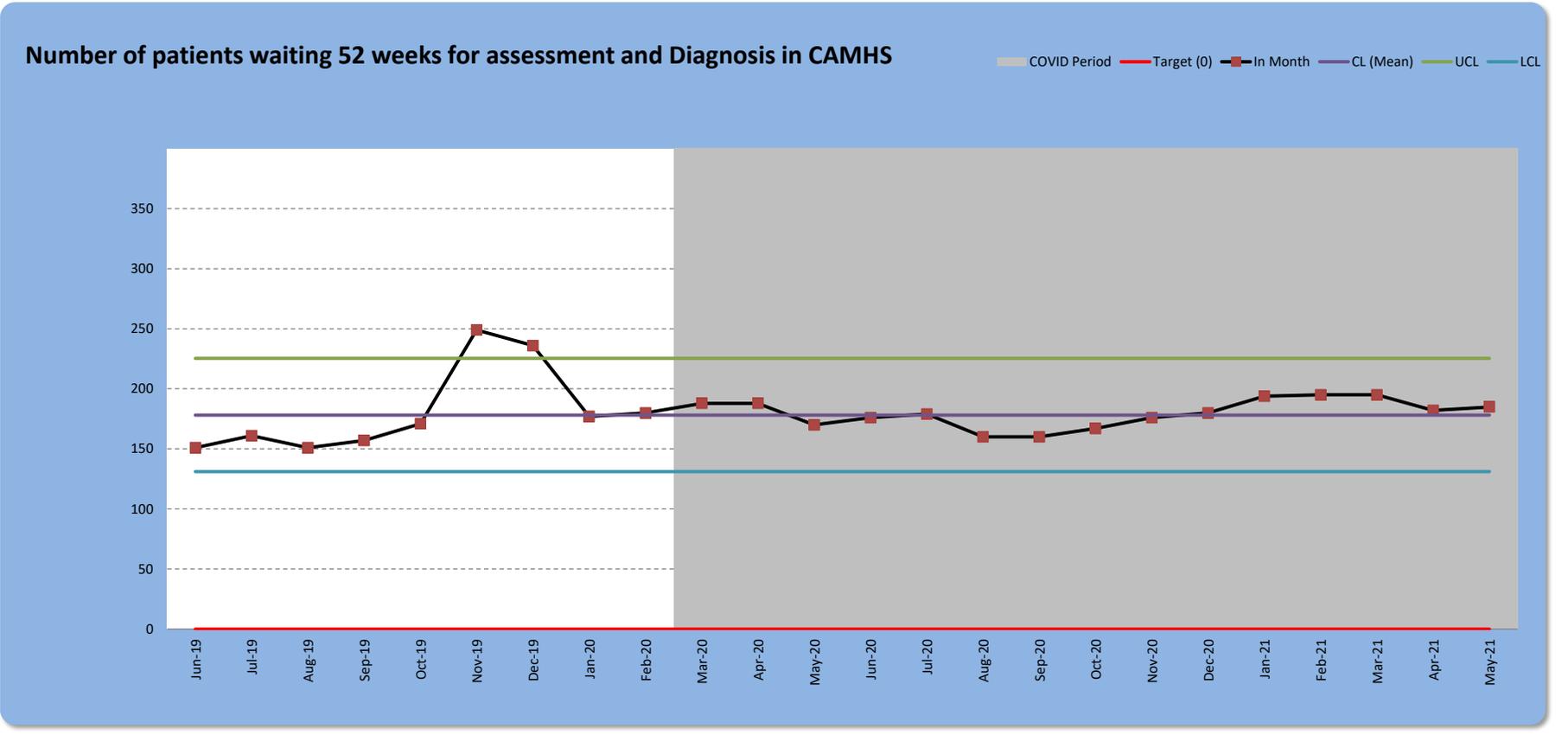
For the period ending: **May 2021**

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

Narrative

Both 72 hours and 7 day indicators are above target for April.

Target: 80%
Amber: 60%

Current month stands at 93.9%
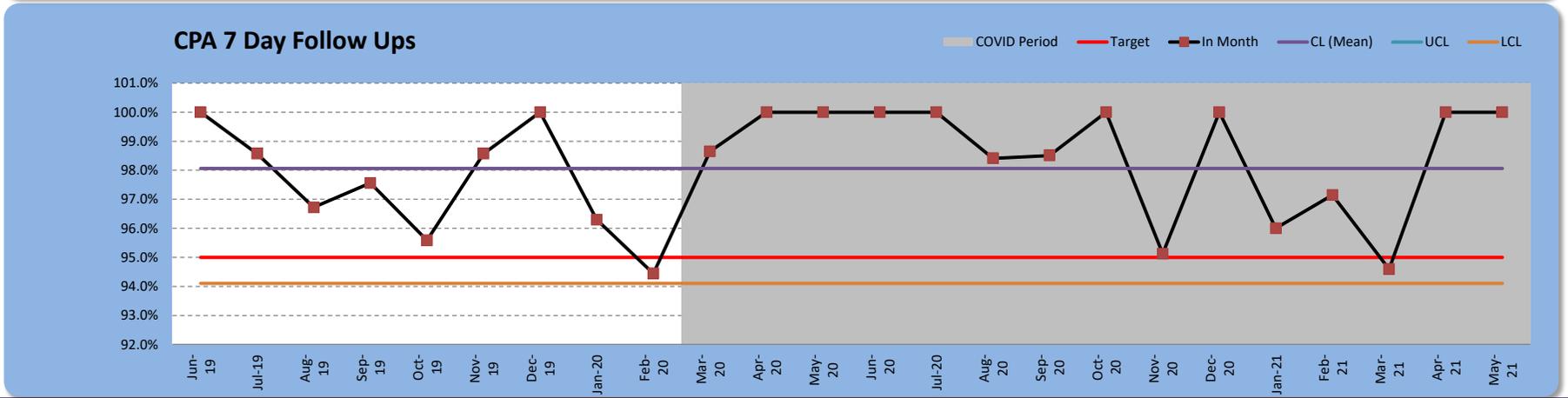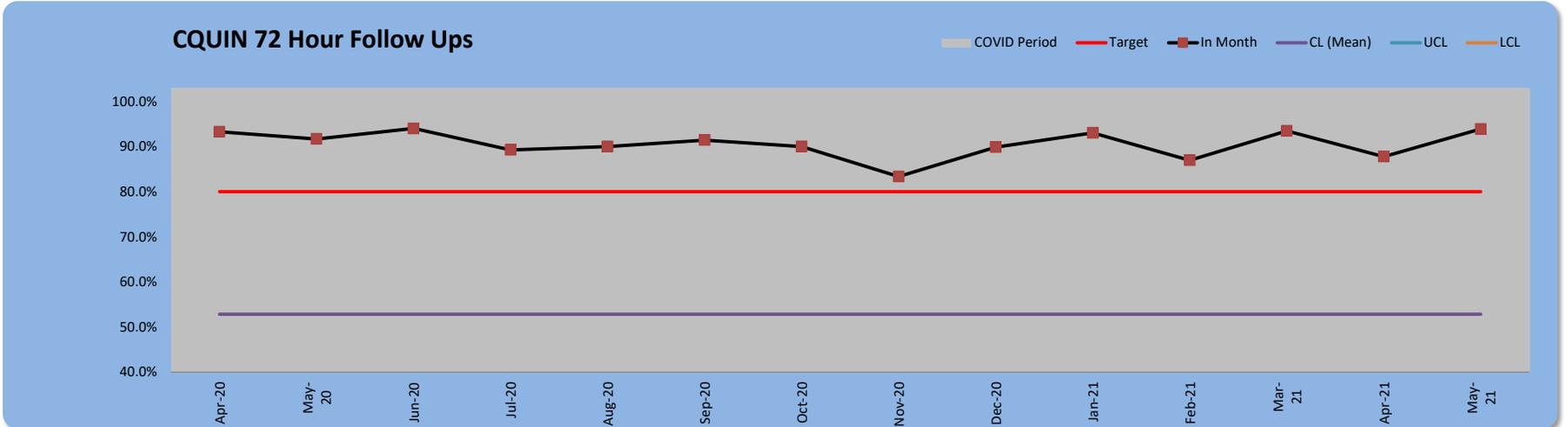
CQUIN 72 Hour Follow Ups

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

CPA 7 Day Follow Ups

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

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PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: May 2021

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

Narrative

Performance has decreased by 1.3% when compared to the previous month.

Target: 95%

Amber: 85%

Current month stands at 95.7%
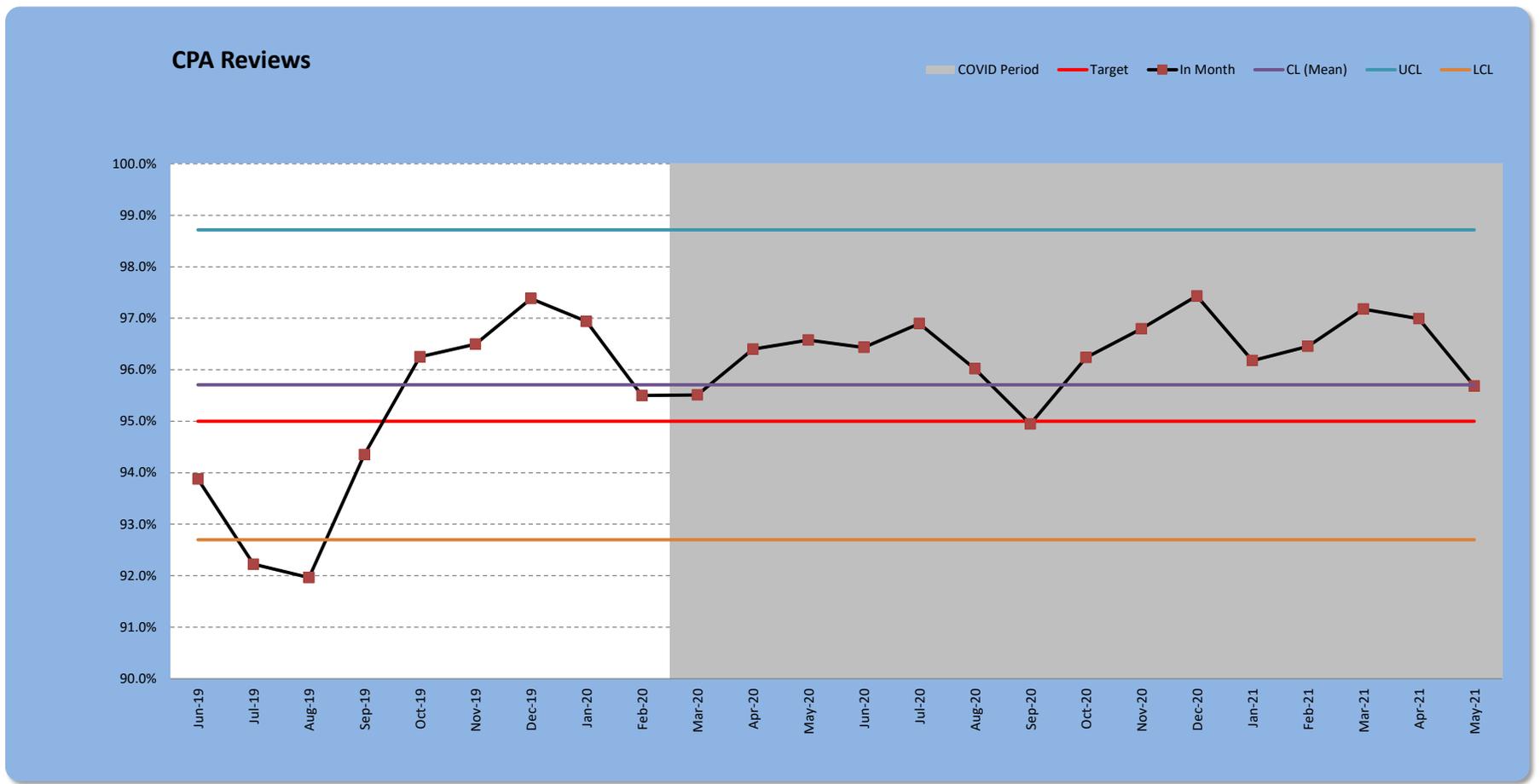
CPA Reviews

PI RETURN FORM 2021-22

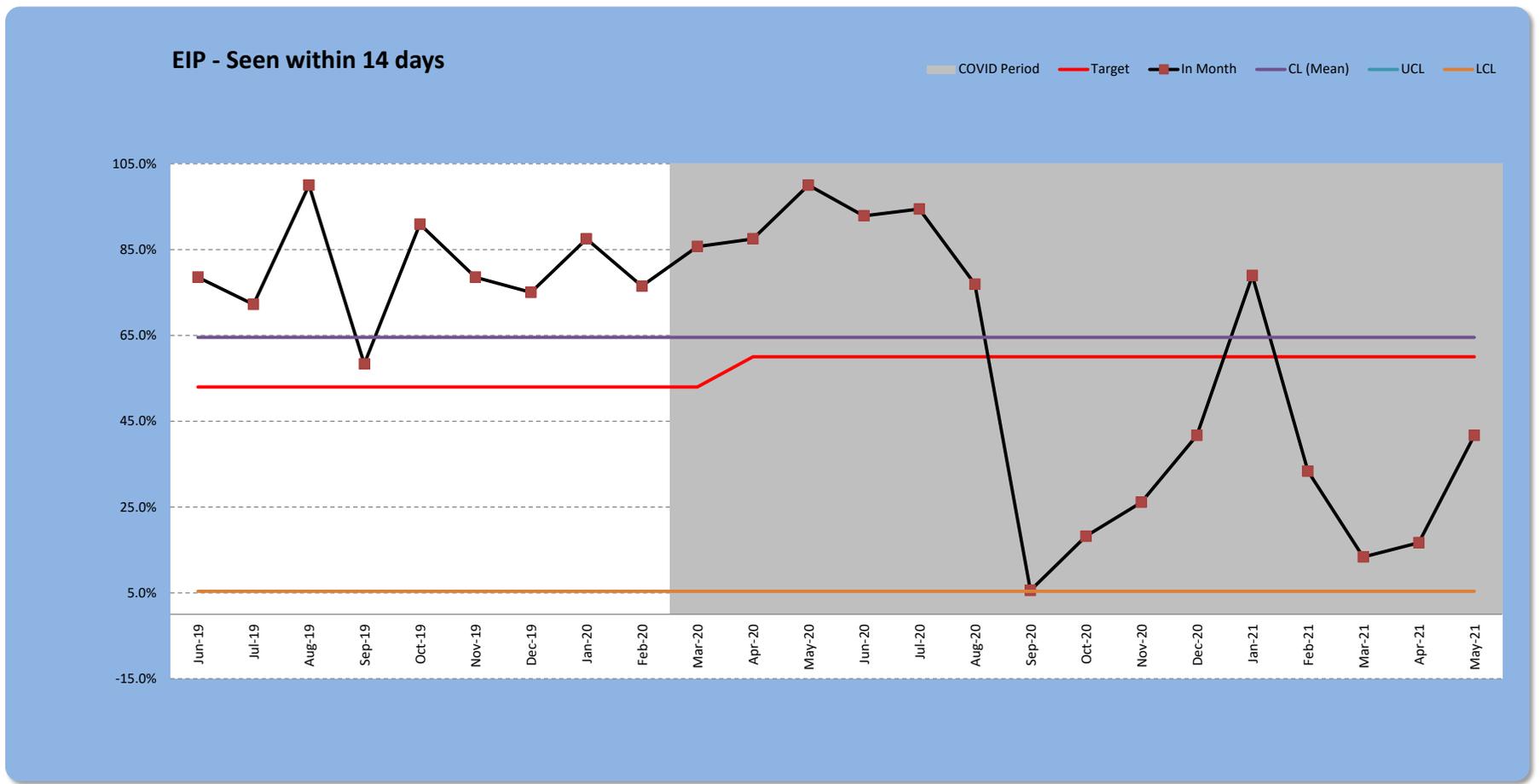## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2021**

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

Narrative

Decrease of 0.2% when compared to the previous month.

RTT Waits - Complete

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

Target:	95%
Amber:	85%
Current month stands at 94.2%	

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery
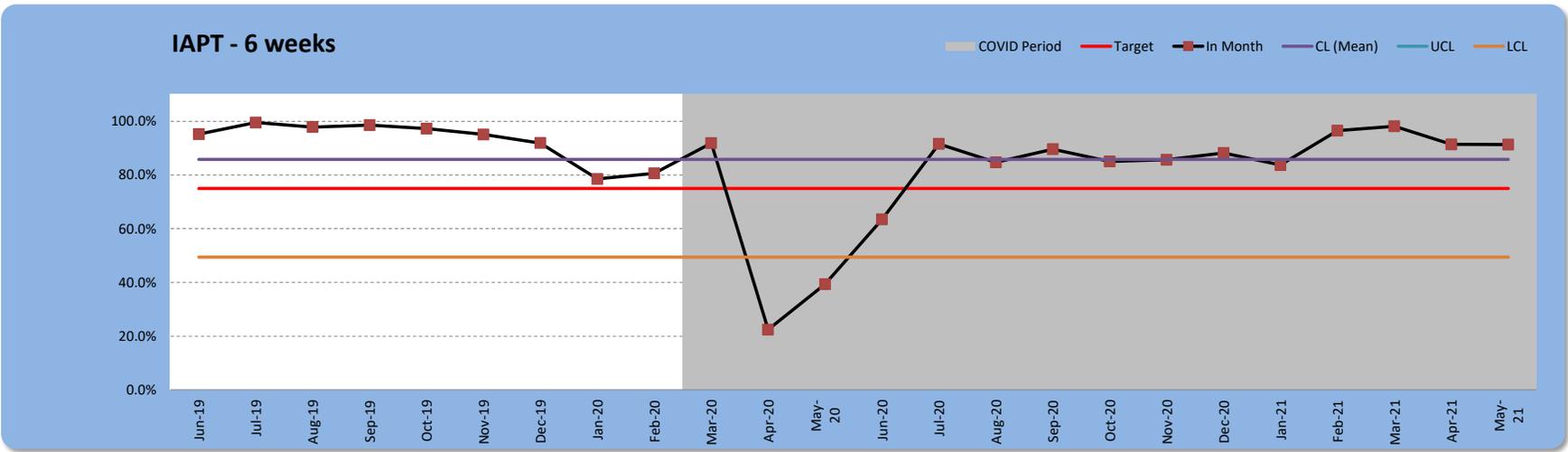
For the period ending: May 2021

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

Narrative

Performance has increased by 2.5% when compared to the previous month.

Target: 92%
Amber: 85%

Current month stands at 72.4%
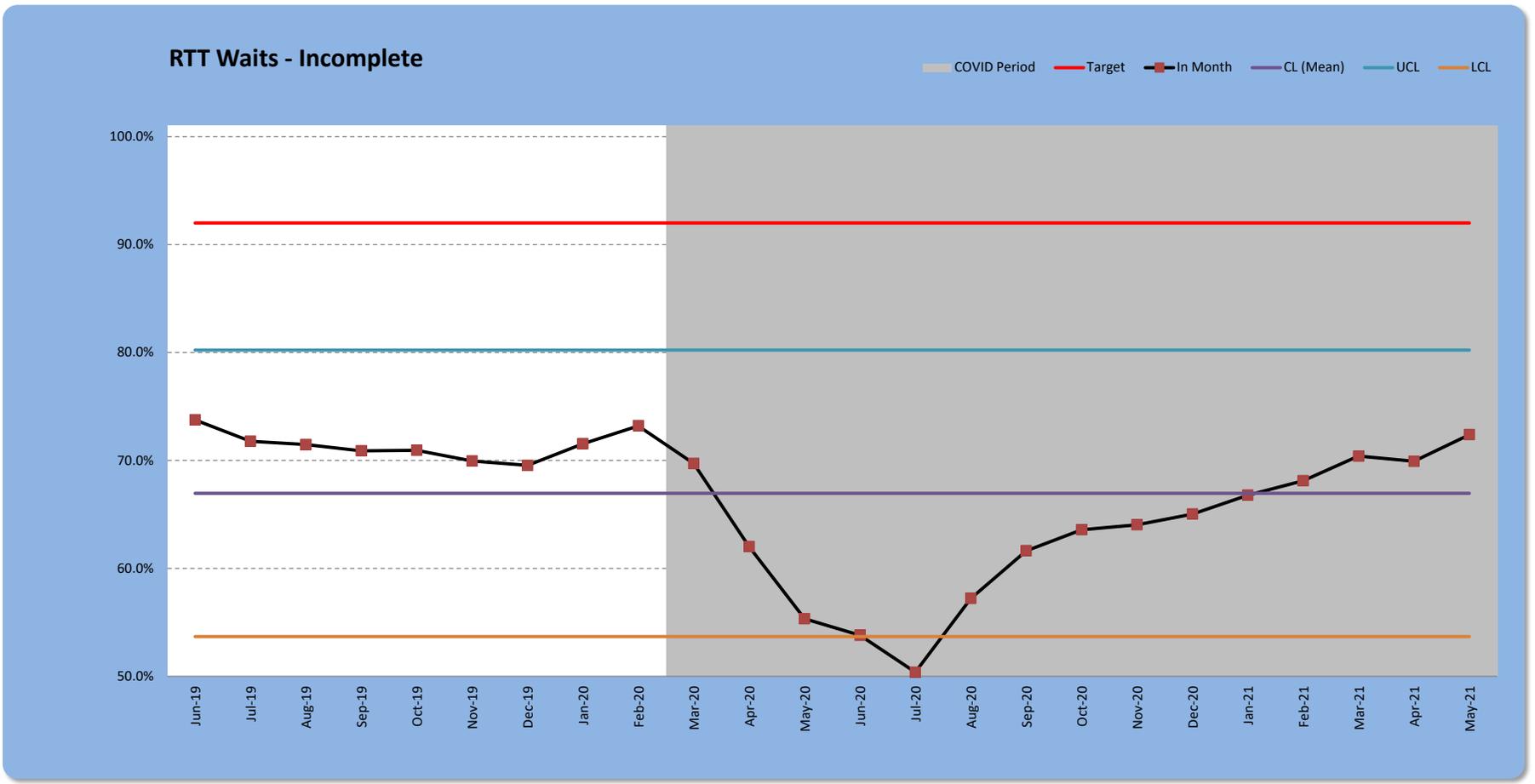
RTT Waits - Incomplete

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

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2021**

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

Narrative	
Decrease of 17 when compared to the previous month.	**Number of patients waiting 52 weeks for treatment (excluding ASD for Paediatrics and Adults)**

Target: 0
Amber: 0

Current month stands at 365

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2021**

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

Narrative

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

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

Decrease of 11 when compared to the previous month.

Target: 0
Amber: 0

Current month stands at 147

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2021**

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

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

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

Decrease of 32 when compared to the previous reporting period.

Target: 0
Amber: 0

Current month stands at 735

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2021**

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

Narrative	
There has been no change when compared to the previous month.	**Number of patients waiting 52 weeks for assessment and Diagnosis in CAMHS**
Target: 0	
Amber: 0	
Current month stands at 185	

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PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2021**

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

Narrative

EIP - Seen within 14 days

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

Increase of 25% when compared to the previous month and remains below target.

Target: 60%
Amber: 55%

Current month stands at 41.7%

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PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2021**

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

Narrative
Performance has decreased by 0.1% but remains above the target of 75%

Target:	75%
Amber:	70%

Current month 91.3%

IAPT - 6 weeks

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

Narrative
Performance stands at 100% for April and remains above target.

Target:	95%
Amber:	85%

Current month 100.0%
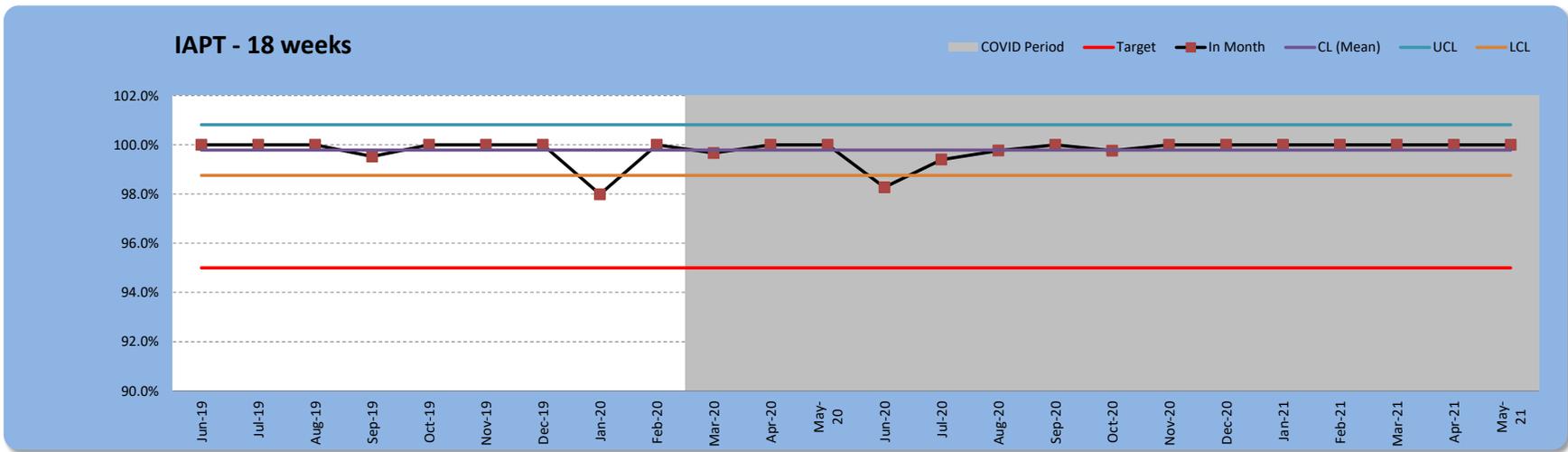
IAPT - 18 weeks

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

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PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: May 2021

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

Narrative
Performance has increased by 0.9% and remains above the 50% target.

IAPT - Moving to Recovery

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

Target: 50%
Amber: 45%

Current month stands at 60.8%
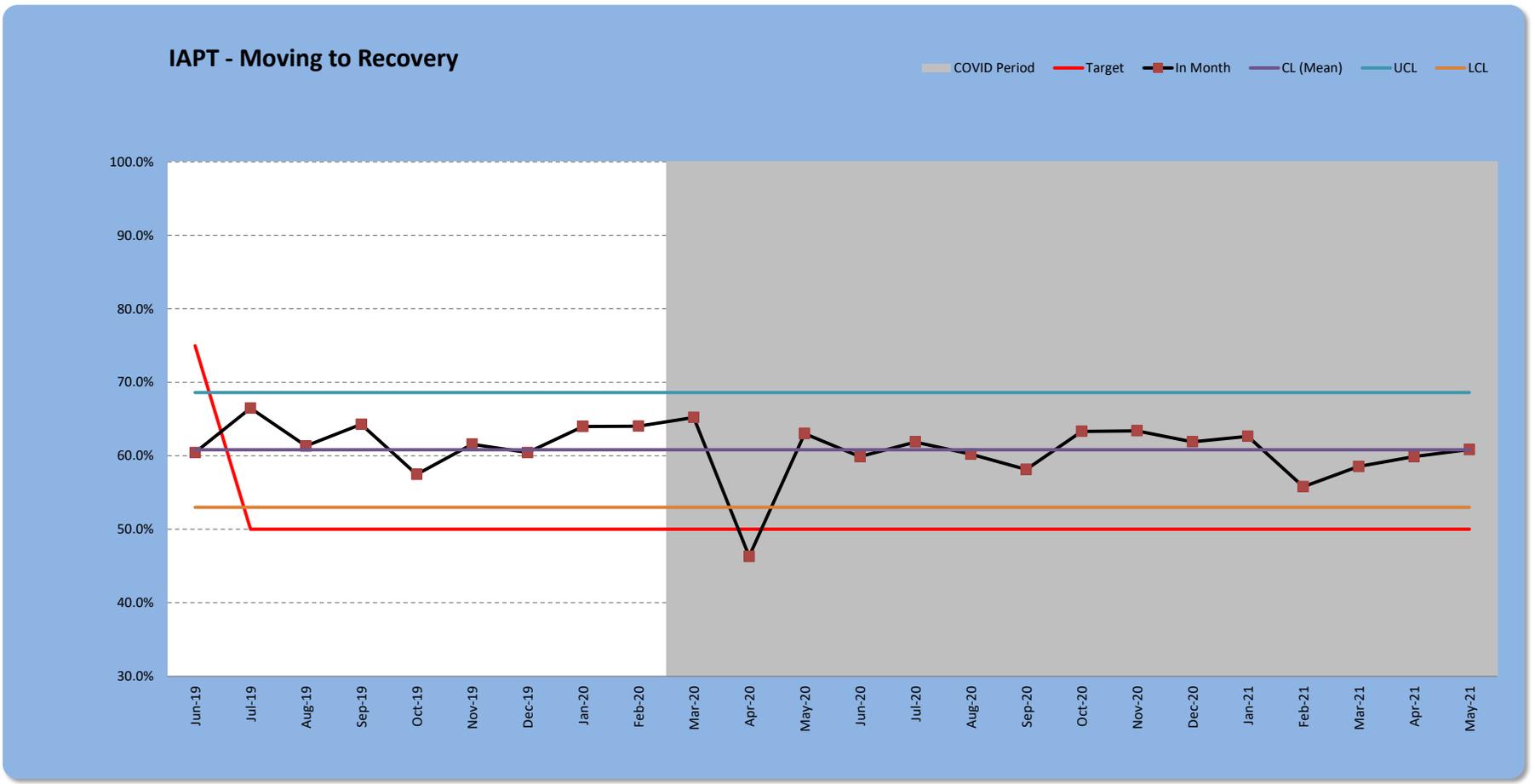
PI RETURN FORM 2021-22

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending:　　　　　**May 2021**

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

Narrative

Out of area days has increased by 38 days when compared to the previous month.

In recent times additional Beds have been purchased from NAVIGO and CYGNET but these remain within the data.

Target:　　　　0
Amber:

Current month stands at 708
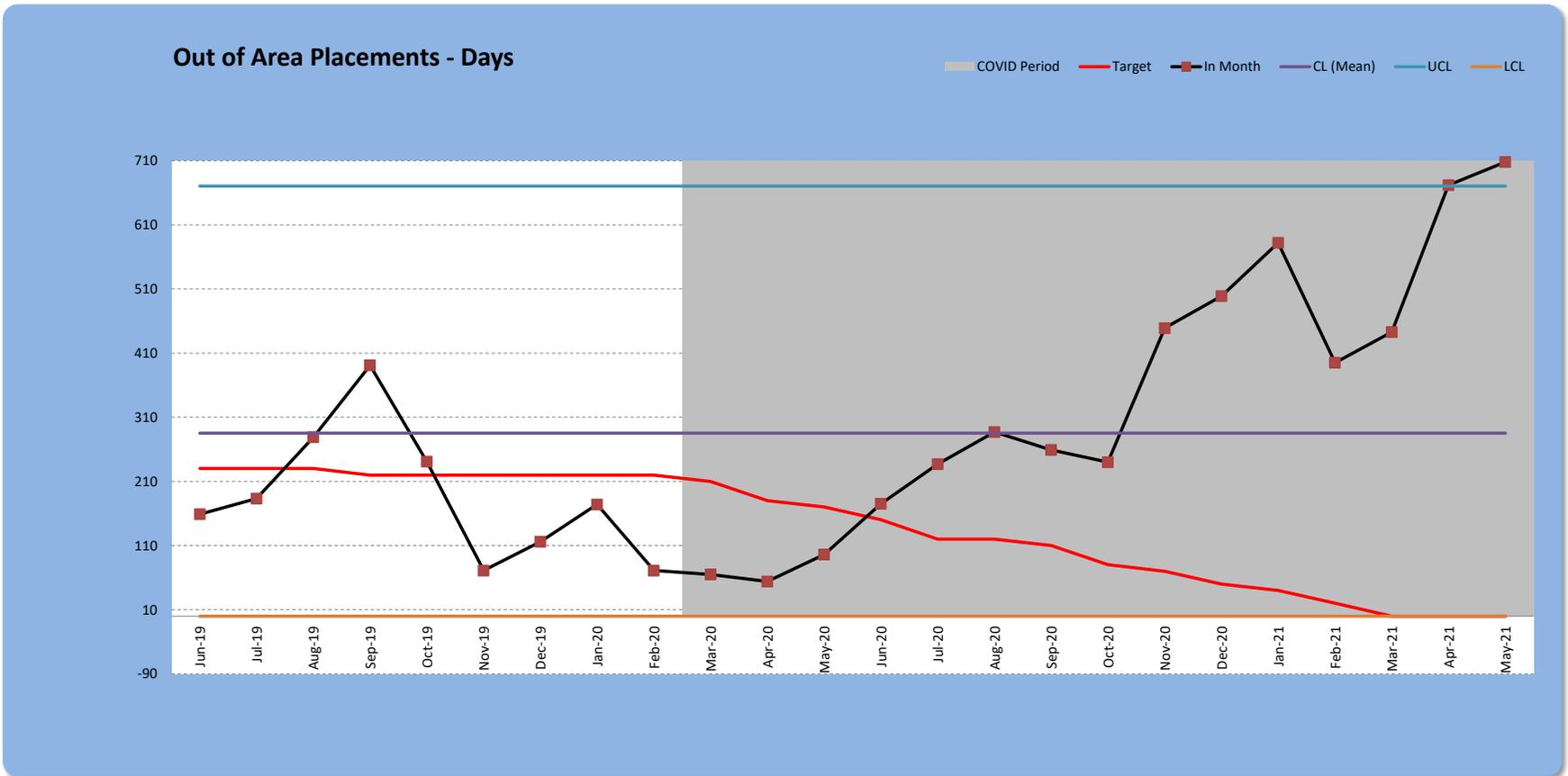
Out of Area Placements - Days

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

PI RETURN FORM 2021-22

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **May 2021**

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

Narrative

Performance has improved by 2% against previous month and remains within target.

Low performance is Good.
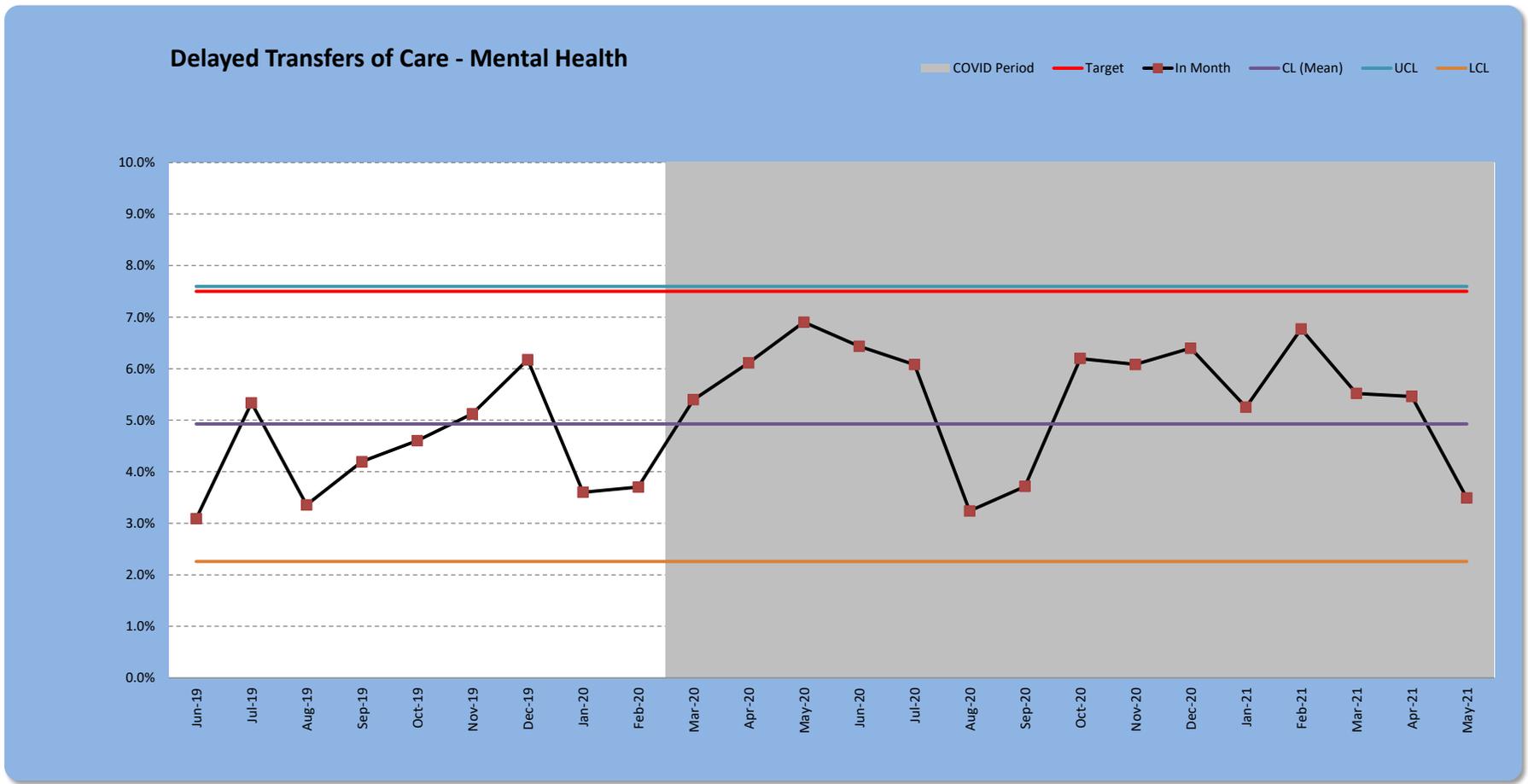
Delayed Transfers of Care - Mental Health

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

Target: 7.5%
Amber: 7.0%

Current month stands at 3.5%

PI RETURN FORM 2021-22

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **May 2021**

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

Narrative
Sickness/Absence Rate has increased by 0.2% when compared to the previous month.
May-21 Rolling 12 month figure is within target reporting at 4.4%. Overall no variance to previous month

Sickness Absence

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

Trustwide Covid Sickness

Target:	5.0%
Amber:	5.2%

Current month
4.4%

PI RETURN FORM 2021-22

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **May 2021**

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

Narrative
Staff Turnover has increased by 1.4% in the reporting period. **Low Performance is good.**

Target: 0.83%
Amber: 0.70%

Current month stands at 2.2%

Staff Turnover - Monthly
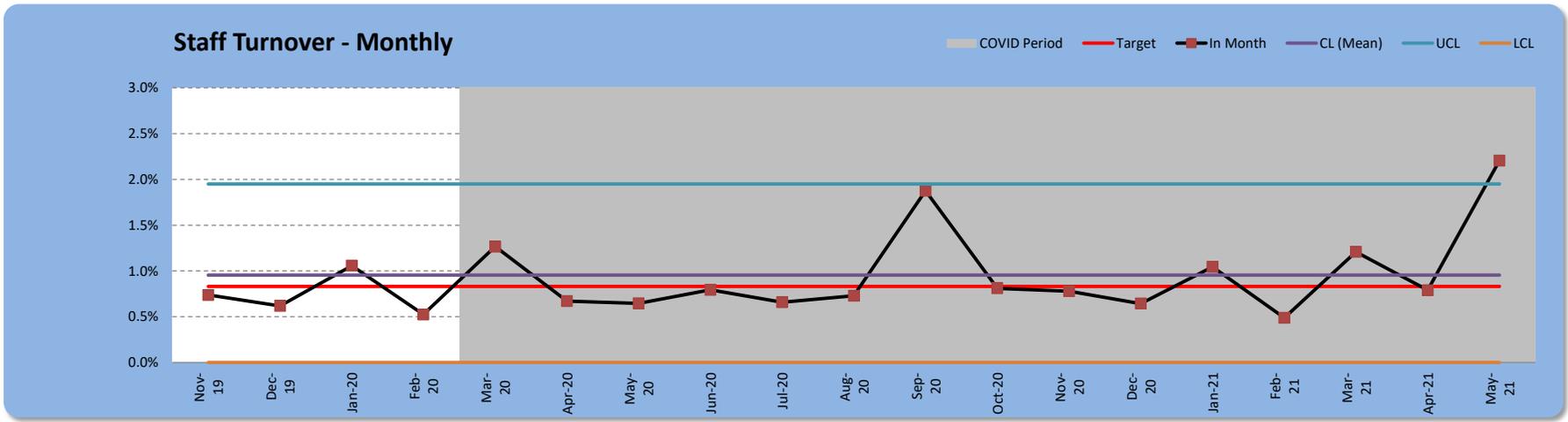
Narrative
Exceeds Target. **Low Performance is Good.**

Target: 10%
Amber: 9%

Current month stands at 12.4%
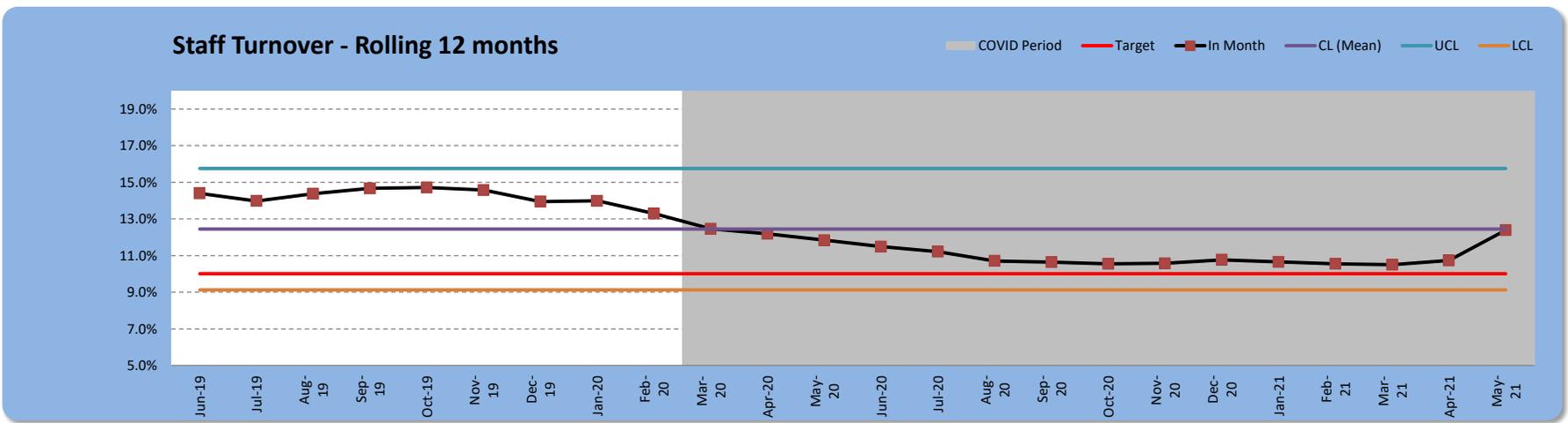
Staff Turnover - Rolling 12 months

PI RETURN FORM 2021-22

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **May 2021**

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

Narrative
The Trust has no target for cash set.

Cash in Bank (£000's)

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

Current month stands at £31,370 ,000
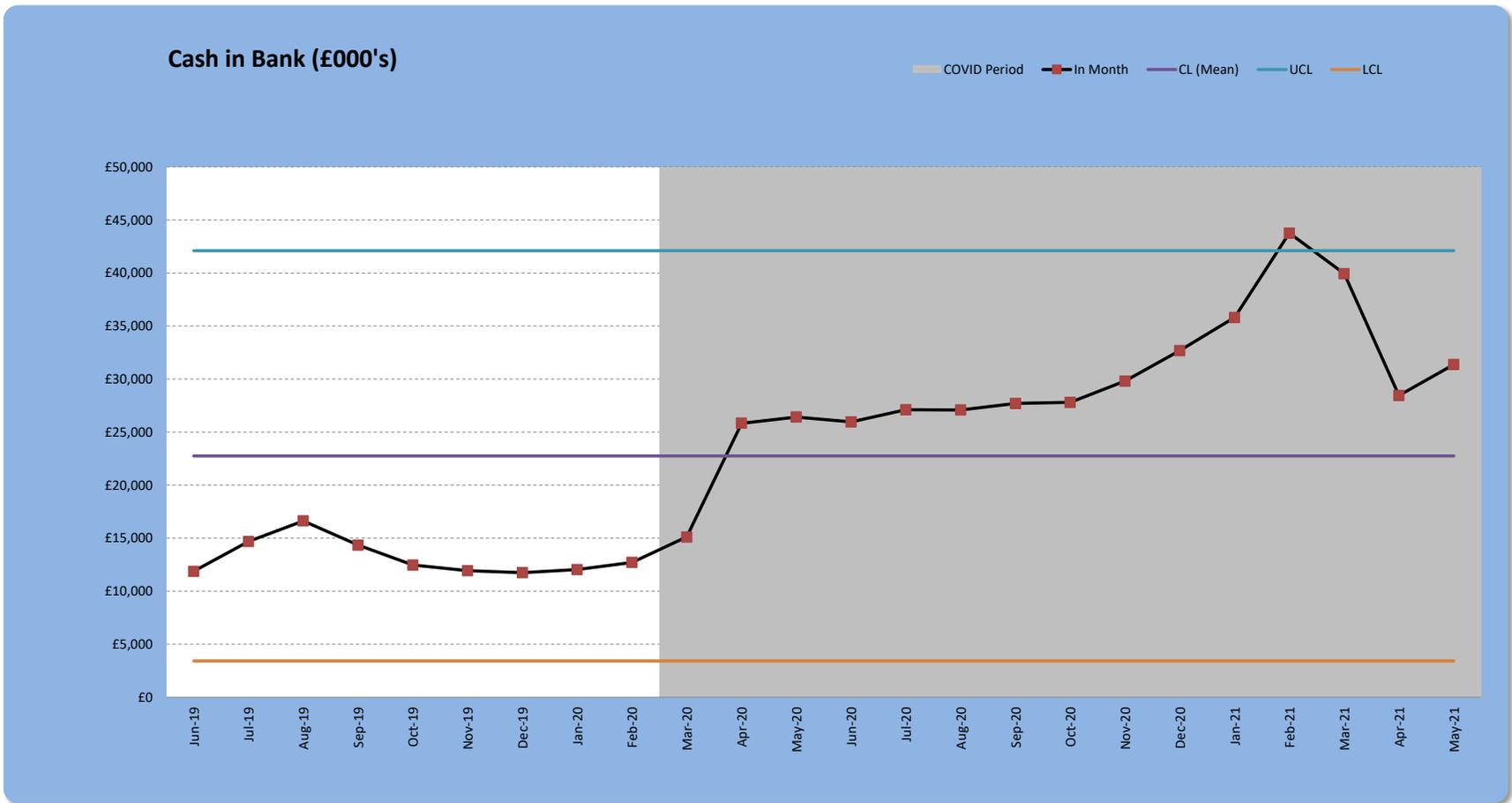
PI RETURN FORM 2021-22

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **May 2021**

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

Narrative	
	Income and Expenditure - Actual (£000's)
The Trust shows an increase of +$116 compared to previous month	

Target:

Amber:

Current month stands at £117 ,000
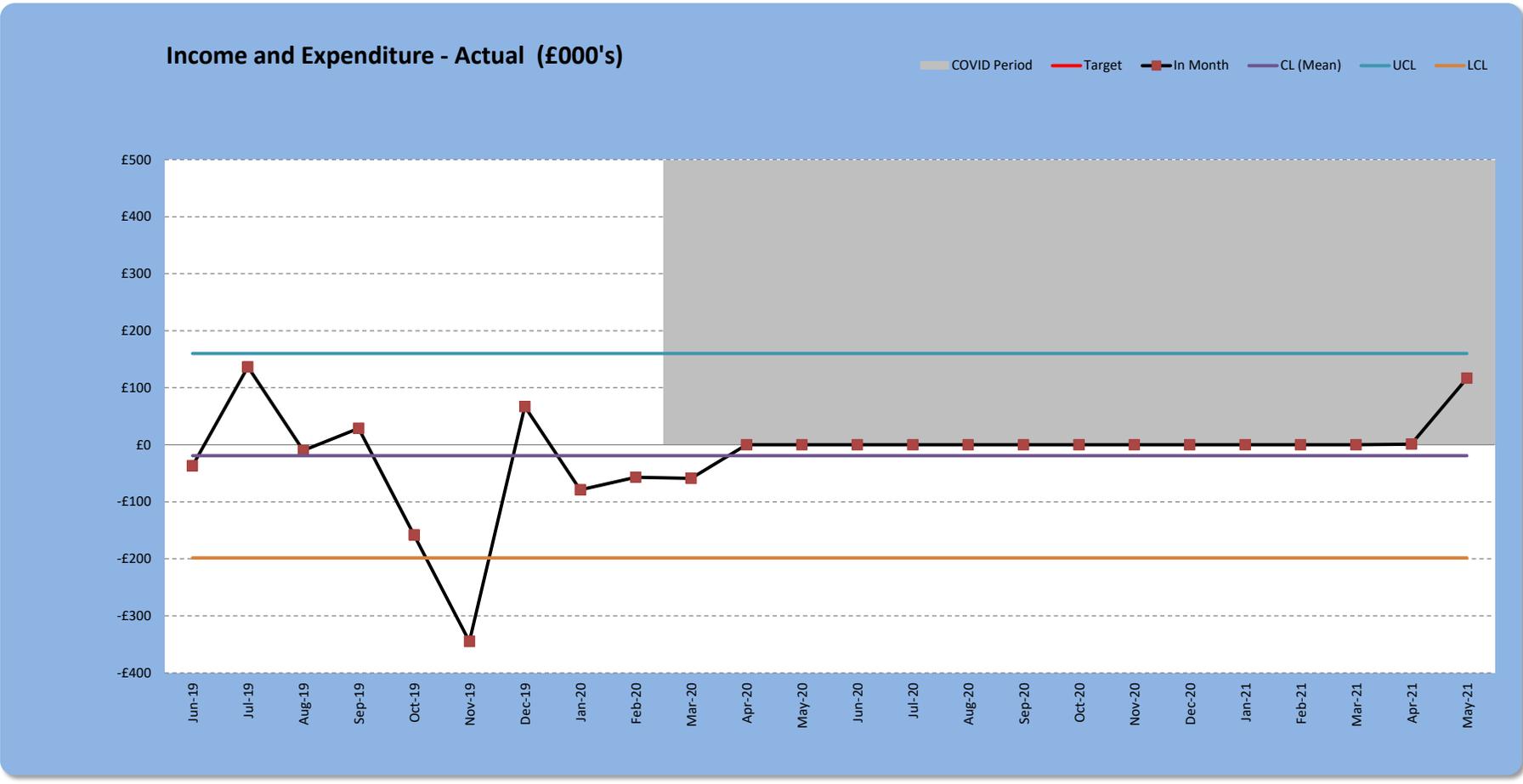
PI RETURN FORM 2021-22

Goal 6 : Promoting People, Communities and Social Values

For the period ending: May 2021

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

Narrative
Upheld Results
During the month, the following number of complaints was responded to **14**
Of the number of complaints responded to in the month **9** were upheld which equates to
64.3%

YTD Upheld
50.0%
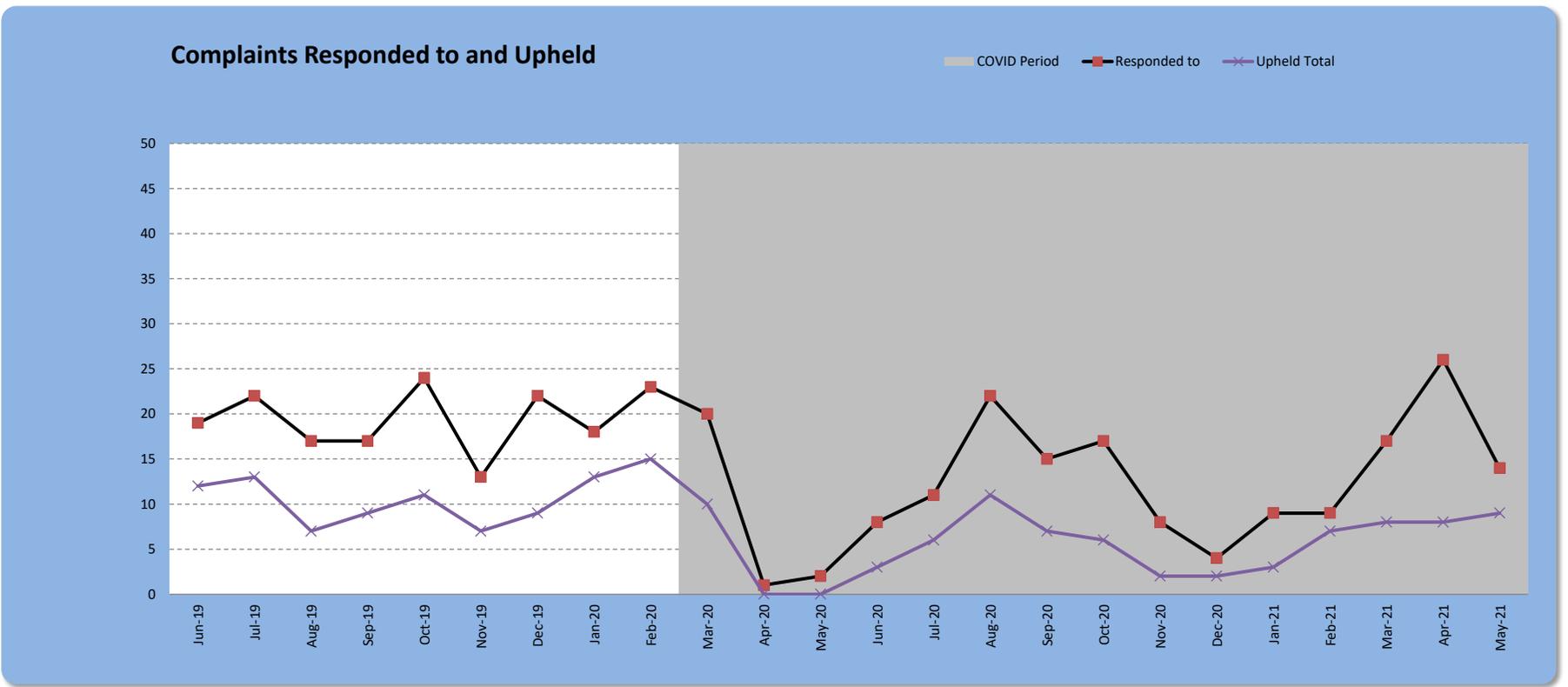
Complaints Responded to and Upheld

Legend: COVID Period — Responded to — Upheld Total

PI RETURN FORM 2021-22

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **May 2021**

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

Narrative

There were
17
compliments received in the month
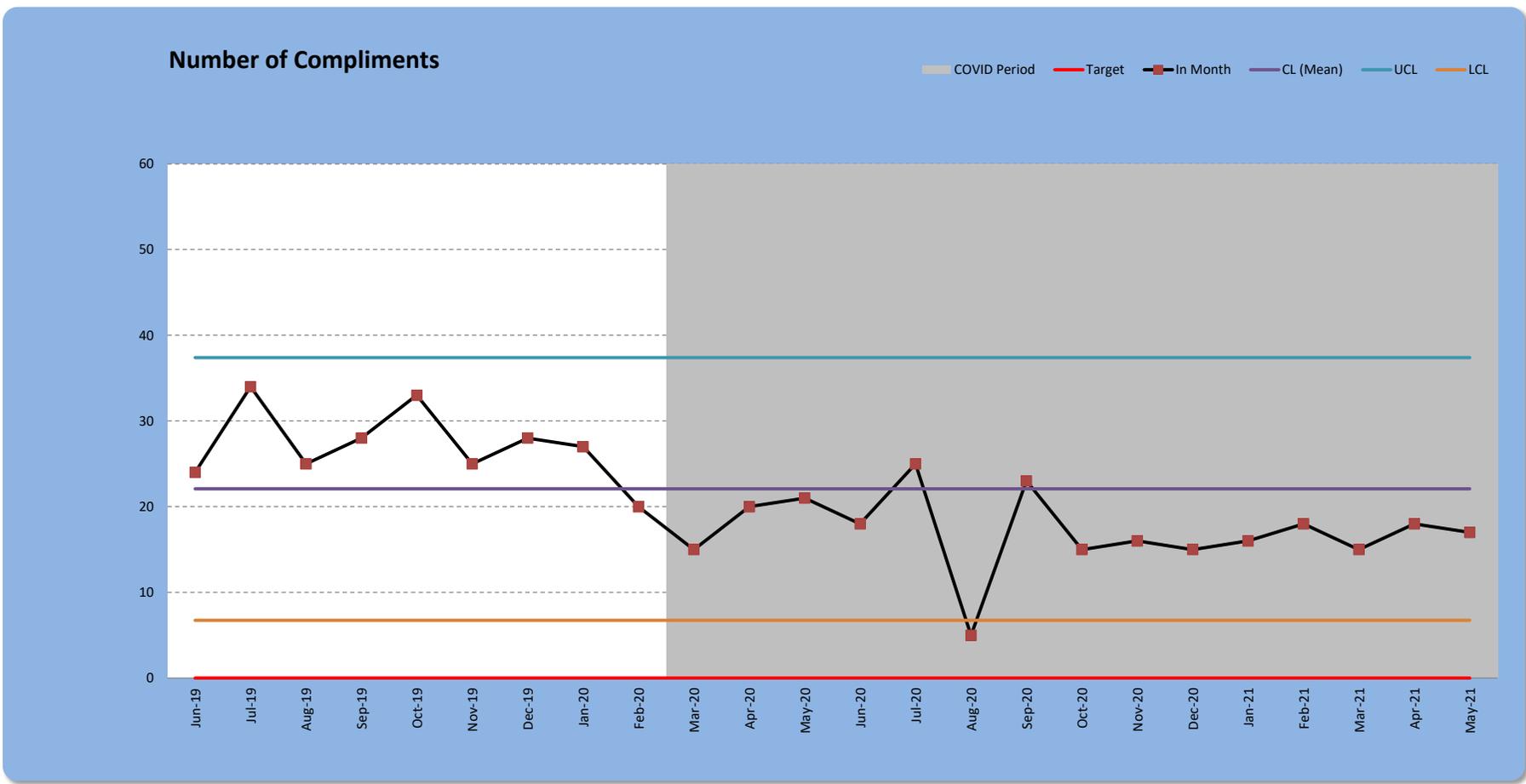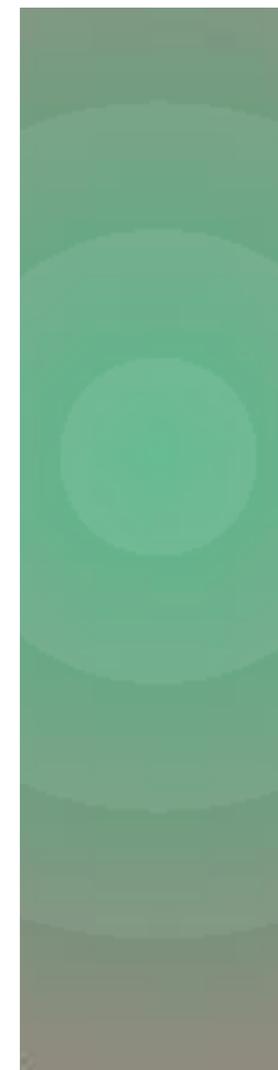
Number of Compliments

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

Target: 0
Amber: 0

Current month stands at 17

Children and Young People Autism Spectrum Diagnosis Waiting List Trajectories

At the beginning of March 2021 there were 1,102 children and young people (CYP) currently waiting for the start of an assessment, of which 810 have waited over 52 weeks, leaving 292 cases under 52 weeks.

To track the service progress in reducing the over 52 weeks waits the trajectories below have been compiled. The trajectories are based on staff undertaking 30 assessments a month in Hull and 20 assessments a month in the East Riding of Yorkshire (ERY). A total capacity of 50 assessments a month is projected which is a significant impact.

The projections below assume that referrals are seen in date order. It allows for the fact that existing referral waiting times will continue to grow until they are seen, and also for the number of cases which will tip into over 52 weeks waits as time elapses.

ERY actual figures from 3rd March 2021 onwards

Date	Number 52 weeks +	Number 52 weeks -	Total waiting
03/03/21	81	133	214
11/03/21	77	135	212
18/03/21	71	130	201
25/03/21	73	136	209
04/04/21	73	141	214
10/04/21	68	142	210
17/04/21	68	140	208
24/04/21	68	131	199
16/05/21	54	143	197
23/05/21	58	152	210
30/05/21	60	150	210
06/06/21	61	149	210

The chart below demonstrates the improvement trajectory in ERY cases when 20 assessments are undertaken a month. The team began implementing the new model in Feb 2020, as it supported improvement the model has now been adopted in the Hull service since March.

Over 52 wk ERoY Expected c.f. Actual Waiting List

Expected Waiting List based on staff doing 20 cases a month
Actual Waiting List
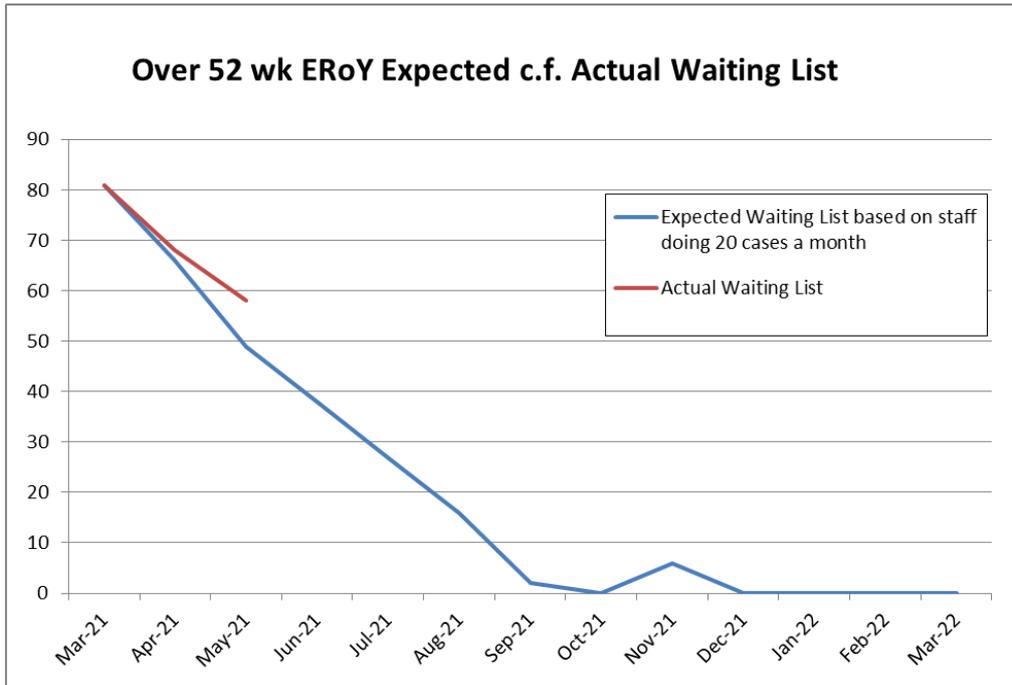
Hull actual weekly figures from 3rd March 2021 onwards

Date	Number 52 weeks +	Number 52 weeks -	Total waiting
03/03/21	729	159	888
11/03/21	732	159	891
18/03/21	733	156	889
25/03/21	736	156	892
04/04/21	734	161	895
10/04/21	733	160	893
17/04/21	729	160	889
24/04/21	722	159	881
16/05/21	710	147	857
23/05/21	697	149	846
30/05/21	699	147	846
06/06/21	702	144	846

The below chart demonstrates the improvement trajectory in Hull cases if 30 assessments are undertaken a month. The team began implementing the new model in March.
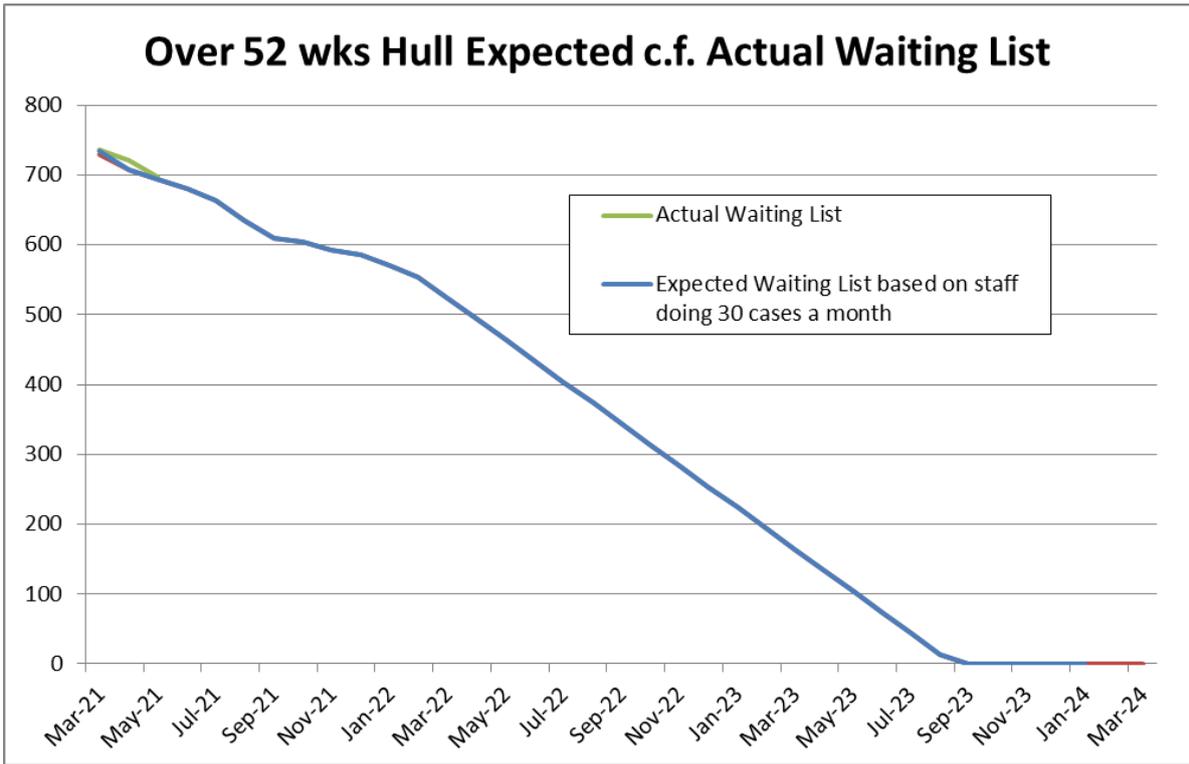
Hull and ERY Combined

Date	Number 52 weeks +	Number 52 weeks -	Total waiting
03/03/21	810	292	1102
11/03/21	809	294	1103
18/03/21	804	286	1090
25/03/21	809	292	1101
04/04/21	807	302	1109
10/04/21	801	302	1103
17/04/21	797	300	1097
24/04/21	790	291	1081
16/05/21	764	290	1054
23/05/21	755	288	1043
30/05/21	759	297	1056
06/06/21	763	293	1056

3

Combined over 52 wks c.f. Actual Waiting List

Legend:
- Expected Waiting List based on 50 cases a month.
- Actual Waiting List
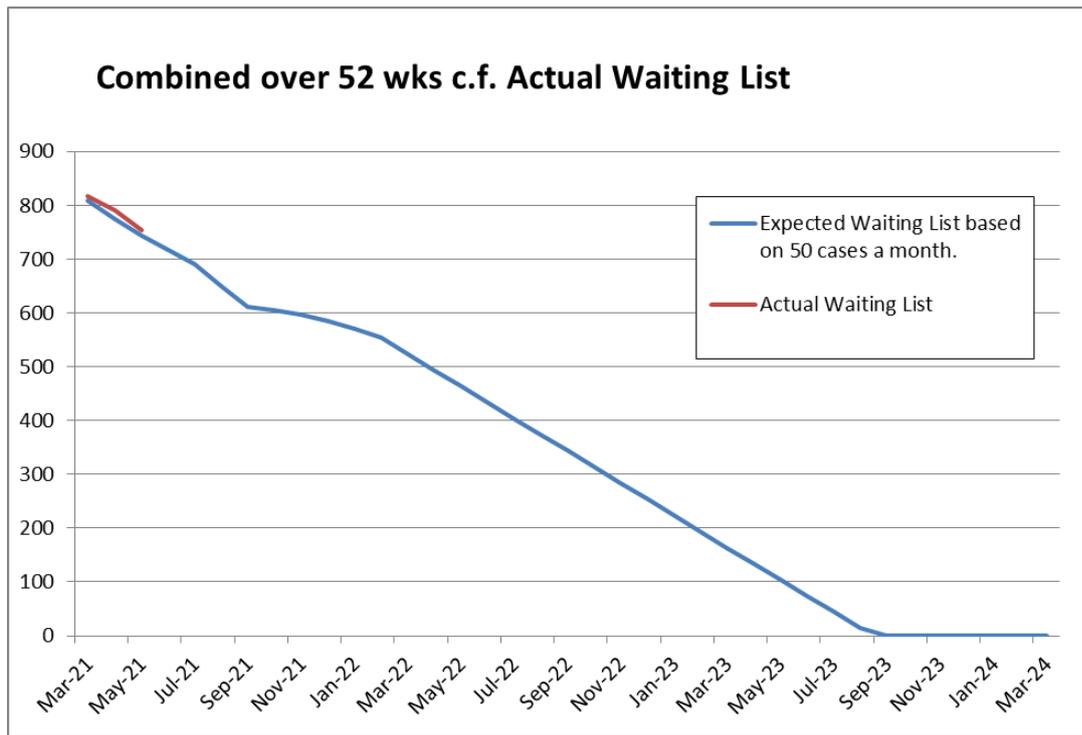
Variation in referral rates

Referral rates are different for Hull and the East Riding. The most recent referral rates, from 2020/21, have been impacted by the COVID-19 lockdowns, making them unreliable for predicting future rates, and we have therefore used past data over a longer period to do this. The suppressed demand therefore has been taken into account.

Recovery Plan

A comprehensive ASD recovery plan has been developed and this has been taken to the Quality Committee. The key updates in relation to the plan are:

- The ASD team new pilot model has now been fully adopted for both Hull and ERY which is speeding up the number of referrals they can undertake.
- Healios began to take 16 assessments a month from the 1st of May. With potential opportunity to increase this capacity further.
- The transition cases, older young people 16-18 years, are being allocated to the Humber Adult Autism Diagnosis Service team to start assessments immediately. A transition pathway has now been developed.
- Recruitment continues to the ASD posts.

4

Title & Date of Meeting:	Trust Board Public Meeting– 30 June 2021			
Title of Report:	Finance Report 2021/22: Month 2 (May)			
Author/s:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve	X	To receive & note	
	For information	X	To ratify	
Purpose of Paper:	This report is being brought to the Board to present the financial position for the Trust as at the 31st May 2021 (Month 2). The report provides assurance regarding financial performance, key financial targets and objectives. The Board are asked to note the financial position for the Trust and raise any queries, concerns or points of clarification.			

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

Key Issues within the report: *Please ensure you also complete the monitoring and assurance framework summary below:*	- The Trust recorded an overall operating surplus of £0.129m which is in line with the ICS Months 1-6 expectation of a £0.315m surplus - Within the reported position at Month 2 is Covid expenditure of £0.892m and income top up of £0.410m. - Cash balance at the end of May 2021 was £25.600m.

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

Caring, Learning & Growing Together

	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	

FINANCE REPORT – May 2021

1.   Introduction

This report is being brought to the Board to present the financial position for the Trust as at the 31st May 2021 (Month 2).   The report provides assurance regarding financial performance, key financial targets and objectives.

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

2.   Position as at 31 May 2021

Under the planning guidance the period 1st April 2021 to 30 September 2021 is referred to as H1.

For the H1 period block arrangements will remain in place for relationships between NHS Commissioners (comprising NHS England and Clinical Commissioning Groups) and NHS Providers Trusts and Foundation Trusts.

The Trust position for H1 has been set in line with the overall Humber Coast and Vale ICS and as part of an efficiency requirement for the ICS all organisations were given a target and the Trust moved from a breakeven position to a surplus of £0.315m for H1.

Signed contracts are not required between NHS organisations for this period.

Table 1 shows for the period ended 31 May 2021 the Trust recorded a surplus of £0.118m, details of which are summarised in the table below.

Taking account of Donated Depreciation the overall Operating Total is a £0.129m surplus which is in line with the H1 requirements.

Income and Expenditure

	21/22 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Income							
Trust Income	128,525	10,710	10,602	(108)	21,421	21,329	(92)
Clinical Income	17,508	1,548	1,697	149	2,824	3,180	356
Covid 19 Income	2,119	658	570	(88)	1,301	1,346	45
Total Income	148,152	12,916	12,869	(48)	25,546	25,855	309
Expenditure							
Clinical Services							
Children's & Learning Disability	28,848	2,467	2,341	126	4,904	4,881	22
Community & Primary Care	28,243	2,287	2,428	(140)	4,695	4,883	(188)
Mental Health	47,861	4,189	4,020	170	8,501	8,063	438
Secure Services	11,221	936	928	7	1,884	1,905	(21)
	116,173	9,880	9,717	163	19,984	19,733	252
Corporate Services							
	30,305	2,760	2,394	366	5,238	4,893	345
Total Expenditure	146,477	12,640	12,111	529	25,223	24,626	597
EBITDA	1,675	277	758	482	323	1,229	906
Depreciation	2,942	245	253	(7)	490	505	(15)
Interest	148	12	(11)	24	25	5	20
PDC Dividends Payable	2,341	195	195	0	390	390	0
PSF Funding	-	-	-	-	-	-	-
Operating Total	(3,756)	(176)	322	498	(582)	329	911
BRS	(3,756)	(305)	200	505	(710)	200	910
Operating Total	(0)	129	122	(7)	128	129	1
Excluded from Control Total							
Impairment	-	-	-	-	-	-	-
Donated Depreciation	70	6	5	0	12	11	1
Ledger Position	(70)	123	117	(6)	116	118	2
EBITDA %	1.3%	2.6%	7.2%		1.5%	5.8%	
Surplus %	-2.9%	-1.6%	3.0%		-2.7%	1.5%	

2.2 Income

Income is based on block arrangements with Commissioners that are fixed for Months 1 to 6. The current position is showing an overachievement of £0.309m.

The expectation is that income will be in line with the budgeted position within H1 and is being closely monitored.

2.3 Divisional Expenditure

The Operational Divisional Expenditure is being reported as Gross expenditure

2.3.1 Children's and Learning Disability

Children's and LD is reporting a £0.022m underspend year to date.

The CAMHS Inpatient unit is currently overspending by £0.088m due to the high cost of Agency Medics and some Agency Nursing costs. This is offset within the Children's budget by savings in other sections with the main saving being travel and subsistence.

Within LD there are pressures particularly at Granville Court with a year to date overspend of £0.077m. The funding mechanism for Granville is being reviewed with Commissioners.

2.3.2 Community and Primary Care

Community and Primary Care is reporting an Overspend on gross expenditure of £0.188m.

Within Community services the main pressure at Month 2 relates to Scarborough and Ryedale which has experienced increases in staff recruitment and also has Agency staff support which has resulted in an overspend. This is being closely monitored and the Commissioners are aware of the current pressure in demand which has increased throughout the Covid period.

Primary Care is showing a minor underspend.

2.3.3 Mental Health

The Division is showing an underspend of £0.438m. This is primarily due to vacancies across a number or service areas. There are agency staff being employed to fill essential roles and this is being constantly reviewed.

2.3.4 Secure Services

The year to date position of Secure Services is an overspend of £0.021m. This is due to the payment of Agency Medics to cover vacancies. This issue will be eased from August with the appointment of 3 new substantial consultant posts.

2.3.5 Corporate Services

Corporate Services are reporting an underspend of £0.345m

3. COVID Expenditure

At the end of May 2021 the Trust recorded £1.302m of Covid related expenditure (Including Income Top Up), details of which are summarised below:

Table 2 Covid Costs

Covid Costs	April £m	May £m	Total £m
Pay	0.172	0.112	0.284
Non Pay	0.267	0.341	0.608
Expenditure	0.439	0.453	0.892
Income Top Up	0.205	0.205	0.410
Total	0.644	0.658	1.302

4. Cash

As at the end of Mayl 2021 the Trust held the following cash balances:

Table 3: Cash Balance

Cash Balances	£000s
Cash with GBS	25,449
Nat West Commercial Account	102
Petty cash	49
Total	25,600

For the 2021/22 year to date the Trust has not been in receipt of any capital allocations in advance and therefore the reported position is representative of the underlying cash position.

5. Statement of Financial Position

The Statement of Financial Position in Appendix 1 shows the Trust's assets and liabilities as at 31st May 2021. A comparison has been made against March 21. The main change has been the reduction in cash of £15.277m offset by the reduction in Payables of £9.333m and Accrued Liabilities of £8.410m.

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

6.   Recommendations

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

Appendix 1
Statement of Financial Position

	May-21 £000	Mar-21 £000	Movement £000	Comments
Non-current assets				
Property, Plant & Equipment	86554	87,254	700	
Intangible Assets	14,312	14,465	153	
Total non-current assets	100,866	101,719	853	
Current assets				
Cash	24,659	39,936	15,277	Year end creditors cleared
Receivables	6,316	6,404	88	
Inventory	155	155	0	
Assets held for sale	515	1,540	1,025	Hallgate and Victoria house sold
Total current assets	31,645	48,035	16,390	
Current liabilities				
Payables	3,001	12,334	9,333	Year end creditors cleared
Accrued liabilities	16806	25,216	8,410	year end accruals cleared
Other liabilities	7,040	6,525	-515	
Total current liabities	26,847	44,075	17,228	
Net current assets	4,798	3,960	-838	
Long Term Liabilities				
Non-current borrowings	3,559	3,565	6	
Non-current- other liabilities	3,899	4,026	127	
Total Long term Liabilities	7,458	7,591	133	
Total Net Assets	98,206	98,088	-118	
Revaluation Reserve	16,250	16,250	0	
PDC	69,652	69,652	0	
Retained earnings reserve	14,377	14,259	-118	
Other	(2,073)	(2,073)	0	
Total Taxpayers Equity	98,206	98,088	-118	
Total Liabilties	132,511	149,754	17,243	

Title & Date of Meeting:	Trust Board Public Meeting – 30th June 2021
Title of Report:	Finance and Investment Committee Assurance Report
Author:	Name: Francis Patton Title: Non-Executive Director and Chair of Finance Committee

Recommendation

To approve		To receive & note	✓
For information		To ratify	

Purpose of Paper:

The Finance and Investment Committee is one of the sub committees of the Trust Board.

This paper provides an executive summary of discussions held at the meeting on 16th June 2021 and a summary of key points for the Board to note.

Governance

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee		Workforce & Organisational Development Committee	
Finance & Investment Committee	16.6.21	Executive Management Team	
Mental Health Legislation Committee		Operational Delivery Group	
Charitable Funds Committee		Other (please detail)	

Any Issues for Escalation to the Board:

The committee recommends that the Board: -

- Notes the month two outturn showing a surplus of £0.129m consistent with ICS target.
- Notes the month two BRS performance which is on plan.
- Notes the excellent work undertaken by Estates team and the Annual Non-Clinical Safety report.
- Agrees to delegate authority to August FIC to sign off the PSDS SALIX tender with ratification at Board in September.

Caring, Learning & Growing Together

Executive Summary - Assurance Report:

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

A summary of the key areas discussed are that Month two performance showed that the Trust had recorded a month end position of £0.129m.

The Trust has a strong cash position and is controlling creditors and debtors well and the committee complimented the team on this.

In terms of BRS the Divisional & Corporate areas have delivered savings of £0.744m.

The Committee received the latest BAF and risk register which they signed off, an update on the Estates strategy which showed good progress year to date and the Annual Non-Clinical Safety report which it recommends to Board.

The Committee also received an update on the application to phase 2 of the Public Sector Decarbonisation Scheme (PSDS) SALIX grant where the Trust has been offered the full amount of funding applied for of £1.74M for the decarbonisation of utility systems at ERCH and The Humber Centre. The Scheme is currently out to tender with tenders due back at the end of July, however because there is no Board in August permission is sought from Board for delegated authority to FIC to sign off the spend to enable tenders to be accepted with a report to September Board for ratification.

The Committee reviewed the Digital Delivery Group and Capital Programme Board & Estates Strategy Delivery Group Assurance reports and Terms of Reference and signed them off.

Key Issues:

The key areas of note arising from the Committee meeting held on 16th June were:
- In terms of the Insight report the key issues raised were: -
  - At Month 12 the Humber Coast and Vale ICS recorded a £2.136m surplus compared with a £7.864m surplus at Month 11. The reported position represents a £34.5m favourable variance against the plan deficit (£32.3m). It should be noted that the planned deficit assumed shortfalls in non-patient income, Transformation Funding and a cost pressure for the expected increase in the annual leave accrual. Within the reported position the surplus was split £1.7m North Yorkshire and £0.4m Humber ICPs and Humber reported £0.027m.
  - Westend has been declared surplus to operational requirements, following which the premises were marketed on a best and final bid basis. An unconditional offer was accepted and the sale is being finalised. As part of the sale agreement, it is also agreed that the Trust would leaseback the rear reception block for a 12-month period from the date of completion at a peppercorn rent. This is to ease accommodation pressures caused by the COVID -19 pandemic.

- In terms of the month two an operational surplus position of £0.118m was recorded to the 31st of May 2021. After donated depreciation the position is a surplus of £0.129m. As part of the Efficiency Requirement of the ICS the Trust was required to move from a Breakeven position to a surplus of £0.315m for the period Months 1 to 6 (H1).

  Within the reported position is year to date covid expenditure of £0.892m, and income top up of £0.410m. The Children's and LD Division has a year-to-date net underspend of

£0.010m; Community and Primary Care Division has a year-to-date net expenditure underspend of £0.027m; Mental Health Division has a year-to-date net expenditure underspend of £0.600m; Secure Services Division is showing a year-to-date division net overspend of £0.029m and the overall corporate position is an underspend of £0.345m.

Cash at the end of month two was £25.600m, aged debtors stood at £2.258m (a reduction compared to April of £0.036m and from March of £1.272m with a way forward in relation to the aged Hull City Council debt) and aged creditors stood at £3.777m (£1.937m have been approved and can be paid on the system).

The committee complimented the team on their management of debtors.

- The Committee received the month two BRS update which showed that Directorate savings of £0.744m have been delivered which is on plan and at month two the forecast outturn is for all targets to be met.

- The Committee received the BAF and Risk Register for quarter two and Strategic Goal 5. The only query was that with 8 of the objectives being amber, 1 being red and only one yellow why was the overall rating yellow. The Executive will review this prior to the next meeting.

- The Committee received the Estate Strategy 2020/21 update. Key issues identified in the report were.

  - Disposals –
    - Hallgate Sale was agreed, plus additional Deed of Variation agreed with neighbouring property owner to relinquish right of access. Sale completed April 2021, following completion of Deed of Variation.
    - Victoria House was vacated on 17 December 2020, with sale completed May 2021 (as agreed by Trust Board).
    - Westend Sale was agreed including the leaseback of the accommodation block at a peppercorn rent for 12 months. Sale anticipated to complete in June 2021.
    - Notice has been served by Fredrick Holmes to vacate the school annexe, which accommodated Children's Therapies. Services relocated to Sledmere House in May 2021.
  - Primary Care –
    - Cottingham Clinic (King Street Medical) works commenced on site in November 2020, completing in April 2021. Chestnuts practice relocated to Cottingham Clinic in April 2021.
    - Chestnuts was vacated in April 2021. An option appraisal has been commissioned to review potential alternative Trust use versus disposal. Building use to be reviewed at July 2021 Estates Strategy & Capital Delivery Group.
    - The programmed completion of Whitby Hospital tower block refurbishment has been delayed until August 2021.
    - The updated SOC for redesigning Mental Health Inpatient Services is in development for submission to August 2021 FIC and September 2021 Trust Board.
  - Revised Estate Strategy Development
    - The Corporate Accommodation review has been decoupled from the Redesigning Mental Health Inpatient Services project. Recommendations will be made on the available options for the 1st stage of the project, their cost, and the way forward to EMT on 14 June.

- o Localities - similarly to the corporate accommodation review, post pandemic working practices and service strategies will assist to inform a refreshed strategy for the Trust's locality plans.
    - Master planning of Alfred Bean Hospital has been initiated to enable consolidation of services that are required within Driffield.
    - In Beverley Hawthorne Court was mothballed in January 2021, with STARS service relocated to Townend Court. As of May 2021, Children Therapies and the Perinatal team have been allocated temporary accommodation within parts of the building.
    - In Bridlington a focussed review of Primary Care accommodation requirements is in development, prioritised against the vacation of Fieldhouse.
    - Master planning of Hornsea Hospital has been initiated to establish opportunities for best use of space.
    - In Bridlington Agreement for lease is in place for practice two (15 years).

- The Committee received an update on the application to phase 2 of the Public Sector Decarbonisation Scheme (PSDS) SALIX grant. The Trust has been successful and been offered the full amount of funding applied for of £1.74M for the decarbonisation of utility systems at ERCH and The Humber Centre. For both sites condition 11 of the agreement with SALIX states that the Trust must provide a plan for the removal of the existing fossil fuel systems, this should include timescales and project governance. The estimated value of this work will potentially be circa £250k for each location and would need to be funded from the Trusts own capital resources which can be accommodated. To meet the conditions of the SALIX funding both projects are to be completed by 31/03/2022. This timeline is ambitious and all works leading up to the install work need to be completed within the agreed timescales in the provisional project development plan.

  The Scheme is currently out to tender with tender submissions due back at the end of July, this would enable tender evaluation and a report to EMT and Finance and Investment Committee on the preferred contractor in August. Because there is no Board in August permission is sought from Board for delegated authority to FIC to sign off the spend to enable tenders to be accepted with a report to September Board for ratification.

- The Committee received the Annual Non-Clinical Safety Report 2020-2021 from Paul Dent who presented an overview of the year. The Committee asked several questions and then complimented Paul and the team on the excellent work undertaken which gave the Committee good assurance. The Committee are happy to recommend the report to Board for sign off.

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

Title & Date of Meeting:	Trust Board Public Meeting – 30 June 2021				
Title of Report:	Quality Committee Assurance Report				
Author/s:	Name: Mike Cooke Title: Non-Executive Director and Chair of Quality Committee				
Recommendation:	To approve			To receive & note	✓
	For information			To ratify	
Purpose of Paper:	The Quality Committee is one of the sub committees of the Trust Board This paper provides an executive summary of discussions held at the meeting on 2nd June 2021 with a summary of key issues for the Board to note. The approved minutes of the meeting held on 7th April 2021 are presented for information				

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) QC Assurance Report prepared for the Board	✓

Key Issues within the report:	The following items were noted for highlighting to the Trust Board • The high acuity and high demand on the waiting list for children and young people both area wide and nationally plus the opening of the new PICU and would like the executive team to look at a risk entry encompassing these three areas

Monitoring and assurance framework summary:

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

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

Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Executive Summary - Assurance Report:

Key Issues

The key areas of note arising from the Quality Committee meeting held 2nd June 2021are as follows:

The chair welcomed Trish Bailey for the presentation item and Cathryn Hart for the Research and Development report.

The minutes of the meeting held 10th February 2021 were agreed, with a minor amendment and all closed actions noted with updates given. The Quality Committee Assurance report was noted and the work plan reviewed and agreed.

Discussion item – Inspire our Quality Improvement Journey
Trish Bailey thanked the committee for the opportunity to show the progress of the work at the Inspire unit, and described the journey from the start of planning to current day, noting the high acuity and numbers on waiting lists both regionally and nationally.   It was agreed the need to publicise the great work achieved by CAMHS and to escalate the opening of PICU and acuity into the general risk register.   Trish Bailey acknowledged the great support from adult mental health and specialist divisions during this turbulent time.

It was agreed the discussion was timely regarding the progress and and the ability to maintain the therapeutic environment for everyone as well as dealing with the next phase in demand with PCIU.

Quality Insight Report
The committee was updated on items including the Patient Safety Partners, Allied Health professionals (AHP) update, Serious Incident reports, Accessible information, Incident reporting and Family and Friends test. It was noted there had been a 'never event' which is currently being investigated and will be reported back to the Quality Committee when completed. It was agreed a lot of compliance was shown through the report.

Quality Committee Risk Register Summary
The Risk register summary was discussed noting 13 risks rated nine or above relating to quality, taking a good look at the summary and noting the escalation of the CAMHS risk.

NHS England commissioned independent investigation
The independent investigation was noted and the committee welcomed the progress made with NICHE including the future return visit.

Recovery Strategic Framework
The committee discussed the framework and endorsed the approach, welcoming the deployment and looked forward to an update on the deployment and quality improvement which comes from this. The committee is keen to support this moving forward.

Mortality Report
A verbal report was given noting secured funding for a Public Health registrar to support JB. The committee was happy with the approach and look forward to viewing the report with the wider public health input when completed.

Clinical Skills Competency Framework
It was noted this has been developed from reviewing the learning of incidents over the past few years, SJN described the development of the framework including the pilots at Mill View Court and Ryedale Community Services with full roll out once these have been evaluated. It was agreed it was good to see the work so far and look forward to a progress update showing the assurance process working.

Quality Accounts 2020-21 draft
The draft quality accounts were reviewed with a discussion and some suggestions for changes. The Quality Accounts were being sent out for consultation to stakeholders the following day and the final report will be presented to Trust Board following consultation. The committee thanked everyone for the input and being inclusive in all quality work.

Clinical Audit Annual Report 2020-21
It was agreed it was really good to see the systematic balance of audits across the trust and stretch into next year, with a note of the audit activity which has taken place during the pandemic. It was felt audit activity was getting back on track and showing good progress.

Research and Development Report
It was good to see the diversity of activity with another cycle of studies emerging following the pause post covid, noting the urgent public health research undertaken, along with the Covid-19 research. The national conference was highlighted along with the creation of videos to assist the move into the virtual world.

Annual Controlled Drugs report
The report was noted highlighting the low number of medication errors in relation to the amount of medications prescribed. The Pharmacy team were thanked for the report.

Policies reporting to Quality Committee
There were no policies presented for approval this month.

Minutes from reporting groups
The minutes from the Quality and Patient Safety Group (QPaS) were noted. The following policies were approved through QPaS with minor amends:-
- N-020 Isolation Precautions Policy
- N-021 MRSA Policy
- OP-002 - Risk Audit for Clinical Environments Policy

The Drugs and Therapeutics Group (DTG) had not had a meeting prior to papers being circulated and will update their latest meeting at the next Quality committee

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The approved minutes from the 7th April 2021 are attached below as appendix one

Appendix 1

Humber Teaching NHS Foundation Trust

Quality Committee
Minutes

For a meeting held on Wednesday 7 April 2021
9.30 – 12.30 (Virtual meeting via MS Teams)

Present		
Core Members		
Mike Cooke	Non-Executive Director (Chair)	MC
Mike Smith	Non-Executive Director	MS
Dean Royles	Non-Executive Director	DR
Hilary Gledhill	Director of Nursing, Allied Health & Social Care Professionals	HG
Tracy Flanagan	Deputy Director of Nursing, Allied Health & Social Care Professionals	TF
Lynn Parkinson	Chief Operating Officer	LP
Kwame Fofie	Clinical Director and Deputy Medical Director	KF
Su Hutchcroft	Compliance Officer (minute taker)	SH
In attendance		
Colette Conway	Assistant Director of Nursing, Patient Safety and Compliance	CC
Claire Jenkinson	Deputy Chief Operating Officer	CJ
Weeliat Chong	Chief Pharmacist	WC

22/21	**Apologies for Absence** Apologies were received from John Byrne and Sam Jaques-Newton. WC was welcomed to the meeting as deputy for JB along with new committee members KF and SJN (noted apologies received) and Claire Jenkinson attending for item 14.
23/21	**Minutes of the Last Meeting** The minutes of the meeting held on 10 February 2021 were accepted as a true record.
24/21	**Action List and Matters Arising** There were no matters arising from the last meeting. The action log was discussed noting the first six items closed along with updates listed below • Action Feb-21 (14/21) LP confirmed the full capital programme had been supported by the Board. This has also been for review, and supported by the Finance and Investment Committee meeting. LP confirmed a timescale for completion of September 2021. It was agreed the action was closed. MS confirm he was pleased with the September timescale and noted looking forward there is more work around looking at the type of ligatures but pleased that the meeting had received assurance regarding the work that needs to be completed along with the action plan. KF noted it has been discussed at various committees as well as the Reducing Restrictive Interventions Group (RRI) and feels there is robust governance and leadership around this work • Feb-21 (15/21) will be picked up under item 10 (Risk Register Summary)
25/21	**Quality Committee Board Assurance Report** MC confirmed he took the assurance report verbally to the February Trust Board meeting with the paper highlighted at the March Board meeting. The report was noted.
26/21	**Work Plan 2020 / 2021** The work plan was noted with everyone confirming they were all happy with the future plan. HG requested the date for the Inspire item to be confirmed. **ACTION- to confirm the date on the work plan for the Inspire update with TB (SH)**

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27/21	**Quality Committee Annual Effectiveness Review (Final version to note)** MC noted the final version of the effectiveness review which includes his executive summary describing 'a challenging but nevertheless successful year for quality', stating well done to everyone, observing the three elements of high assurance required, response to covid and the continuation of quality improvement. MC also remarked on the work with the vaccination programme and thanked WC. The committee approved the final report including the terms of reference, and they were recommended to the Trust Board for presentation at the May meeting. HG suggested that some of the information within the review could be used in this year's quality accounts as it captures the activity over the last year for the quality section
28/21	**Presentation – Minimising self-harm in built environments in healthcare. National project overview** TF took the committee through the presentation explaining she has been involved in the project for the last four to five months, noting the link to the ligature audit work and schedule of work. The work was triggered by the letter received from Kevin Cleary reminding us of our responsibility in organisationally in terms of minimising ligature risk harm along with the move away from rag rating risks on the height of the ligature but thinking of the risk of the environment in the context of individual risks which gives a more triangulated and sophisticated view of ligature risk. The letter also created the focus on ligature audits being a dynamic document and how they are used in the organisation. A national task and finish group was set up by the Mental Health Nurse Directors Forum, and with five core areas agreed which included • The built environment • The therapeutic environment • Use of technology • Workforce • Procurement With TF being part of the team focusing on the therapeutic environment/engagement chapter she explained the areas being looked at with process for the development of national guidance informed by a review of best practice. The guidance was originally planned to be published at the end of March but will now be released as individual chapters with the final chapter due to be realised by September. Comments and questions from the discussion held include • It was felt that ligature cannot be eliminated but can be significantly reduced and noted that the works required as part of the capital programme for Inspire demonstrate that you can support elimination through new design. . It was also noted new methods will always found and asked how do we ensure we are ahead of the curve in terms of ligature opportunities in our environments, as well as new methods of anti-ligature. • Noted as a good piece of work, as when our patients are at their most vulnerable on the wards, we need to do all we can to protect them. The acknowledgement of the therapeutic environment is a big focus, having good care plans, safety plan, with good management strategies and staff upskilled to identify who is vulnerable with the key that patients are treated and managed correctly to lower the risk as a result of treatment rather than a sterile environment. • . It was noted that some of the new roles in the inpatient services (i.e. pharmacy technicians) may need additional support and training in relation to their awareness around the safe management of environmental risks including ligature points • DR thanked TF for really helpful presentation delivered with enthusiasm and passion. The point regarding ligature harm being considered in the same way of HCAI needs to take into account the culture change required and what do we need to do to ensure we can get this right. • It was noted that this is a helpful discussion but that the focus on the capital programme work need to continue. • It was noted the analogy of ligature being the same as HCAI is problematic as some people come into hospital with intent to harm themselves, seeing this as the safe environment away from families. An area to look at could be the same as when a HCAI has occurred and an RCA is completed to identify the learning from these events. • Looking at reducing harm through the zero events, a framework already embedded in the organisation that could be used

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	Responses were given as noted below • Keeping ahead of the curve is a really valuable and interesting point and the project has talked a lot about service user involvement. They will be involved in the development of the chapters but more importantly for any work streams that arise from the chapters, service user involvement is required to try and understand from there prospective how they would look at the environment in a way we might not be able to. TF acknowledge that means of self-harming are shared amongst service users and especially now due to the internet and social media it is incredibly difficult to keep up to date. • Agreed that creating a belief in staff that we can make a different on the impact on the harm associated with ligature will make a huge difference • Therapeutic engagement and the wider MDT, this has been talked about the desire to extend this work further than just mental health nurses. MC noted a very interesting discussion and suggested if people would like to think about this more and have further discussion with TF. TF noted the emphasis of the project on the built environments but confirmed there are some strong voices in the project that feel the therapeutic environment should have equal status . Also noted the digital healthcare assistant which has had a lot of discussion but needs that clear clinical leadership to ensure the use is beneficial The next steps were noted on the presentation with the timeline of the publication for the guidance and TF will bring these through as released. Regarding QI, some work has already been started with the RRI group. In terms of being involved with the project TF noted it was great to hear the discussion and debate. MC summarised the harm minimisation project and acknowledged that where ligature is concerned the focus is on the physical environment and suggested thinking about the next anti-ligature audits including the therapeutic environment as well as the physical space. MC thanked TF for the presentation and discussion
29/21	**Quality Insight Report** HG highlighted the key aspects of the report as follows: • CQC update on the future regulatory approach with the new strategy being launched in late spring. Main focus for returning to inspections will be on those rated inadequate or requires improvement (overall rating) and areas where new risks or concern has been raised. We have already taken part in the well led transitional monitoring assessment (TMA) for mental health providers with positive feedback received. CQC are also closely monitoring how hospitals are ensuring robust infection prevention and control and carrying out inspections where there are concerns. The Trust has undertaken that review with all KLOEs met. MHA monitoring visits have continued throughout the pandemic, with virtual review visits taking place. Adult Social Care services IPC inspections are taken place, and Granville has taken part in this, with again all areas met. Inspections will resume for primary medical services for those high/medium risk providers. All our GP practices have either had an annual regulatory review (pre-pandemic) or a transitional monitoring call with the CQC. All practices are rated as good. It was noted our relationship with the CQC Trustwide is good • CQC Insight Report which was last published in March this year show the overall performance for the Trust is about the same, with no concerns. The Trust remains in the top quartile for reporting incidents in our mental health services with the majority being no harm • Quality of serious incident investigations – investing in training for senior staff to undertake serious incident investigations by moving to a different company to provide a two day course on reports and maximise learning. There has been high interest in staff wanting to undertake this training • NHS England commissioned independent investigation with NICHE – the draft report was accepted by the Board in March and the action plan approved and is being progressed by the division. This will come to the June Quality Committee for a progress update and August for the final sign off • Professional Strategy update on the quality areas of the four priority areas from the strategy approved in 2019 • Developing our approach to clinical risk, which triangulates nicely with the work TF is completing, this work was started just before the pandemic, looking at strengthening the work on clinical risk assessment, based on the best available evidence at the time along with ensuring the staff training is matched. There was a delayed due to the pandemic and work has now restarted with a work shop held in March this year creating direction of travel which will feed in to the work from the presentation also.

	• Quality dashboard shows good Family and Friends test response increased on previous months, along with a noted increase inpatient safety incidents. Safeguarding have registered a drop in children's referrals but this may be due to the way they are now being captured being split out into early help referrals and child protection referrals, work is therefore being done to split our information in the same way to show if this is a true decline or not. Clinical supervision is good and the report noted the work into violence and aggression as raised at February's board with the outcome to be included in the next insight report. MS chaired when MC temporarily dropped out the meeting. MS commented on a good insight report and would like to keep looking at the item on violence and aggression to see if any trends are significant. Good to see the PPI satisfaction along with trend of incident reporting increased but levels of harm decreased, and was really pleased to see the clinical risk assessment on MDT work linked to the previous strategy work. A well done was noted to Granville Court on the IPC inspection with CQC.
30/21	**Quality Accounts update** CC explained there has been no national steer on priorities this year so it was agreed to put a stretch on the previous year's priorities which are included in this report. These have been through the Patient and Carer Engagement (PACE) forum with a good discussion, along with reporting into QPaS. It was noted these are transformational pieces of work so follow the natural progression to expand and embed these areas over the next year. Progress was noted in all areas, and it was confirmed there were no issues considering the past year, and it was acknowledged that as these are transformational pieces of work these would still have taken longer than a year to embed without the Covid element. HG confirmed these priorities were approved at the Trust Board last year, although only requiring three, four were approved not realising the pandemic would come. HG requested approval from the Quality Committee on the stretch of priorities for this year. It was noted the time line is continuing as per previous years having received no national guidance and the document should be ready for review at the July Trust Board. MC re-joined the meeting being updated on the discussion he had missed. A discussion was held regarding areas to build into the accounts including the chairman's forward from the effectiveness review with MC noting he was happy to assist read and edit the document if required. DR commented that the progress made, with areas of improvement sustained despite the year that has passed which showed the excellent reflection that when work is embedded in an organisation it can continue to happen even when not the main focus, evidencing the governance in place and thanked all those involved. MC confirmed there was a good sense of assurance in relation to quality from the previous items. CJ confirmed, when asked as a new member to the organisation, that she felt it shows the quality perspective is at the heart of the organisation. KF added he was glad to see the teams being able to see the data with the dashboard as this is crucial and we can only improve when we have insight into what we are doing, so is great to see work on the quality of the data being robust. MC confirmed that once teams start using the local dashboards that data improves. **The Quality Committee approved the priorities**
31/21	**Quality Committee Risk Register summary** HG highlighting the following information:- • 14 risks rated at 9 or above with a theme around 5 risks linked to the waiting list, noting the paper due later in the meeting. • SS48 – alarm in secure services has closed and will be removed off the register with work now finished. MC asked the committee if it was felt the right risks were being captured. LP felt we were, noting the additional risks since the last summary with areas focused operationally on the waiting time issues. LP

commented that these risks were high but hopefully the discussion letter would show the mitigation, noting although these risks are higher than liked, the reasons behind them and the information reflects this.

MC enquired about staff fatigue and any impact on quality asking if there is an end in sight. LP confirmed sickness absence has reduced nicely and we have kept all items of support running along with discussions at Workforce and OD committee in regards recovery actions to address this.

The report was noted. MC confirmed appreciation of the dynamic structure.

32/21	**Patient Safety Strategy – update** CC updated the meeting highlighting the following items:- • Again showing a theme, that despite the Impact of Covid 19 over the past year a lot of great work has been completed against the patient safety strategy with reporting of incidents still very high and level of harm reducing • Reporting of near misses is improving • Lot of work has been covered around supporting staff involved in incidents and has been received well by staff • Corporate safety huddles are working well and the roll out into division and team levels is ongoing • An analysis of deaths on the waiting list was completed and showed nothing untoward • A new national role of patient safety specialist (PSS) was created and CC and TF are the Trust appointed PSS, and there was a meeting yesterday to look at patient safety partners within the organisation and how this is moved forward • Noted the White Ribbon accreditation • Stated feels all very positive and is moving in the right direction without loss of traction MC enquired regarding the safety huddles out in team level and whether this is deployed. TF stated there were some really nice examples of this working but is not sure this is as wide spread and embedded as we would like it to be as yet. An example following the sexual safety collaborative work, they are having a sexual safety huddle after care reviews and looking at the impact of the work on the sexual safety collaborative and sharing this out as an approach. The community ward has done work around safety huddles in respect of falls. MC thanked TF for the update and suggested this may be a good topic for the learning the lessons event to allow the learning from success and get people talking about how it helps. HG confirmed there will be a push on safety huddles this year as they need to come from the team and agreed having the discussion at the learning event could assist to get more rolled out although stated she is really pleased with the number of teams who have taken the concept and moved forward with it, the Neighbourhood care services (NCS) teams being the latest to do this, looking at pressure ulcers and wound care so it is certainly gaining momentum. The committee felt assured with the progress being made. MC thanked CC noting well done for the report.
33/21	**Covid Vaccination update** WC updated the committee noting the apologies received from John Byrne for today's meeting. • Clinics started for the second dose of vaccines at the end of March and the first seven days have been completed with 3754 people receiving their second vaccination. A break was taken during Easter with vaccinations starting again on Friday 9th March 2021 for a further four days. The Primary Care Network (PCN) will then be using the centre for vaccinating the following week, before the Trust returning over the following weekend. • Currently 85% of staff has received one vaccination with 66% of staff receiving their second dose. • Vaccinations have been taken to inpatient units with Humber Centre, Pine view, Maister Lodge, Westlands, Townend Mill View Lodge, Newbridges along with some clozapine patients in the community and some CTLD patients. • An arrangement has also been made for some vulnerable patients to have their vaccination with us when going to a mass vaccination centre is not suitable, along with individualised presents to assist with LD patients. • The team is also assisting the PCN with their vaccination campaign MC thanked QC for the good update report

34/21	**Compliance with CQC Standards for COVID vaccination services**
	WC explained the background to the paper with the CQC publishing the latest standards for hospital lead covid vaccination centres. A table was created and detailed reference added to show how we have achieved these standards.
	MC confirmed a very helpful report and thanked WC for the update.
	MC noted discussions regarding vaccination supply and enquired if WC felt people now wanted to receive their first vaccine as people were getting the second dose. WC confirmed there are some people who didn't come forward initially and are now coming forward and this is believed to be as a result of the project group continually campaigning and asking people to get vaccination noting although we are supposed to be focussing on second vaccination for people, we can still make arrangements for staff to have their first vaccination, using where possible the Astra Zeneca vaccination as this is easier to have the second dose in 12 week times
	DR noted the power of the story regarding supporting a vulnerable patient and MC felt this would be good to use in future. WC confirmed he was working with comms regarding a piece on this.
	MC thanked WC for a great report, expressed pleasure that people are recognising the great service which is enhancing the reputation of the organisation with staff, patients and partners. A well done was given with a request to pass on thanks to all volunteers and staff. WC thanked MC and noted the project team have worked very closely together to ensure the success.
35/21	**Waiting List trajectory and performance update**
	LP introduced the paper, updating the meeting with the continued focus on waiting times along with access, wanting to achieve timely access to all of our services to ensure people are offered the support needed in an appropriate timeframe, focusing on the challenges in some areas noting the national focus on waiting times being taken into consideration with this work also. It is noted the one area coming to the fore is Children and Young people services which are seeing an increase in demand right across the full provision but especially so in terms of the CAMHS tier 4 provisions. This is at the forefront of thinking at the moment and had been part of the surge planning.
	LP noted that we do not have pressures in all areas and were making good progress in some areas such as CMHT before the onset of covid, with a target of four weeks and have managed to get back to that level again which is great, particularly given the volume of service users.
	LP noted previous conversations regarding the consultancy work with Attain which was helpful and reinforced some of the work we had been doing along with giving additional information. LP confirmed the accountability reviews are really helping in getting that focus on information, being led by information which was initially a weakness in operations but have made progress although aware there is more work still to do.
	CJ acknowledged the organisation having pockets of greatness and pockets of problems, with a focus on three key areas in the past and explained her broader approach of working with the services to attain what the issues are, noting as an organisation she felt this is far more complex than acute services who are looking at 18 weeks performance, where we have to work with a larger number of different indicators so this was looked at for each of the different waiting lists. As an organisation our 18 week waits have improved by 1.83% increase last month but acknowledged that we have seen an increase in 52 week waits. CJ has been meeting with each service that has long waiters to try and simplify the information and look at what is going on and how this can be supported. These meetings are going to continue in the future. It has been a huge challenge to work through all the information reports we receive and work has been undertaken to look at what information we really need to ensure we are receiving the right reports.
	In terms of the 52 waits, meetings with the teams has involved re-creating a focus, determining what actions need to be taken and ensuring the information is correct to create a much neater position to enable us to focus on what work is required. Services are now working on validating information to give a better picture of the situation.
	Work moving forward will involve looking at the access rules for the service along with who is applying them and who is policing them, and then creating our own local access policy which will allow us to apply the standard operating framework to our organisation and know what the CCGs are expecting from us. This is a large piece of work but hints and tips from other organisations that have already done this can

assist.

The other area of work in the meetings has focused on the 'what can we do' rather than the 'what can't we do' and appreciating there are areas with issues of capacity pressure and staff absence especially within small teams when absence can make a huge difference, the meetings will concentrate on not complaining about where we are but finding the solutions about how we can make a difference. By bringing in the BI team and system managers (clinical systems) to be involved to create a project to ensure the information reports contain what is required and work is now starting to determine how best to do this. CJ is using this as a learning experience as something new is discovered every week. One key focus is patients being booked in the right order as i past issue have been identified .

With reference to Children's services being a hot spot, CJ has been working with the CCGs, particularly in relations to the autism pathway. Referral rates have grown in line with national trends and we are not alone in this issue, with other organisations feeling the same pressure, in line with school closures explaining referral patterns are really erratic with the opening and closing of schools which create challenges with trying to manage a waiting list.

LP noted regarding the three areas in the report, it is felt there is sufficient capacity and resource to make memory services and the department of psychological medicine 18 week compliant.

CJ confirmed the memory assessments have changed their KPIs and have made an agreement with the CCGs that the patient is seen and assessed and gets feedback within a 16 week window, BI reports now showing the 16 week target and should drive an improvement against this target over the next few months. Similarly with the department of psychological medicine, theoretically they have the capacity to deal with the waiting list overall so focus is now getting the teams to concentrate on the long waiters, acknowledging there are some issues with needing face to face contact due to the nature of the patients, so focusing on ensuring this is dealt with support from KF for clinical input.

In terms of the autism areas, working closely with the CCGs and local authorities, as whilst people are on this long waiting list we need to ensure contact is made and some degree of support offered during this time. The teams are working really hard although this is not showing in the information reports as yet so the work to unpick these reports is required to show what is actually happening. This relates to how the reports are produced and how the information is counted and relevant through the work with BI and systems managers. CJ noted the profile of the waiting list is quite strange showing very few short waits but the majority being long waits. The introduction of triage has made a difference and currently looking at treating only the patients who have been waiting over a year and monitoring this carefully.

CJ explained the ASD service introduced a new model of working in March which resulted in 50 over 52 week wait patients being allocated, however there hasn't been a corresponding reduction in long waiters on the waiting list. This has prompted us to investigate and determine how the information is recorded and collected. Accurate recording and reporting is clearly vital and we are working closely with the CCG and Local Authority on this project and developing a simple trajectory for improvement and its monitoring is underway to provide transparency of the progress being made.

A company called Healios has been brought in who provide digital assessment for the more straight forward cases but want them to focus on the over 52 week wait patients and are promoting this with families to show this is a good solution. Have looked at other organisations who have used this method and staff have bought in to this. The contract has been extended this month and they feel they can reduce numbers dramatically as long as we ensure they are taking patients in the right order.

CJ noted she would like to wait until the new suite of reports is available to be really confident in the information prior to bringing an update to the Quality committee.

MC thanked CJ for a helpful update and felt the issues have been grasped and will challenge outdated practice and variation that is around, agreeing the need for a focused approach, acknowledging there is a lot of work still to be done but great news on the progress.

KF agreed the need to understand what is going on and commented on a conversation with NHS England about examining the details down to how many patients an individual clinician sees each week, reporting at a departmental level to compare what is being completed. MC commented the staff engagement work would be key to this.

DR enquired regarding the chronological order and the planning has just started with focus up on health

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	inequalities and wondered regarding the balance of wanting the data being right and the pressure of expectation in planning. KF confirmed both areas are being completed at the same time alongside the cleansing of the data. CJ noted we know what our capacity is through the Attain work and looking at what we can do, so encouraging the services to complete the capacity work even if the demand is not known, allowing us to know what can be delivered. LP summarised stating that knowing the capacity means we can set trajectories with more confidence, hoping the committee is reassured that the expertise of CJ, has the level of detail around this, with the operational insight and has shown that this input was required. Taking the managers and clinical lead on a journey of really understanding waiting times and how we are working with partners, optimising clinical pathways and how we are addressing the chronology and equity which is very much part of the autism work. MC suggested that LP and CJ along with KF may like to come to a Board meeting to explain the new approach and the timeframe with the new solutions which could be helpful in recognising the issue MC thanked CJ for her report and encouraged her future work.
36/21	**Annual Policy Assurance Report** HG explained the report is presented annually showing compliance for all policies under the Quality umbrella confirming currently all the policies being in date with the exception of one which is on today's agenda for approval. MC thanked HG for the assurance noting the difficulty keeping up to date with work over the last year especially during the first wave of Covid. **The Quality committee recognise the policy compliance with all policies up to date.**
37/21	**Policies for approval from QPaS** • **Covid Vaccination Handling and Management policy** WC explained the policy has been drafted nationally for individual Trusts to adopt and has now been put in the Humber format with the contents remaining from the national template. The policy was approved through QPaS in March 2021, **The Quality Committee approved the policy, linking to national standards, for ratification by the Trust Board.**
38/21	**Quality and Patient Safety Group minutes** HG noted the paper shows the minutes of the January meeting with an overview of the last meeting chaired by TF due to HG being on leave, and shows the conversations being held at QPaS and how they translate up to the Quality Committee. MC noted it was good to see the link to the command arrangements. The minutes were noted with no queries raised.
39/21	**QPaS Effectiveness review 2020/21 and Terms of Reference** MC commented it was good to see an effectiveness review from QPaS and suggested to WC it would be worth looking at this next year for DTG. HG confirmed it is always good to look back and review the terms of reference and refresh as required as well as looking at quoracy etc. MC thanked HG for driving the group. The effectiveness report was noted and welcomed, and the Terms of Reference were approved by the Quality Committee.
40/21	**Drugs and Therapeutics Group minutes** The minutes were noted with no queries raised. WC confirmed the meetings have kept a good turn out and have managed to keep business moving forward during covid. MC noted the committee was very impressed by the pharmacy technician presentation and had been commended to the Trust Board by DR.
41/21	**Drugs and Therapeutics Group Terms of Reference** WC confirmed the terms of reference were reviewed and required no changed from last year.

	The Terms of Reference were approved by the Quality Committee.
42/21	**Items Arising from the meeting requiring Communication, Escalation or Risk Register consideration and any lessons learnt** The following items were agreed for escalated to the Trust board via the Assurance report: • The presentation on harm minimisation • The Waiting list trajectory and performance update • The assurance across the clinical policies
43/21	**Any Other Business** MC thanked everyone for keeping the Quality Committee on the right issues through reflecting and discussion, noting good assurance received at today meeting.
44/21	**Date and time of next meeting** The next meeting will be held on Wednesday 2 June 2021 at 9.30am via MS Teams. The meeting details will be updated nearer the meeting date.

Title & Date of Meeting:	Trust Board Public Meeting – Wednesday 30 June 2021			
Title of Report:	Charitable Funds Committee Assurance Report			
Author/s:	Name: Professor Mike Cooke Title: Non-Executive Director and Chair of Charitable Funds Committee			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	The Charitable Funds Committee (CFC) is one of the sub committees of the Trust Board. This paper includes details of the meeting held on 18 May 2021 and provides a summary of key points for the Board to note. The minutes of the meeting held on 31 March 2021 are also attached for information.			

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

Any Issues for Escalation to the Board:	The Committee agreed that the following items should be escalated to the Board: • Charitable Funds Committee approved the £60k request from Whitby to support the garden works from the appeal fund to the enhancements to the Whitby Hospital Garden and Landscaping. • The Committee agreed that the issues relating to the Impact Appeal (£150k income) it needs to be clearly specified in the narrative on the Trustees report, to avoid confusion. Mr Beckwith to come up with a form of words.

Caring, Learning & Growing Together

		• CFC requested that the £82k bill for CAMHS is also escalated to the 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	

Key Issues:

A meeting of the Charitable Funds Committee (CFC) was held on 31 March 2021. The meeting was positive and well attended with good progress and assurance being made in this area.

Key Issues

The Committee:
- Welcomed Claire Jenkinson, Deputy COO to the meeting.
- Approved the 31 March 2021 CFC minutes (attached) as an accurate record.
- Noted the progress on the actions list and work plan and agreed some further work is required on the Work Plan prior to it being brought back to CFC in July 2021 for final approval.
- Noted the update for the Chairs Log from the Whitby Project Assurance Group from the Whitby sub group.
- The Committee noted the Insight Report and the good progress being made. The Committee asked for an update on Viking FM at the CFC next meeting. Ms Winterton agreed to provide more information at the next CFC meeting about the Inspire project and whether there is anything we can learn from that for Whitby. The Committee agreed to take the Humber Centre Shop off line and cover it outside of CFC.
- The Committee discussed the Charitable Funds requests that require Committee Approval (over £5,000 up to £100,000) and strongly endorsed the £60k request from Whitby to support the garden works from the appeal fund to the enhancements to the Whitby Hospital Garden and Landscaping. The Committee noted that it is looking forward to receiving the specific proposal once the seed work and feasibilities have been done and look forward the recommendation from the Art Group to endorse.   Mr Beckwith will push on with this and bring back to a future CFC meeting for further discussion and approval.
- Noted, the CFC Finance Report. Professor Cooke asked that the issue relating to the Impact Appeal £150k income needs escalating to the Board in the June Board Assurance Report. It needs to be clearly specified in the narrative on the Trustees report, to avoid confusion. He also asked that the £82k bill for CAMHS is also flagged in the June Board Assurance Report.

- The Committee discussed the revised ToR and agreed that Mr McGowan needs adding as a member.
- Noted the good 2020/21 Annual Report.
- Noted the Health Stars KPI's 2020/21 Report.
- The Committee noted that the Marketing and Communications Plan 2021/22 has been deferred until a further EMT discussion has taken place.
- The Committee noted the Risk Register and highlighted that the date and heading needs amending. Ms Winterton to link in with Oliver Simms about the Board Assurance Framework, as per Mr McGowan's suggestion. Ms Winterton to discuss the gaps in assurance as none have been identified, as per Ms Moran's request.

Charitable Funds Committee

Minutes of the Charitable Funds Committee Meeting

Held on Wednesday 31 March 2021, 2.00pm – 3.30pm, via Microsoft Teams

Present:	Peter Baren, Non-Executive Director (Chair)
	Peter Beckwith, Director of Finance
	Steve McGowan, Director of Workforce and Organisational Development
In Attendance:	Michele Moran, Chief Executive
	Rachel Kirby, Communications & Marketing Manager
	Victoria Winterton, Head of Smile Health
	Kristina Poxon, Fundraising Manager
	Jude Wakefield, Whitby Hospital Appeal Co-Ordinator
	Mike Smith, Non-Executive Director
	Francis Patton, Non-Executive Director
	Gerry McFarlane, Contracts Manager BAM Construction Ltd (item 21/21)
	Peter Todd, NHS Property Services (item 21/21)
	Richard Chapman, Principal Landscape Architect One-Environments (item 21/21)
	Kerrie Neilson, PA (minutes)
Apologies:	Professor Mike Cooke, Non-Executive Director
	Andy Barber, Hey Smile Foundation Chief Executive

It was declared that the meeting would be recorded for note taking purposes and the recording would be destroyed once the minutes have formally been approved by the Charitable Funds Committee at the next meeting on 18 May 2021.

13/21   **Declarations of Interest**
Mr Smith declared that he Chairs the Charitable Funds Committee meeting at The Rotherham NHS Foundation Trust.

14/21   **Minutes of the Meeting held on 19 January 2021**
The minutes of the meeting held on 19 January 2021 were agreed as a correct record.

15/21   **Action List, Matters Arising and Work Plan**
Ms Winterton asked the Committee for clarity on the work plan, in terms of whether everything on there is what needs to be on there. She asked whether the Review of Full Accounts and Charitable Funds Audited Accounts should both be on the work plan. She went on to point out that the Review of Full Accounts can be presented to the Committee in May. However, it would be difficult to bring those in March. She also picked up on the Bi-Annual Review of Board Update, which is on today's agenda. She noted she wants to understand how that fits in with the Review of Committee Effectiveness/Self-Assessment and the Review Committee Annual Report to ensure she gets it right going forward.

Mr Baren agreed with Ms Winterton that the Review of Full Accounts cannot be presented in March.

Resolved: It was agreed that Ms Winterton, Mr Barber and Professor Mike Cooke would update the work plan outside of today's meeting and bring it back to the next meeting on Tuesday 18 May for approval. **ACTION VW/AB/MC**

The Committee went on to discuss the actions list and the following was noted:

03/21 Insight Report (a)
Ms Poxon verbally reported that conversations are ongoing and are currently awaiting further information to finalise the options paper to enable this to be brought to the next meeting in May.

Resolved: It was noted that this action will remain on the actions log. **ACTION KN**

05/21 Insight Report (b)
Ms Winterton verbally reported that works are progressing and a full update will be provided in at the next meeting on 18 May. It was noted that this action will remain on the actions log until the next meeting on 18 May.

Resolved: It was noted that this action will remain on the actions log. **ACTION KN**

06/21 CFC Finance Report and Circle of Wishes Update (b)
It was noted that the action relating to ABH and creative funding can now be closed off, as the work is linked into the wider estates strategy reboot.

Resolved: It was noted that this action can now be removed from the actions log. **ACTION KN**

08/21 Risk Register
It was noted that the first meeting took place in March and a plan will be presented at the next meeting in May.

Resolved: It was noted that this action will remain on the actions log. **ACTION KN**

44/20 Review of Health Stars Operational Plan KPI's 2020/21
In Mr Barber's absence, Ms Winterton verbally reported that this item has been delayed until the next meeting in May.

Resolved: It was noted that this action will remain on the actions log. **ACTION KN**

16/21   **Monthly Board Assurance Report**
Mr Baren presented the report that was presented to the January Trust Board. It was noted that the Trust Board welcomed the report and are happy with the way that things are progressing.

    Resolved: The report was noted by the Committee.

17/21   **Terms of Reference (ToR) Review**
Mr Baren presented the ToR and discussed it in more detail with the Committee.

Mr Baren questioned membership and noted that he is not sure if the membership is correct. As the CEO is down as an attendee but not as a member but then further down it states that the CEO is a member. Mr Patton said he is also confused and Ms Moran is absolutely a member because she is one of the Trustees. It was noted the Exec Lead is transferring across to Mr McGowan and Mr Beckwith should be listed as an attendee. Mr Patton referred to the quorum and asked if a Deputy was covering would it still be quorum as the Deputy would not be a Trustee. Mr Baren said the ToR should be consistent across all Committees. Mr Baren requested clarity on whether deputies can form part of the quorum or not. Mr McGowan agreed to check this with Michelle Hughes.

Mr McGowan commented on the ToR and wondered whether under the scope and duties he there needs to be something more descriptive in there about what actual duties of this Committee are. It is about been really clear about what this Committee does. It was noted that

everyone in attendance was supportive of Mr McGowan's comments.

Mr Smith stated that it would be useful to see some financials specified in the ToR.

Resolved: The report and verbal updates was noted by the Committee.
Mr McGowan agreed to discuss the Terms of Reference with Michelle Hughes and bring it back to the next meeting for approval. **ACTION SMc**

18/21   **Review of Committee Effectiveness / Self-Assessment**
Ms Winterton presented the draft report that provides a review of the effectiveness of the Committee during 1 April 2020 to 31 March 2021. It was noted the paper considers the performance of the Committee over the year 2020/21, and assesses it's delivery of key functions.

Ms Winterton informed the Committee that Professor Mike Cooke has sent some separate feedback on what else he would like to see in the report. She welcomed further feedback, and or comments from the rest of the Committee. Mr McGowan and the Committee discussed the report in detail and agreed further work is required. There is also a need to provide some clarity and include the levels of sign off. He noted this work can tie in with the review of the ToR and Bi-Annual Review of Board Update. He agreed to liaise with Ms Winterton outside of the meeting.

Resolved: The Committee noted the progress and the verbal updates.
Ms Winterton agreed to action Professor Cooke's suggestions and add Mr McGowan's name to the membership list. Ms Winterton agreed to make the necessary changes and liaise with Mr McGowan outside of the meeting. The Committee agreed the review the revised report in advance of the next CFC meeting, prior to it going to Trust Board on Wednesday 19 May.
ACTION VW/SMc.

19/21   **2021/22 Operating Plan KPI's**
Mr McGowan presented the draft report that provides the Charitable Funds Committee with a proposed suite of Key Performance Indicators (KPI) for 2021/22. It was noted that the KPI's remain the same as 2020/2021 to enable Charitable Funds Committee to measure progress against the last year. The report will be presented to the April Trust Board for final approval.

The KPI's for 2021/22 are presented below. Included in the comments are how Health Stars performed against the KPI's for 2020/21.

Were KPI's have been met for 2020/21 the text is in green and where the KPI's have not been met the text is in red.

Indicators have been categorised across the following themes:-
- Finance
- Engagement
- Patient/Staff Centred
- Governance

Ms Winterton highlighted why some of the items are in red and green. It was noted that as a result of the pandemic things have not progressed as well as we would have hoped. It was noted that the operating expenditure and total expenditure is higher than we had hoped it would be, due to the fact that we thought we would have spent more.   The number of wishes have reduced over the last year due to Covid and staff time. Conversations are underway so we can encourage more teams to submit wishes. Social media followers are slightly behind but plans are in place to move this forward. In relation to wishes very few wishes have been rejected.

Mr Baren asked why the operating costs 10% more than the budget. Ms Winterton agreed to

look in to this.

Mr Patton thanked the team for the very useful report. He pointed out that the income and budget figures are in fact the wrong way round.
Mr McGowan reported that the 2021/22 Operating Plan KPIs report also needs to go to the April Trust Board for approval.

Mrs Moran asked what we are doing in terms of encouraging staff to request funds. Ms Poxon provided assurance and noted that she has linked in with the senior HR business partners about how we can engage with different departments within the Trust, she has also linked in Mandy Dawley. It was noted that Ms Winterton, Ms Poxon and Ms Kirby are all working on the Comms Plan. Ms Poxon has also met with Mandy Dawley of the Patient Carer Experience Team so her team have linked in with the service managers and a spreadsheet has been generated of what the Charity could fund. Work will continue with that.

Mr Baren made reference to the actual figures that are going to the Board. He noted that we do not have an opportunity to discuss the figures so he suggested a draft is circulated to the Committee members. Ms Winterton asked if this could be altered on the work plan to come later on in the year and go to Board later on in the year for next year, as that way we would have all of the figures from the financial year. Mr McGowan suggested taking the Annual Review to the May Trust Board. He then suggested taking the Operating Plan KPI's report to the April Board meeting.

Mr Baren asked if budgets for 2021/22 have been developed yet. Mr Beckwith stated that this information should be available for the next meeting. Mr Baren asked Ms Winterton to review this as part of the review of the work plan.

Resolved: The Committee noted the 2021/22 Operating Plan KPI's Report and agreed to present the KPI's at the April Trust Board meeting. **ACTION VW/SMc**
Ms Winterton agreed to review the budgets for 2021/22 as part of the review of the work plan. **ACTION VW**

20/21 **Bi Annual Review of Board Update**
This item was discussed as part of the Operating Plan and the Effectiveness Review.

21/21 **Insight Report & Whitby Appeal Update**
The Committee welcomed Gerry McFarlane, Contracts Manager BAM Construction Ltd, Peter Todd, NHS Property Services and Richard Chapman, Principal Landscape Architect One Environments to the meeting. It was noted that all of them were in attendance at the start of the meeting to discuss the Whitby Hospital Garden and Landscaping Proposal, and to answer any questions supporting this area of expertise.

Ms Winterton presented the March Insight Report that focuses solely on the Whitby Hospital Fundraising Appeal and items that require a decision or an approval from the CFC Committee.

The following key updates was highlighted:

- Whitby Hospital Landscaping and Gardens
- Whitby Hospital Garden Sculpture
- Whitby Hospital Fundraising Bricks
- Whitby Hospital Arts Project – Lead Artist
- Whitby Hospital Fundraising with commemorative items
- Whitby Hospital Fundraising Coordinator Report

Ms Winterton reported that the landscaping and garden project has already been to the

Executive Management Team (EMT). She is now seeking approval for expenditure and to start fundraising towards the garden project.

Ms Poxon provided a brief overview on the task and finish groups which are made up of community and staff.   A final design was put together which is the design that has been presented here today. It was noted that Mr Beckwith led this and presented it to EMT and that was signed off therefore, it is here today to seek approval for the charitable contribution. Mr Beckwith added to this and stated that the paper he took to EMT was to ask for early support from Executives so that we could start the work on the gardens prior to it coming to CFC. He went on to ask if the Committee are supportive of the fundraising target. Mr Patton stated that there is a lot of operational detail within the report so he wondered whether it could be refined to just the decisions the Committee need to get involved with. He asked for clarity on whether we are if we are going to fund them in advance and the team will try and raise the funds to cover what we have funded, as there are not enough funds to cover everything. Ms Winterton confirmed that is the case and we will not go ahead with the project if don't fundraise the funds.

Mr Baren felt that there is not enough detail about the Trusts share of £60k and whether that has been subject to tender and whether we are getting value for money. The Committee had a detailed discussion as to what the Committee has been asked to do in relationship to any monies. Mrs Moran expressed her concern and noted that there is not a clear plan. Mr Baren asked Ms Winterton what the direction of travel is. Mrs Moran said that some of the information submitted today needs to go to EMT first. Mrs Moran suggested leaving everything until we have a clear plan about what it is we are fundraising and what it is we want to do.

Mr Patton asked Mr Baren if there is a deadline for when the papers have been revisited or can it wait until the next meeting in May. Mr Baren asked if we have already committed this money. Mr Beckwith confirmed that this was supported at EMT, due to a cost pressure and a more expensive scheme if it started at a later date in the absence of a Charitable Funds Committee. Mr Baren asked what due diligence has been done with regards to value for money.   Mr Beckwith provided assurance and noted that this is on the schedule of rates in the contract it has been reviewed by the Head of Estates. It has been cost assessed reasonable enough by the Head of Estates. The item he took to EMT was to get prior support to proceed in the absence of seeking approval at Charitable Funds Committee, recognising if we didn't there would be a higher cost pressure. It was noted that this is a time critical project that is already in process therefore retrospective approval is needed from this Committee.

Peter Todd confirmed that the garden and landscaping component is currently underway.

Ms Poxon asked for retrospective approval from CFC for the works and also distinct approval to fundraise the £60k contribution.

Mr Baren challenged value for money and what different tenders have been received. Mr Beckwith stated that it has been done under the schedule of works that are in the main construction contract, and that schedule has been cost assessed by the Head of Estates, prior to the paper going to EMT. EMT agreed to underwrite the enabling works. Peter Todd added to this and provided assurance on value for money and confirmed that NHS PS have checked the costings and are satisfied. The variation has been thoroughly checked by an independent quant surveyor to ensure it is in line with the schedule of rates, which we then subject to a competitive tender process to establish the contract in the first place. It was noted that it has had two tiers of checks. Mr Baren is now satisfied that we have got assurance on value for money. Mrs Moran added to this and suggested that this conversation is postponed so we know exactly what we are been asked to do.   Mr Beckwith agreed to work with Ms Winterton and Mr McGowan outside of the meeting and get clarity on what we need to endorse.

Mr McGowan advised that it might be helpful to have a separate paper around the decision making rather than have it embedded in the Insight Report.

Resolved: The report and verbal updates were noted by the Committee.
The Committee agreed that an urgent meeting needs to be arranged for 2 to 3 weeks' time to discuss the Whitby Garden and Landscaping Proposal in more detail. **ACTION ALL**

22/21   **CFC Finance Report and Circle of Wishes Update**
Ms Winterton introduced the report and highlighted the following key updates:

- Circle of Wishes Update
- Finance update
- Fund Zone Balances

Ms Winterton explained that this month's report does include some information on the outstanding elements for the impact appeal and some of the details of the invoices that the Trust is expecting. It was noted that there is no income for the month February. They have been running fundraising events. However, the uptake was not as much as we had hoped. Overall, the income is slightly ahead of where we would like to be. This is mainly because of the NHS Charities Together Grants.

Mr Baren made reference to the fact that we have been a little short on wishes. He asked if it would be worth doing a refresh on the campaign. Ms Poxon advised this piece of work is very much included in the work already ongoing with Ms Winterton and Ms Kirby in terms of raising the profile of the charity. Ms Kirby added to this and reiterated that there are some really creative and concrete ideas to ensure consistency of wishes across all services. A meeting has been arranged for this week to move that forward.

Mrs Moran asked if this could be linked in with the staff recovery programme. She emphasised the importance not to lose sight of CoW in that work.

Resolved: The Committee noted the good progress on the finance and the wishes, as well as the extra Comms planned to take place in conjunction with the Health and Wellbeing Programme.

23/21   **BAME Wellbeing Project Progress Report**
Ms Winterton presented the report, explaining that the purpose of this paper is to update the Charitable Funds Committee on the progress of the Health Stars funding project "Dost" Funds for this project were given to Health Stars from NHS Charities Together for the purpose of supporting the local BAME community. The project is funded by NHS Charities Together to in their Stage 1 grant funding round in support of the Black, Asian and Minority Ethnic communities, who have been adversely affected by COVID.

The following key issues were highlighted:

- Project overview
- Progress since last report
- Branding
- Key meetings with NHS stakeholders and community stakeholders

Mr Smith asked how we will target potential beneficiaries. Ms Winterton provided clarity and said that this is not the first time it has been picked up. It was noted that this is work in progress.

Mr McGowan made reference to the publicity and the promotion aspect. He agreed that he and his team need to take more of a lead on the ownership and support on this.

Mr McGowan then suggested including a couple of paragraphs on BAME in the Insight Report, rather than having a whole report on BAME to save time and paper and to give more focus.

Resolved: The Committee noted the report, verbal updates and the good progress made. Ms Winterton agreed to include a couple of paragraphs on BAME in the Insight Report, rather than having a separate report going forward. **ACTION VW**

24/21   **Items for Escalation or Inclusion on the Risk Register**
Mr Baren summarised the virtual Microsoft Teams meeting. He asked that the following items are escalated to the Board.

- Noted Mike Smiths' declaration of interest that he chairs the Charitable Funds Committee meeting at The Rotherham NHS Foundation Trust.
- Approved the January 2021 CFC minutes (attached) as an accurate record.
- Noted the progress on the actions list and work plan.
- Noted the January Board Assurance Report.
- Discussed and noted the CFC ToR and requested some further changes, prior to final approval at the next CFC meeting on 18 May.
- Discussed the Review of Committee Effectiveness / Self-Assessment and requested some further changes, prior to submission to the Trust Board in May.
- Noted the 2021/22 Operating Plan KPI's Report and agreed to present the KPI's at the April Trust Board meeting.
- Noted that there is a need to focus/remain focused on the wider operating performance in May.
- Discussed the Bi-Annual Review of Board Update, and requested that it is reviewed as part of the review of the ToR, and the Review of Committee Effectiveness / Self-Assessment.
- Discussed the Whitby Garden and Landscaping Proposal and requested that a separate meeting is arranged to discuss this further. The Committee noted that there is a need to look at the bigger picture, rather than get into the operational detail, and see the direction of travel, with a view of approving that really important fundraising with regards to landscaping, which is already work in progress.
- Discussed and noted the good progress on the Finance and CoW report, and the extra Comms planned to take place in conjunction with the Health and Wellbeing Programme.
- Noted the BAME Wellbeing Project Progress Report.

Resolved: The verbal update was noted by the Committee. It was agreed that all of the above will be included in the April CFC Board Assurance Report and be sent to Mr Baren for final approval. **ACTION KN/PB**

25/21   **Any Other Business**
No further business was raised.

26/21   **Date and Time of Next Meeting**
Tuesday 18 May 2021, 1.30pm – 3.30pm, via Microsoft Teams.

Signed: …………………………………….Chair: Peter Baren

Date: ………………………

Title & Date of Meeting:	Trust Board Public Meeting – 30ᵗʰ June 2021				
Title of Report:	Humber Coast and Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative – Commissioning Committee Report				
Author/s:	Peter Baren Non-Executive Director and Chair of the Commissioning Committee				
Recommendation:	To approve		To receive & note		
	For information	√	To ratify		
Purpose of Paper:	The Commissioning Committee is one of the sub committees of the Trust Board This paper provides an executive summary of discussions held at the meeting on Thursday 10 June 2021 and a summary of key points for the Board to note.				

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) *Commissioning Committee*	*10 June 2021*

Key Issues within the report:	Continued pressures regionally and Nationally in relation to CAMHS service. 41 people identified who are clinically appropriate for repatriation or discharge from Adult Secure care over the next 18 months Adult Secure Single Point of Access now live Updated Financial offer has been received from NHSE/I

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

Executive Summary - Assurance Report:

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

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

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

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

Key Issues:

Key areas for noting from the meeting on 10 June 2021:

Work Streams

CAMHS

Due to the continued increase in CAMHs referrals regionally and nationally, the number of CYP in receipt of in-patient care outside of HCV is 14; a 1/3 of these young people are in receipt of care which is not provided within Humber Coast and Vale; low and medium secure and specialist under 13 care.

The CAMHS work stream is progressing with plans for:
- New Single Point of Access (SPA)
- In-Reach and Out-Reach model – enabling specialist in-patient, crisis and community teams to work more effectively as a system
- An opportunity of development of new short term crisis support is being explored.

Adult Eating Disorder (AED)

As at 14 May 2021 there are 3 people in beds outside of HCV all with planned discharge dates before 1st July. At HCV PC we continue to review these with NHSE to ensure no new admissions

are made outside our natural patient flow.

Diabetes pathway and training has been developed. Management of Really Sick Patients with Anorexia Nervosa (MARSIPAN) Pathway – positive initial meeting in May, work progresses with acute hospital colleagues.

A meeting has been held between CAMHS and AED clinicians to develop a new transition pathway across HCV and also ascertain what interventions and services are to be offered for new people being referred aged 16 and 17.

Both Rharian Fields and Schoen Clinic in-patient units currently have waiting lists and all community providers have advised of continued increase in referrals to services.

East Riding Clinical Commissioning Group (CCG) have agreed to commission a specialist community eating disorder provision. As East Riding is the second highest referrer of AED in-patient admissions, it is hoped this new service will provide positive community patient outcomes and reduce referral and length of stay in in-patient provision.

Adult Secure

The commissioning team have worked with providers and identified 41 people who are clinically appropriate for repatriation or discharge from secure care during the next 18 months.

At a recent regional meeting, it was agreed that West Yorkshire Provider Collaborative would host the Pathway Development Service (PDS) for all Personality Disorder (PD) patients in the forensic community across Yorkshire and Humber. The PDS team are in the process of agreeing timescales for the review of all Humber Coast and Vale Provider Collaborative PD service users currently placed Outside Natural Clinical Flow (ONCF).

Our new Single Point of Access is live and is dealing with new clinical cases.

Workforce development – Review of all providers' staffing pressures.

Key tasks, deliverables and interdependencies next month:

- Current provider workforce planning to be developed
- Estate plan - continue information gathering exercise
- Multi provider SPA meetings to commence
- ONCF meetings to be broken down to focus on CCG areas
- Meeting with prison commissioners

2020/21 Activity

Across all 3 work stream 2020/21 end of year activity was shared at the Commissioning Committee – to note.

CAMHS

9,037 occupied bed days (OBDs) of which:
50%	General Adolescent (incl. Psychiatric Intensive Care, Eating Disorder, Learning Disability or Autism) Outside of Natural Clinical Flow
15%	Low Secure – *we do not provide this service in HCV*
21%	Mill Lodge – HCV Provider
14%	Inspire – HCV Provider

The high number of children and young people cared for ONCF is in part due to the increased number of young people requiring admission and the increase in acuity of presentation and, consequently, both in-patient units being unable to operate at higher capacity.

Adult Eating Disorder (AED)

3,542 OBDs of which:

      25%   Rharian Fields, NAViGO
      52%   Schoen Clinic
      23%   Outside Natural Clinical Flow (ONCF)

77% of overall HCV AED activity is within Humber Coast and Vale locality, which is a positive start for developing further local pathways.

Adult Secure
67,922 OBDs of which:
      23%   Humber Centre
      15%   Clifton House
      20%   Stockton Hall
      42%   ONCF

On average 58% of our patient activity is within the Humber Coast and Vale Provider Collaborative footprint. The Provider Collaborative are working to reduce our ONCF cases further and work continues with all our providers to understand all of our patients' expected discharge dates and pathways, and to ensure that each case is reviewed regularly and any blockages are escalated.

Quality Assurance and Quality Improvement

As the commissioning team were unable to recruit to the vacant Quality and Assurance Lead role, the North East Commissioning Support Unit (NECs) have commenced providing support from 17 May 2021. Interviews for the Quality and Assurance Lead will be held on 23 and 25 June 2021.

A paper was shared at the Commissioning Committee which outlines the Humber Coast and Vale Provider Collaborative approach to Quality Assurance and Quality Improvement. At the June 2021 monthly check in meeting with NHS E/I Moira Betteridge, Head of Quality, Specialised Commissioning, Yorkshire and Humber advised that NHS E are assured as to the HCV PC approach to quality assurance and improvement and are pleased with the progress made to date in readiness for Go Live.

Monthly Check in with NHS E

Due to the continued positive progress NHS E/I have agreed to move:

Quality Assurance – from Amber to Green

Involving Experts by Experience - from Amber to Green

The only area remaining red is the Finance and the submission of our updated business case – which is red due to the financial information outstanding from NHS E.

Partnership with CCGs and Local Authorities

Regular bi-monthly meetings have been arranged with CCG and Local Authorities so that the commissioning team can discuss developments within the HCV PC, share detail of people within

specialist services and discharge/pathway plans, and discuss Clinical Commissioning Group and Local Authority future community and general in-patient commissioning intentions.

In addition, a new Learning Disability and Autism pathway panel will be established including representation from both Transforming Care Partnerships to ensure a system-wide approach to the investment of any new financial savings in specialist Learning Disability and Autism in-patient care.

Finance

Updated Finance Dashboards were presented to inform the committee of the finance position at Month 12.

Go Live Date

National NHS England/Improvement team have advised Go Live is slipped to 1 August 2021 and acknowledge this is due to the delay in them responding to our Financial Due Diligence queries.

Title & Date of Meeting:	Trust Board Public Meeting 30th June 2021				
Title of Report:	Q1 2021/22 Board Assurance Framework				
Author/s:	Oliver Sims Corporate Risk and Compliance Manager				
Recommendation:	To approve		To receive & note	√	
	For information		To ratify		
Purpose of Paper:	The report provides the Trust Board with the Q1 2021/22 version of the Board Assurance Framework (BAF) allowing for the monitoring of progress against the Trust's six strategic goals.				

Governance:		Date		Date
	Audit Committee	05/2021	Remuneration & Nominations Committee	
	Quality Committee	05/2021	Workforce & Organisational Development Committee	05/2021
	Finance & Investment Committee	06/2021	Executive Management Team	06/2021
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	

Key Issues within the report:	• Progress against the aligned risks is reflected within the framework to highlight the movement of current risk ratings from the previous position at Quarter 4 2020/21. The format allows for consideration to be given to the risks, controls and assurances which enables focused review and discussion of the challenges to the delivery of the organisational objectives. • Each of the Board Assurance Framework sections continue to be reviewed by the assigned assuring committee alongside the recorded risks, to provide further assurance around the management of risks to achievement of the Trust's strategic goals. **Overview of Board Assurance Framework from Quarter 4 2020-21 to Quarter 1 2021-22.** **Strategic Goal 1 – Innovating Quality and Patient Safety** - Overall rating maintained at Yellow for Quarter 1 2021/22. **Strategic Goal 2 – Enhancing prevention, wellbeing and**

Caring, Learning & Growing Together

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- Overall rating maintained at Amber for Quarter 1 2021/22.

Strategic Goal 3 – Fostering integration, partnerships and alliances

- Overall rating maintained at Green for Quarter 1 2021/22.

Strategic Goal 4 – Developing an effective and empowered workforce

- Overall rating maintained at Yellow for Quarter 1 2021/22.

Strategic Goal 5 – Maximising an efficient and sustainable organisation

- Overall rating maintained at Yellow for Quarter 1 2021/22.

Strategic Goal 6 – Promoting people, communities and social values

- Overall rating maintained at Green for Quarter 1 2021/22.
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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	

Strategic Goal	Assurance Level	Reason for Assurance Level	Executive Lead	Assuring Committee	Risk Appetite	Assurance Rating					Highest current risk
						Q1	Q2	Q3	Q4	Q1	
Innovating Quality and Patient Safety	Y	Overall rating of 'good' from 2019 CQC Inspection Report. 'Requires Improvement' rating for Safe domain in CQC report. 'Must do' actions completed within Trust including safer staffing and supervision. Positive audit of Trust significant event investigation process.	Director of Nursing	Quality Committee	OPEN	Y	Y	Y	Y	Y	16
Enhancing prevention, wellbeing and recovery	A	Robust monitoring arrangements developed through monthly operational delivery group to monitor waiting times. Areas of long waits reviewed and monitored through ODG and Quality Committee. Impact to Trust services and waiting list targets impacted as a result of COVID-19 national situation.	Chief Operating Officer	Quality Committee	SEEK	A	A	A	A	A	16
Fostering integration, partnership and alliances	G	Active engagement continues across all stakeholder groups with demonstrable benefits. Trust taking active role in partnership work. Chief Executive involvement in core HCV planning group alongside the North Yorkshire and York (NYY) and Humber system work, as well as participating in a small national working group on Mental Health recovery. Ongoing work will influence and feed into the wider system. HCV has been successful in the application to become an Integrated Care System (ICS) which indicates confidence in the area and its leaders.	Chief Executive	Audit Committee	SEEK	G	G	G	G	G	6
Developing an effective and empowered workforce	Y	Statutory and mandatory training performance remains above target (90.7% at March 2021 against target of 85%). Rolling 12 month sickness performance has improved to below target (4.51% against a target of 5%).Rolling turnover is improved compared to 12 months previous. GP vacancies now below target, Nursing vacancies improved compared to 12 months ago. Consultant vacancies remain above target. All staff survey theme scores improved in 2020 compared to 2021.	Director of Workforce and OD	Workforce and OD Committee	MATURE	Y	Y	Y	Y	Y	20
Maximising an efficient and sustainable organisation	Y	Trust financial position Month 2 2021/22 reported a minor surplus. Cash position has stabilised and the Trust has maintained BPPC above 90% throughout 20/21 for non-NHS invoices. The Trust has continued to monitor progress against the budget reduction strategy. The Trust has identified surplus estate and Board have approved disposals.	Director of Finance	Finance and Investment Committee	SEEK	Y	Y	Y	Y	Y	15
Promoting people, communities and social values	G	Place plans and Patient Engagement Strategy implemented and positive service user surveys received. Social Values Report launched and a section has been incorporated into the annual report. More work is to be undertaken to promote service users/ care groups. NHSI videos launched. Co-production work continues with regular meetings. Involvement with local groups.	Chief Executive	Quality Committee	SEEK	G	G	G	G	G	9

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

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

Positive Assurance

Assurance	Source
- Audit and Effectiveness Group which receives assurances in relation to all aspects of CQC compliance.	QPaS
- CQC Engagement Meetings.	
- Continued improvement maintained in relation to clinical supervision.	Quality Ctte / Trust Board
- Overall rating of 'good' in 2019 CQC inspection report	
- Patient Safety Strategy 2019-22	
- CQC 'must do' actions completed.	Quality Ctte
- Internal audit of SEA (significant event analysis) process.	

Negative Assurance

Assurance	Source
'Requires Improvement' rating for Safe domain in CQC report.	Trust Board / CQC Report

Gaps in Assurance

What do we not have

Good rating in 'safe' domain for CQC rating.

Full assurance around compliance with CQC KLOE in respect of the Safe domain.

Objective	Key Risk(s)	Q4 20-21 Rating	Q1 21-22 Rating	Target	Movement from prev. Quarter
Embed the characteristics needed to be recognised as a High Reliability Organisation	NQ37 – Inability to meet Regulation 18 HSCA (RA) Regulations 2014 regarding Safer Staffing.	6	6	3	⇔
	NQ38 – Inability to achieve a future rating of 'good' in the safe domain at CQC inspection.	12	12	6	⇔
	NQ48 – Currently the quality of staff supervision is unknown by the Trust which may impact on effective delivery of Trust services	12	12	3	⇔
	OPS11 – Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	16	16	8	⇔
Understanding of our local population's health needs to inform service planning, design and transformation	NQ53 – Failure to ensure our staff are equipped with the knowledge and skill to appropriately report and manage increasing reports of domestic violence due to pandemic lockdown measures	-	12	4	**New Risk**
Provide evidence based, innovative models of care that function as part of the integrated care system, developed in collaboration with patients, carers and commissioners that is clearly understood by the teams and improves the safety of patients within the local and wider system	No risks identified.				
Our research approach will be maximised through education and teaching initiatives and will support local priorities and influence our service user priorities					

Key Controls	Sources of Assurance – Reporting Mechanisms	Gaps in Control	Actions
(NQ37) Routine monitoring of staffing establishments and daily staffing levels.	6-month safer staffing report.	**(NQ38)** Robust oversight of audit outcomes within the Divisional Governance structures	Divisions to develop 6-monthly audit plans led by clinical leads to be monitored via AEG and implemented/monitored via QPaS and through the accountability reviews (30/06/2021)
(NQ37) Validated tool to agree establishments		**(NQ38)** SI and SEA action plans consistently delivered within agreed timescale.	Targeted action to address overdue action plans. Evidenced through the Quarterly SI/SEA assurance report to QPaS (30/06/2021)
(NQ37) Consideration of nursing apprenticeships and nursing associate roles and greater use of the wider multi-disciplinary team in providing clinical leadership to units	Quality Committee Trust Board	**(NQ38)** Refreshed process for sharing the learning processes within divisions to support learning from incidents shared at team/ward level	Implementation of quarterly learning from 'Five-minute Focus' (30/06/2021)
(NQ38) Trust self-assessment against CQC standards.	Quality Committee Trust Board	**(OPS11)** Work to understand issues for all services with waiting times issues with some areas breaching 18 weeks and 52 weeks waiting times targets.	Review of all services with high levels of waiting times and development of service-level recovery plans (Review at 30/06/2021)
(NQ38) Review undertaken of safety across Trust services.		**(OPS11)** Waiting times issues for some services have been compounded by Covid-19 situation and associated changes to working arrangements.	Introduce waiting list performance dashboard for review as part of Trust accountability review processes (Review at 30/06/2021)
(Command Risk 47) Guidance issued to staff and information sent out through Covid-19 and weekly communication updates.	NQ directorate silver meetings. Silver Command Gold Command Trust Board	**(OPS11)** Process for mitigating risks to individual patients based on length of waits.	Implementation of method for robust oversight of waiting list and patient risks for all Trust service areas (Review at 30/06/2021)

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

Positive Assurance

Assurance	Source
- Waiting times continue to be an area of focus as and are reviewed monthly by the Operational Delivery Group. Waiting list update reported into Quality Committee for oversight and consideration of quality impact.	Trust Board ODG
- Proactive contact with patients on waiting list within challenging services.	Quality Ctte
- Collaborative working between Trust and CCGs supportive of additional interventions to reduce waiting times	ODG / CLD Delivery Group

Negative Assurance

Assurance	Source
- Increase in demand for Covid-19 aftercare and support in community health services and primary care. Community health services will need to support the increase in patients who have recovered from Covid-19 and who having been discharged from hospital need ongoing health support.	Trust Board Quality Ctte
- National increase in demand for CAMHs in patient and mental health inpatient beds.	

Gaps in Assurance

What do we not have

Recovery-focussed culture within the Trust.

Objective	Key Risk(s)	Q4 20-21 Rating	Q1 21-22 Rating	Target	Movement from prev. Quarter
Work in partnership with our service users, carers and families to optimise their health and wellbeing / **Optimise peoples recovery and build resilience for those affected by Long Term Conditions**	**OPS08 – Failure to equip patients and carers with skills and knowledge need via the wider recovery model.**	9	9	3	⟷
Prevention and Making Every Contact Count will be at the core of our strategy to optimise expertise for physical and mental health across our teams and the people they care for	**OPS05 – Inability to meet early intervention targets (national – IAPT,EIP, Dementia)**	6	6	3	⟷
	OPS04 – Patients don't have the right level of physical healthcare support and there is not a cohesive alignment of mental health and physical health services to get parity of esteem.	9	9	6	⟷
	LDC32 – As a result of increased demand for ADHD assessment and limited capacity within the service, there is a significant waiting list which may lead to increased safety risk for patients and others, impacting on the wellbeing of staff as well as reputational harm to the Trust.	12	12	4	⟷
	OPS11 – Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	16	16	8	⟷
	OPS13 – Due to the increasing complexity of CAMHs inpatients nationally and an increasing demand for CAMHs inpatient beds far exceeding capacity, there is increased use of out of area beds for young people which may lead to delayed discharges, insufficient management of patients in line with complexity and admission to inappropriate settings.	-	16	8	New Risk
Bridlington Health Town to be used as an exemplar to demonstrate model, associated benefits and opportunity for a community-based model of care / **Enhance prevention of illness and improve health and wellbeing of our staff, both physically and emotionally**	**No risk identified**				

Key Controls	Sources of Assurance – Reporting Mechanisms	Gaps in Control	Actions
(OPS11) Work underway with Divisions to address three areas of challenges currently (Children's ADHD / ASD, Memory Assessment Service, Department of Psychological Medicine)	Reports to demonstrate waiting list performance to Trust Board, Quality Committee and Operational Delivery Group. Quality impact on key identified areas monitored via Quality Committee. Weekly divisional meetings with Deputy COO around waiting list performance.	**(OPS11)** Work to understand issues for all services with waiting times issues with some areas breaching 18 weeks and 52 weeks waiting times targets.	Review of all services with high levels of waiting times and development of service-level recovery plans (Review at 30/06/2021)
(OPS11) Local Targets and KPIs.		**(OPS11)** Waiting times issues for some services have been compounded by Covid-19 situation and associated changes to working arrangements.	Introduce waiting list performance dashboard for review as part of Trust accountability review processes (Review at 30/06/2021)
(OPS11) Close contact being maintained with individual service users affected by ongoing issues.		**(OPS11)** Process for mitigating risks to individual patients based on length of waits.	Implementation of method for robust oversight of waiting list and patient risks for all Trust service areas (Review at 30/06/2021)
		(OPS11) Issues around monitoring arrangements / governance in terms of performance.	Increase governance arrangements to ensure that there is rigour and governance in place to ensure patients are treated in chronological order and according to level of risk based on use of risk stratification tool (Review at 30/06/2021)

BOARD ASSURANCE FRAMEWORK - PROVIDER RISKS							Q1	Q2	Q3	Q4	Q1
STRATEGIC GOAL 3	**FOSTERING INTEGRATION, PARTNERSHIPS AND ALLIANCES**		**Lead Director:** Chief Executive	**Lead Committee:** Audit Committee	**Assurance Level**		G	G	G	G	G

Positive Assurance

Assurance	Source
- STP/ ICS partnership events. - Mental Health Partnership Board and MOUs in place. - Health Expo event and Planned Members meeting. - High profile visits to Trust. - Visioning event across Humber Coast and Vale - Lead provider role within STP - Refreshed Operational and Strategic plans shared with stakeholders. - Hull Health and Wellbeing Board. - ICS Accredited Programme - HCV has been successful in the application to become an Integrated Care System (ICS) which indicates confidence in the area and its leaders.	Board of Directors HCV Exec Committee

Negative Assurance

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

Gaps in Assurance

What do we not have

- No gaps identified against overall assurance rating of this strategic goal.
- Full ICS system in place – but still developing long-term plans.

Objective	Key Risk(s)	Q4 20-21 Rating	Q1 21-22 Rating	Target	Movement from prev. Quarter
Be a leader in delivering Sustainability and Transformation Partnership plans **We will be clear about what we offer, who we offer it to and how we work with others**	**FII174 - Lack of Trust involvement or influence in work-stream activity associated with Sustainability and Transformation Programmes (STPs), will in turn impact on our ability to influence and shape local commissioning plans. This may result in a failure to deliver strategic priorities, with an associated risk of developing a poor reputation and reduced business/income opportunities that may challenge future sustainability.**	6	6	3	⟷
Continue to provide opportunities for all service users, patients, carers, families, staff and communities to influence service planning and design	**FII180 - There is a risk to future sustainability and reputation, arising from a failure to compete effectively because we have not maintained and developed strategic alliances and partnerships and not increased our commercial/market understanding.**	6	6	3	⟷
Demonstrate increased collaboration with system partners to maximise efficiency and effective use of resources available across health and social care services.	**FII185 - Failure to utilise evidence based practice to inform and influence business decisions, resulting in the delivery of outdated service models, an inability to effectively compete with other providers and a subsequent loss of business/ income and reputation.**	6	6	3	⟷
	FII222 - Failure to utilise evidence based practice to inform and influence business decisions, resulting in the delivery of outdated service models, an inability to effectively compete with other providers and a subsequent loss of business/ income and reputation.	-	12	4	**New Risk**
Host partner organisations' staff and vice versa, to enable system workforce resilience	**No risks identified.**				

Key Controls	Sources of Assurance – Reporting Mechanisms	Gaps in Control	Actions
(FII174) Trust Strategy, values and goals aligned with Humber, Coast and Vale STP		**(FII222)** Lack of movement from NHSE to address gaps identified through due diligence.	Ongoing meetings with NHSE and regional team to seek clarification around funding position - 31/03/2021
(FII174) Alignment clearly demonstrated within two year operational plan	Regular STP updates to Trust Board Formal and informal dialogue with Commissioners		
(FII174) Chief Executive is Senior Responsible Officer for Mental Health Work-stream.			
(FII185) Enhanced staff structure in Business Development team to explore evidence-based practice	Assurance systems for Service Plans/ Strategies Internal Clinical Audit programme R&D programme		
(FII185) Formal programme to review and benchmark Trust position.			
(FII222) Commissioning committee now live and governance arrangements in place.	Monthly reporting to Commissioning Committee, FIC and Trust Board.		
(FII222) Business case to outline provider collaborative submitted to NHSE.			

BOARD ASSURANCE FRAMEWORK

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

Positive Assurance

Assurance	Source
- Rolling 12 month sickness within target (4.5% against a target of 5%) - Turnover improved from 16.5% in June 2018 to 10.53% in March 2021; - Trust headcount has increased compared to 12 months ago - Overall statutory and mandatory training performance remains above target (90.7% at March 2021 against target of 85%); - Improved flu uptake (76% in 2020 compared to 61% in 2018) and good Covid vaccine uptake rates; - All staff survey theme scores improved in 2020; - Clinical supervision above trust target	Trust Board Workforce and OD Committee Workforce Insight Report Audit Committee Quality Committee

Negative Assurance

Assurance	Source

- Consultant vacancies remain above target and worse than 12 months ago;
 - Some staff have not engaged in the process to have their 3 year DBS renewal;
 - Some statutory/mandatory training is below trust target, including :-
   - Adult and Paediatric Basic Life Support / Immediate Life Support
   - Information Governance
   - DMI
   - Mental Health Act
   - Moving & Handling – Level 2 / Level 3
   - Personal & Team Safety
   - Safeguarding Adults / Children – Level 3
	Trust Board
	
	 Workforce and OD Committee Workforce Insight Report

Gaps in Assurance

What do we not have

- No gaps identified against overall assurance rating of this strategic goal.

Objective	Key Risk(s)	Q4 20-21 Rating	Q1 21-22 Rating	Target	Movement from prev. Quarter
Development of a health and engages organisational culture, clinical and support services working together as "One Team" to free up time for patient care. **Enable transformation and organisational development through shared leadership.**	**WF07 – The quality of leaders and managers across the Trust is not at the required level which may impact on ability to deliver safe and effective services.**	6	6	3	↔
Optimise the staffing profile to ensure delivery of high quality care. Demonstrate that we are a diverse and inclusive organisation.	**WF03 – Level of qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.**	15	15	10	↔
	WF04 – Inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	15	15	10	↔
	WF09 – Staff Survey scores for staff with protected characteristics are worse than for staff not declaring a protected characteristics (particularly staff declaring themselves as not heterosexual and/or disabled)	9	9	6	↔
	WF10 – With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	15	15	10	↔
	WF27 – Risk of increased numbers of "rule breaks" due to pressures on staffing which may impact on the resilience of staff and patient care.	-	12	4	**New Risk**
	WF25 – Current Consultant vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	20	20	10	↔
	WF26 – Current GP vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	12	8	4	↓
Increase our service offer to support work in partnerships with the STP/ICS and PCNs to optimise the workforce within the system.	**No risks identified**				
Ensure a well-trained digital ready workforce.	**No risks identified**				

Key Controls	Sources of Assurance	Gaps in Control	Actions
(WF03) Detailed Recruitment plan in place (progress against which reported to EMT and Workforce and OD Committee).	Trust Board Workforce and OD Committee ODG Task and Finish Group (hard to recruit posts)	**(WF25)** National workforce shortages (Consultants)	Completion of work on the Medical staffing model (30/06/2021)
(WF04) Trust Retention Plan.		**(WF03)** Expansion of new clinical roles needed.	Development and expansion of new roles such as Associate Practitioners and Advanced Clinical Practitioner roles (31/12/2021)
(WF05) Trust-wide workforce plan.		**(WF03)** Expansion of new clinical roles needed.	Review of recommendations from establishment review and alignment to WFOD plans (30/06/2021)
(Command Risk 7) Surge plan developed and services will be reduced and available staff redirected to support critical services.	Silver Command Gold Command		

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

Positive Assurance

Assurance	Source
- Financial position Month 2 2021/22 – Trust reported a minor surplus position of £0.129m in line with the ICS control Total of £0.315m for Months 1-6. - Trust cash position has stabilised – GBS bank balance at 25.449m - Trust has maintained BPPC above 90% throughout 20/21 for non-NHS invoices. - Budget Reduction Strategy to deliver £2.093m of savings from Divisional and Corporate Services. - The Trust has identified surplus estate and has board approval for disposals. - Embraced use of Digital Technology during respond to COVID-19.	Trust Board Finance and Investment Committee

Negative Assurance

Assurance	Source
- Funding position for Months 7-12 not known at this point. - The return to normal contracting arrangements not known at this point.	Trust Board Finance and Investment Committee

Gaps in Assurance

What do we not have
- Funding position for the full year 2021/22 not known. - Longer term Commissioning Intentions not known.

Objective	Key Risk(s)	Q4 20-21 Rating	Q1 21-22 Rating	Target	Movement from prev. Quarter
Optimise business opportunities to develop integrated services Effective marketing plan that ensures clear and effective communication pathways and celebrates our successes jointly with our partners	FII180 – There is a risk to future sustainability and reputation, arising from a failure to compete effectively because we have not maintained and developed strategic alliances and partnerships and not increased our commercial/market understanding.	6	6	3	⬌
Embrace new technologies to enhance patient care across the health and social care system	FII177– Adverse impact of inadequate IT systems, failing to effectively support management decisions, performance management or contract compliance	8	8	4	⬌
Optimise our IT system to improve access for staff and free up time for patient care	FII186 – Trust IT systems are compromised due to a Cyber Security attack/incident - this could be a malicious attack from an external third party or an accidental attack from inside the trust network due to inappropriate actions taken by staff, patients or visitors that comprise the IT systems security.	12	12	8	⬌
Reduce our reliance on sustainability funding to achieve long term financial balance	FII205 – Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover AFC pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff.	15	15	10	⬌
	FII216 – Risk of fraud, bribery and corruption.	9	9	3	⬌
	FII221 – If the Trust cannot achieve its Budget Reduction Strategy for 2021-22, it may affect the Trust's ability to achieve its control total which could impact on finances resulting in a loss of funding and reputational harm.	12	6	3	New Risk
	FII220 – The financial effect of COVID-19 and the risks that the full costs will not be recovered.	12	8	4	⬌
Have an efficient estate that provides a safe and cost effective environment that is conducive to operational delivery	FII58 – Inability to address all risks identified as part of the capital application process due to lack of capital resource.	8	8	4	⬌
	FII181 – Inability to improve the overall condition and efficiency of our estate.	8	8	4	⬌

Key Controls	Sources of Assurance	Gaps in Control	Actions
(FII205) Budget Reduction Strategy established with MTFP. **(FII205)** Monthly reporting, monitoring and discussion with budget holders. **(FII205)** Financial plan agreed. **(FII205)** BRS reporting to FIC **(FII205)** Trust Control Total agreed for months 1-6 2021/22.	Finance & Investment Committee Reports - Cash - Financial Position - BRS - Debtors/ Creditors Trust Board Reports - Financial Position - Cash	**(FII205)** Budget reduction strategy plans for 2022/23.	Detailed budget reduction strategy plans for 2022/23 to be developed (30/09/2021)
		(FII220) Major Schemes have not been agreed at this stage as funding is from Covid Blocks and Major schemes rely on normal commissioning process returning	Continue to bid for national resource as and when it becomes available (ie Winter monies) (31/03/2022)
		(FII220) The effect of COVID-19 in terms of the effect on Operational and Corporate Services which hinders services from making efficiency savings.	Ongoing Accountability review process (31/03/2022)
		(FII220) The effect of COVID-19 on Commissioners in terms of the Block Funding arrangements and not being able to fund MHIS and STP Transformation funding.	Continue to work with Commissioners to highlight the requirement for funding through MHIS (31/03/2022).
		(FII220) The effect of COVID-19 on Commissioners in terms of the Block Funding arrangements and not being able to fund MHIS and STP Transformation funding.	Continue to work with Commissioners to highlight the requirement for funding through MHIS (31/03/2022).

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

Positive Assurance			Negative Assurance			Gaps in Assurance
Assurance		**Source**	**Assurance**		**Source**	**What do we not have**
- Continual development of the Recovery College. - Health Stars developing - Wider community engagement developing through changes to constitution and more work with Governors. - More internal Trust focus on promoting wellness and recovery. - Positive service user survey results. - Trust developed in year social values reporting arrangements - Hull Health and Wellbeing Board - Project Group established to develop wider wellbeing and recovery approach bringing in a focus on both mental and physical elements of recovery. - 'Making Every Contact Count' being led by Trust across ERY - Launch of Social Values Report - NHSI scheme launced		Board of Directors	- Negative media outweighs positive media regarding promotion of communities. - Trust membership base is not fully operational and negative assurance around membership involvement. - Limited feedback on how local communities are influencing our Trust Strategy.		Board of Directors	Patient outcome measures. Detailed Community engagement strategy or Relationship strategy.

Objective	Key Risk(s)	Q4 20-21 Rating	Q1 21-22 Rating	Target	Movement from prev. Quarter
We will work with our partners to develop voluntary sector led, multi-specialty community hubs that focus on prevention, wellbeing and recovery	**OPS08 – Failure to equip patients and carers with skills and knowledge needed via the wider recovery model.**	9	9	3	↔
	MD05 - Inability to implement the Trust's Equality and Diversity strategy may impact on the Trust's ability to have a workforce trained and engaged with the equality and diversity agenda, limit accessibility to services and prevent achievement of the Trust's E&D aims.	6	6	3	↔
	MD06 - Reduction in patients likely to recommend Trust services to friends and family may impact on Trust's reputation and stakeholder confidence in services provided.	8	8	4	↔
Increase the utilisation and spread of our charity, Health Stars	**No risks identified.**				
Embrace and expand our use of volunteers					

Key Controls	Sources of Assurance	Gaps in Control	Actions
(OPS08) Trust Recovery Strategy		**(OPS08)** Secured funding for Recovery College with Commissioners	Ongoing communication with commissioners regarding funding - awaiting planning guidance around funding (Review at 30/06/2021)
(OPS08) CMHT transformation work underway which will impact Recovery College due to its status as a discharge pathway.	Trust Board	**(OPS08)** Recovery focussed practice still to be fully embedded across the Trust	Delivery of Recovery Strategy implementation plan (31/12/2021)
(OPS08) Recovery college offer moved to online provision and broadened.			
(MD05) Supporting forums established for development of equality and diversity work within the Trust.	Quarterly reporting to Quality Committee and Clinical Quality Forum		
(MD05) Equality and Diversity Leads identified for 'patient and carers' and 'staff' respectively.			
(MD06) Task and finish group identified	Reports to QPaS and Quality Committee		
(MD06) All clinical teams give out FFT forms and results are fed into services through level 3 reporting system.			

RISK SCORING MATRIX

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

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

RISK APPETITE DEFINITIONS	
Minimal (Low risk)	Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.
Cautious (Moderate risk)	Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.
Open (High risk)	Willing to consider all potential delivery options and choose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc.).
Seek (Significant risk)	Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk.
Mature (Significant risk)	Consistent in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

Title & Date of Meeting:	Trust Board Public Meeting 30th June 2021			
Title of Report:	Risk Register Update			
Author/s:	Oliver Sims Corporate Risk and Compliance Manager			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	The report provides the Board with an update on the Trust-wide risk register (15+ risks) including the detail of any additional or closed risks since last reported to Trust Board in March 2021.			

Governance:		Date		Date
	Audit Committee	05/2021	Remuneration & Nominations Committee	
	Quality Committee	05/2021	Workforce & Organisational Development Committee	05/2021
	Finance & Investment Committee	06/2021	Executive Management Team	06/2021
	Mental Health Legislation Committee		Operational Delivery Group	06/2021
	Charitable Funds Committee		Other (please detail)	

Key Issues within the report:

- The Trust-wide risk register details the risks facing the organisation scored at a current rating of 15 or higher (significant risks) and agreed by Executive Management Team.

- There are currently **7** risks held on the Trust-wide Risk Register. The highest rated risks identified on the Humber, Coast and Vale Provider Collaborative have also been included as part of this paper under the Commissioning Risk section and a separate risk register extract has also been provided.

- The current risks held on the Trust-wide risk register are summarised below:

Risk Description	Initial Rating	Current Rating
WF03 – Current qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	20	15
WF04 – With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	20	15

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	WF10 – With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	20	15
	FII205 – Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover afc pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff.	25	15
	WF25 – Current Consultant vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	20	20
	OPS11 – Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	20	16
	OPS13 – Due to the increasing complexity of CAMHs inpatients nationally and an increasing demand for CAMHs inpatient beds far exceeding capacity, there is increased use of out of area beds for young people which may lead to delayed discharges, insufficient management of patients in line with complexity and admission to inappropriate settings.	20	16

- The current commissioning risks scored 15+ are summarised below:

	CC1 – Risk to Provider Collaborative ability to GO Live on 1 July 2021 due to inadequate budget transfer from NHS E/I. This would result in HTFT as Lead Provider being unable to sign Lead Provider Contract, issue Sub-Contracts as there would insufficient commissioning budget to cover the actual cost of care.	25	20
	CC5 – Increased referrals for CYP with Eating Disorder is resulting in increased waiting times within the Community and increase in hospital admissions - both MH and Paediatric	20	16
	CC9 – Financial allocation from NHS E to the Provider Collaborative is based on 2018/19 population and OBD Data, which may result in financial deficit to HCV PC if significantly different for current levels of demand and population requirements and would prohibit HTFT in signing Lead Provider Contract	20	16
	CC13 – Risk to Provider Collaborative longer-term financial sustainability if future expenditure around Enhanced Packages of Care (EPoC) exceeds the initial financial envelope	25	20

Monitoring and assurance framework summary:

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

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

Risk Register Update

1. Trust-wide Risk Register

There are currently **7** risks reflected on the Trust-wide risk register which records all risks currently scored at a rating of 15 or above and is reflected in *Table 1* below:

Table 1 - Trust-wide Risk Register (current risk rating 15+) – Provider Risks

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
WF03	Level of qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	20	15	10
WF04	Inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	20	15	10
WF10	With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	20	15	10
FII205	Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover afc pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff.	25	15	10
WF25	Current Consultant vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	20	20	10
OPS11	Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	20	16	8
OPS13	Due to the increasing complexity of CAMHs inpatients nationally and an increasing demand for CAMHs inpatient beds far exceeding capacity, there is increased use of out of area beds for young people which may lead to delayed discharges, insufficient management of patients in line with complexity and admission to inappropriate settings.	20	16	8

Table 2 - Commissioning Risks (current risk rating 15+)

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
CC1	Risk to Provider Collaborative ability to GO Live on 1 July 2021 due to inadequate budget transfer from NHS E/I. This would result in HTFT as Lead Provider being unable to sign Lead Provider Contract, issue Sub-Contracts as there would insufficient commissioning budget to cover the actual cost of care.	25	20	12
CC5	Increased referrals for CYP with Eating Disorder is resulting in increased waiting times within the Community and increase in hospital admissions - both MH and Paediatric	20	16	8
CC9	Financial allocation from NHS E to the Provider Collaborative is based on 2018/19 population and OBD Data, which may result in financial deficit to HCV PC if significantly different for current levels of demand and population requirements and would prohibit HTFT in signing Lead Provider Contract	20	16	12

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
CC13	Risk to Provider Collaborative longer-term financial sustainability if future expenditure around Enhanced Packages of Care (EPoC) exceeds the initial financial envelope	**25**	**20**	**12**

2. Closed/ De-escalated Trust-wide Risks

There are no risks that were previously held on the Trust-wide risk register which have been closed / de-escalated since last reported to Trust Board in March 2021.

3. Wider Risk Register

There are currently **182** risks held across the Trust's Division, Directorate and project risk registers. The current position represents an overall decrease of **21** risks from the **203** reported to Trust Board in March 2021. The table below shows the current number of risks at each risk rating in comparison to the position presented to the March 2021 Board.

Table 4 - Total Risks by Current Risk level

Current Risk Level	Number of Risks – March 2021	Number of Risks – June 2021
20	1	1
16	1	2
15	4	4
12	59	55
10	5	6
9	48	44
8	39	27
6	40	36
5	1	1
4	2	2
3	3	4
2	0	0
Total Risks	**203**	**182**

Chart 1 – Total Risks by Division/ Directorate
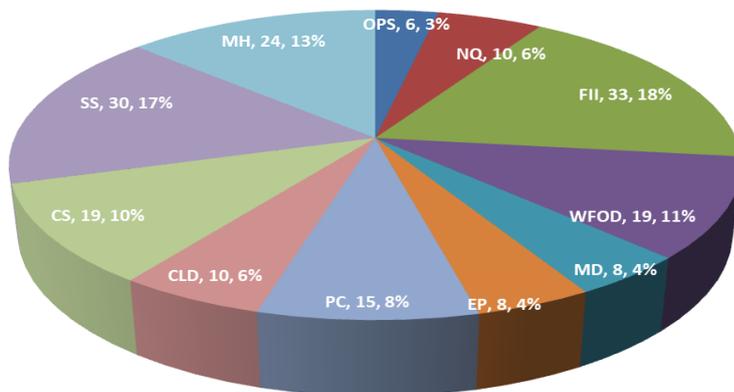
Key:

OPS – Operations Directorate
NQ – Nursing & Quality
FII – Finance, Infrastructure & Informatics Directorate
WFOD – Workforce & OD Directorate
MD – Medical Directorate
EP - Emergency Preparedness, Resilience & Response
PC – Primary Care
CLD – Children's and Learning Disabilities
CS – Community Services
SS – Specialist Services
MH – Mental Health Services

Trust-wide Risk Register 15+

Row	Risk ID	Description of Risk	Impact/ Consequence Type	Likelihood (Initial)	Impact (initial)	Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls/ Controls currently failing	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
PROVIDER RISKS 15+ (Identified through Trust Divisional / Directorate Risk Registers)																								
1	WF03	Level of qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	Objectives	Likely	Catastrophic	20	Significant	1. Detailed Recruitment plan in place (progress against which reported to EMT and Workforce and OD Committee). 2. Recruitment task and finish group in place. 3. Launch of 'Humbelievable.' 4. International recruitment programme (20 new nurses per annum) 5. Availability of Nurse Degree Apprenticeship Programme.	1. Workforce and OD Committee. 2. Divisional ODG Meetings. 3. EMT. 4. Trust Board 5. ODG.	1. Expansion of new clinical roles needed. 2. Qualified Nurses and Nurse Managers hard to recruit vacancies.	1. 100.4 (FTE) Nursing vacancies as at March 2021 compared with 103.5 (FTE) in January 2020. 2. 11.85% Registered Nursing vacancy rate.	Possible	Catastrophic	15	Significant	1. Review of recommendations from establishment review and alignment to WFOD plans (30/06/2021) 2. Development and expansion of new roles such as Associate Practitioners and Advanced Clinical Practitioner roles (31/12/2021) 3. Workforce planning process and overarching plan to be discussed at WFOD Committee (30/06/2021)	Julie Taylor	Hilary Gledhill	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	10	High
2	WF04	Inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	Objectives	Likely	Catastrophic	20	Significant	1. Appraisal process. 2. Leadership and management development programmes. 3. Staff Health & Wellbeing Group and action plan. 4. PROUD programme. 5. Health and Social Care Professional Strategy. 6. Trust Retention Plan.	1. Trust Board monthly performance report. 2. Staff surveys. 3. Insight report to Workforce and OD Committee. 4. Workforce and OD Scorecard. 5. Accountability Reviews.	1. Trust-wide workforce plan delivery. 2. Formalised Band 5 Nurse Career development provision.	1. Current annual turnover 10.31% as at March 2021. 2. Lack of career development opportunities indicated through employee exit interviews/questionnaires.	Possible	Catastrophic	15	Significant	1. Review of new year staff survey results and development of departmental / divisional action plans monitored through accountability reviews (30/06/2021) 2. 6 monthly deep-dive into Leaver data feeding into WFOD Committee (30/06/2021) 3. Business Partners to develop bespoke actions based on 6 monthly deep-dive analysis (30/06/2021)	Divisional General Managers	Lynn Parkinson	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	10	High
3	WF10	With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	Objectives	Likely	Catastrophic	20	Significant	1. Staff engagement though TCNC (Trust Consultation and Negotiation Committee). 2. Staff Health & Wellbeing Group and action plan. 3. Trust retention plan as agreed with NHSI. 4. PROUD programme. 5. Recruitment and retention incentives 6. LMC - Positive staff engagement with medical workforce. 7. HRBPs support divisions with WOD scorecard.	1. Workforce and OD Insight Report. 2. Staff surveys. 3. Staff Friends and Family Test. 4. Workforce and OD committee. 5. EMT. 6. Workforce scorecard.	1. Lack of career development opportunities indicated through employee exit interviews/questionnaires.	1. Current annual turnover 12.75% as at March 2021, which is a continued reduction.	Possible	Catastrophic	15	Significant	1. HR Business Partners to review exit questionnaire results and identify any hot spots (31/03/2022) 2. Ongoing PROUD programme implementation plan - ongoing 3 year programme (Review at 31/03/2022) 3. 6 monthly deep-dive into Leaver data feeding into WFOD Committee with specific focus on medical workforce (30/06/2021)	Karen Phillips	Steve McGowan	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	10	High

Trust-wide Risk Register 15+

Row	Risk ID	Description of Risk	Impact/ Consequence Type	Likelihood (Initial)	Impact (initial)	Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls/ Controls currently failing	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
4	FII205	Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover afc pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff.	Objectives	Almost Certain	Catastrophic	25	Significant	1. Budgets agreed. 2. Monthly reporting, monitoring and discussion with budget holders. 3. Small contingency / risk cover provided in plan. 5. MTFP developed to inform plans. 6. Service plans. 7. Regular reviews with NHSE/I and relevant Commissioners 8. Budget Reduction Strategy established with MTFP. 9. Non-recurrent savings. 10. BRS reporting to FIC 11. Trust Control Total agreed for H1 2021-22 12. Financial plan agreed	1. Monthly reporting to Board and Bi monthly to FIC. 2. Monthly & Quarterly reporting to NHS I and NHS I feedback 3. ODG monitoring progress of BRS plans. 4. Budget Reduction Strategy policy and procedure agreed by Finance and Investment Committee and Trust Board. 6. External / Internal Audit position. 7. Regular input through Humber Coast and Vale ICS	1. Budget Reduction Strategy 2021/22 implementation 2.Budget reduction strategy plans for 2022/23.	1. Longer-term plan guidance is awaited.	Possible	Catastrophic	15	Significant	1. Budget Reduction Strategy implementation 2021-22 (31/03/2022). 2. Detailed budget reduction strategy plans for 2022/23 to be developed (30/09/2021)	Iain Omand	Peter Beckwith	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	10	High
5	WF25	Current Consultant vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	Objectives	Likely	Catastrophic	20	Significant	1. Detailed Recruitment plan in place (progress against which reported to EMT and Workforce and OD Committee). 2. Recruitment task and finish group in place. 3. Trust-wide workforce plan. 4. Humbelievable. 5. Medical Director leading recruitment work as part of task and finish group	1. Agency spend considered at Finance and Investment Committee. 2. ODG. 3. EMT. 4. Workforce and OD Committee.	1. National workforce shortages.	1. 14.9 consultant vacancies as of March 2021. 2. 24.93% vacancy rate at March 2021 for the medical workforce	Likely	Catastrophic	20	Significant	1. Completion of work on the Medical staffing model (30/06/2021) 2. Completion of actions identified as part of Recruitment plan for 'hard to fill' roles (Review at 31/12/2021)	Karen Phillips	Steve McGowan	Silver Command	Gold Command	Unlikely	Catastrophic	10	High
6	OPS11	Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	Objectives	Almost Certain	Severe	20	Significant	1. Work underway with Divisions to address three areas of challenges currently (Children's ADHD / ASD, Memory Assessment Service, Department of Psychological Medicine) 2. Local Targets and KPIs. 3. Close contact being maintained with individual service users affected by ongoing issues. 4. Waiting Times Procedure in place. 5. Waiting times review is key element of Divisional performance and accountability reviews.	1. Reports to demonstrate waiting list performance to Trust Board, Quality Committee and Operational Delivery Group. 2. Quality impact on key identified areas monitored via Quality Committee. 3. Weekly divisional meetings with Deputy COO around waiting list performance.	1. Work to undertstand issues for all services with waiting times issues with some areas breaching 18 weeks and 52 weeks waiting times targets. 2. Process for mitigating risks to individual patients based on length of waits. 3. Waiting times issues for some services have been compounded by Covid-19 situation and associated changes to working arrangements. 4. Issues around monitoring arrangements / governance in terms of performance / data quality issues.	1. Limited historical monitoring arrangements linked to ensuring chronological treatment of patients.	Likely	Severe	16	Significant	1. Review of all services with high levels of waiting times and development of service-level recovery plans (Review at 30/06/2021) 2. Increase governance arrangements to ensure that there is rigour and governance in place to ensure patients are treated in chronological order and according to level of risk based on use of risk stratification tool (Review at 30/06/2021) 3. Introduce waiting list performance dashboard for review as part of Trust accountability review processes (Review at 30/06/2021) 4. Implementation of method for robust oversight of waiting list and patient risks for all Trust service areas (Review at 30/06/2021)	Claire Jenkinson	Lynn Parkinson	Silver Command	Gold Command	Unlikely	Severe	8	High

Trust-wide Risk Register 15+

Row	Risk ID	Description of Risk	Impact/ Consequence Type	Likelihood (Initial)	Impact (initial)	Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls/ Controls currently failing	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
7	OPS13	Due to the increasing complexity of CAMHs inpatients nationally and an increasing demand for CAMHs inpatient beds far exceeding capacity, there is increased use of out of area beds for young people which may lead to delayed discharges, insufficient management of patients in line with complexity and admission to inappropriate settings.	Objectives	Almost Certain	Severe	20	Significant	1. Staffing levels adjusted to take into account the acuity of patients 2. Beds reduced as appropriate in response to acuity levels and the staff levels required to support 3. Recruitment/training plan in place to open PICU capacity in Inspire	1. Weekly updates received regarding staffing/capacity 2. Implementation plan in place to demonstrate timeframe for staff recruitment/training for PICU	1. Instances of Under-18 patient being admitted to adult beds due to complexity of patient mix on Inspire. 2. National deficit in CAMHS PICU / general adolescent beds. 3. Childrens who would meet threshold for PICU admission nursed in general adolescent beds impacting staffing and ward safety arrangements.	None identified	Likely	Severe	16	Significant	1. Ongoing communication and escalation to Specialist Commissioning and CCGs. (Review at 31/07/2021)	Claire Jenkinson	Lynn Parkinson	Silver Command	Gold Command	Unlikely	Severe	8	High

COMMISSIONING RISKS 15+ (Identified through Provider Collaborative)

Row	Risk ID	Description of Risk	Impact/ Consequence Type	Likelihood (Initial)	Impact (initial)	Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls/ Controls currently failing	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
1	CC1	Risk to Provider Collaborative ability to GO Live on 1 July 2021 due to inadequate budget transfer from NHS E/I. This would result in HTFT as Lead Provider being unable to sign Lead Provider Contract, issue Sub-Contracts as there would insufficient commissioning budget to cover the actual cost of care.	Objectives	Almost Certain	Catastrophic	25	Significant	1. Regular meetings with NHS E continue to highlight financial gaps and raise concerns re Go Live. 2. Monitoring by HTFT finance and Commissioning Team. 3. Escalated to NHS E national team in terms of financial gap (CEO) 4. Collaborative will not Go Live until financial gap is resolved. 5. Partner Provider Organisations have reviewed information shared by NHSE and have advised of any financial gaps 6. Financial gaps escalated to NHS E.	1. Monthly reporting to Commissioning Committee, FIC and Trust Board. 2. Monthly reporting to NHS E/I. 3. Monthly reporting to Provider Collaborative Oversight Group.	1. Present financial gap circa £6.6 million	1. 2018/19 and 2020/21 EPoC information received from NHS E/I - still awaiting 2019/20 data 2. Further clarity regarding adult secure under-occupancy adjustments. 3. CAMHS - model of costing undertaken by NHSE.	Likely	Catastrophic	20	Significant	1. Ongoing meetings with NHSE and regional team to seek clarification around funding position (Review at 30/07/2021)	Mel Bradbury	Peter Beckwith	Commissioning Committee	Trust Board	Likely	Moderate	12	High
2	CC5	Increased referrals for CYP with Eating Disorder is resulting in increased waiting times within the Community and increase in hospital admissions - both MH and Paediatric	Objectives	Almost Certain	Severe	20	Significant	1. Weekly monitoring of Inspire and Mill Lodge bed reports and capacity. 2. CAMHS Work Stream meeting which reviews community and in-patient provision across HCV. 3. Working closely with NHS E who currently Case Manage and Commission CAMHS in-patient to understand pressures.	1. Updates to Commissioning Committee 2. Updates to Provider Collaborative Oversight Group 3. Updates to EMT	1. Adequate community provision, concern re historic investment by CCGs into community provision, concern re limited specialist staff available nationally to support CYP ED. 2. A bid has been submitted to NHS E for additional financial resource to support community and in-patient CAMHS ED.	None identified.	Likely	Severe	16	Significant	1. Each Trust Community/In-patient within HCV to monitor the waiting times and service pressures (Review at 30/07/2021) 2. Ensure CYP who are clinically safe to discharge from hospital are able to do so in a timely way to increase in-patient capacity (30/06/2021)	Mel Bradbury	Peter Beckwith	Commissioning Committee	Trust Board	Unlikely	Severe	8	High
3	CC9	Financial allocation from NHS E to the Provider Collaborative is based on 2018/19 population and OBD Data, which may result in financial deficit to HCV PC if significantly different for current levels of demand and population requirements and would prohibit HTFT in signing Lead Provider Contract	Objectives	Almost Certain	Severe	20	Significant	1.Financial Due Diligence meetings to assess 2018/19 baseline against NCDR activity in 2019/20 and 2020/21 2. Meetings with NHS E to highlight the current backlog in referrals particularly into CAMHS in-patient and Adult Eating Disorder and the impact on 2021 activity 3. Concerns around financial modelling highlighted to NHS E.	1. Monitoring of NCDR and NCMS system to review trends in activity. 2. Weekly monitoring with SPA teams and NHS E Case Managers of referrals, DTOC and ONCF placements 3. Updates to CC, PCOG, HTFT EMT	1. Commissioning and Contracting of CAMHS in-patient and Adult Eating Disorder currently led by NHS E. 2. Commissioning of community services led by CCGs who have historic variable financial investment in CAMHS and AED community services. 3. National and Regional increase in referrals linked to Covid-19.	1. NHS E/I have provided robust Case Management support to HCV PC for CAMHS - however gaps remain with AED Case Management	Likely	Severe	16	Significant	1. Liaise with CAMHS and AED in-patient services to ascertain any waiting lists and DTOC (Review at 30/07/2021) 2. Monitor via work stream meetings - which are attended by community teams (Review at 30/07/2021)	Mel Bradbury	Peter Beckwith	Commissioning Committee	Trust Board	Likely	Moderate	12	High

Row	Risk ID	Description of Risk	Impact/ Consequence Type	Likelihood (Initial)	Impact (initial)	Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls/ Controls currently failing	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
4	CC13	Risk to Provider Collaborative longer-term financial sustainability if future expenditure around Enhanced Packages of Care (EPoC) exceeds the initial financial envelope	Objectives	Almost Certain	Catastrophic	25	Significant	1. Regular meetings with NHS E to highlight any financial gaps and raise concerns. 2. Monitoring by HTFT finance and Commissioning Team. 3. Escalated to NHS E national team in terms of financial gap (CEO). 4. Financial due diligence completed to highlight any potential funding gaps. 5. Partner Provider Organisations have reviewed information shared by NHSE and have advised of any financial gaps 6. Financial gaps escalated to NHS E.	1. Monthly reporting to Commissioning Committee, FIC and Trust Board. 2. Monthly reporting to NHS E/I. 3. Monthly reporting to Provider Collaborative Oversight Group.	1. Present financial gap circa £6.6 million 2. NHS E yet to share updated 'Enhanced Packages of Care' information, so the PC is unable to ascertain if the funding transfer which is based on 2018/19 EPoC is adequate.	1 Further clarity from NHS E/I regarding enhance packages of care. 2. Further clarity regarding adult secure under-occupancy adjustments. 3. CAMHS - model of costing undertaken by NHSE.	Likely	Catastrophic	20	Significant	1. Ongoing meetings with NHSE and regional team to seek clarification around funding position (Review at 30/07/2021)	Mel Bradbury	Peter Beckwith	Commissioning Committee	Trust Board	Likely	Moderate	12	High

Title & Date of Meeting:	Trust Board Public Meeting– 30th June 2021				
Title of Report:	Annual Non Clinical Safety Report 2020-2021				
Author/s:	Paul Dent, Safety, Information and PPE Manager Peter Beckwith, Director of Finance				
Recommendation:	To approve		To receive & note	X	
	For information		To ratify		
Purpose of Paper:	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.				

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee	16.06.21	Executive Management Team	14.06.21
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) H&S Group	09.06.21

Key Issues within the report: *Please ensure you also complete the monitoring and assurance framework summary below:*	The Annual Report attached has been approved by the Trust Health and Safety Group (9th June 2021). The annual report provides analysis of the Trust's Health and Safety, Fire Safety and Security Inspections activity during 2020-21, outlining key developments and work that has been undertaken during the reporting period as well as work planned for the current year.

Monitoring and assurance framework summary:

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

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

Annual Non Clinical Safety Report

2020 - 2021

Caring, Learning
& Growing Together

Contents

1. 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 3 reportable incidents occurred compared to 5 in the previous 12 month period. Of these incidents, 1 incident related to violence and aggression, 1 as a consequence of a slips, trips and fall and 1 relating to an electrical surge.

- 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 4 fire incidences occurred within the Trust. The causation factor for all of the incidents was malicious ignition of Trust property.

- All fire, false alarm and unwanted fire signals which took place during 2020/21 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 a decrease in reporting incidents to the police compared to the previous year, Absconding/AWOL and Violence & Aggressive incidents still been 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 2020/2021.

- The COVID 19 pandemic had an impact on safety inspections at the beginning 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.

2. 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 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 2020/21 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 and 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.

3. Reporting Structure and Governance

This report details Trust wide safety performance throughout 2020/21, 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 Head of Estates.

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 in to 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 and Asbestos)

The Health and Safety group receive regular compliance dashboards in relation to the Trusts Estate, a copy of the most recently reported dashboard is attached at appendix B.

3.1 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 2020/21 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 2021.

3.2 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 in February and April 2021.

4. Legal Compliance Overview

4.1 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 classroom based Health and Safety Training courses, in addition to the e-learning training modules.
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.
Ionising Radiation Regulations 2017 (IRR17)	Notification, registration and consent of use.

4.2 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 30.01.2020
	Fire Safety Improvement Programme Instigated	YES	See page 15
	Annual Fire Report To Board	YES	May 2021
	Fire Reporting Procedure	YES	All Fire & False incidents reported through DATIX
	Liaison with Fire Service	YES	Contact maintained through Fire Safety Manager.
	Emergency Fire Procedure Plans	YES	See page 18

4.3 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, Information 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 Trust staff. An online version for fire warden training went live on the ESR portal October 2020.

5. 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 was reviewed in July 2019 and is due for review in June 2022.

The Fire Safety policy was reviewed in October 2018 and was placed on the Intranet as a live document in December 2018; the policy has a manual of procedures to ensure total compliance with RRFSO 2005. The Policy is due for renewal December 2021.

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.

6. Incident Reporting

The reporting of incidents across the Trust is key to establishing trends and identifying specific areas where improvements are required.

6.1 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 diseases, and;
- Certain dangerous occurrences (incidents with potential to cause harm).

There have been 3 RIDDOR reportable incidents during the 2010 -2021 period, brief details of the incidents are summarised in the table below.

Table 6.1: Comparison of all RIDDOR reportable incidents

Reporting Period	2018/19	2019/20	2020/21
1 April to 31 March	10	5	3

Incident	Action Taken
Individual turned on the ward lights and received an electric shock. There was no visible signs of damage to the individuals hand or the light fitting. The lights were left on and reported as a priority 1 to the Estates department.	Electrician attended site and stated electrical discharge was caused by static, reported area and fittings were safe.
One individual threw a bottle of juice at another then repeatedly punched them in the head.	Personal alarm was activated and the aggressor was escorted to seclusion, aggressor was reported to be acutely psychotic at the time of the incident.
A individual at Granville Court entered the bathroom on Millside and slipped on the floor, injuring their knee due to liquid air freshener being used.	The individual was made comfy where they fell and checked for injuries then taken to minor injuries for assessment. The unit has been advised to source alternative types of air freshener and in the interim period, limit the amount of liquid air freshener discharged within a room.

In June 2020 the Trust received guidance from NHS England and Improvement in relation to reporting of COVID19 related incidents, with particular focus on reasonable evidence of linking the nature of the persons work with an increased risk of becoming exposed to the virus:

Factors required to be taken into account included

- whether or not the nature of the person's work activities increased the risk of them becoming exposed to coronavirus?
- whether or not there was any specific, identifiable incident that led to an increased risk of exposure?
- whether or not the person's work directly brought them into contact with a known coronavirus hazard without effective control measures, as set out in the relevant PHE guidance, in place such as personal protective equipment (PPE) or social distancing

A individual employed via external agency and working at Whitby Hospital developed COVID 19 symptoms and unfortunately passed away due to COVID. The employing agency has contacted the Health and Safety Executive and completed the RIDDOR.

Review by the Trust found that all procedures and protocols had been followed.

6.2 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. Four fire related incidents were reported with 98 unwanted fire signals and 30 false alarm activations occurring over the last reporting period.

There has been an increase in unwanted fire alarm signals being reported. This is primarily due to; patients deliberately starting fires in accommodation areas, the use of smoking materials and e-cigarettes, or physically damaging the fire detection systems employed.

The reported incidents were as follows:-

6.2.1 Fire Incidents 2020/2021

Over the past reporting period four fire incidences have occurred, both incidents were due to malicious ignition with all 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. Three were internal fires in bedroom accommodation and one was external against the glazed area of a window frame.

There remains an ongoing challenge with lighters and smoking paraphernalia being introduced into Humber 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 above incidents if it had not been for their prompt intervention actions the above 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.

6.2.2 False Fire Alarm Signals 2020/2021

False alarm activations have reduced from 39 on last year's figures to 30 this year, a decrease of 23.07%.

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.

6.2.3 Unwanted Fire Alarm Signals 2020/2021

Unwanted fire signals have increased from 86 from last year's figures to 98 this year, an increase of 13.95%. The majority of 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 4% actual fires and 96% 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 98 unwanted and 30 false alarm signals (totalling 128) incidences, the fire service attended site on 14 occasions.

6.2.4 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 the Trust 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.

6.2.5 Emergency Fire Procedure Plans

The arrangements for transmitting emergency calls to the fire service across the Trust has been rationalised for all Trust 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 will recommence. Management have been contacted to reinstate evacuation exercises as soon as practicable. 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 Trust 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.

6.3 Security incidents

The LSMS 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 is provided to management while localised investigations are carried out, which contributed to appropriate action plans.

CCTV images have been provided to the police on seven occasions in relation to assaults on staff members, patients and the police when visiting our buildings to support their investigations.

During this reporting period a group of conspiracy against Covid-19 protectors where reported to have visited local vaccination hubs and our area. Staff and volunteers advised to be extra vigilant and report any suspicious activity to the police immediately. No incidents were reported at Trust properties.

There has been a decrease in reported incidents to the police compared to the previous year. Absconding/AWOL and Violence & Aggressive incidents have been the major incidents reported. The decrease has been due to an increase in staff awareness in their surroundings and having the ability to resolve issues quickly and efficiently due to their training. Staff are informed that assaults are neither acceptable nor "part of the job" and that the reporting incidents is essential.

A total of 8 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 50% decrease from the previous year. The letters were issued as a result of a variety of incidents, ranging from service users; being verbally abusive using racist language, being rude and using inappropriate language. 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 majority of letters issued were associated with incidents within community settings.

7. Safety Assessments

7.1 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, e.g. missing activity assessment, assessments requiring review, the relevant line manager is required to take action to rectify the non-conformance.

7.1.1 Themes arising from the assessment reviews in 2020/21

Themes arising from risk assessment completed were;
- Office space and accommodation.
- COVID workplace assessments

Trailing cables have been either re-routed, new sockets have been fitted or office layouts have been changed to accommodate the office users and reduce the amount of trailing cables.

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 Humber buildings and for Humber staff who occupy a demise in 'other' buildings.

7.1.2 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,

Thirty four Health and Safety activity template assessments are now available for adoption by the Units/Wards.

Sixteen Health and Safety activity template assessments are now available for adoption by Community based Teams.

Twenty one Health and Safety activity template assessments are now available for adoption by the GP Practices.

A new Safety Folder based on the 'Perfect Ward' electronic reporting system has been developed to ensure each Humber premises has a generic safety folder for each building covering Fire, Security and H&S systems and assessment forms available for both internal and external audit purposes. This new system will

eradicate the duplication of records and allow staff more time to facilitate clinical service delivery.

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 Humber buildings and reduce the manual paper based reporting system. Should this prove successful then the electronic version will be rolled out to all Trust buildings September 2021.

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.

7.2 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.

A new fire risk assessment template has been introduced to address lone working, personal evacuation plans, sub-compartmentation and an overall evaluation of the risk of a fire occurring.

Interim fire safety inspections are being implemented to enhance the annual inspection and ensure continued compliancy is being maintained.

7.3 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 LSMS 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.

Estates vehicles have been installed with tracker 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.

7.3.1 Themes arising from the assessment reviews in 2020/21

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 for repair or replace.

7.4 Planned Actions for 2021/22

- **Safety Inspections**
  All Trust premises to have annual safety inspections diarised for the period 2021/22 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 were possible to alleviate 'down time' for staff. Inpatient buildings will have the assessments completed at times were 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.

- **COVID 19 Risk Assessments**
  Revisit and complete COVID building risk assessments to ensure parameters as identified in GOV.UK Coronavirus guidance (Guide 4 Offices and Contact

Centres & Guide 8 Vehicles) and associated risk assessments that have been completed by building management are in place for inspection by both internal and external auditors. The completed assessments will be kept in a central repository in the properties file as a back up to assessments located at site.

- **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**
  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.

8. 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)

8.1 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.

9. 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 below shows the overall compliance rates for the following Health and Safety related training as of the 31st March 2021. 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.

Table 9: Safety Related Training Rates 2020/21

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar- 21
Display Screen Equipment Awareness	93.7%	95.02%	95.18%	95.50%	95.65%	96.80%	96.27%	96.28%	96.77%	96.91%	97.04	97.38%
H&S Awareness	91.33%	92.31%	92.70%	92.51%	92.78%	93.28%	94.51%	94.51%	94.89%	94.70%	95.34%	96.14%
COSHH Awareness	95.30%	95.42%	94.75%	95.01%	95.01%	95.26%	95.66%	96.12%	95.96%	95.96%	95.21%	96.21%
Moving & Handling	91.36%	91.31%	91.79%	92.41%	92.76%	93.77%	93.36%	93.66%	94.23%	94.23%	94.26%	95.02%

Fire Refresher	88.98%	88.89%	89.75%	89.62%	89.91%	90.32%	90.04%	91.47%	92.12%	90.93%	92.26%	93.39%

9.1 Fire Training Plans for 2021/22

All Fire refresher and fire warden training will be completed online, 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.

This approach of completing safety training online will also aid staff to complete mandatory training in a safe environment during the current COVID 19 pandemic.

9.2 Fire Warden Training

This training has been as stated above, 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.

9.3 Security Related Training

The aim of Prevent is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism. Channel forms a key part of Prevent.

The process adopts a multi-agency approach to identify and provide support to individuals who are at risk of being drawn into terrorism. The Prevent Lead/Coordinator attends all Channel panel meetings, liaises and shares appropriate information to the Channel Panel and to the Police Prevent Lead. The Channel panel meetings are now embedded into each local authority with separate meetings being held. Attendance at the Silver/ MAP meetings is also a regular part of the Prevent process for the Safeguarding team. A Safeguarding representative attends the local and regional Prevent meetings/forums to discuss relevant guidance from NHS England they also contribute to developing a multi-agency approach to building community cohesion and delivering the Prevent duty for individuals who have been identified as vulnerable to becoming radicalised. The Prevent Channel Duty Guidance: Protecting people vulnerable to being drawn into terrorism was updated in 2020 and the Safeguarding team reviewed its internal process to reflect this.

Prevent training is delivered to staff via e learning and is discussed within the Level 3 Safeguarding mandatory training, the Safeguarding team and representatives across the Trust have Prevent Champions that regularly update and send information out to services across the trust, this ensures that staff have the up to date knowledge on the changing scope of Prevent.

The safeguarding team has redeveloped a new Prevent information guide leaflet. Other information is shared within the mid-week newsletter and on the dedicated Prevent page under Safeguarding intranet area. This page has the links to the respective local authority Prevent referral form.

The Positive Engagement Team has employed more staff to join the team, with appointing a new Positive Engagement Team Lead, there are three substantial trainers and have supported the development of a further six associate trainers to support training deliver to all the Trusts services.

The Positive Engagement Trainers (PET) continues to support the Humber Centre staff to deliver Search training on their security refresher courses. Humber's PET team have been assessed and are expecting to be signed off as a Certificated Training Centre spring 2021.

The PET team continue to support services with specialist training advice for instances where patients and service users present with more complex issues/risks (clinical holding).

The training team provides training for Mechanical Restraint, Secure Escort Vehicle, Basic Life Support and Search training.

De-escalation Management Intervention (DMI) training is currently being reviewed for registration under the new BILD (British Institute of Learning Disabilities) standards.

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.

Throughout the Covid-19 pandemic, Personal and Team Safety training (PATS) has been available in a socially distanced environment, where 428 colleagues have been trained. They have also inducted over 122 new staff for DMI and 331 have completed a 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 79.5% for DMI refresh and 68.2% for PATS.

9.4 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. This is done by face to face training on request or by direct liaison with site when required.

10. E Cigarettes

E-cigarettes were approved to be used within unit type premises in 2019. The type of e-cigarette being employed is the Generation 2, with chambered types not approved within Trust premises. The e-cigarettes will be charged for patients via a six port docking station located within the nurse station. The replacement liquid is also 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 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 the last quarter of the reporting period.

11. 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.

A new site specific risk register for fire risk has been implemented in liaison with HF&RS to ensure that the fire service and organisational on-call managers have the most up to date plans and information available. 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 has been completed for fire incidents to ensure a more cohesive approach to fire investigation is conducted and outcomes for internal investigations are prepared.

11.1 Liaison with Humberside Police Force

Working relationships continue with various departments within the local Police force including the Dog Training Section and Fire Arms Department. This is specifically with regards to using 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 with sharing intelligence and information.

A Safeguarding representative attends the local and regional PREVENT meetings/forums to discuss relevant guidance from NHS England. They also contributed to developing a multi-agency approach to building community cohesion and delivering the Prevent duty for individuals who have been identified as vulnerable to becoming radicalised. The Prevent Channel Duty Guidance: Protecting people vulnerable to being drawn into terrorism was updated in 2020 and the safeguarding team reviewed its internal process to reflect this.

12. Fire Plans

Firecode requires that an up to date set of drawings is maintained which show alarm and detection systems, means of escape, emergency lighting, containment, first aid firefighting equipment and fire service access. Copies of the fire plans are held in the Estates Department.

Fire plans are displayed at each premises, located adjacent to the fire alarm panel. These plans will aid staff gain an appreciation of fire safety provisions and also ensures the organisation is compliant with Fire Regulations. New fire and zone plans

are being issued to all Trust premises, both plans being overlaid into one master plan which identifies the fire strategy elements for the building.

13. Summary of Action for 2021/22

Initiatives will continue to reduce fires, false alarms and unwanted fire signals during the next year.

The initiatives will combine training, 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.

14. 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 2020/21 period saw a decrease 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 will present 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 will seek to meet these new challenges.

Risk assessments have reduced due to the COVID 19 pandemic but a decision was made to reintroduce site visits as soon as practical to ensure Trust buildings continue to achieve full compliance with regulatory responsibilities as required by the enforcing authorities.

P Dent
Safety, Information & PPE Manager

Appendix A

PROPERTY NAME	Site Code	PROPERTY ADDRESS	POST CODE	Fire RA AF	Security RA AF	H&S RA AF	COVID 19 AF
77 Beverley Road		Beverley Road, Hull	HU3 1XR	03/02/2021	03/02/2021	03/02/2021	03/02/2021
Alfred Bean Hospital	AB	Bridlington Road, Driffield	YO25 5JR	12/03/2021	12/03/2021	12/03/2021	12/03/2021
Anlaby Clinic	AC	First Lane, Anlaby	HU10 6UE	23/02/2021	23/02/2021	23/02/2021	23/02/2021
Ayton and Snaiton Surgery		Pickering Road, Scarborough	YO13 9JF	29/10/2020	29/10/2020	29/10/2020	10/07/2020
Baker Street	MC	7 Baker Street, Hull	HU2 8HP	15/03/2021	15/03/2021	15/03/2021	15/03/2021
Bartholomew House	GB	161 Boothferry Road, Goole	DN14 6AL	10/03/2021	10/03/2021	10/03/2021	10/03/2021
Becca House	BE	27 St John's Avenue, Bridlington	YO16 4ND	15/02/2021	15/02/2021	15/02/2021	15/02/2021
Belgrave Surgery/Falsgrave		Lawrence House Medical Centre, 1 Belgrave Crescent, Scarborough, North Yorkshire	YO11 1UB	07/10/2020	07/10/2020	07/10/2020	24/06/2020
Beverley CMHT	BD	Manor Road, Beverley	HU17 7BZ	13/08/2020	13/08/2020	13/08/2020	12/06/2020
Beverley Health Centre	BB	Manor Road, Beverley	HU17 7BZ	28/07/2020	22/12/2020	22/12/2020	12/06/2020
Bransholme Northpoint GP	BT	Part 3rd Floor, Bransholme Health Centre, Goodhart Road, Hull	HU7 4DW	12/08/2020	06/10/2020	14/02/2020	01/06/2020
Bridlington Medical Centre (1st Floor)	BM	Station Road, Bridlington	YO16 4LZ	20/07/2020	20/01/2020	20/01/2020	09/06/2020
Brook Square Surgery		Trafalgar Square Surgery, 41-44 Trafalgar Street West, Scarborough, North Yorkshire	YO12 7AS	07/10/2020	07/10/2020	07/10/2020	08/07/2020
Castle Health Practice		3-4 York Place, Scarborough, North Yorkshire *(Due to COVID 19 staff would not allow the safety team entry. It is programmed to re visit June 2021)*	YO11 2NP	21/10/2019	21/10/2019	21/10/2019	Unable to gain access, GP surgery using room
Chestnuts Surgery	CC	45 Thwaite Street, Cottingham	HU16 4QX	07/10/2020	14/07/2020	14/07/2020	08/06/2020
Clarendon House	VC	Park Street, Hull	HU2 8TD	09/01/2020	09/01/2020	09/01/2020	17/06/2020
Coltman Avenue	CA	Coltman Avenue, Beverley	HU17 9LP	29/01/2020	29/01/2020	29/01/2020	02/06/2020
Coltman Street	CS	Coltman Street, Hull	HU3 2SG	09/03/2021	09/03/2021	09/03/2021	09/03/2021
Cottingham Clinic (HALLGATE)	CT	King Street, Cottingham	HU16 5QJ	15/10/2020	16/09/2020	18/08/2020	08/06/2020
Crystal Villas		15 St John's Avenue, Bridlington	YO16 4ND	02/11/2020	23/01/2020	23/01/2020	17/06/2020
Danes Dyke Surgery		463a Scalby Road, Scarborough, North Yorkshire	YO12 6UB	07/10/2020	07/10/2020	07/10/2020	25/06/2020

PROPERTY NAME	SIte Code	PROPERTY ADDRESS	POST CODE	Fire RA AF	Security RA AF	H&S RA AF	COVID 19 AF
Driffield 8 Market Place (CMHT,DAC,RIVENDELL)	DP	8 Market Place, Driffield	YO25 6AP	16/04/2021	16/04/2021	16/04/2021	16/04/2021
East House	ES	38 St John's Avenue, Bridlington	YO16 4NG	30/09/2020	20/01/2020	20/01/2020	17/06/2020
East Riding Community Hospital	BV	Swinemoor Lane, Beverley	HU17 0FA	21/07/2020	11/12/2020	11/12/2020	21/05/2020
Eastfield Medical Centre		14 High Street, Scarborough, North Yorkshire	YO11 3LJ	23/10/2020	23/10/2020	23/10/2020	08/07/2020
Field House Surgery	FS	18 Victoria Road, Bridlington	YO15 2AT	03/01/2020	16/12/2020	16/12/2020	27/05/2020
Filey Surgery		Station Avenue, Filey, North Yorkshire	YO14 9AE	29/10/2020	29/10/2020	29/10/2020	27/06/2020
Flamborough Surgery		Chapel Street, Flamborough	YO15 1LQ	05/08/2020	05/08/2020	05/08/2020	
Fredrick Holmes School							05/06/2020
Goole Substance Misuses Service	GH	100 Boothferry Road, Goole	DN14 6AE	19/02/2020	19/02/2020	19/02/2020	17/06/2020
Gladstone Street		Gladstone Street, Anlaby Road, Hull					17/06/2020
Granville court	GC	4 Granville Court, Hornsea, East Yorkshire	HU18 1NQ	17/02/2020	17/02/2020	17/02/2020	18/06/2020
Pine View	GT	Beverley Road, Willerby	HU10 6AW	21/02/2020	21/02/2020	unnocupied	24/06/2020
Pine View -South West Lodge	GT	Beverley Road, Willerby	HU10 6AW	01/02/2020	11/06/2020	11/06/2020	24/06/2020
Hallgate Surgery	HG	123 Hallgate, Cottingham	HU16 4DA	01/07/2020	23/08/2019	23/08/2019	16/06/2020
Hawthorne Court	HW	St Mary's Lane, Manor Road, Beverley	HU17 1BT	08/09/2020	08/12/2020	08/12/2020	15/06/2020
Health Trainers, Bridlington	QA	19 Quay Road, Bridlington	YO15 2AP	19/08/2020	13/01/2020	13/01/2020	09/06/2020
Health Trainers, Goole		67 Boothferry Road, Goole	DN14 6BB	11/08/2020	11/08/2020	11/08/2020	17/06/2020
Health Trainers Withernsea		Withernsea Leisure Centre, Queens Road, Withernsea		15/06/2020	15/06/2020	15/06/2020	15/06/2020
Hessle Health Centre		11 Hull Road hessle	HU13 9LZ	13/02/2020	13/02/2020	13/02/2020	18/06/2020
Hornsea Cottage Hospital	HC	Eastgate, Hornsea	HU18 1LP	09/04/2021	09/04/2021	09/04/2021	09/04/2021
Hornsea Kingfisher Lodge	HC	as per Hornsea Cottage Hospital	HU18 1LP	09/04/2021	09/04/2021	09/04/2021	09/04/2021
Humber Centre	XX	Willerby Hill, Beverley Road, Willerby	HU10 6XB	02/07/2020	05/03/2018 (DK)	24/07/2020	15/06/2020
INSPIRE		Walker Street	HU3 2HE	18/12/2020	18/12/2020	18/12/2020	27/05/2020
Maister Lodge	ML	Hauxwell Grove, Middlesex Road, Hull	HU8 0RB	12/09/2020	12/09/2020	12/09/2020	29/06/2020
Malton Community Hospital		Middlecave Road, Malton, North Yorkshire	YO17 7NG	29/10/2020	29/10/2020	29/10/2020	03/07/2020
Manor House Surgery	MH	Providence Place, Bridlington	YO15 2QW	08/07/2020	05/08/2020	08/07/2020	27/05/2020
Market Weighton GP Practice	MW	10 Medforth Street, Market Weighton	YO43 3FF	11/08/2020	11/08/2020	11/08/2020	05/06/2020

PROPERTY NAME	SIte Code	PROPERTY ADDRESS	POST CODE	Fire RA AF	Security RA AF	H&S RA AF	COVID 19 AF
Millview	MV	Castle Hill Hospital, Castle Road, Cottingham	HU16 5JQ	10/10/2020	22/01/2020	22/01/2020	22/06/2020
Miranda House	DG	Gladstone Street, Anlaby Road, Hull	HU3 2RT	13/10/2020	11/02/2020	11/02/2020	19/06/2020
Morrill Street Health Centre							02/07/2020
Newbridges	NB	Birkdale Way, Newbridge Road, Hull	HU9 2BH	09/10/2020	11/08/2020	11/08/2020	19/06/2020
Peeler House GP Practice	PE	1 Ferriby Road, Hessle, East Yorkshire	HU13 0RG	02/10/2020	02/10/2020	02/10/2020	09/06/2020
Pocklington Beckside GP Practice	PB	1 Amos Drive,West Green, Pocklington	YO42 2BS	24/02/2020	24/02/2020	24/02/2020	05/06/2020
Pocklington Health Centre	PC	8 -10 George Street, Pocklington	YO42 2DF	10/09/2020	10/09/2020	10/09/2020	05/06/2020
Princes Court (Ground Floor)		Princes Court, Princes Avenue, Hull	HU5 3QA	22/09/2020	22/09/2020	22/09/2020	22/09/2020
Princes Medical Centre	PM	Princes Medical Centre Princes Avenue, Hull	HU5 3QA	15/07/2020	15/07/2020	15/07/2020	04/06/2020
Prospect Road Surgery		174 Prospect Road, Scarborough, North Yorkshire	YO12 7LB	17/02/2021	17/02/2021	17/02/2021	17/02/2021
Rank House		Park Street, Hull	HU2 8TD	09/01/2020	09/01/2020	09/01/2020	closed
Rosedale	RD	Preston Road, Hedon	HU12 8JU	10/08/2020	10/08/2020	10/08/2020	17/06/2020
Scarborough RUFC	S&R	Silver Royd, 569 Scalby Road, Scarborough, North Yorkshire	YO11 1UB	08/06/2020	08/06/2020	08/06/2020	08/07/2020
Springhill House	S&R	19 Springhill Close, Scarborough, North Yorkshire	YO12 4AD	10/07/2020	10/07/2020	10/07/2020	closing
St Andrews	GS	271 St Georges Road, Hull	HU3 3SW	22/07/2020	16/07/2020	07/07/2020	11/06/2020
Sunshine House	SJ	70 Walker Street, Hull	HU3 2HB	01/07/2020	13/08/2020	13/08/2020	
Tennyson Avenue	TA	109 Tennyson Avenue, Scarborough, North Yorkshire	YO12 7RF	08/07/2020	08/07/2020	08/07/2020	08/07/2020
The Grange	CE	Hauxwell Grove, Middlesex Road, Hull	HU8 0RB	25/02/2020	25/02/2020	25/02/2020	11/06/2020
Townend Court (PSYPHER,CTLD,OPCM HT)	TC	298 Cottingham Road, Hull	HU6 8QG	01/07/2020	01/07/2020	01/07/2020	11/06/2020
Townend LD Unit	NA	296 Cottingham Road, Hull	HU6 8QA	18/09/2020	31/07/2020	31/07/2020	14/06/2020
Victoria House	VC	Park Street, Hull	HU2 8TD	09/01/2020	09/01/2020	09/01/2020	Closed
Walker Street Centre	CD	70 Walker Street, Hull	HU3 2HE	15/09/2020	15/09/2020	15/09/2020	27/05/2020
Waterloo Centre	WC	Brunswick Avenue, Hull	HU2 9AY	02/12/2020	03/07/2020	03/07/2020	08/06/2020
West End	WE	2062-2068 Hessle Road, Hull	HU13 9NW	18/02/2020	18/02/2020	18/02/2020	19/06/2020
Westlands	WA	Wheeler Street, Hull	HU3 5QE	20/02/2021	20/02/2021	20/02/2021	20/02/2021
Whitby Community Hospital	WCH	Springhill, Whitby, North Yorkshire	YO21 1EE	05/10/2020	05/10/2020	05/10/2020	02/06/2020

PROPERTY NAME	SIte Code	PROPERTY ADDRESS	POST CODE	Fire RA AF	Security RA AF	H&S RA AF	COVID 19 AF
Willerby Hill - College House	CL	Willerby Hill, Beverley Road, Willerby	HU10 6NS	25/06/2020	25/06/2020	25/06/2020	15/06/2020
Willerby Hill - Learning Centre	XC	Willerby Hill	HU10 6ED	28/09/2020	28/09/2020	28/09/2020	15/06/2020
Willerby Hill - Lecture Theatre (Ex Tech Centre)	XD	Willerby Hill	HU10 6ED	11/09/2020	30/06/2020	30/06/2020	15/06/2020
Willerby Hill - Mary Seacole	XB	Willerby Hill	HU10 6ED	22/06/2020	01/07/2020	29/06/2020	01/06/2020
Willerby Hill - PABX	XH	Willerby Hill	HU10 6ED	02/07/2020	02/07/2020	02/07/2020	NA
Willerby Hill - Sledmere House	HR	Willerby Hill	HU10 6ED	25/06/2020	03/07/2020	30/01/2020	15/06/2020
Willerby Hill - Trust HQ	XA	Willerby Hill, Beverley Road, Willerby	HU10 6ED	29/06/2020	04/07/2020	11/09/2020	26/05/2020
Willerby Hill -Skidby House	XE	Willerby Hill	HU10 6ED	25/06/2020	05/07/2020	30/06/2020	15/06/2020

Caring, Learning
& Growing Together

Estates KPI

For the period ending: **Jun 21**

Lead
Rob Atkinson

Indicator title

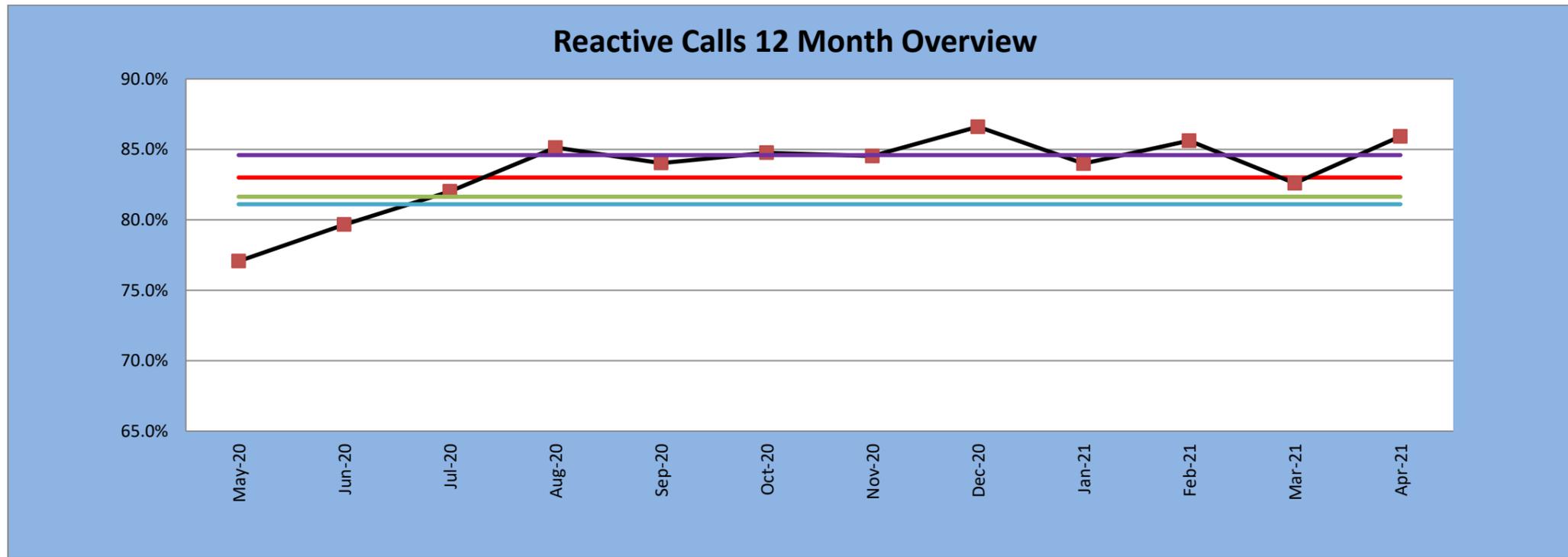| Reactive Calls |
| --- |

Description / Rationale

A percentage compliance based on an overall target of 83% for all reactive calls

Narrative
Currently above target

Target   83%

Amber   75%

Current Month Stands at
86.6%

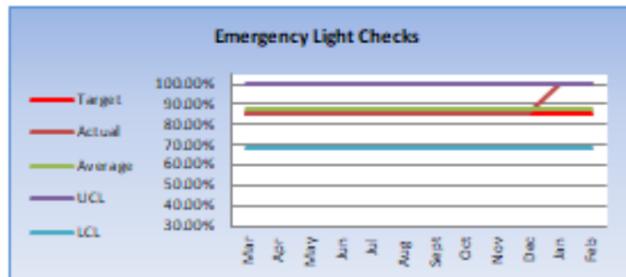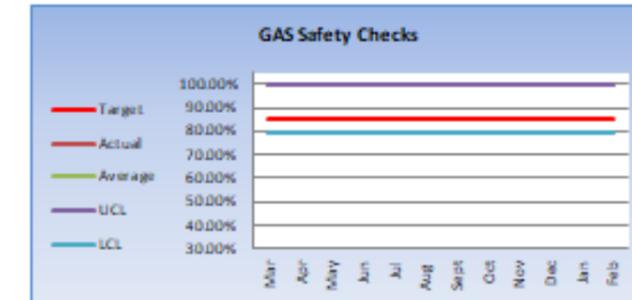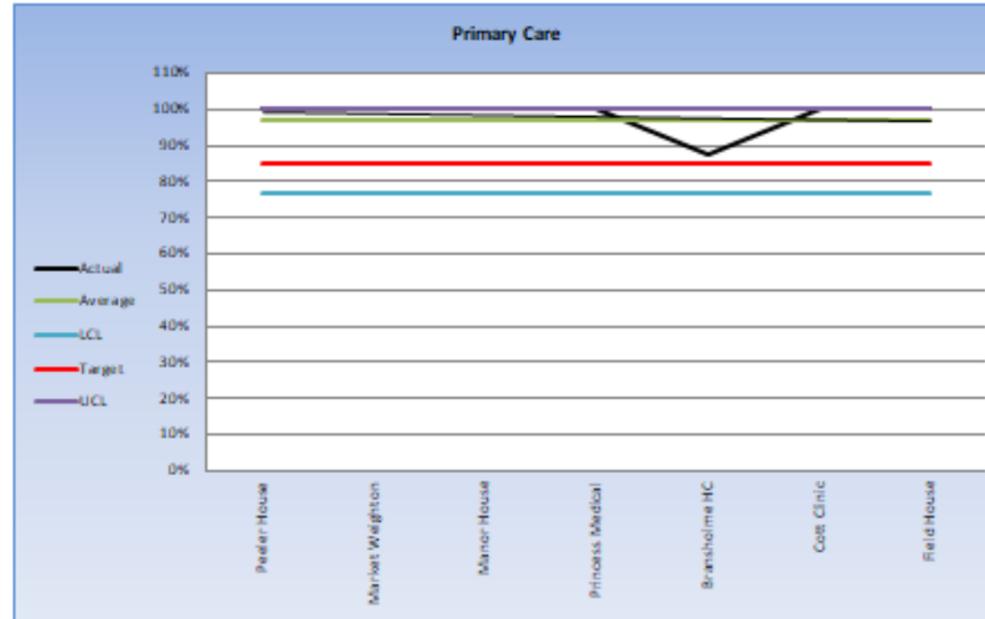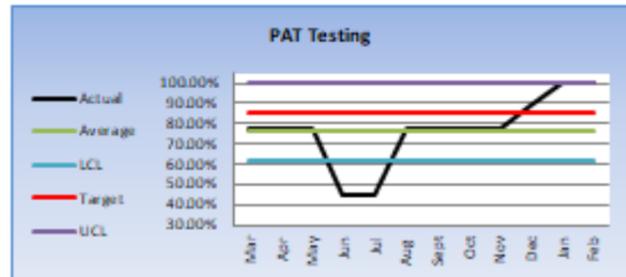Reactive Calls 12 Month Overview

Operational Commentary

A rolling 12 monthly overview of the estates function reactive calls only. Currently above our set target of 83% of works completed in the correct time frame.

Estates KPI

Lead
Rob Atkinson

For the period ending: **Jun-21**

Indicator title   **Description / Rationale**

Primary Care   Primary Care Compliance figures for Planned Maintenance.

PAT Testing

Emergency Light Checks

Fire Equipment Checks

Fire, Security, Accessibility &H&S Audits

Primary Care

GAS Safety Checks

Water Monitoring

Asbestos Checks

Medical Device Checks
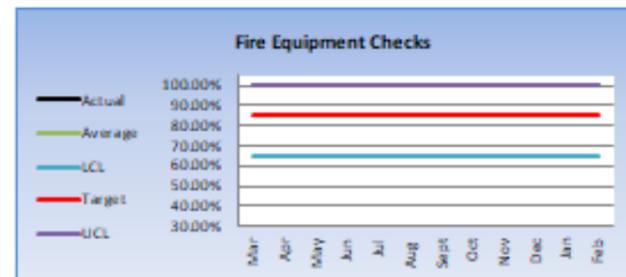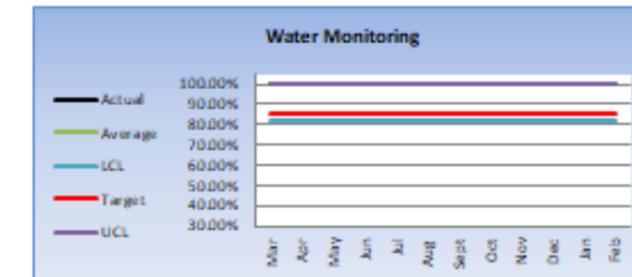
The above chart shows the overall compliance of the trusts primary care estate, and the smaller charts are a snapshot of the Planned maintenance scheduled jobs in place.

The primary care estate is at the moment in an excellent position with the majority of sites achieving 100per cent compliance.

The trust has now completed the purchase of Practise 2 GPs in Bridlington which will be getting added to the dashboards shortly.
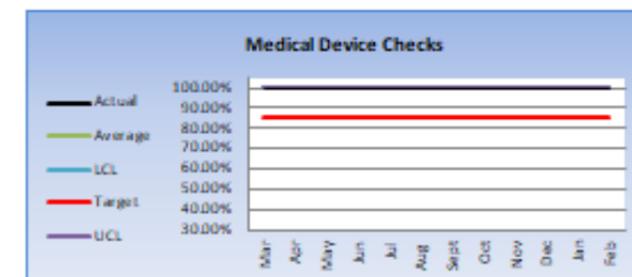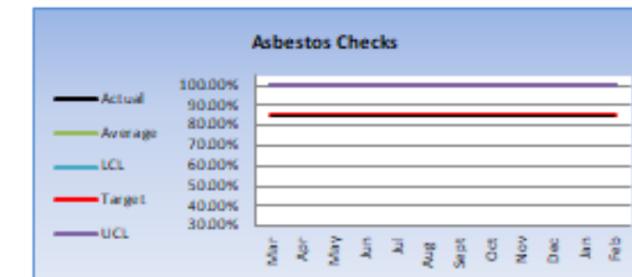
Task Description	Contractor	Schedule	Primary Care						
			Peeler House	Market Weighton	Manor House	Princess Medical	Bransholme HC	King Street Medical	Field House surgery
Electrical									
PAT Testing	Guardian	Annually	Aug-21	Aug-21	Nov-21	Sep-21	(in progress)	Aug-21	Aug-21
Fixed Wire Testing	Guardian	5 Year Test	Jan-24	SEP 2024	Nov-24	May-23	n/a	Apr-22	Nov-22
Addressable Emergency Lighting Systems	ABB	Annually	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Emergency Light testing	Direct Labour	Annually	Apr-22	Dec-21	Jan-22	Jan-22	n/a	Jan-22	Dec-21
Gas									
Boiler / Gas Safety Records	CD Services	Annually	Apr-22	Aug-21	Mar-22	Jul-21	n/a	Mar-22	May-21
Gas Catering Equipment	MJ Services	Annually	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Lifts									
Maintenance Checks	LMB	Monthly	n/a	✓	n/a	n/a	n/a	n/a	n/a
Insurance Inspections	Allianz	6 Monthly	n/a	Nov-21	n/a	n/a	n/a	n/a	n/a
Lifting Beam (lift shafts)	Allianz		n/a	Nov-21	n/a	n/a	n/a	n/a	n/a
Water									
TMV Testing	CD Services/Direct Labour	6 Monthly	(in progress)	(in progress)	(in progress)	(in progress)	n/a	(in progress)	(in progress)
Water monitoring Checks	Direct Labour	1m/3m/12 Month	✓	✓	✓	✓	n/a	✓	✓
Legionella Risk Assessments			Sep-21	Feb-22	Oct-22	Dec-22	n/a	Dec-22	Sep-21
A/C & Ventilation									
Air Handling Units	Direct Labour	Annually	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Air Con Checks	Airco	6 Monthly	Sep-21	Jul-21	n/a	n/a	n/a	n/a	n/a
Security									
Fire Equipment Maintenance	Scamps / Direct Labour	Annually	Jul-21	Nov-21	Nov-21	Nov-21	n/a	Mar-21	Nov-21
System Testing & Maintenance	Scamps	Monthly	✓	✓	✓	✓	n/a	✓	✓
CCTV Checks	Scamps	Quarterly	n/a	✓	n/a	n/a	n/a	n/a	✓
Fire and Smoke Damper Checks	Swegon	Annually	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Buildings									
Asbestos Checks	Lucion	Yearly	Mar-22	n/a	Apr-22	n/a	n/a	n/a	Mar-22
Man-Safe' Roof access Systems	Allianz	Yearly	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Pest Control Checks	AG Pest	Quarterly	✓	✓	✓	n/a	n/a	✓	✓
Window Restrictor tests	Direct Labour	6 Monthly	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Medical Device									
Medical Device Checks	Med Physics	Annually	✓	✓	✓	✓	✓	✓	✓
Scales	Marsden's	Annually	Jul-21	Jul-21	Jul-21	Jul-21	Jul-21	Jul-21	Jul-21
Lifting equipment / Beds	Chanter Bio Med	6 Monthly	n/a	Jun-21	Jun-21	Sep-21	Jun-21	May-21	Jul-21
Clinical Fridge	Airco	6 Monthly	Sep-21	Jul-21	Jun-21	Sep-21	Jul-21	Jun-20	Jul-21
X-Ray Maintenance	GE Medical	Annually	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Audits									
Fire	In-house	Annually	Oct-21	Aug-21	Jul-21	Jul-21	Aug-21	Aug-21	Jan-22
Security	In-house	Annually	Oct-21	Aug-21	Jul-21	Jul-21	Sep-21	Aug-21	Dec-21
Health & Safety	In-house	Annually	Oct-21	Aug-21	Jul-21	Jul-21	Feb-21	Aug-21	Dec-21
Accessibility Audit	In-house	2 Yearly	SEP 21	n/a	Nov-21	Oct-21	n/a	Oct-21	Nov-21

Legend:
- Compliant
- Uncompliant
- In progress Awaiting reports

Indicator title

Description / Rationale

In-Patient Units

In-Patient Units Compliance figures for Planned Maintenance.

PAT Testing

Emergency Light Checks

Fire Equipment Checks

Fire, Security, H&S Audits

In-Patient Units
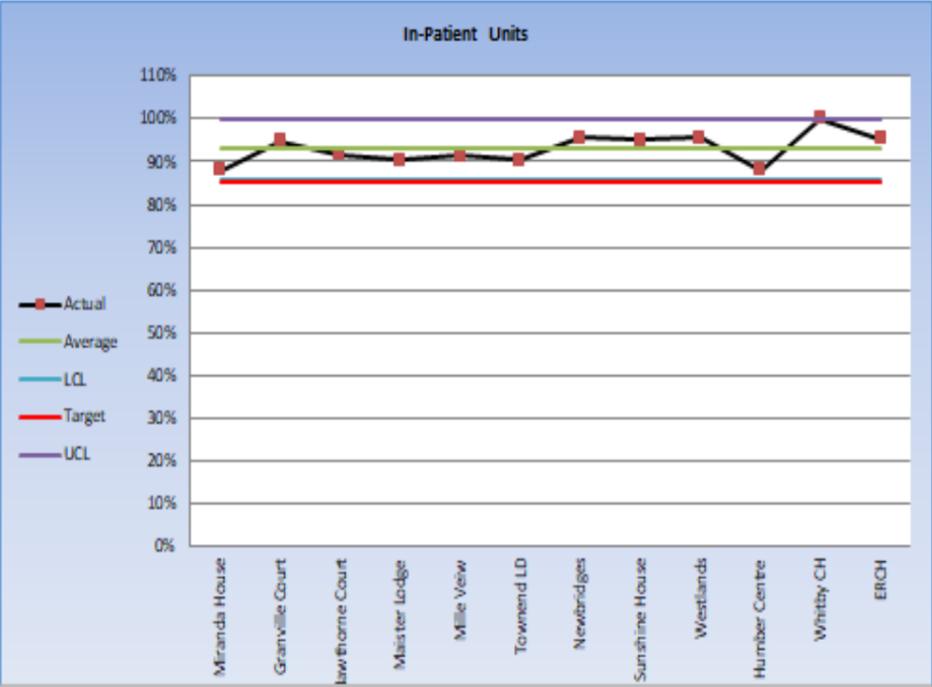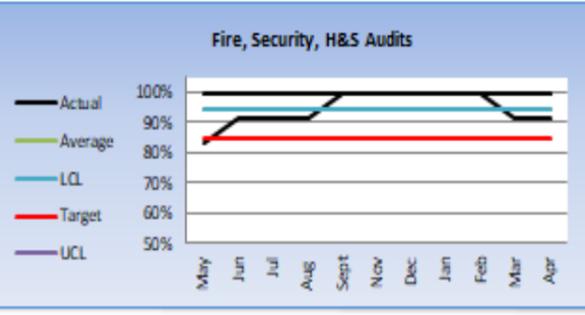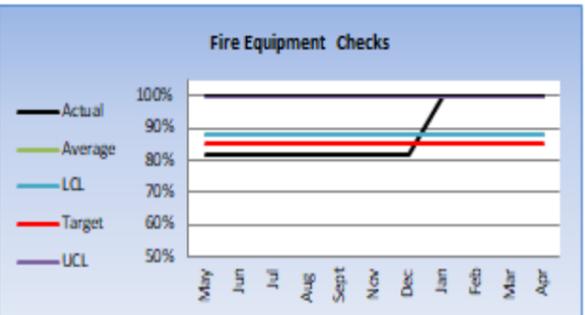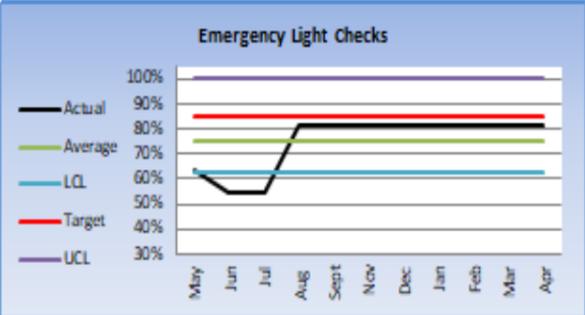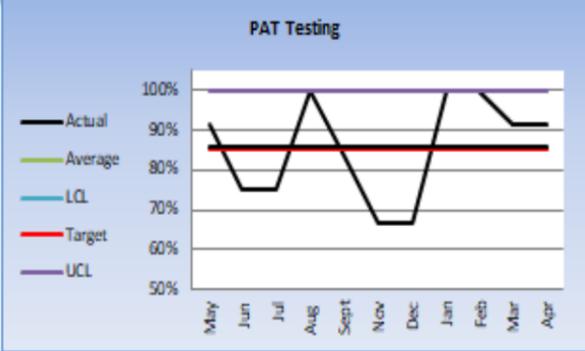
The above chart shows the overall compliance of the trusts In-patient estate with regards to planned maintenance.

All sites are currently above the Trust target of 85%. legionella risk assessments has seen a massive improvement over the last reporting period for all sites, the only one now outstanding have now had an order raised.

GAS Safety Checks

Water Monitoring

Asbestos Checks

Medical Device Checks
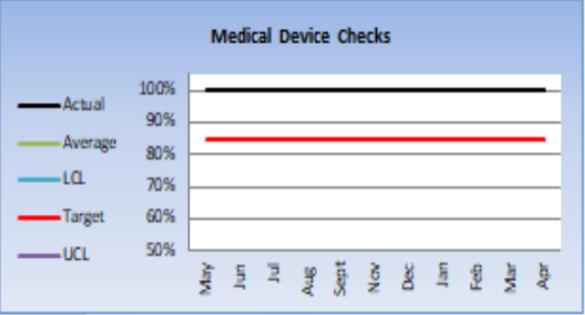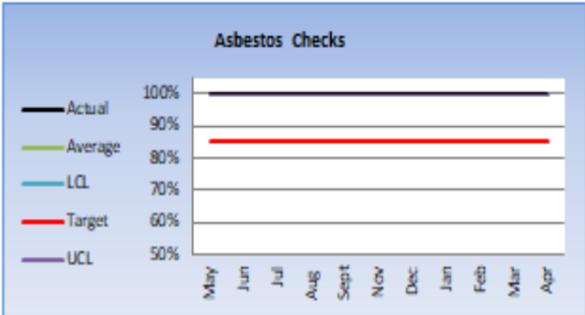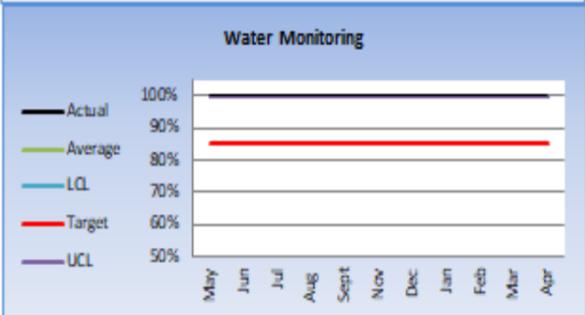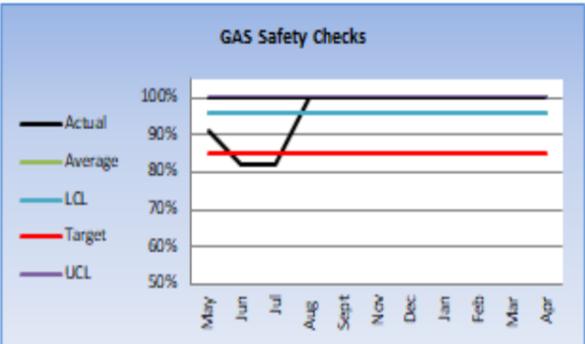
Task Description	Contractor	Schedule	Miranda House	Granville Court	Hawthorne Court	Maister Lodge	Millview	Townend LD	Newbridges	Sunsine House	Westlands	Humber Centre	Whitby Community Hospital	East Riding Community Hospital
Electrical														
PAT Testing	Calbarrie	Annually	Feb-22	Aug-21		Sep-21	Aug-21	Aug-21	Sep-21	Feb-22	Feb-22	Sep-21	Aug-21	Feb-22
Fixed Wire Testing	Calbarrie	5 Year Test	May-25	Jan-23	Nov-24		Nov-24	May-23	Nov-23	Feb 25	Nov-24	Jun-22	n/a	Jun-22
Addressable Emergency Lighting Systems	ABB	Annually	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	x	n/a	n/a
Emergency Light testing	Direct Labour	Annually	Jul-21	Aug-21	Jan 22	Jul-21	Diret Labour	Jul-21	Apr-22	May-21	Mar-22	x	n/a	Apr-22
Gas														
Boiler / Gas Safety Records	CD Services	Annually	Jan-22	Oct-21	Feb-22	Feb-22	Feb-22	Feb-22	Nov-21	May-21	Feb-22	Jan-22	n/a	Sep-21
Gas Catering & Laudry Equipment	MJ Services	Annually	Mar-22	Feb-22	Jun-21	Feb-22	Aug-21	Feb-22	n/a	Aug-21	Mar-22	Apr-22	n/a	Oct-21
Lifts														
Maintenance Checks	LMB	Monthly	✓	n/a	✓	n/a	✓	n/a	✓	n/a	✓	✓	n/a	n/a
Insurance Inspections	Allianz	6 Monthly	Nov-21	n/a	Mar-21	n/a	Dec-21	n/a	Dec-21	n/a	Dec-21	May-21	n/a	n/a
Lifting Beam (lift shafts)	Allianz		✓ NOV 20	n/a	Mar-21	n/a	n/a	n/a	Dec-21	n/a	Dec-21	May-21	n/a	n/a
Water														
TMV Testing	CD Services/Direct Labour	6 Monthly											n/a	
Water monitoring Checks	Direct Labour	1m/3m/12 Month	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	n/a	✓
Legionella Risk Assessments			Apr-22	Sep-21	Sep-21	Sep-21	Apr-21	Order Raised	Apr-22	Sep-21	Mar-23	Sep-21	n/a	Dec-21
A/C & Ventilation														
Air Handling Units	Direct Labour	Annually	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Air Con Checks	Airco	6 Monthly	Jun-21	n/a	n/a	Jun-21	Jun-21	Jun-21	Jun-21	Jun-21	Jun-21	Jun-21	n/a	Jun-21
Security														
Fire Equipment Maintenance	Scamps / Direct Labour	Annually	May-21	Sep-21	Sep-21	Jan-22	Jun-21	Aug-21	Oct-21	Jun-21	Apr-22	Sep-21	n/a	Oct-21
System Testing & Maintenance	Scamps	Monthly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	n/a	✓
CCTV Checks	Scamps	Quarterly	✓	n/a	✓	n/a	✓	✓	✓		n/a	✓	n/a	n/a
Fire and Smoke Damper Checks	Swegon	Annually	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Buildings														
Asbestos Checks	Lucion	Yearly	Sep-21	n/a	Mar-22	Apr-22	n/a	n/a	Jul-21	n/a	Jul-21	Apr-22	n/a	n/a
Man-Safe' Roof access Systems	Allianz	Yearly	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Pest Control Checks	AG Pest	Quarterly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	n/a	✓
Window Restrictor tests	Direct Labour	6 Monthly	Sep-21	Jul-21	Jul-21	Jul-21	Jun-21	Jun-21	Jun-21	n/a	Jun-21	Jun-21	n/a	Jul-21
Medical Device														
Medical Device Checks	Med Physics	Annually	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Scales	Marsden's	Annually	Aug-21	Aug-21	Aug-21	Aug 21	Aug 21	Aug-21	Aug-21	Aug-21	Aug-21	Aug-21	Aug-21	Aug-21
Lifting equipment / Beds	Chanter Bio Med	6 Monthly	Nov-21	Jul-21	Jun-21	Jun-21	Jun-21	Jun-21	n/a	May-21	n/a	Jun-21	Jun-21	Jun-21
Clinical Fridge	Airco	6 Monthly	Dec-21	Jun-21	Jul-21	Jul-21	Jun-21	Jun-21	Jun-21	Jun-21	Jun-21	Jun-21	Jun-21	Jun-21
X-Ray Maintenance	GE Medical	Annually	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Nov-21
Audits														
Fire	In-house	Annually	Sep-21	May-22	Sep-21	Nov-21	May-22	Sep-21	Nov-21	Jul-21	Nov-21	Jul-21	Nov-21	Jul-21
Security	In-house	Annually	Feb-21	May-22	Dec-21	Nov-21	May-22	Jul-21	Aug-21	Aug-21	Jul-21	n/a	Nov-21	Nov-21
Health & Safety	In-house	Annually	Feb-21	May-22	Dec-21	Nov-21	May-22	Jul-21	Aug-21	Aug-21	Jul-21	Jul-21	Nov-21	Nov-21

NHS Humber Teaching NHS Foundation Trust

Legend:
- Compliant (green)
- Uncompliant (red)
- In Progress awaiting reports (orange)
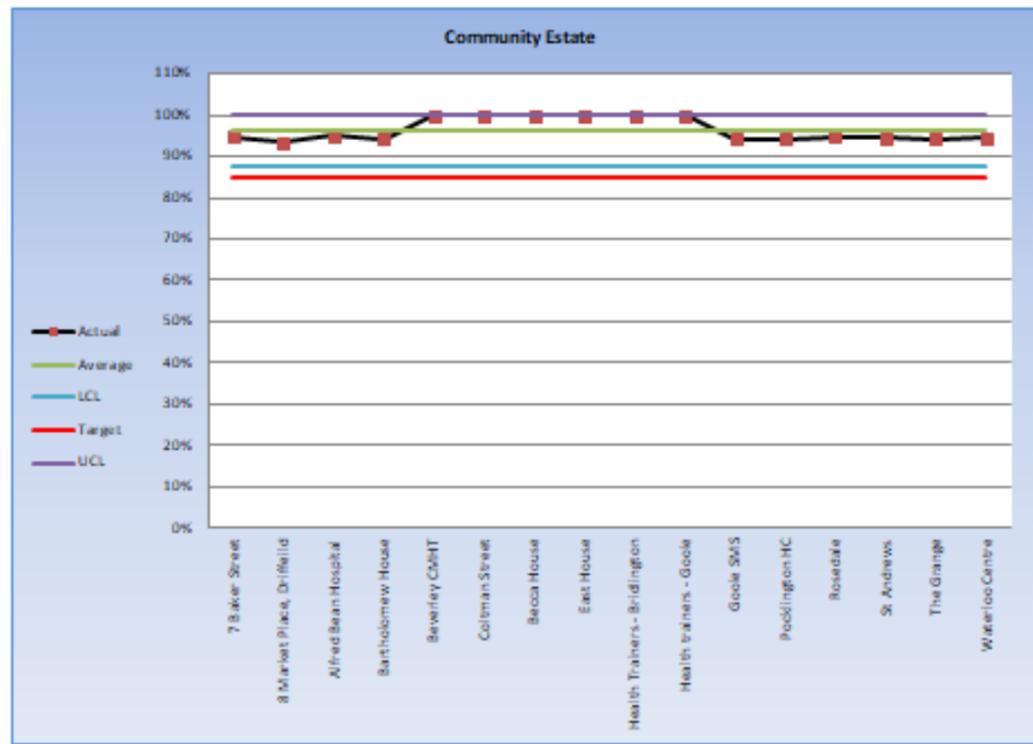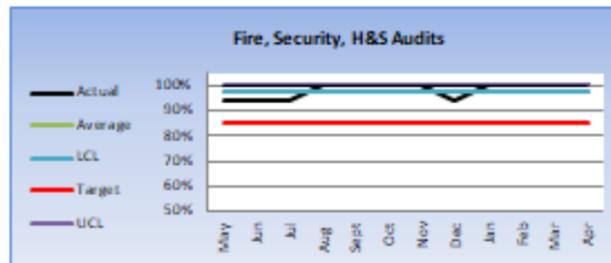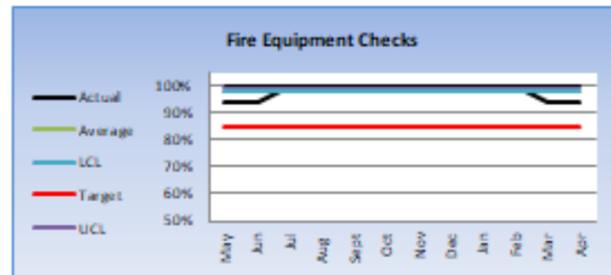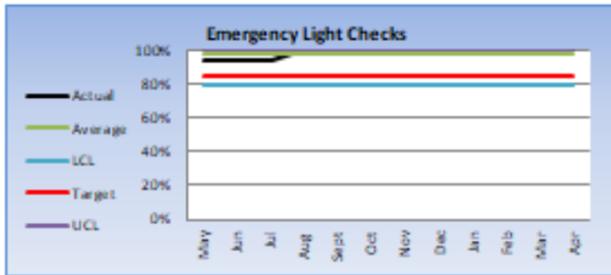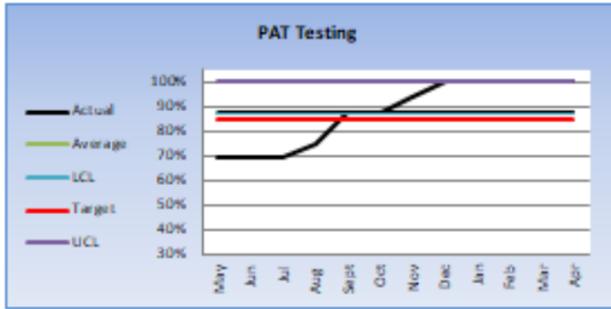
Indicator title

Description / Rationale

Community

Community Buildings

PAT Testing

Emergency Light Checks

Fire Equipment Checks

Fire, Security, H&S Audits

Community Estate

The above chart shows the overall compliance of the trusts Community estate.

The smaller charts are a snapshot of the Planned maintenance scheduled jobs in place.

Currently all sites are above the trust targets of 85% compliance. TMV Checks are now being booked in and are now taking place, the reports are due to be uploaded in the coming weeks, this will take the majority of sites to 100% compliant, which is above the trusts set target and what we strive for.

GAS Safety Checks

Water Monitoring

Asbestos Checks

Medical Device Checks
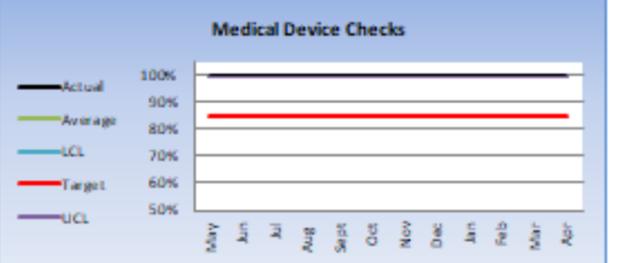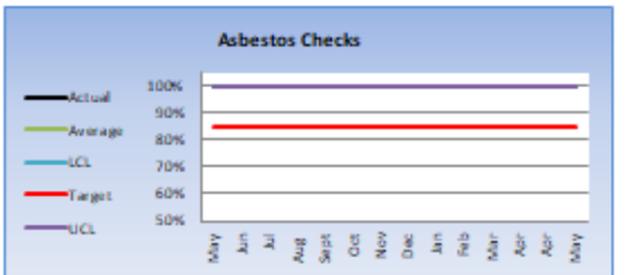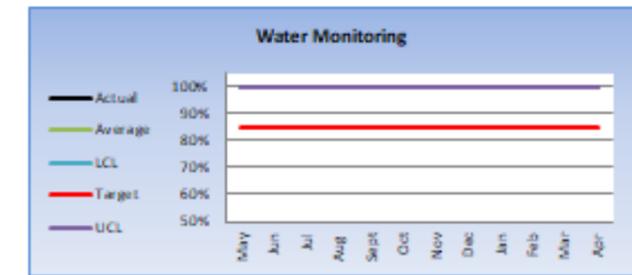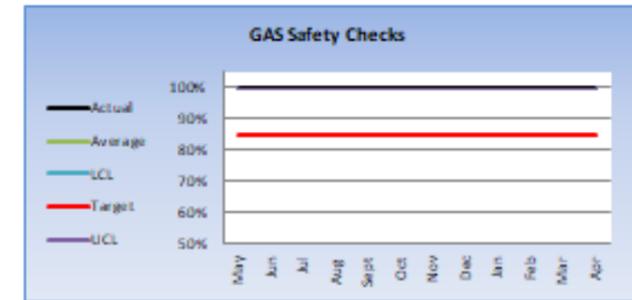
Task Description	Contractor	Schedule	7 Baker Street	8 Market Place, Driffield	Alfred Bean Hospital	Bartholomew House	Beverley CMHT	Coltman Street	Becca House	East House	Health Trainers - Bridlington	Health trainers - Goole	Goole SMS	Pocklington HC	Rosedale	St Andrews	The Grange	Waterloo Centre
Electrical																		
PAT Testing	Calbarrie	Annually	Aug-21	Feb-22	Feb-22	Jul-21	Aug-21	Nov-21	Aug-21	Sep-21	Oct-21	Oct-21	Feb-22	Oct-21	Feb-22	Feb-22	Sep-21	Aug-21
Fixed Wire Testing	Calbarrie	5 Year Test	Nov-24	Oct-24	May-23	Oct-24	Jun-21	Jan-25	Aug-23	Feb-25	n/a	n/a	Sep-24	Jun-23	Nov-20	Nov-24	Nov-24	Jan-24
Addressable Emergency Lighting Systems	ABB	Annually	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Emergency Light testing	Direct Labour	Annually	Apr-22	Apr-22	Apr-22	Feb-22	Jan-22	Jan-22	Feb-22	Jan-22	Dec-21	n/a	Aug-21	Mar-22	Mar-22	Aug-21	Feb-22	Mar-22
Gas																		
Boiler / Gas Safety Records	CD Services	Annually	Mar-22	Nov-21	Mar-22	Jun-21	Nov-21	Apr-21	Feb-22	Jun-21	n/a	n/a	Jun-21	Mar-22	Feb-22	Sep-21	Feb-22	Oct-21
Gas Catering Equipment	MJ Services	Annually	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Lifts																		
Maintenance Checks	LMB	Monthly	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Insurance Inspections	Allianz	6 Monthly	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Lifting Beam (lift shafts)	Allianz		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Water																		
TMV Testing	CD Services/Direct Labour	6 Monthly					n/a	Jun-21	n/a	n/a	n/a	n/a						
Water monitoring Checks	Direct Labour	1m/3m/12 Month	✓	✓	✓	✓	✓	✓	✓	✓	n/a	n/a	✓	✓	✓	✓	✓	✓
Legionella Risk Assessments			Dec-22	Jun-22	Aug-22	May-23	Dec-22	May-23	May-23	May-23	Jan-23	n/a	Oct-23	May-23	Jun-22	Dec-22	Dec-22	Mar-23
A/C & Ventilation																		
Air Handling Units	Direct Labour	Annually	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Air Con Checks	Airco	6 Monthly	Jun-21	Jun-21	Jun-21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Jun-21	Jun-21	Jun-21	Jun-21
Security																		
Fire Equipment Maintenance	Scamps / Direct Labour	Annually	Feb-22	Jan-22	Apr-22	Jun-21	Jun-21	Apr-22	Jul-21	Dec-21	Nov-21	Nov-21	Apr-22	Dec-21	Dec-21	Dec-21	Dec-21	Oct-21
System Testing & Maintenance	Scamps	Monthly	✓	✓	✓	✓	✓	✓	✓	✓	n/a	n/a	✓	✓	✓	✓	✓	✓
CCTV Checks	Scamps	Quarterly	✓	n/a	✓	✓	✓	✓	n/a	✓	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Fire and Smoke Damper Checks	Swegon	Annually	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Buildings																		
Asbestos Checks	Lucion	Yearly	Jul-21	n/a	Aug-21	n/a	n/a	Apr-22	Apr-22	Mar-22	Jun-22	Jun-21	Mar-22	Mar-22	Apr-22	Apr-22	Mar-22	Mar-22
Man-Safe' Roof access Systems	Allianz	Yearly	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Pest Control Checks	AG Pest	Quarterly	✓	✓	✓	✓	✓	✓	✓	✓	n/a	n/a	✓	✓	✓	✓	✓	✓
Window Restrictor tests	Direct Labour	6 Monthly	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Medical Device																		
Medical Device Checks	Med Physics	Annually	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Scales	Marsden's	Annually	✓	n/a	✓	✓	n/a	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lifting equipment / Beds	Chanter Bio Med	6 Monthly	n/a	n/a	Apr-21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Jun-21	n/a	n/a	n/a
Clinical Fridge	Airco	6 Monthly	Jun-21	n/a	Jun-21	Jun-21	Jun-21	n/a	Jun-21	n/a	n/a	n/a	Jun-21	Jun-21	Jun-21	Jun-21	n/a	Jun-21
X-Ray Maintenance	GE Medical	Annually	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Audits																		
Fire	In-house	Annually	Jan-22	Aug-21	Jul-21	Mar-22	Aug-21	Mar-22	Jul-21	Apr-22	May-22	Aug-21	May-21	Sep-21	Aug-21	Jul-21	May-22	Sep-21
Security	In-house	Annually	Jan-22	Jul-21	Oct-21	Mar-22	Aug-21	Mar-22	Jan-22	Apr-22	May-22	Aug-21	May-21	Sep-21	Aug-21	Jul-21	May-22	Jul-21
Health & Safety	In-house	Annually	Jan-22	Jul-21	Oct-21	Mar-22	Aug-21	Mar-22	Jan-22	Apr-22	May-22	Aug-21	May-21	Sep-21	Aug-21	Jul-21	May-22	Jul-21

Legend:
- Compliant (green)
- Uncompliant (red)
- In Progress Awaiting Reports (orange)

Title & Date of Meeting:	Trust Board Public Meeting – 30 June 2021			
Title of Report:	Integrated Care Services (ICS) Strategic Objectives			
Author/s:	Michele Moran Chief Executive			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	After conversations across the Integrated Care System, the attached objectives have been agreed for 21/22. The Board is asked to note the objectives.			

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		Other (please detail) Specific Report	✓

Key Issues within the report:	Contained in the report

Monitoring and assurance framework summary:

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

Caring, Learning & Growing Together

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

Humber, Coast and Vale Health and Care Partnership – Strategic Objectives 2021/22

Objective	Actions	Monitoring progress
Pandemic response	• Continue to strengthen partnership working at all levels to enable a combat the consequences of the pandemic and the post pandemic environment. • Support local systems and organisations in the response to COVID 19 and the associated resetting and redesign of services and functions • Ensure the ongoing delivery of vaccination programmes • Ensure the NHS is fully engaged in strong partnerships with local government strategies and plans and the Health & Wellbeing and Local Resilience Forums especially in relation to their lead role in the wider societal and economic impact of COVID 19. • Support local government and public health leaders through NHS investment, where appropriate, in addressing the wider societal and economic impact of COVID 19. • Continue to make the case for greater recognition of the need to 'level up' across our communities using the evidence base of the multi deprivation index and other data and research. • Strengthen the role of the NHS in developing the adult social care market to support recovery and resilience of services	Quarterly review of progress by the Partnership Executive and other stakeholders to March 2022

Objective	Actions	Monitoring progress
Deliver the Partnership operating plan 2021/22	• Support the health and wellbeing of staff and take action on recruitment and retention • Establish a System Quality Board to ensure that patients and citizens receive high quality care. • Assure the quality of services are maintained and improved in accordance with national best practice and policy and by listening and responding to citizens who use services • Deliver Mental health and Learning Disability recovery and transformation in accordance with national and local policies and requirements • Expand primary care capacity to improve access and address health inequalities • Transform community and urgent and emergency care to prevent inappropriate attendance at emergency departments, improve timely admission and reduce length of stay. • Deliver significant improvement in waiting times for patients awaiting elective treatment • Deliver the cancer services plan and programme • Support the third sector and voluntary community to further engage and contribute to health and care services. • Deliver the NHS mandated health inequalities priorities • Deliver the 2021/22 financial plan and control total • Under the collective banner of '***start well, live well, age and end life well***' -promote and support health improvement, public health and health and wellbeing strategies to address inequalities and improve the health of the population across Humber, Coast and Vale.	Quarterly review of progress by the partnership Executive to March 2022
Leadership &	• Implement the 2021/22 development plan for the partnership including linking as appropriate with the 4 into 1	Quarterly review of

Objective	Actions	Monitoring progress

Development of the Partnership (ICS)	North East and Yorkshire Regional programme for the development of integrated care systems
	
	• Deliver the 2021/22 People Plan that supports the development of the partnership as an integrated care system.
	
	• Implement actions from the BAME engagement programme supported and developed by the BAME network of networks.
	
	• Develop the 2022/27 Humber, Coast and Vale strategy building on the vision of **'start well, live well, age and end life well'** through a co-production exercise engaging place, communities and other stakeholders.
	
	• Implement the Humber, Coast and Vale population health management programme
	
	• Implement a revised primary care strategy for 2021/22 including the development of PCNs and primary care at scale.
	
	• Deliver the Humber, Coast and Vale 2021/22
	    o Digital strategy & plan for
	    o Financial plan and control total
	    o Estate and Capital strategy & plan
	
	• Oversee the next phases of the Humber Acute Services and the East Coast Strategy Programmes
	
	• Work in partnership with local systems across Humber, Coast and Vale to promote the opportunities for the health and care system and its organisations to maximise their role as anchor institutions, as major employers, purchasers and property holders.
	
	• Lead at scale action on population health/screening/smoking/alcohol/climate change in partnership with local government and public health leaders
	
	• Continue to ensure that the Partnership and its members has a significant & influential role on policy development nationally and regionally.
		progress by the Partnership Executive and stakeholders to March 2022

Manage the	• Continue active engagement / joint working with local government especially in relation to the development of	Quarterly review of

Objective	Actions	Monitoring progress
transition to new arrangements for integrated care systems (aligned to the White Paper)	our 6 'places' as determined by local government unitary boundaries. • Continue to support local government devolution in North Yorkshire and York and the emergent proposals on the Humber. • Continue to make the case in National and Regional forums for a satisfactory local government settlement. • Strengthen relationships with Health and Wellbeing Boards through incorporating HWB plans and strategies into overall Humber, Coast and Vale planning. • Continue to support the development of the VCSE through stronger recognition of their contribution, investment and implementation of the VCSE strategy. • Successfully redeploy people in accordance with the employment commitment in the policy guidance for integrated care systems and the regional guidelines agreed by NHSE/I and the partnerships / integrated care systems in North East and Yorkshire. • Ensure the effective transition from the existing CCG arrangements to new integrated care system arrangements and responsibilities whilst ensuring current governance and legal accountabilities are not compromised. • Continue to develop the role of NEDs and local government members as the Partnership Board level governance is implemented. • Strengthen the role of the clinical & professional group and the Population Health and Inequalities Board in the business of the Partnership. • Develop a leadership development, succession planning and talent management framework. • Ensure an effective organisational development programme to support the transition to new arrangements from April 2022	progress by the Partnership Executive and stakeholders to March 2021

Stephen Eames May 2021

Title & Date of Meeting:	Trust Board Public Meeting – 30 June 2021				
Title of Report:	Integrated Care System (ICS) Design Principles				
Author/s:	Michele Moran Chief Executive				
Recommendation:	To approve		To receive & note	✓	
	For information		To ratify		
Purpose of Paper:	To update the Board on the recently published Integrated Care System Design Framework.				

		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		Other (please detail) Specific report	✓

Key Issues within the report:	Contained in the report.

Monitoring and assurance framework summary:

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

Caring, Learning & Growing Together

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

Integrated Care System (ICS) Design Principles

1. Introduction

The document describes the future ambitions of the ICS system. The Asks are set out as follows:-

- Align the ambitions, purpose and strategies of partners across each system.

- The functions of the ICS NHS body needs to include planning to meet the population health needs, allocating resources and ensuring that services meet the needs to deliver against plans.

- The governance of ICS as an NHS body will need to be established to carry out the functions and will need to be flexible

- Develop the opportunity for partner organisations to work together

- Key elements of good practice that are essential to the success of the ICS needs to include strong clinical and professional leadership

- A financial framework that will underpin future ambition of systems including the freedom and mechanisms to use resources flexibly to better meet identified needs and to manage resources at a system level

- The roadmap to implement the new structure ICS arrangements by April 22 to establishing its new organisation of appointing its new leadership team to the new statutory organisation and ensure that people affected by these changes are offered a smooth transition

2. Core and Purpose
Is described as:

- Improving outcomes
- Tackling inequalities
- Enhancing productivity
- Social and economic development

The next phase of the ICS development should be rooted in the underlying principles of subsidiarity and collaboration.

Decisions will be made closer and in consultation with communities.

Collaboration between partners both within a place and at scale to address health inequalities.

Local flexibilities will be key to these developments

3. Partnerships
In the document there is a focus on strong place based partnerships between the NHS and local councils, voluntary organisation and local residents and their design and delivery of integrated services within specific localities.

It will also provide a collaborative approach bringing NHS providers together across one or more ICS's working with clinical networks and alliances and other partners to secure benefits of working at scale

Key governance of the ICS statutory body will be;

- An ICS partnership - the broad alliance of organisations and representatives concerned with improving the care health and well-being of the population jointly convened by localities in the NHS

- An NHS ICS body bringing together the NHS locally to improve population health and care

4. The ICS Partnership
Established by the NHS and local government as equal partners in the partnership and which will operate formally to bring partners together across the ICS aligned to purpose and ambitions and with plans to integrate care and the improve the health and well-being outcomes of the population.

The partnership will be expected to develop an integrated care strategy for the whole population using the best available evidence and data.

The body will be established locally and jointly by relevant authorities members and must include local organisations as well as local NHS representation and members from other organisations. It needs to draw on the experience and expertise from the wide-ranging partners in the area.

The ICS body will be a new statutory organisation that brings partner organisations together in a new way with purpose leading to integration within the NHS and bringing together all those involved in planning and providing NHS services to take a collaborative approach to the ambitions of the health of the population they serve in a joint dynamic working relationship with shared strategic priorities and seamless connections.

The functions of the ICS body include:-

- Developing a plan
- Allocating resources
- Establishing joint working arrangements
- Establishing governance arrangements
- Arranging for the provision of health services leading system implementation of the People's plan
- Leading system wide action on data and digital joined up digital plans to understand local priorities track delivery of plans and monitor and address variation and drive continuous improvement
- Invest in local community organisations and infrastructure
- Ensuring the NHS has a full part in social and economic development and environmental sustainability
- Developing work in the states procurement supply chain and commercial strategies
- A plan for responding to leading recovery from incidents and functions from NHS England and NHS improvement (this will be delegated)
- Clinical commissioning function of duties will transfer to the ICS NHS body along with all the CCG assets and liabilities, the CCG's will also transfer into the ICS

There is a governance section in the document that contains more details including:-

- Delivering the People's Plan and a competent and efficient workforce.

- Supporting people involved in the transfer.

- The statutory minimum membership of each ICS NHS body will be confirmed in legislation and in most cases the statutory requirements will be an independent non-executive as chairperson and a minimum of two other independent directors.

- Executive roles Chief Executive as Accountable Officer, Director of Finance, Director of Nursing, Medical Director, partner members, a minimum of three additional more members including at least one member drawn from an NHS trust and foundation trust to provide services within the ICS area.

Possible members from Primary Medical Services and Local Authorities

There will be place based partnerships between organisations to get plans delivered and monitored locally. Defined place systems will determine their own set of responsibilities in relationship to place. The ICS will be accountable for a suite of resources deployed at place level.

Providers
Providers will be expected to be part of provider collaboratives with partnership arrangements involving two or more trusts working across multiple places to realise the benefits of mutual aid and working at scale. The ICS should define the working relationships but could contract and pay providers collaboratively or via a Lead Provider structure.

There is a lot in the document about distributed clinical and managerial leadership and obviously several sections cover more detailed guidance of design around working people in communities and the governance frameworks.

Projected go live date first of April 2022

5 Recommendation
To note the contents of the report.