

**Trust Board Meeting 25 January 2023
Agenda - Public Meeting**

For a meeting to be held at 9.30am Wednesday 25 January 2023, via Microsoft Teams

		Lead	Action	Report Format
Standing Items				
1.	Apologies for Absence	CF	Note	verbal
2.	Declarations of Interest	CF	Note	√
3.	Minutes of the Meeting held on 30 November 2022	CF	Approve	√
4.	Action Log and Matters Arising	CF	Discuss	√
5.	Patient Story - Addictions Services – Achieving Recovery and the Future	KF	Note	√
6.	Chair’s Report	CF	Note	√
7.	Chief Executives Report	MM	Note	√
8.	Publications and Highlights Report	MM	Note	√
Performance & Finance				
9.	Performance Report	PB	Discuss	√
10.	Finance Report	PB	Discuss	√
Corporate				
11.	Social Value Report 2021/22 - Sarah Clinch Senior Partnerships and Strategy Manager attending	KF	Approve	√
12.	Annual Declarations Report	SJ	Discuss	√
13.	External Review of Governance Action Plan Update	MM	Discuss	√
14.	Revised Board Assurance Framework - Oliver Sims, Corporate Risk and Compliance Manager attending	MM	Approve	√
15.	Risk Register- Oliver Sims, Corporate Risk and Compliance Manager attending	HG	Discuss	√



16.	Six Monthly Research and Development Report - Cathryn Hart, Assistant Director of Research and Development attending	KF	Note	√
17.	Humber and North Yorkshire (HNY) Integrated Health and Care Strategy	MM	Note	√
Assurance Committee Reports				
18.	Collaborative Committee Assurance Report	SMcKE	Note	√
19.	Finance and Investment Committee Assurance Reports	FP	Note	√
20.	Charitable Funds Committee Assurance Report*	SMcKE	Note	√
21.	Charitable Funds Accounts*	PB	Approve	√
Quality and Clinical Governance				
22.	Six-Month Review of Safer Staffing – Inpatient units – Tracy Flanagan, Assistant Director of Nursing & Quality attending	HG	Discuss	√
23.	Board Strategic Development February Meeting Agenda	CF	Note	√
24.	Items to Escalate including to the High Level Risk Register or for Communication	CF	Note	verbal
25.	Any Other Urgent Business	CF	Note	verbal
26.	Review of Meeting – Being Humber	CF	Note	verbal
27.	Exclusion of Members of the Public from the Part II Meeting			
28.	Date, Time and Venue of Next Meeting Wednesday 29 March 2023, 9.30am via Microsoft Teams			

*Presented to Board as Corporate Trustee

Agenda Item 2

Title & Date of Meeting:	Trust Board Public Meeting – 25 January 2023											
Title of Report:	Declarations of Interest											
Author/s:	Caroline Flint Chair											
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To receive & discuss</td> <td></td> </tr> <tr> <td>For information/To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> </table>				To approve		To receive & discuss		For information/To note	✓	To ratify	
To approve		To receive & discuss										
For information/To note	✓	To ratify										
Purpose of Paper:	The report provides the Board with a list of current Executive Directors and Non-Executive Directors interests.											
Key Issues within the report:												
Matters of Concern or Key Risks to Escalate: <ul style="list-style-type: none"> No issues to note 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> N/A 										
Positive Assurances to Provide: <ul style="list-style-type: none"> Updated declarations 		Decisions Made: <ul style="list-style-type: none"> N/A 										
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date								
	Audit Committee		Remuneration & Nominations Committee									
	Quality Committee		Workforce & Organisational Development Committee									
	Finance & Investment Committee		Executive Management Team									
	Mental Health Legislation Committee		Operational Delivery Group									
	Charitable Funds Committee		Collaborative Committee									
			Other (please detail)	✓								

Monitoring and assurance framework summary:

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

Directors' Declaration of Interests

Name	Declaration of Interest
Executive / Directors	
Ms Michele Moran Chief Executive (Voting Member)	<ul style="list-style-type: none"> • Appointed as a Trustee for the RSPCA Leeds and Wakefield branch • Chair of Yorkshire & Humber Clinical Research Network • SRO Mental Health/Learning Disabilities Collaborative Programme. • HCV CEO lead for Provider Collaboratives • IMAS partner • Humber and North Yorkshire ICB Board Member • Non-Executive Director DHU Healthcare (a Social Enterprise organisation) from 2/11/22
Mr Peter Beckwith, Director of Finance (Voting Member)	<ul style="list-style-type: none"> • 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 Kwame Opoku-Fofie, Medical Director (Voting member)	<ul style="list-style-type: none"> • Director of Bluewaters Healthcare Limited, (not actively trading) • Spouse Mrs Marian Opoku-Fofie is the Deputy Chief Pharmacist of Humber Teaching NHS Foundation Trust
Mrs Lynn Parkinson, Chief Operating Officer (Voting Member)	No interests declared
Mr Steve McGowan, Director of Workforce and Organisational Development (Non-Voting member)	No interests declared
Non Executive Directors	
Rt Hon Caroline Flint – Chair (Voting Member)	<ul style="list-style-type: none"> • Husband is a member of Doncaster MBC Councillor and Cabinet member • Brother-in-law works at Sandwell and West Midlands NHS Trust as the Senior Consultant for Ophthalmology at the Birmingham and Midland Eye Centre in City Hospital. He is also Professor of Ophthalmology at Aston University and Hon Consultant at Birmingham Children's Hospital. • Chair of the Committee on Fuel Poverty which is an advisory non-departmental public body sponsored by the Department for Business, Energy and Industrial Strategy • Member of UK Commission on Covid Commemoration (21.7.22 – 31.3.23)
Mr Mike Smith, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> • Director Magna Trust • Director, Magna Enterprises Ltd • Associate Hospital Manager RDaSH • Associate Hospital Manager John Munroe Group, Leek • Trustee - The Rotherham Minster Development Trust
Mr Francis Patton, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> • Non-Executive Chair, The Cask Marque Trust • Treasurer, All Party Parliamentary Beer Group

	<ul style="list-style-type: none"> • Industry Advisor The BII (British Institute of Innkeeping) • Managing Director, Patton Consultancy • Non Executive Director of SIBA and Chair of SIBA Commercial, The Society of Independent Brewers • Appointed to Baxi Partnership Limited as a Trustee • Appointed as a Trustee to the Spirit Pension Trust
Mr Dean Royles, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> • Director Dean Royles Ltd • President Health People Managers Association (HPMA) • Owner Dean Royles Ltd • Advisory Board of Sheffield Business School • Associate for KPMG
Mr Hanif Malik, Associate Non-Executive Director (Non-Voting Member)	<ul style="list-style-type: none"> • Non-Executive Director, Karbon Homes
Mr Stuart McKinnon-Evans, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> • Wife is employed by Carers' Resource, which may supply services to the NHS in West and North Yorkshire.
Dr Phillip Earnshaw, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> • Director of Conexus GP Federation • Vice Chair of Wakefield District Housing • FMC Health Solutions Ltd – Director and Shareholder • Health Care First Partnership – Senior Partner • Phillip Earnshaw Ltd – Director & Majority Shareholder • Trustee of Prince of Wales Hospice

Trust Board Meeting
Minutes of the Public Trust Board Meeting held on Wednesday 30 November 2022 via Microsoft Teams

Present: Rt Hon Caroline Flint, Chair
 Mrs Michele Moran, Chief Executive
 Dr Phillip Earnshaw, Non-Executive Director
 Mr Hanif Malik OBE, Associate Non-Executive Director
 Mr Stuart McKinnon-Evans, Non-Executive Director
 Mr Francis Patton, Non-Executive Director
 Mr Dean Royles, Non-Executive Director
 Mr Mike Smith, Non-Executive Director
 Mr Peter Beckwith, Director of Finance
 Dr Kwame Fofie, Medical Director
 Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
 Mr Steve McGowan, Director of Workforce and Organisational Development
 Mrs Lynn Parkinson, Chief Operating Officer

In Attendance: Mrs Stella Jackson, Head of Corporate Affairs
 Mrs Jenny Jones, Trust Secretary (Minutes)
 Mrs Alison Flack, Programme Director (for item 229/22)
 Ms Rebecca Johns-Bielby, Emergency Planning Manager observing

Apologies: None

Board papers are 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.

220/22	<p>Declarations of Interest</p> <p>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.</p> <p>The Chief Executive, Director of Finance, Mike Smith, Non-Executive Director and Stuart McKinnon-Evans, Non-Executive Director have a standing declaration of interest regarding items relating to the Collaborative Committee.</p>
221/22	<p>Minutes of the Meeting held 26 October 2022</p> <p>The minutes of the meeting held on 26 October were agreed as a correct record.</p>

222/22	<p>Matters Arising and Actions Log The action log and work plan were noted.</p> <p>205/22 Quality and Safety of Mental Health, Learning Disability and Autism Inpatient services- Humber Teaching NHSFT response to Panorama Expose on Edenfield Secure Services It was noted that the graph in the report had been amended and recirculated to Board members.</p>
223/22	<p>Staff Story – Gemma Cartman – Being Humber Steve McGowan presented the staff story and introduced Gemma Cartman, Senior Organisational Development Practitioner. Gemma talked about her experiences of developing a Behavioural Framework that covered the requirements of the Trust and captured the culture we strive to achieve. The Being Humber campaign was launched last month, and awareness had been raised across the organisation through various forums.</p> <p>Francis Patton noted that Gemma’s background was outside the NHS and asked how it compared with working in the NHS. Gemma explained that the biggest difference was that industry focussed on profit whereas the NHS sought to improve services for the benefit of those who used them.</p> <p>Other questions asked/comments made by Board members related to behaviours, the comparative better practice exercise undertaken and language used. This important piece of work would take the organisation forward and would be used in recruitment. The use of the branding of Being Humber would be considered going forward.</p> <p>The Board thanked Gemma and the team for the work that had been done.</p>
224/22	<p>Chair’s Report The Chair presented her report and drew the Board’s attention to information regarding the HSJ Awards and the visits update.</p> <p><u>Resolved:</u> The update was noted.</p>
225/22	<p>Chief Executive’s Report The report provided updates from each of the Directors along with a summary of activities undertaken by the Chief Executive. Areas highlighted to the Board included: -</p> <ul style="list-style-type: none"> • HSJ Awards – The Trust Communications team were highly commended in the NHS Communications Initiative of the Year category. As part of the Humber and North Yorkshire Health and Care Partnership, the Trust also celebrated a high commendation for their wider mental health programme focusing on maternal mental health and the overall integrated care framework for children and young people • The three polices presented for ratification: Apprenticeships, Organisational Change and Engagement and Deployment of Short-term Staffing • The Oliver McGowan Mandatory Training on Learning Disability and Autism • NHS Providers - Julian Hartley had been formally announced as the Next Chief Executive of NHS Providers • The Care Quality Commission update • Recent work carried out by NHSI on ‘time to hire’ showed the Trust was the 5th

	<p>best across the North East and Yorkshire region for non-medical staff with 51 days taken from vacancy to recruitment</p> <ul style="list-style-type: none"> • High uptake for the flu and Covid vaccinations <p>Lynn Parkinson provided an update on the challenges and pressure expected in the coming months. The Trust's winter plan had recently been shared with Mental Health Collaborative colleagues. Updates were also provided on work to support discharges, industrial action (Artic Willow) and the associated work taking place in preparation. System pressures continued and the Trust was at OPEL 2.</p> <p>Stuart McKinnon- Evans asked about the proposal to establish a new eating disorder community treatment service. He was informed that further evidence was emerging that an intensive home treatment model may be more appropriate, and work was happening at pace in this area.</p> <p>During a recent visit to an inpatient team, Wishes requests through Charitable Funds was discussed. Francis Patton asked if these were promoted through the organisation. Communication was through a variety of ways including Ask the Exec, Chief Executive's VLOGs and through Health Stars. Information on Wishes would also be provided to hand out to staff on future visits.</p> <p>It was noted that the Social Values report was expected in the next few weeks.</p> <p>The Apprenticeships, Organisational Change and Engagement and Deployment of Short-term Staffing policies were ratified.</p> <p><u>Resolved:</u> The report and updates were noted.</p>
226/22	<p>Publications and Highlights Report</p> <p>The report provided an update on recent publications and policy. Of particular note were the reports on the Covid Inquiry and Artic Willow.</p> <p><u>Resolved:</u> The report was noted.</p>
227/22	<p>Performance Report</p> <p>Pete Beckwith presented the report relating to the current levels of performance as at the end of October 2022 and highlighted the following key points</p> <ul style="list-style-type: none"> • A Review of the Care Programme Approach (CPA) across all Divisions was taking place • The number of delayed transfers of care was reduced during October • Safer staffing dashboard – an error identified with Mill View Lodge occupancy had been rectified • Out of Area beds usage was lower in October compared to earlier in the year • Increasing Access to Psychological Therapies (IAPT) performance was above target • Statutory and mandatory training remained above the Trust target of 85% and was currently at 91.3%. <p>Mike Smith referred to the Friends and Family Test data in relation to GPs and asked whether it was known why patients were not providing positive answers to the questions. Kwame Fofie responded that face to face responses were positive. Actions</p>

	<p>had been taken to increase reception staff to answer telephones more efficiently and to support triaging. An improvement was expected in the future.</p> <p>Basic Life Support (BLS) training was raised by Francis Patton as an area of issue. He was informed this was going in the right direction and an update would be provided to the next Workforce & Organisational Development Committee.</p> <p>Phillip Earnshaw noted the struggle to reduce over 18 week waits for Memory Diagnosis and asked if there was a plan to address this. Lynn Parkinson reported that a detailed recovery plan was in place. The issue was in Hull and discussions were taking place with commissioners. A detailed capacity and demand analysis had been completed to ensure resources were optimised.</p> <p>It was noted that Townend Court had a Covid outbreak which affected performance in September.</p> <p><u>Resolved:</u> The report and verbal updates were noted</p>
228/22	<p>Finance Report</p> <p>The finance report as at the end of October 2022 was presented to the Board by Pete Beckwith who highlighted the following areas:</p> <ul style="list-style-type: none"> • The Trust was in a strong financial position at month seven. • A review of trajectories for primary care and agency had been undertaken. An update would be provided to every informal Executive Management Team (EMT) meeting. An update on primary care would be provided to the next Finance & Investment Committee (FIC) meeting • Off framework agency spend was monitored by EMT • The cash position remained positive <p>Phillip Earnshaw was aware of the Integrated Care System (ICS) financial position and asked whether this would have an impact on the organisation. Pete Beckwith confirmed that the ICS was off plan but had forecast to achieve the plan by the end of the year. It was unclear whether there would be any impact on the Trust.</p> <p>A slight reduction in off framework agency spend was reported in October. Locum GPs were not included in this as specified in the planning guidance.</p> <p><u>Resolved:</u> The Board noted the Finance report</p>
229/22	<p>Humber and North Yorkshire Integrated Care System – Mental Health and Learning Disabilities Collaborative Programme Update</p> <p>The report was presented by Alison Flack, programme Director and taken as read. Areas highlighted were:-</p> <ul style="list-style-type: none"> • A review of recovery plans against the long term plan ambitions was being undertaken • There was challenge in some areas around Dementia diagnosis rate and access targets for children and young people • A successful winter planning workshop had been held • The 4th International conference would be taking place in December with Professor Sir Michael Marmot and Chris Dzikiti, Director of Mental Health at the

	<p>Care Quality Commission as speakers. The conference would focus on health inequalities within Mental Health, Learning Disabilities and Autism.</p> <p>In relation to the winter planning update, Francis Patton noted that the six key metrics the Integrated Care Board (ICB) would be measured on were all acute focussed rather than mental health. Alison Flack reported that from a mental health perspective these areas were captured on the dashboard as mental health/learning disabilities did impact on the flow and therefore needed to be flexible through the emerging developments. The 111 crisis telephone lines would go live from December with the aim to help reduce the impact on the acute Trust and emergency department.</p> <p>It was noted the developing learning principles discussion would need to ensure that the outcomes were improved where needed. There was not as much funding available and some specific changes in areas would be needed across the six Places to enable delivery of services. Ahead of the planning guidance being received, the principles were being worked through. Funding would be into areas of need rather than shared out and this was being progressed in the system.</p> <p>Hanif Malik asked about metrics for retention and was informed that this would be monitored through the Workforce and Organisational Development Committee.</p> <p><u>Resolved:</u> The report was noted.</p>
230/22	<p>Humber, North Yorkshire, York Integrated Care Board (ICB) Minutes 12.10.22</p> <p>The Chief Executive presented the minutes for information. Work was underway to reduce duplication, bureaucracy and reporting levels.</p> <p>Hanif Malik noted the work on the cost of living crisis and industrial action. He asked if there was anything in the work that could be useful to support our staff. The Chief Executive explained that the organisation benchmarked well against other organisations in terms of the offers to staff and the situation continued to be monitored. The report would be circulated for information.</p> <p><u>Resolved:</u> The minutes were noted <u>Cost of living report to be circulated to the Board Action MM</u></p>
231/22	<p>Mental Health Legislation Committee Assurance Report</p> <p>The report was taken as read. Mike Smith reported that discussions at the meeting included, staffing within the Probation Service, positive assurance on CQC visits, Reducing Restrictive Interventions (RRI) and the use of Section 4. Time was also spent discussing Edenfield and the associated details.</p> <p><u>Resolved:</u> The report was noted</p>
232/22	<p>Audit Committee Assurance Report</p> <p>A summary of the discussions held at the meeting on 8 November was presented by Stuart McKinnon-Evans. The report detailed the areas covered at the meeting and the Annual Information Governance report was presented.</p> <p><u>Resolved:</u> The report was noted.</p>
233/22	<p>Quality Committee Assurance Report</p> <p>Phillip Earnshaw gave a verbal update following the meeting held on 23 November</p>

	<p>2022. Items discussed included:</p> <ul style="list-style-type: none"> • Edenfield – ensuring that issues had been reviewed and there was leadership and visibility in the organisation. Visits out of hours were debated as different teams would be on duty. • Good progress being made with the Princes Medical Centre Care Quality Commission (CQC) action plan. • Internal audit report gave good assurance for NICE Guidelines • Digital access to clinical systems • Retirement of the Deputy Director of Nursing <p>The Chair asked for a written report to be circulated to Board members as soon as possible.</p> <p>Resolved: The update was noted.</p>
234/22	<p>Potential Items for Consideration at Future Strategy Meetings Areas suggested included:-</p> <ul style="list-style-type: none"> • Primary Care – February meeting • Waiting list work • Edenfield and closed cultures • Budget Reduction Strategy (BRS) <p>Dean Royles suggested that the Patricia Hewitt report be discussed when published.</p>
235/22	<p>Items to Escalate including to the High Level Risk register No items were raised.</p>
236/22	<p>Any Other Business No other business was raised.</p>
237/22	<p>Review of the Meeting Board members felt the meeting was effective and that the reports were of a good quality. The time spent on items had been appropriate and there was good and effective challenge.</p>
238/22	<p>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.</p>
239/22	<p>Date and Time of Next Meeting Wednesday 25 January 2023, 9.30am via Microsoft Teams</p>

Signed Date

Chair

Agenda Item 4

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

Summary of actions from November 2022 Board meeting and update report on earlier actions due for delivery in January 2023						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
30.11.22	230/22	Humber, North Yorkshire, York Integrated Care Board (ICB) Minutes 12.10.22	Cost of living report to be circulated to the Board	Chief Executive	December 2022	E mailed to Board 13.12.22
Outstanding Actions Arising from Previous Board meetings for feedback to a later Board meeting						
Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
27.4.22	81/22	Freedom to Speak Up (FTSU) Annual Report 2021/22	The next report will break down the data by ethnic group and gender	FTSU Guardian	April 2023 (Date changed to align with next annual report)	Item not yet due
27.7.22	150/22	External Review of Governance Action Plan	A review of embeddedness will be undertaken in quarter 3 (Oct-Dec) and	Chief Executive	January 2023	Item on the agenda

		Update	reported to Board.			
28.9.22	176/22	Cost of Living and Support Report	The report to be discussed at a future Board Time Out	Chief Executive	December 2022	Item on the agenda for the December meeting
26.10.22	200/22	Chief Executive's Report	Speech and Language Therapists, Ruth Edwards and Siobhan Ward to be invited to a future meeting	Chief Operating Officer	April 2023	Item not yet due - Attendance at the Board Strategic Development meeting
26.10.22	202/22	Performance Report	Discussion to take place at a Strategic Business meeting on performance including waiting times. This will be added to the workplan for the meetings	Chief Operating Officer & Head of Corporate Affairs	June 2023	On Board Strategic Development Meeting Agenda for June 2023
26.10.22	205/22	Quality and Safety of Mental Health, Learning Disability and Autism Inpatient services- Humber Teaching NHSFT response to Panorama Expose on Edenfield Secure Services	An update will be provided at a future Strategic Business meeting. HG to inform SJ when this item should be timetabled for discussion	Director of Nursing, Allied Health and Social Care Professionals	February 2023	Item not yet due
26.10.22	207/22	Trust Behavioural Standards Refresh	Agenda template for all meetings to be updated to include reflection at the end of the meeting about behaviours and "Being Humber"	Head of Corporate Affairs	December 2022	Review of meeting added to the Board and Committee meeting template – action complete
26.10.22	210/22	Finance & Investment Committee Assurance Report	Primary Care Strategy and a strategic review of future potential cost reduction to be considered at Board	Head of Corporate Affairs	December 2022	Strategic review of future potential cost reduction to be discussed at

			Development session			December Time Out. Primary Care Strategy agreed for February Meeting
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A copy of the full action log recording actions reported back to Board and confirmed as completed/closed is available from the Trust Secretary

Board Dates:-	Strategic Headings	LEAD	27 Apr 2022	18 May 2022	22 June 2022	27 Jul 2022	28 Sep 2022	26 Oct 2022	30 Nov 2022	25 Jan 2023	29 Mar 2023
Reports:											
Mental Health Managers Annual Progress Report inc in Assurance Report	Quality & ClinGov	LP		x							
Patient & Carer Experience Enabling Strategy - not due until 2023	Quality & ClinGov	KF			x						
Presentation of Annual Community Survey – Quality Health to March Meeting	Quality & ClinGov	KF									x
Guardian of Safeworking Annual Report	Quality & ClinGov	KF					x				
Patient & Carer Experience (incl Complaints and PALs) Annual Report	Quality & ClinGov	KF					x				
Quality Accounts	Reg.Comp	HG			x						
Risk Management Enabling Strategy Update	Strategy	HG	x								
Infection Control Plan – not due until March 23 moved from Sept 22	Strategy	HG									x
Infection Prevention Control Annual Report moved to Oct to go through Quality Committee	Quality & ClinGov	HG					X def	x			
Safeguarding Annual Report	Quality & ClinGov	HG					X				
Annual EPRR Assurance Report	Quality & ClinGov	LP	x								
EPRR Core Standards moved to Oct	Corporate	LP						x			
Patient Led Assessment of the Care Environment (PLACE) Update –	Quality & ClinGov	LP					x				
Health Stars Enabling Strategy Annual Review	Strategy	SMcG		x							
Health Stars Operations Plan Update (moved to May from April)	Perf & Delivery	SMcG		x							
Annual Operating Plan	Strategy	MM									x
Report on the use of the Trust Seal	Corporate	MM	x								
Review of Standing Orders, Scheme of Delegation and Standing Financial Instructions	Corporate	SJ		x							
Annual Non Clinical Safety Report - moved to July for review by FIC	Corporate	PBec			X moved to July	x					
Annual Declarations Report	Corporate	SJ		x							
Charitable Funds Annual Accounts	Corporate	PBec						X moved to Dec		x	
Equality Delivery Scheme Self Assessment moved to June from May	Corporate	SMcG			x						
Gender Pay Gap	Corporate	SMcG				x					
WDES Report — reports into Workforce & Organisational Development Committee , but separate report to the Board moved from July to October to meet Committee requirements	Reg. Compl	SMcG						x			
WRES Report reports into Workforce Committee with report to Board moved from July to October to meet Committee requirements	Corporate	SMcG						x			
Equality Diversity and Inclusion Annual Report moved to Sept to go	Corporate	SMcG				X moved	x				

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

Agenda Item 5

Title & Date of Meeting:	Trust Board Public Meeting– 25 th January 2023		
Title of Report:	Addictions Services – Achieving Recovery and the Future		
Author/s:	Craig – Service User Dave Reade - Service User & Carer Lead, East Riding Partnership		
Recommendation:	To approve		To receive & discuss
	For information/To note	✓	To ratify
Purpose of Paper:	<p>To inform the Trust Board of the experiences of Addictions Services and the following:</p> <ul style="list-style-type: none"> ▪ Addiction under the age of 16 ▪ Impact on the individual ▪ Attempting to change long term behaviour ▪ Achieving recovery and the future 		
Key Issues within the report:			
Matters of Concern or Key Risks to Escalate: <ul style="list-style-type: none"> • No matters to escalate 	Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> • N/A 		
Positive Assurances to Provide: <ul style="list-style-type: none"> • N/A 	Decisions Made: <ul style="list-style-type: none"> • N/A 		
Governance:		Date	
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee		Workforce & Organisational Development Committee
	Finance & Investment Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group

	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Board Story	✓

Monitoring and assurance framework summary:

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

Agenda Item 6

Title & Date of Meeting:	Trust Board Public Meeting – 25 January 2023											
Title of Report:	Chair's Report											
Author/s:	Rt Hon Caroline Flint Trust Chair											
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To receive & discuss</td> <td></td> </tr> <tr> <td>For information/To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> </table>				To approve		To receive & discuss		For information/To note	✓	To ratify	
To approve		To receive & discuss										
For information/To note	✓	To ratify										
Purpose of Paper:	To provide an update on the Chair's activity since the last Board meeting											
Key Issues within the report:												
Matters of Concern or Key Risks to Escalate:		Key Actions Commissioned/Work Underway:										
<ul style="list-style-type: none"> Nothing to escalate 		<ul style="list-style-type: none"> Work with Governors and elections 										
Positive Assurances to Provide:		Decisions Made:										
Visits		<ul style="list-style-type: none"> N/A 										
Governance:		Date		Date								
	Audit Committee		Remuneration & Nominations Committee									
	Quality Committee		Workforce & Organisational Development Committee									
	Finance & Investment Committee		Executive Management Team									
	Mental Health Legislation Committee		Operational Delivery Group									
	Charitable Funds Committee		Collaborative Committee									
			Other (please detail) Report to Board	✓								

Monitoring and assurance framework summary:

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

	Maximising an efficient and sustainable organisation			
✓	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			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	

Trust Chair's Board Report – 25 January 2023

1. Chair's Activities Round Up

At the December Board Time Out we received a helpful external presentation on our legal responsibilities regarding the Humber North Yorkshire ICS. In discussion we learnt more about how other ICSs were developing and agreed to ask HNY ICS to provide a training session for governors in relation to their role. We agreed a 2023 Board Development plan.

I attended the Quarterly Staff Awards in December which as always was a great opportunity to meet staff and hear about their careers and the work they do.

The Trust Carol Service was back in person but also online. Michele Moran and I earlier in the day judged the Bake-Off entries and announced the winners alongside the winners of the Christmas Card and Decorations competitions. Congratulations to the winners and to everyone who took part and staff who ran creative activities for patients to get involved.

I also attended the NHS Carol Service at York Minister with my HNY Provider Chair Colleagues and HNY ICB Chair Sue Symington which was a good opportunity to meet in person outside of our online monthly meetings.

Unfortunately, I was unable to attend the HNY/HCP Mental Health, Learning Disabilities and Autism Annual Conference in December where Professor Sir Michael Marmot spoke. However, I am pleased that Chief Executive Michele Moran and I will be meeting soon with Sir Michael to discuss collaborative work with the UCL Institute for Health Equity.

On the 22 December I attended the NHS North-East and Yorkshire Regional Roadshow which focussed on the new Operational Planning Guidance.

Throughout December and January, the Chief Executive has kept me informed about planning and impacts regarding industrial action and operations over the festive period. My thanks to all our staff for their continuing commitment and hard work during this time.

2. Governors

Due to work commitments Soraya Hutchinson has resigned as a governor but I am delighted she will continue to volunteer for the Trust. My thanks to Soraya especially for her contribution to the Governor Development Working Group.

We have three governor vacancies and Katie Colrein (BSU) is working with the Communications Team to plan the advertising campaign for the next round of elections.

I attended the Engaging Members' Group chaired by Governor Doff Pollard, and governors agreed that a 2023 workplan be developed with the support of Head of Corporate Affairs Stella Jackson.

An online Governor workshop on "How Humber Trust spends it's money" led by Francis Patton Chair of the Board Finance and Investment Committee and Director of Finance Pete Beckwith will take place in February.

The next Governor Development Day will focus on the work of the Board Workforce and Organisational Development Committee and training led by Stella Jackson on the Role of Governors.

At time of writing the January Council of Governors is still due to take place and it will include an item on new NHS guidance pertaining to the role of Governors in Integrated Care System (ICS) areas.

Governors Tim Durkin and Will Taylor have agreed to join the Trust's Mental Health Inpatient Redesign Stakeholders Group.

3. Chair and Non-Executive Director (NEDS) Visits

I visited the Newbridges male inpatient unit with Governor Brian Swallow on 13 December.

Mike Smith attended 'One Voice' - Humber Centre Patients Council Forum on Wednesday 14 December. He also visited Pine View on Wednesday 23 November as part of the Director/NED/Governor visit programme.

Trust Chair Caroline Flint 17/01/23

Agenda Item 7

Title & Date of Meeting:	Trust Board Public Meeting – 25 January 2023			
Title of Report:	Chief Executive’s Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & discuss	x
	For information/To note	x	To ratify	x
Purpose of Paper:	<p>To provide the Board with an update on local, regional and national issues.</p> <p>Within the report the Board is asked to ratify the Associate Hospital Managers Policy Approve the minor changes to the Collaborative Committee Terms of Reference</p>			
Key Issues within the report:				
Matters of Concern or Key Risks to Escalate: <ul style="list-style-type: none"> Nothing to escalate 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Contained within the paper 		
Positive Assurances to Provide: Work contained within the report		Decisions Made: <ul style="list-style-type: none"> Policy ratifications Collaborative Committee Terms of Reference, minor changes to approve 		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	

			Other (please detail) Monthly report to Board	✓
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Monitoring and assurance framework summary:

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

Chief Executive's Report

1 Items for Approval

1.1 Trust Policies

The policy detailed in the table below has been amended and the changes made are highlighted. Assurance was provided to the Executive Management Team (EMT) as the approving body for policies that the correct procedures were followed and that the policies conform to the required expectations and standards. The Board is asked to ratify the policy.

Policy Name	Date Approved	Lead Director	Key Changes to the Policy
Associate Hospital Managers Policy	9/1/23	Kwame Fofie	<p>The role of the Non Executive Director (NED) as a member of the Trust Board is highlighted.</p> <p>Emphasis is given to the Associate Hospital Managers (AHM) being accountable to the Trust (delegated to Mental Health Act Clinical Manager) rather than the NED.</p> <p>The minimum number of hearings required per annum has reduced from 12 to 10.</p> <p>A generic reference to the fee payable to Associate Hospital Managers is made rather than the specific amount (which may change over time).</p> <p>The mileage rate of 56p is emphasised.</p> <p>https://www.humber.nhs.uk/document-library/Hospital Managers Policy January 23.docx</p>

2 Around the Trust

2.1 System Pressures

Whilst on leave I continued to dial into system meetings and the Integrated Care Board (ICB) extraordinary meetings. The system remains under severe pressure, though as an

organisation and with our planning our staff managed well over the challenging festive period. Thanks to all involved.

2.2 28 Days to Wellbeing Challenge.

Step into wellness this January with The Workforce Wellbeing Team, who will be taking part in the Trust's 28 Days to Wellbeing Challenge. Throughout the 28 Days to Wellbeing Challenge, the team will be challenging staff with a number of exercise classes, or by inspiring staff to look after their physical and mental wellbeing using various digital applications, webinars or by booking a Health and Wellbeing MOT.

2.3 Humber and North Yorkshire Specialised Provider Collaborative Update

In December 2022 we received formal notice from the CQC that the Schoen Clinic in York which had been rated inadequate by CQC in February 2022 had been revisited and its new rating is Good overall and Good for all 5 domains. This is an excellent outcome and demonstrates how our new way of working as a Specialised Provider Collaborative to support each other as providers so that the collaborative overall succeeds in its aims and ambitions.

During 2022 we saw reduction in out of natural clinical flow bed usage for patients in adult secure, in December 89% of all medium secure and 67% of all low secure patients receive their care within the HNY region and there is a total of 155 patients in adult secure which is a reduction from 180 when we went live as a Collaborative in October 2021.

Our work across Humberside to align the 2 Forensic Community teams - Learning Disability and Autism team and mental health team is progressing at pace with all partners in agreement on the benefits of joint working and improved patient outcomes across these 2 highly Specialised community teams.

Pressure in CAMHS remains as we continue to see high numbers of referrals for CAMHS in-patient care predominantly for young people with a diagnosed eating disorder. The number of young people clinically ready for discharge but who have no alternative accommodation or care package continues to be of concern; as a Collaborative we continue to work with our wider ICS partners to address these pressures.

3 Around the Integrated Care System (ICS)

3.1 Strategy & Updates

The ICS continues to develop and at its last meeting agreed its strategy, which is on today's Board agenda. The Board Assurance Framework and risk appetite are being discussed and will form the basis for future board decisions.

Place are developing their structures and as providers we stress the need to reduce duplication.

3.2 Humber and North Yorkshire National Discharge Frontrunner Site

In June 2022, NHS England sought expressions of interest (EOI) from local systems to lead the way in developing and testing radical new approaches to discharging people from acute care. The plan was to select five or six national 'Frontrunner' sites to participate in a transformational programme of work with a clear focus in ensuring more people leave acute care and have the right support, in the right place, in a safe and timely manner. Humber and North Yorkshire ICB submitted an EOI and in early January 2023 it was announced that this ICB was one of 6 areas selected to trial, innovative long-term

solutions to free up hospital beds, reduce discharge delays, moving patients from hospital to home more quickly.

The frontrunners sites are:

- Sussex Health and Care Integrated Care System: trialling a new data tool to help services manage performance, give operational oversight and manage demand
- The Northern Care Alliance: trialling specialised dementia hubs to support people who have a greater chance of readmission
- Humber and North Yorkshire Integrated Care System: supporting patients to move across health and social care organisations through innovative use of data and real-time intelligence
- One Croydon Alliance: trialling a fully integrated team between acute and community, integrated IT system, integrated financial systems and integrated leadership, to better coordination between hospitals and community care settings like rehabilitation services
- Leeds Health and Care Partnership: focused on intermediate care, establishing an Active Recovery Service providing short-term community rehabilitation and reablement. Focus on rehabilitation and reablement not only improves patient experience but helps prevent future readmission
- Warwickshire Place: trialling a partnership between the NHS and social care to help provide care and support to patients when they are released from hospital into the community, increasing capacity for home care, and expanding recruitment

The work in Humber and North Yorkshire will focus on digital transformation leading a national pilot to test the development of a digital community dashboard that gives system visibility as to all our resources and how we are using them. Community OPTICA is an application built in collaboration between NHS and social care organisations that tracks tasks underpinning the safe and timely discharge of all admitted patients in real-time through their clinical journey. This offers a single real time version of the overall capacity we have across our system to support timely discharge and alternative pathways to admission. NHS and social care teams collaborate in one place about onward care planning and individual patients' discharge requirements. This supports the safe and timely discharge of patients and minimises avoidable extended stays in hospital. This is better for patients and ensures hospital bed capacity is freed up as soon as patients are medically ready to leave. Community OPTICA gives clinical management teams full visibility of delayed discharges and the reasons which helps target support and help patient flow. In summary the system benefits are expected to be:

- More efficient use of multi-disciplinary discharge teams.
- Maximising bed capacity, minimising avoidable delays and admissions.
- Minimise manual and time-consuming back-and-forth over phone, email or through spreadsheets.
- Brings relevant NHS and social care data relating to discharges together and transparently in one place.
- Enables joint collaboration at patient level, especially for MDTs.
- Interoperable with existing local tools & systems – NOT a 'one size fits all'.
- Automated and actionable production of intelligence at a system level - transparency about where blockages exist and what needs to be done to resolve them.

- Ensures patients are discharged into the right place of care with the right level of support as early as possible.
- Comprehensive overview reports, dynamically updated, enabling management and clinical teams to quickly identify where the problems are and what needs to be done.
- Transparent patient tracking and discharge performance from organisation level to patient level.
- One application (or version of the truth) that can be used across the 'whole' system – starting with community dashboard, that then links this the acute dashboard – to get full system coverage.

The programme of work will be led by the Community Health and Care Collaborative via a Project Management Office function which has been established and is expected to be mobilised via a system wide mobilisation plan including three sub-systems: Phase 1 Hull and East Riding, Phase 2 Northern Lincolnshire, Phase 3 North Yorkshire and York. We expect that this system wide digital transformation will positively impact on the delayed transfers of care that our Trust experiences. Mental Health, learning disability and community bed delayed discharges are already escalated in the system wide discharges and patient flow forums, we will ensure that this digital innovation work includes the needs of our patients and connects to our digital systems.

3.3 Interviews

Interviews for the Joint Group Chief Executive for North Lincolnshire and Goole Hospitals (NLAG) and Hull University Teaching Hospitals Trust (HUTHT) take place later in the month alongside Yorkshire Ambulance Service Chair. Humber is involved with both of these.

4 Director Updates

4.1 Chief Operating Officer Update

4.1.1 Operational, Winter Pressures, Industrial Action and Covid Update – January 2023

This update provides an overview of the operational, winter pressures, industrial action and covid position across our clinical services and the arrangements and continuing work in place in the Trust and with partner organisations to manage these concurrent pressures.

Our winter plan recognises that the complexities of planning for a winter when system pressures have remained very high throughout the year and with the lasting impact of the pandemic still evident, the seasonal pressures along with the risk of industrial action made this winter likely to be particularly challenging. Integrated Care Boards were tasked to maximise the benefits of system working. A lack of capacity across the NHS and social care has an impact on all areas of the system and it is essential that access to primary care, community health services, mental health and learning disability services for urgent patients is sufficient to ensure patients do not need to present to emergency services when alternatives are available. Our winter plan has been subject to external to scrutiny and challenge and has been positively received.

The Trusts winter plan incorporates the risk of disruption to services due to **Industrial Action**. Trade unions representing NHS staff advised the Secretary of State for Health and Social Care that they are in dispute over the 2022/23 pay award. Several unions have now balloted or have signalled their intention to ballot their NHS members to take part in industrial action. The Royal College of Nursing (RCN) opened their ballot between 6

October and 2 November 2022. This ballot threshold required 50% of participants to ballot with at least 40% required to respond 'yes' to support the industrial strike action, the outcome being 'No Strike' for the HTFT staff group within the RCN. Strike days for Trusts that were affected took place on the 15th and 20th December. Unison and the Chartered Society of Physiotherapists balloted their staff and the threshold was not met by either union for our staff to strike. In each circumstance, the union provided a comprehensive list of member numbers by area to enable an impact assessment to take place. The BMA has formerly notified the Trust of its intention to ballot junior doctors from 9 January to 20 February.

Despite the latest outcome of the RCN and other ballots, the Trust still prepared for potential industrial action so that there is minimal disruption to patient care and service provision. The Emergency Preparedness Resilience and Response (EPRR) Team have coordinated the completion of an assessment checklist which has been developed to support the trusts preparations. Industrial action guidance for staff and managers has been refreshed to be followed in the event of strike action being taken. This planning relates to the potential and planned strike action by other services and sectors.

Yorkshire Ambulance Service (YAS) (along with other ambulance services) took strike action on 21st December, planned action due to take place on 28th December was cancelled but further action did occur on 11th January 2023. Our emergency planning arrangements were stood up to coordinate and implement our plan to manage the impact of the **ambulance strike action** days. Silver command met regularly and reported to gold command via sitrep reports which were stepped up through the period of the action. The preparation work was effective and fortunately we saw no significant impact on our services. System arrangements were in place through the ICB command centre to coordinate and respond to the expected impact. Mental Health and Community Trusts were specifically tasked nationally to support the wider system by making sure crisis and emergency response services were stepped up. On both days staffing was enhanced across our services to reduce the need for an ambulance response and additional action was taken to broaden access to transport options for all of our services that required it. We continue take the opportunity to review this emergency plan in preparation for future strike action.

The Royal College of Nursing (RCN) has confirmed it will be taking further industrial action on the 18th and 19th January and the 6th and 7th February 2023. Further ambulance strike days are expected and the Trusts emergency plans continue to consider the impact of industrial action in other sectors such as transport and education.

The Trust participated and contributed to Exercise Arctic Willow which took place in November and was coordinated by the Integrated Care Board (ICB). This was a multi-day exercise run by the ICB working with Trusts to explore the health and social care response to multiple, concurrent operational and winter pressures occurring including industrial action. This led to the Trust reviewing and updating further our business continuity plans to address the risk of industrial action, possible planned disruption to energy supply and supply chain interruption. The outcomes of the exercise were shared at a specially convened Trust Gold Command meeting held on 13th December in order to assess our preparedness to respond to them. The divisions and corporate area Business Continuity Plans (BCPs) have been refreshed as part of the review cycle and all areas are aware of the procedure for enacting their plans. We continue to work with the ICB and system partners to ensure that we have plans in place to address the impact of this action on our services.

Our Winter Plan is being monitored through our daily sitrep reporting processes to identify and respond to pressures quickly across services, ensuring we are clear what our level of pressures are, allowing us to communicate these to the wider system effectively and either respond with or receive mutual aid as necessary.

Operational service pressures have remained high in the Trust in late December and early January. The highest pressures were seen in our community services in Scarborough and Ryedale due to ongoing high demand from the acute hospitals for discharges and delays in discharging patients from our community beds and in our mental health services where demand for inpatient beds increased during the Christmas holiday period. The Trusts overall operational pressures in the last month increased in late December to escalation level (OPEL) 3 (severe pressure) and were reduced to 2 (moderate pressure) in early January.

Child and Adolescent Mental Health (CAMHS) services are continuing to experience high demand for both community and inpatient services in line with the national surge due to the direct impact of the pandemic on children, young people and their families. Demand has remained at a plateau in late December and early January with presenting needs continuing to be of high levels of acuity and complexity. High demand for young people experiencing complex eating disorders has led to pressure on CAMHS beds locally and nationally leading to admissions to acute hospital beds. System and ICS work is ongoing to enhance provision to support out of hospital care for children and young people including those with eating disorders. A proposal has been developed and supported to establish a new eating disorder community treatment service and this will be operationalised over the next quarter, Further training has been undertaken by our CAMHS inpatient staff at Inspire who will be ready to take children and young people who require naso-gastric feeding as part of their eating disorder treatment from the end of January 2023. Focus continues on reducing waiting times in these services, particularly in relation to autism and attention deficit hyperactivity disorder diagnosis.

Nationally requirements are in place to eradicate the use of out of area mental health beds and our services are implementing plans to achieve this. Our out of area bed use remains reduced but did rise during late December and early January due to a higher than typical level of demand during the Christmas holiday period, however the position has now started to recover. Our overall bed occupancy has remained high in December and early January with the pressures especially high for mental health, learning disability beds and our community beds at Malton and Whitby Hospitals, it has been between 81.1 – 86.3%.

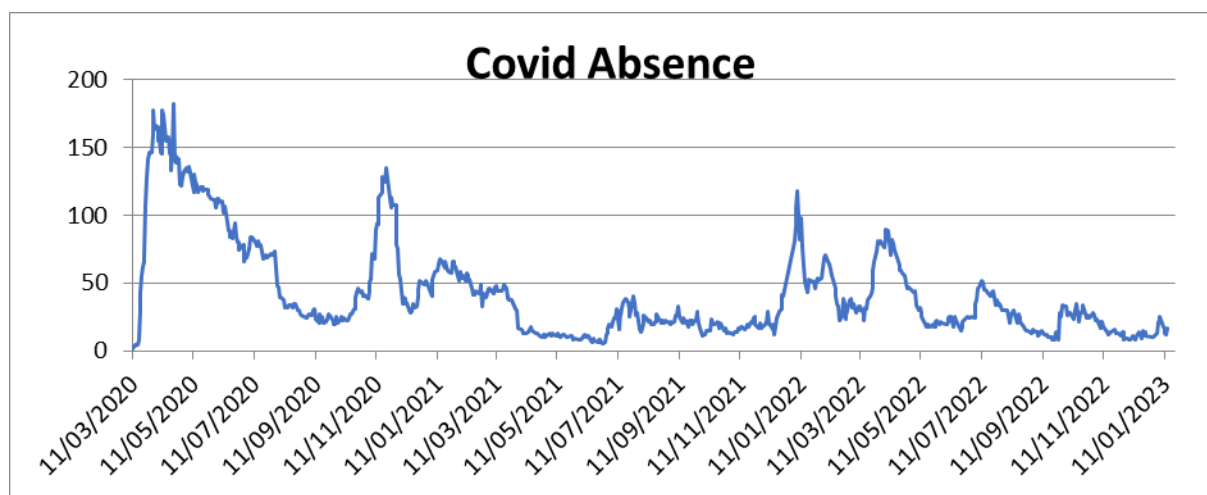
Delayed transfers of care from our community and mental health beds remain very high during the last month. Patients are waiting predominantly for specialised hospital placements with other NHS providers or local authority provided residential placements. Escalation mechanisms are in place with partner agencies to take action to resolve the delayed transfers and discharges that our patients are experiencing. Focus will be maintained on improving this position further in order to achieve the best outcomes for our patients and to ensure it does not adversely impact on the improved position we have achieved in reducing out of area placements. The ICB and Provider Collaborative are escalating DTOC/NCTR as an issue requiring focussed system action and proposals have been made and supported for the new national Discharge Funding to support patient flow to reduce the level of DTOC. Our ICB has very recently been confirmed as a National Discharge Frontrunner site and whilst this is focussed on acute care we will expect this to bring further benefit in reducing the delays that our patients experience.

System pressures have remained extremely high in North Yorkshire and York and in the Humber areas in December and early January for both health and social care, system command arrangements remain in place. Acute hospital partners in all parts of our area have reported pressures at OPEL 4 predominately during the last month. Local authorities have also seen their pressures remain very high due to staff availability and the national requirement that all patients who do not meet the criteria to reside in an acute hospital should be discharged. Ambulance services have continued to experience pressures and delays in handover times at acute hospitals resulting in decreased call response times. The combined impact of these pressures has seen system pressures remain at overall OPEL 3. System work has continued to focus on reducing the number of patients in the acute hospitals who do not meet the criteria to reside in order to improve patient flow, reduce ambulance handover times and to recover elective activity. New initiatives have been developed supported by new national discharge funding to improve patient flow. Progress is now also being made to develop space identified by Hull University Teaching Hospitals NHS Trust to provide a new facility, adjacent to the Emergency Department, to stream mental health service users to. This new service proposal has been in development for some time, now that space has been identified the service should be operational by April 2023. This will provide an enhanced environment to assess the needs of those presenting with mental health issues and will be staffed by our expanded hospital mental health liaison team.

Ongoing work has been taking place by our recruitment team to increase the number of staff available to us on our bank, recruitment campaigns focussed on specific clinical areas have had some success. Effort is taking place to reduce the number of health care assistant vacancies to reduce reliance on agency use and a new rolling advert and recruitment process has now commenced.

The Trust recorded ongoing cases of **Covid-19** positive inpatients during late December and early January, however the current position is zero cases. We continue to monitor the impact of covid, flu and other winter viruses on our patients, staff and services. National infection, prevention and control guidelines continue to be followed using a risk-based approach to step these up and down as prevalence requires.

Staff sickness absence related to Covid remains reduced. When combined with non-covid related sickness the overall absence position is currently at 6.94% which is a slight overall reduction compared with the previous month.



The remit of the Covid- 19 task group chaired by the Deputy Chief Operating Officer has been broadened to include our response to winter and the risk of industrial action.

The Trust continues to effectively manage the impact of very high system pressures, winter, industrial action and Covid-19 within its ongoing arrangements. Overall, the Trust is reporting a stable operational position of predominantly OPEL 2 currently. Delayed transfers of care/patients with no criteria to reside (NCTR) remain the most significant operational risk in relation patient flow and access to inpatient beds. In January the new frailty Virtual Ward was mobilised in Scarborough with an incremental plan to open all beds as recruitment allows. This new service will support the acute hospital pressures by avoiding the need to admit to hospital and stepping down patients more quickly and expediting discharge.

4.1.2 Individual Placement and Support (IPS) Update

The Trust delivers IPS (Individual Placement and Support) provision across Hull and the East Riding of Yorkshire (ERY). The IPS service supports people with severe mental health difficulties into employment. It involves intensive, individual support, a rapid job search followed by placement in paid employment, and time-unlimited in-work support for both the employee and the employer. IPS is a national programme and providers are subject to annual externally led fidelity reviews to ensure that providers are delivering against core standards and meeting targets to support people into employment. Following the last fidelity review our model was updated and now the Hull and ERY services are fully integrated with our community mental health teams and with our pre-existing employment support service Positive Assets.

The team currently employs 4.3 whole time equivalent employment support specialists. Employer engagement sessions are key to the success of this programme and regular contact is now taking place with over 90 local employers across a variety of sectors in order to identify vacancies and opportunity to support our service users into work. The team participate in local employment markets, meet with wider stakeholders and the Department of Work and Pensions (DWP) services, ultimately aiming to improve job outcomes for our service users. DWP links have been built and remain strong, having scheduled regular team meetings with Disability Employment Advisors', work coaches and DWP managers and via DWP involvement within our IPS steering group is developing this further.

The team can now also offer support to individuals who are at risk of losing jobs.

Regular attendance by the service continues in Community Mental Health Teams (CMHT) Multidisciplinary Team (MDT) meetings and CMHT managers meetings, feedback from the CMHT's remains positive with success stories being shared. The service is on track to meet its key performance indicator for the number of service users supported into paid employment for the current year of 55. The service underwent its national fidelity review in December and the expected outcome is that the service will be rated as an overall good.

4.2 Director of Nursing, Allied Health and Social Care Professionals

4.2.1 Humber Primary Care CQC Inspection

The CQC carried out an announced comprehensive inspection at Humber Primary Care on 16th November 2022. Overall, the practice was rated at good.

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Requires Improvement	
Are services well-led?	Good	

This was the first inspection by CQC since the merger of the two practices in Bridlington (Manor House and Practice 2). The review of the practice included undertaking onsite visits, reviewing patient records, undertaking staff interviews via video conferencing and reviewing specific evidence i.e. clinical audit data, complaints and learning from patient safety incidents.

The practice was rated as requires improvement for providing responsive services because patients said they found it difficult to access services via the telephone. No regulation breaches were found however CQC requested the provider should:

- Improve telephone access to remove barriers and support patients to have good access to care and treatment.
- Take steps to remove the backlog of patients waiting to have their information summarised.
- Continue with the plan to improve the monitoring of patients prescribed gabapentoids
- Continue to improve staff recruitment and retention to ensure the practice can provide a good service to patients.

The division are taking the 'should do' recommendations forward. Progress will be overseen by the Quality and Patient Safety Group and the Quality Committee.

4.2.2 Oliver McGowan Training

The Oliver McGowan mandatory training on Learning Disability and Autism Part 1 E-Learning commenced roll out across the organisation mid November 2022. By the end of December 2022, we are reporting 57.89% compliance. This is a very healthy start to the course completion.

4.2.3 Legacy Mentors

Legacy mentors are experienced nurses or AHP's who are usually in the later part of their career who can provide coaching, mentoring and pastoral support to new professionals at the start of their career. With a significant number of new starters leaving the NHS within the first two years of their employment it is vital that we offer them additional support and guidance with the aim of retaining them.

Legacy mentors provide essential professional advice, education, and guidance and pass on their "legacy" to the next generation of healthcare professional. The Legacy mentor role provides an opportunity for experienced staff who may be considering retirement or who

have retired to extend their careers and help support and shape the future workforce enabling their confidence and competence to grow.

Health Education England (HEE) offered NHS organisations the opportunity to apply for funding for one year to support legacy mentoring. We were successful in our bid and have received £44,671 towards employing some legacy mentors to support our newly registered nursing workforce.

Feedback from our two Professional Nurse Advocates who have been offering some additional clinical support to new starters on our mental health inpatient units has been very positive. The legacy mentor role will replicate some of what they have been doing but will enable us to support other clinical areas who have a high number of newly registered nurses.

The areas we plan to focus on are our community services in Scarborough and older adults' mental health inpatient units.

4.3 Director of Workforce & Organisational Development Updates

4.3.1 Board Development

The real World Group have been commissioned to undertake development work with the Board. A 360 degree diagnostics will be undertaken which will include one to one interviews with the Board as well as others in the Trust. Development workshops will be devised following the results of the diagnostic.

In addition, those Board members that have not had the Lumina Sparks profile will get the opportunity to do so in January and February.

4.3.2 Respect Campaign

The Centre for Diversity were commissioned to review the Trust policies and to help devise a respect campaign aimed at service user and the public towards our staff. The initial work has been feedback and this is being review during January.

4.4 Medical Director Updates

4.4.1 Kings Fund Initiative

The Humber and North Yorkshire Integrated Care System (ICS) is one of six areas to be chosen to work with NHS England and the Kings Fund on an engagement project. The engagement project aims to bring citizens' voices into integrated care systems. The King's Fund is supporting our ICS with an approach and methodology drawing on the Kings Fund Understanding Integration roadmap "Understanding integration: How to listen to and learn from people and communities". Five providers (including our Trust) are leading on this work and plan to work with all ICS organisations across Humber and North Yorkshire to develop a shared vision for experience.

4.4.2 Research

Although our research conference was a success, our plans for it being held as a hybrid conference have been negatively impacted by COVID/flu for the past 2 years, and therefore we are planning to move back to holding it in May, away from Winter pressures, as we used to do pre-pandemic to coincide with International Clinical Trials month. However, hosting another research conference in May 2023 is felt to be too soon, having only just held our last conference two months ago, and therefore we are currently planning for May 2024. But to maintain the profile of research in the Trust we will still have various

events throughout the year and especially in May 2023 in celebration of International Clinical Trials Day.

4.4.3 Demographical Data Collection

To help us to understand who is accessing our services and their needs an enhanced data collection template has been developed and will be supported by a patient/staff information booklet which can be viewed below. The demographical data (including protected characteristics and health inequalities questions) will help us to better identify which groups need attention and the most help. It will also help us to better personalise interactions and conversations with patients. The clinical template is now available for all clinicians to access on the Trust's Lorenzo and SystmOne IT systems.

4.4.4. Associate Hospital Manager Diversity

A task and finish group was established to consider how the Trust can improve the diverse representation of our Associate Hospital Managers in order to ensure that our patients who are detained under the Mental Health Act have their needs reflected and represented. The task group has been supported by the Trusts Trust Equality, Diversity and Inclusion Lead.

To promote interest in this role by people with protected characteristics and diverse backgrounds a range of activities have been taken to publicise the role:

- Development of a single poster that represents people from a range of diverse backgrounds with protected characteristics - aimed at promoting the role of Associate Hospital Manager
- Development of an advert aimed at recruitment of people from diverse groups
- Diversity poster, advertisement and patient information leaflet circulated to a range of stakeholders including:
 - LGBT forum
 - Humber Youth Action Group
 - Humber GP practices (Market Weighton, King Street Medical Centre (Cottingham), Northpoint Medical Practice, Princes Medical Centre, Field House Surgery, Humber Primary Care Limited)
 - Yorkshire MESMAC
 - Peel Street Project
 - Hull University website
 - Graduate Management trainee who has recently joined the Trust has shared the information amongst her connections within the Muslim community in Hull.
 - Diversity poster, advertisement and patient information leaflet will be circulated to the Trust Equality, Diversity and Inclusion quarterly meeting (January 2023) and our Staff networks.

To date as a direct consequence of these activities, six people have expressed interest in the role, all have been sent application forms and 2 completed forms have been received. All six of those interested have been invited to attend an informal interview with the Mental Health Act Clinical Manager and the Mental Health Legislation Manager on 07 February 2023. The activities and materials produced to publicise the role will continue to be targeted at reaching people, groups and communities representing diverse backgrounds and those with protected characteristics.

4.5 Director of Finance Updates

4.5.1 Cyber Security Updates

There are two types of CareCert notifications,

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

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

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

The Trust are using software to track that status of its digital estate which provides the data included in this section of the report.

In terms of CareCerts

- CareCERT notices issued during 2022: 229 (Inc. 15 in November)
- High Priority CareCERT notices Issued during 2022: 14 (2 issued in October)

December Statistics

- CareCERT Notices with patch(s) NOT approved for deployment: 0
- CareCERT notices with patch(s) applied to all devices: 10
- CareCERT notices with devices still to check in to patch: 5

Workstations update:

- Total workstations detected 3,426
- Workstations non seen in last 60 days (28)
- Workstations non seen in last 90 days (10)

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

4.5.2 Digital Updates

- **Electronic Patient Record**

Following approval of the Outline Business Case at Trust Board the procurement for Trusts Electronic Patient Record is in progress and the question phase completed on the 16th January 2023. The Procurement will now move into the presentation and demonstration phase and the overall tender process is still expected to complete in the planned timeframe with contract award expected June 2023.

- **Data Warehouse**

The current data warehouse is now coming to end of life and its contract, the future data platform tender documents have been created and are to be issue to suppliers on the 19 January 2023. The plan is to award the future data platform contract in March 2023.

- **Front Line Digitisation Funding**

NHS England have awarded our Trust £1.665M to support the front line digitisation which

support the future EPR and future data platform.

- **Brigit – Digital Patient Carer Support**

The digital patient carer support project called Brigit is progress well and a benefits report on it effectiveness will be issued by the end of March 2023.

- **Yorkshire and Humber Care Record**

The Yorkshire & Humber Care Record have made good progress at the end of 2022 with Saint Catherine's Care Home, East Riding Safeguarding, Care Plus Group and City of York Council all going live just before Christmas.

4.5.3 Estates and Hotel Services Updates

- **Estate Strategy Update**

First draft of the Estate Strategy has been produced and commented on, final version will be presented to EMT in March 2023 prior to presentation to Trust Board in March 2023.

- **Field House Surgery - Bridlington**

The final date of Trust occupation within Field House will be 31 March 2023. An estate decommissioning group is being established to ensure a smooth service transition and estate vacation.

- **Humber Centre Works Update**

Phase 2 Works are progressing to programme, with the Health Garage and the Bank works complete and Reception works programmed for completion mid February 2023. Quotations have been received from existing contractor undertaking Phase 2 Works to consider expediting remediation works to washing and toilet facilities, and the formation of a clinic to Ouse Ward. Quotation is currently being reviewed for value for money, if accepted works are planned to commence in March 2023.

Plans for wider improvement works to improve the physical estate across the entire Humber Centre are currently in development and will be included for prioritisation within the Trusts 23/24 and future years capital programme.

Design team in the process of being established, with a target of tender issue in March 2023.

- **Blend and Thrive Update**

The new HQ continues to be used regularly and receive good feedback in terms of the space provided. Utilisation of the bookable workstations is currently 50% of the available desk space and meeting rooms are used regularly but are often under-occupied compared to their capacity. The possibility of adjusting some of the space to accommodate smaller meetings is being explored.

Based on current utilisation rates the proposal to pursue the lease of building C on the Willerby Business park has been paused.

The majority of content within the old H building has been removed, with residual items now located on the ground floor in readiness for removal/disposal.

The relocation of the Post Room into Mary Seacole is programmed for the week of 31

January, at which time utilities will be isolated within the building in preparation of the demolition programme

- **Building Management System upgrades**

A programme to implement a building management system (BMS) across the Trust estate continues once fully implemented the system will provide greater control of the The Trusts engineering systems and improve the associated controls. This includes for heating and hot water systems, together with lighting.

- **Backlog Maintenance**

As part of capital programme planning for 2023/24 a review of backlog maintenance is in progress to prioritise works within the resource envelope available, early identified priorities include Miranda House rainwater goods and roof, which require urgent repairs.

- **Medical Gas Group**

The Trust has established a Medical Gas Group (reporting in to the Trusts Health and Safety Group), having an established group in place enabled oxygen suppliers to be redistributed effectively across primary care sites to mitigate the impact of the recent industrial action.

- **Environmental Health Update**

Environmental Health Officer inspections continue to take place across the estate. The latest Trust venues inspected have been at Maister Lodge/Court and Townend Court, both of which provided a rating of 5 (Very Good), which is the highest rating achievable.

- **Green Plan**

The implementation of the Green Plan continues to develop, with the launch of Green Champions in December 2022. Further progress made with the delivery of 300 tree saplings at the end of January, which will be planted across the Trust estate in conjunction with the NHS Forest campaign.

The Trusts estates van fleet is moving to electric vehicles, with first replacement vans anticipated to be delivered in Autumn 2023.

4.5.4 Other Updates

- **Planning Guidance**

On Friday 23 December, NHS England (NHSE) published 2023/24 priorities and operational planning guidance.

The guidance sets out three key tasks for the next financial year, which are

- To recover core services and improve productivity.
- deliver the key ambitions set out in the NHS long term plan (LTP), and
- transforming the NHS for the future.

Further 'Technical Guidance' and allocations are still to be published/received, planning updates will be taken through the Trust normal governance process and 23/24 financial plan is expected to be brought to the Trust Board in March 2023.

4.6 Head of Corporate Affairs Updates

4.6.1 Collaborative Committee

At the September Board meeting, the Chair's report highlighted an additional Non-Executive Director had been added to the Collaborative Committee membership for quoracy purposes and the Committee agreed this amendment to the terms of reference at its meeting on 19 December 2022. The Committee also agreed: i) references throughout the document to HCV should change to Humber and North Yorkshire (HNY); references to the Clinical Commission Group (CCG) should change to health and care place, the titles (rather than names) of the Committee members should be included in the membership section and the Lead provider delineation governance framework schematic should be appended.

The Board is asked to ratify the changes as detailed above. The revised terms of reference (with changes highlighted in yellow) is attached.

5 Communications Update

Events Update

The '28 Days of Wellbeing' launched on 16th January. Over 350 staff have signed up to receive daily emails to follow the campaign. Daily challenges will be shared with all staff through internal communications and social media to discover and engage with a daily wellbeing challenge on the Healthy Humber website.

The challenge includes a mix of online events, learning opportunities and wellbeing events. Individuals can choose if they want to complete the full 28-day challenge or pick and mix the activities that are right for them. This is the first of three new annual staff engagement campaigns led by the Communications Team in partnership with teams from across the Trust.

Theme 1: Promoting people, communities, and social values

- **Brand Updates**

Following an online Brand Workshops in December developments have been made to the brand centre including new downloadable assets for staff. Regular workshops and updates are important to maintaining staff engagement with the brand and encouraging brand consistency.

Recruitment Resources and Support

As part of our Humberbelievable campaign we are making recruitment resources available to download and order on the brand centre.

It will include for flyers, leaflets, downloads of our Destination Humber booklets, business cards and photography. Teams will also be able to order an event attendance pack to take to recruitment and other events where they are representing the Trust, ensuring we maximise these opportunities.

- **Social Media Content**

This period continues to be dominated by the New Year, New Job campaign as we begin

to consolidate the messaging to drive actions to visit the Join Humber website following a month of awareness building in December.

The campaign used graphics and messaging included two large digital billboard on high traffic commuter routes in Hull, alongside radio advertising and paid-for editorials across the regional press. Early results are excellent with the billboard been shown 13,763 times over a two-week period and Scarborough News advertising generating over 300 website visits to the Join Humber website.

The team also designed a programme of Google adverts which capitalise on search traffic as well as extensive Facebook advertising using the well-established recruitment branding. Google ads have had a higher than average click through rate of 13% for nursing adverts (average 1%), delivering 265 individual searching for nursing roles direct to our adverts.

Web page views for the recruitment website are up 90% against the same period of last year with over 13,000 sessions and over 21,000 page views (up 80% on last year).

Media Coverage

A total of six positive stories were published on our Trust website news page this month. The top three performing stories over the period were:

1. **Record low levels of smoking in the East Riding**, published in the Scarborough News
2. **Council of Governors open meeting**, published in the Scarborough News
3. **SEAFit launch**, published in the Ambler and Safety4Sea

There has been 12 publications in total across local, regional and national media including 9 unique stories (6 positive, 2 neutral, 1 negative).

KPI	Measure of success by 2025	Benchmark	This month
Positive Media Stories published	Positive vs negative coverage maintained at 5:1	5 stories covered by media per month	9 unique stories 12 publications total
Visits to Brand Portal	Up 20% to 696 sessions	580	388
Facebook engagement rate	2%	2%	5.72% HTN-FT FB page 15.91% Join Humber Account
Twitter engagement rate	2%	2%	1.8%

LinkedIn follower growth	+ 15%	Target 2872 followers	2988 +63 followers over the period
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Theme 2: Enhancing Prevention, Wellbeing and Recovery

• Electronic Patient Record Project

Our 'Be Digital' brand and a strapline of 'Discover, Design, Develop, Deploy' has been approved to help educate and engage staff on the stages of digital projects. The team are working with our Digital colleagues to develop stakeholder maps for the next stage of the project.

• Awareness Days

We have continued to support awareness days and create impactful campaigns in collaboration with our diverse services across the Trust. An annual calendar of awareness dates has been published and shared with colleagues. It is also available at high footfall Trust locations such as Trust HQ, the Learning Centre and Lecture Theatre.

Key dates of note this month were:

- Hannukah
- International Migrants Day
- Christmas
- New Year

The days generate content across our social media channels supporting our performance on these channels as well as giving us opportunities for positive media coverage.

Theme 3: Developing an effective and empowered workforce

Health Care Support Workers Recruitment

We are working with the Development team to develop and deliver a creative marketing campaign following their successful funding bid for the recruitment and retention of staff to this key role within mental health services.

The campaign aims has two strands, promoting this role as the first step into a career in health care as well as promoting our Trust as offering the best experience for those already in a similar role who are looking to develop.

North Yorkshire 'One Community' & Virtual Ward Recruitment Campaign

We are working with the Community and Primary Care team to develop and deliver two connected campaigns to support recruitment in North Yorkshire. All campaigns include a bespoke creative, media planning, PR and print and digital advertising.

The newly created, 'One Community' team, bringing together all community teams in the area into one larger team, will be developed as a unique selling point for community roles locally and regionally. The creative will place it as the destination for a career in the community.

Recruitment to the newly launched Virtual Ward in the area will have a dedicated recruitment campaign promoting the benefits of working in a new and innovative service and selling North Yorkshire as a destination to live and work.

Our New Year, New Job campaign has also been extending in North Yorkshire and an 8-week bus rear and phone kiosks campaign will be live in the area in February and March.

Nursing

We are supporting our Nursing teams to build and deliver a 'Week of the Nurse' campaign, to showcase the fantastic work our nurses. This will take place in February, during Nurses Day and Midwives Day,

The campaign is an opportunity to show our nurses how much we value them as well as explore the Unique Selling Points of a nursing career.

- **Intranet Phase 2**

We are working with clinical teams to build an online directory for teams on the intranet. This builds on the already well used corporate support pages and will complete development work on the site.

KPI	Measure of success by 2025	Bench mark	Progress to date (average since Sept 22)	This month
Intranet bounce rate reduced	< 50%	57.05%	58.46%	58.75 %
Intranet visits maintain at current level	7,300 visits p/m	7903	7411	7579
Global click through rate (CTR) increase	7%	13.3%	11.34%	11.42 %

Theme 4: Fostering integration, partnerships, and alliances

- **Shared Content Calendar**

We are working as part of the ICB communications group to create a joint content calendar to maximise messaging over key campaign periods. We were able to provide our annual content calendar as an example of good practice and will work more closely as an integrated care system on awareness and celebration days.

- **System Messaging**

Throughout this period we have supported national and local messaging on appropriate to care in periods of high pressure, such as bank holidays and industrial action. These have carried national messaging reminding patients to continue to seek emergency care in a life threatening situation.

Theme 5: Innovating for quality and patient safety

CLEAR project - CAMHS

We are working with the Children's and Learning Disabilities division to support the CLEAR project which is looking at the Hull and East Riding CAMHS team delivery.

A communications plan will support the messaging internally and celebrate and share the findings and outcomes externally.

Single Point of Contact – Whitby

We are working with the Community & Primary Care Division to promote the new single point of contact for Community Service users in Whitby, Pocklington and Scarborough and Ryedale.

Following stakeholder mapping a communications plan has been developed to ensure messaging is timely, targeted and consistent. The communications plan will commence at the beginning of February.

Theme 6: Optimising an efficient and sustainable organisation

Stakeholder Newsletter Development

Our stakeholder newsletter was relaunched in late 2022 with the aim of developing our own sign-up list as it previously has relied on former CCG communications teams and the PACE team to share with their established networks.

Since relaunch the mailing list, driven by sign ups on our external website has grown by 500% helping us reach a wider audience with our service updates, monthly news and celebrations.

KPI	Measure of success by 2025	Benchmark	This month
Reduce homepage bounce rate	Below 50%	64.9% (2021/22 avg)	67.23%
Increase average page visits per session	Over 2 per visitor	2	2
Increase average dwell time	Over one minute	1m28s	1m29s

6 Health Stars Update

Christmas Prize raffle

Last month Health stars arranged an on-line fundraising raffle, with some great prizes, including a 55inch TV, Kindle, golf prizes, hampers and champagne. The raffle raised £500 for the charity and had some great staff engagement. The raffle was draw and winners announced at the Christmas Carol concert on 15 December.

The Trust comms team and estates colleagues played a big part in its success and we were very well supported by generous donations from suppliers and contractors.

Christmas Wishes

We received several wishes for Christmas gifts, for patients and were able to deliver items to several units these included toiletries and selection boxes. Townend court staff arrange a Christmas party for patients which Health Stars was able to support thanks to donations.

So that we can provide something for everyone who has to spend time with us at Christmas, we will put out an appeal in October and start to collect patient gifts such as toiletries, chocolates, socks etc. These will be gift wrapped and delivered to units in good time ready for Christmas. Health Stars to ask Execs/NEDs to help distribute gifts to patients in December 2023 as in previous years.

Golf Day 2023

Sadly, due to the passing of the late Queen in September last year, the 2002 Golf day had to be cancelled. The date has been rescheduled for 14th April 2023 and arrangements are well underway to make this a great event. The golf day will be held at Ganstead Golf course and is £140 per team of four.

Whitby Bricks Appeal

We are continuing to promote the Bricks Appeal at Whitby and had some good engagement over the Christmas and new year period. Beth Mead, English Footballer who won the Gold Boot at the Euros last year was born in Whitby and we aim to ask if she would like to support and help to further promote the appeal by dedicating a brick.

Gardening and “Green” wishes

We have received several wishes over the past few months for outdoor equipment such as tables and chairs, plants and gardening equipment. Our aim to is get these wishes approved and granted in time for spring. We know the benefit the outdoors and nature make to improving mental and physical health and the OTs already do some amazing work on the Trust allotments. By supporting these requests Health Stars can help improve patient experience as well as staff wellbeing.

NHS 75th Birthday

This July the NHS is 75. Working with NHS Charities Together, Health Stars will be celebrating the amazing achievements of the NHS over the years.

Michele Moran
Chief Executive



Humber Teaching NHS Foundation Trust Provider Collaborative Committee

Terms of Reference

Constitution & Authority	<p>Humber Teaching NHS Foundation Trust (HTFT) is the Lead Provider within the Humber and North Yorkshire (HNY) Provider Collaborative (PC) and will hold the Lead Contract with NHS E/I. HTFT as Lead Provider will sub-contract with a range of healthcare providers in the delivery of:</p> <ul style="list-style-type: none">• Child and Adolescent Mental Health In-Patient services• Adult Low and Medium Secure services• Adult Eating Disorder Services. <p>As detailed in the <i>NHS Mental Health Implementation Framework</i>, from April 2020 NHS England and NHS Improvement aim to mainstream the New Care Models approach for specialised mental health, learning disability and autism services, enabling local service providers to join together under NHS-led Provider Collaboratives.</p> <p>The Collaborative Committee has been established by the Lead Provider as an internal committee to provide assurance to the HTFT Board as Lead Provider within the Collaborative in relation to Contracting, Planning and Quality Assurance functions of the Provider Collaborative . These functions have been traditionally grouped under the label of commissioning. The Collaborative Committee is constituted as a standing committee of the Humber Teaching NHS Foundation Trust’s Board of Directors.</p> <p>The Committee is delegated by the Board to exercise decision-making powers in discharging its duties, whilst recognising those matters reserved elsewhere.</p> <p>Key Relationships –</p> <p>The HNY Provider Collaborative Oversight Group (PCOG) is the forum in which we come together as a Partnership with collective expertise in provision, planning and quality</p>
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	<p>assurance. The PCOG holds collective accountability and responsibility to steer the strategy and support the operational delivery of the Provider Collaborative programme across the partnership in line with the principles and requirements of the partnership agreement on clinical quality and business requirements.</p> <p>The Collaborative Planning and Quality Team (reporting to the provider Collaborative Oversight Group and the Collaborative Committee) – is an enabler supporting all partners within the Collaborative to ensure appropriate health care services are commissioned to serve the needs of the HNY population and in so doing, improve the efficiency, effectiveness, economy, and quality of services, reduce inequalities, and promote the involvement of patients, our partners, and the public alike in the development of our services.</p> <p>The Collaborative Committee will provide overview to enable HTFT to meet its legal and statutory requirements as the HNY PC Lead Provider and will operate within the delegated powers to complete any activity within the parameters of these Terms of Reference.</p> <p>The Committee will have the authority to establish sub-groups as necessary to fulfil its objectives however it may not delegate any powers delegated by the HTFT Board and will remain accountable for the work of any such sub-group.</p>
<p>Role / Purpose</p>	<p>The purpose of the Collaborative Committee is to provide assurance to the HTFT Board on matters of finance, quality assurance and performance ensuring delivery of the overall HNY Specialised Provider Collaborative aims to transform care for people in low and medium secure mental health services, CAMHS in-patient and Adult in-patient eating disorders services.</p> <p>Day to Day provision of patient care is the responsibility of Providers within the Provider Collaborative Partnership. Services will be commissioned utilising NHS Standard Contracts with clear Key Performance Indicators (KPIs) and Outcomes. Via the PCOG the Collaborative Committee will take a partnership approach to working with Providers within the Provider Collaborative to deliver our overall strategic aims which are to improve care pathways and patient care outcomes.</p> <p>The Provider Collaborative aims to reduce reliance on in-patient care, reduce out of area treatments, increase provision of care closer to home and reduce the expenditure on bed-based care; in doing so it will aim to generate financial savings. These savings will be reinvested in other parts of the Secure, CAMHS and Eating Disorders mental health and learning disability pathways through formal contracting and commissioning arrangements.</p>

	<p>This approach will ensure delineation between the Provider Partnership and Commissioning functions of the Provider Collaborative and enable our overall partnership to be conducted in an open and transparent way and follow due process.</p>
<p>Scope & Duties</p>	<p>The objectives and duties of the Committee are to:</p> <ul style="list-style-type: none"> • As Lead Provider provide assurance to the HTFT Board – that it is fulfilling its duties and obligations within the HNY Specialised Mental Health Learning Disability and Autism Provider Collaborative • Be assured that there are appropriate arrangements in place in respect of Serious Incidents, Safeguarding and a system is in place to ensure quality of care and to continuously learn and improve • Working closely with PCOG linking in with the wider commissioning, planning and quality assurance system including other Provider Collaborative and local and national commissioners to improve services along whole pathways of care and manage pressures within the wider system • Overall Contract management, including quality assurance across NHS and independent sector. This will be the first line of arbitration/mediation between partners <p>Specific responsibilities</p> <p><i>Financial planning</i></p> <ul style="list-style-type: none"> ❖ Provide assurance to the HTFT Board that the planning programme is effectively established and managed and that risks to delivery of the plan and any significant service impacts or risks are effectively managed or mitigated ❖ Along with PCOG and with Risk and Gain Share partners review in year performance against commissioned services and financial plans and examine the effectiveness of any remedial action plans. ❖ Provide assurance to the HTFT Board (as lead provider) on the delivery of agreed improvement programmes to reduce cost and increase efficiency including assurance on benefits realisation and value for money. <p><i>Transactional</i></p> <ul style="list-style-type: none"> ❖ Following review and support by the Provider Collaborative Oversight Group; will ratify business cases (for both new service proposal and reduction of service delivery) and investments and/or disinvestments - provide financial assessment and scrutiny which will then be translated into contractual agreements which are held by the Lead Provider

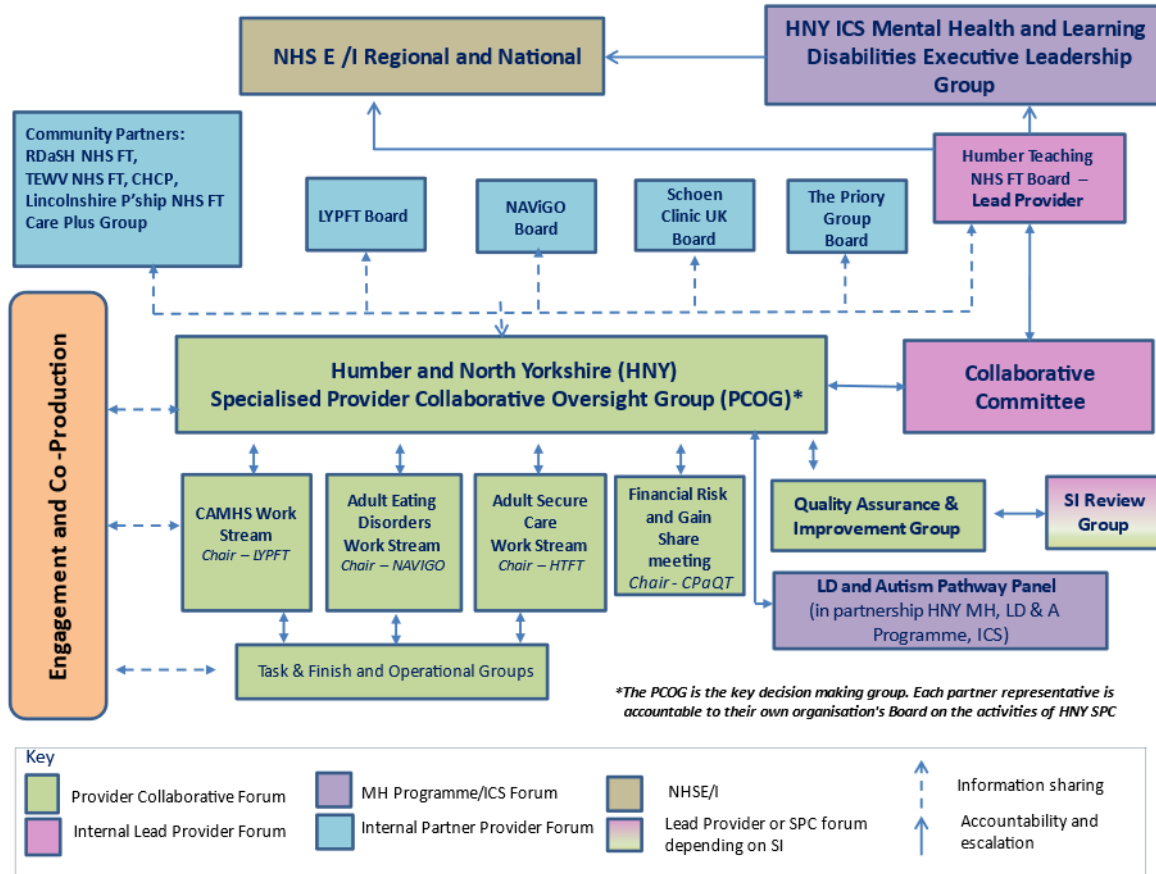
	<p><i>Contracting</i></p> <ul style="list-style-type: none"> ❖ To be assured that contracts are in place to address risk in relation to the quality and performance of commissioned services and thereby undertake the duties as expected of the Lead Provider. ❖ Following agreement at PCOG enact Contract Variations and necessary formal Commissioning Intentions dialogue with Provider Collaborative <p><i>Risk Management:</i></p> <ul style="list-style-type: none"> ❖ To note, review any modifications to the risk registers, including ownership and delivery of action plans against defined timescales ❖ Discuss and review of any issue likely to require inclusion on, or modification to, any risk register <p><i>Quality Assurance</i></p> <ul style="list-style-type: none"> ❖ To be assured that quality, clinical governance, patient and public engagement issues are appropriately addressed in all service developments/reconfiguration of services and are in line with statutory requirements, national policy and guidance. <p>The Collaborative Committee will receive minutes and/or reports from sub-groups of the PCOG and the PCOG – for review and overall assurance.</p> <p>The Collaborative Committee will have relationships with other groups and committees that will inform its work including links with -</p> <ul style="list-style-type: none"> ▪ Transforming Care Alliance Network/Forum to ensure the needs of patients with learning disability and autism are understood and service developments are in line with the wider system developments. Further work will be necessary to define and agree definitive links once engagement with the Forum commences ▪ HNY place based health and care partners to ensure widest development of patient pathways to reduce admission to hospital care but also reduce length of stay ▪ Local Authorities within the geographical footprint ▪ HNY Integrated Care System ▪ NHSE/I
<p>Membership</p>	<p>All members are required to make open and honest declarations of interest at the commencement of each meeting or to notify the Committee Chair of any actual, potential, or perceived conflict in advance of the meeting.</p> <p>Humber Teaching NHS Foundation Trust – Lead Provider</p> <ul style="list-style-type: none"> • Non-Executive Director (Chair)

	<ul style="list-style-type: none"> • Non-Executive Director • Associate Non-Executive Director • Chief Executive (Vice Chair) • Executive Director of Finance/Senior Information Risk Owner • Director of Nursing, Allied Health and Social Care Professionals • Programme Lead –Collaborative – Planning and Quality Team • Clinical Director
Attendance	<p>HNY Provider Collaborative Planning and Quality team</p> <ul style="list-style-type: none"> • Quality Assurance and Improvement Lead • Head of Secure Commissioning • Head of CAMHS and Adult Eating Disorder Commissioning • Finance Manager • Expert by Experience <p>Clinical Work Stream Leads</p> <ul style="list-style-type: none"> • Clinical Lead, Adult Secure • Clinical Lead, Adult Eating Disorders • Clinical Lead, CAMHS inpatient Care
Quorum	<p>The quorum necessary for the transaction of business and decision making shall be three (3) members including.</p> <p>1 Non-Executive Director and 1 Executive Director – one of whom must be the Chair or Vice Chair</p> <p>Decisions will be reached by consensus. If a decision cannot be reached by consensus then it will be escalated to the Humber Teaching NHS FT Board for resolution.</p>
Chair	<p>The meeting will be chaired by HTFT Non-Executive Director.</p> <p>Vice-Chair will be Chief Executive, HTFT, to deputise for the Chair when necessary.</p>
Frequency of meetings	<p>Meeting will be held monthly, however frequency may increase during the annual planning cycle to ensure that the work undertaken by the Collaborative Planning and Quality Team are timely, reflecting the fast pace nature of contract negotiations.</p> <p>Meetings may be held in person or utilising technology (Microsoft Teams)</p>
Accountability and Reporting Arrangements	<p>The Collaborative Committee is responsible for providing an assurance report and the minutes after each Collaborative Committee meeting this will be to Part 1 of the Trust Board on</p>

	<p>its areas of responsibility of commercial confidentiality identified areas for Part 2 of The Board</p> <p>Members will be invited to declare any conflicts of interest.</p>
Agenda & Papers	<p>The Business Manager or Programme Lead will be responsible for arranging meetings.</p> <p>An agenda for each meeting, together with relevant papers, will be forwarded to members to arrive 1 week before the meeting.</p> <p>Unapproved minutes will be circulated to the membership.</p> <p>Record Keeping - Agenda and Papers can be accessed via the Collaborative Planning and Quality Team Secretary.</p>
Monitoring and Review	<p>An annual effectiveness review will be undertaken which will include a review of attendance and a review of the Collaborative Committee Terms of Reference.</p>
Agreed by Collaborative Committee (Date)	19 December 2022
HFT Board Approved (Date)	
Review Date	December 2023

Reporting Schematic:

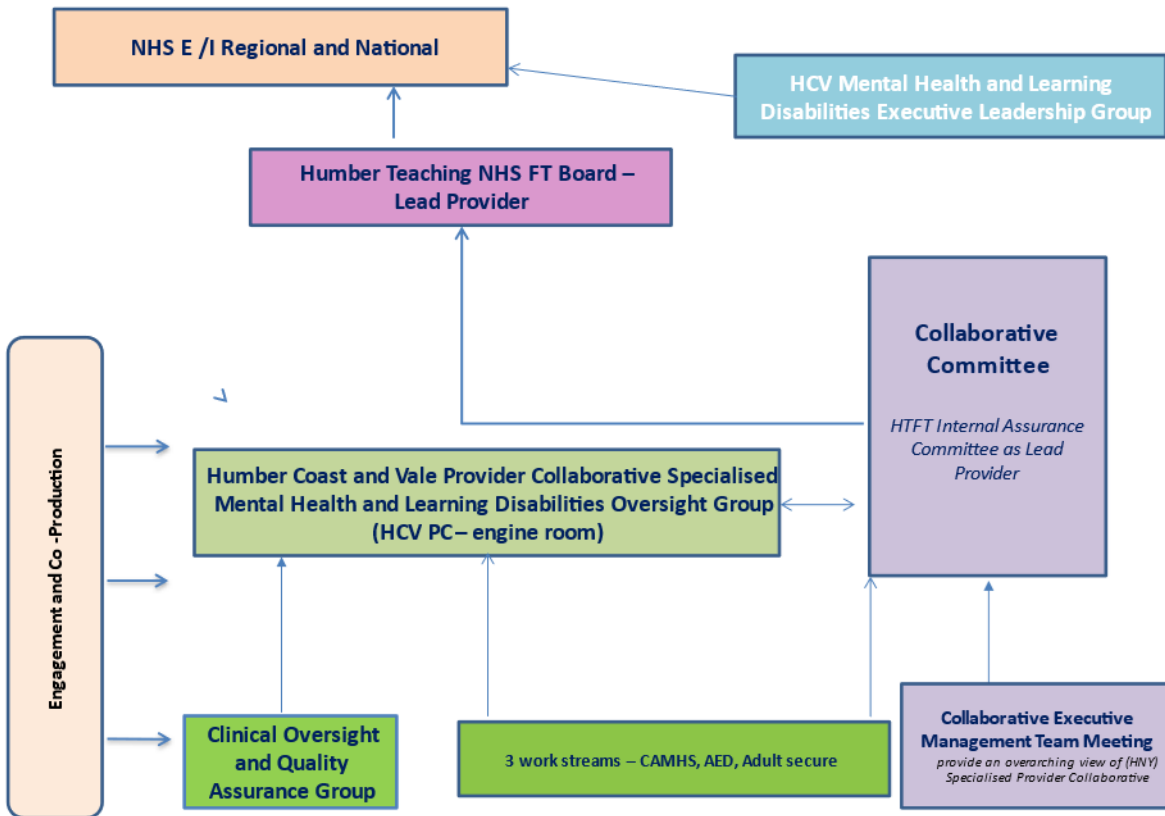
Overall Provider Collaborative Governance Framework



Key *

The PCOG is the engine room for the Collaborative of partner providers. Each partner will report and be accountable into their own organisation Board. All member organisations of the PCOG are also members of the HNY Integrated Care System and as Provider Collaborative members have agreed to represent and promote the Provider Collaborative at ICS meetings.

Lead Provider Delineation Governance Framework



Appendix 1

The Collaborative Committee will overall adhere to the Humber Teaching NHS FT Mission, Values and Principles in all its work:

The Trust Mission:

Humber Teaching NHS Foundation Trust - a multi-specialty health and social care teaching provider committed to Caring, Learning and Growing.

Our Trust Vision:

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

The HTFT Trust Values are at the centre of the **HNY** Provider Collaborative work programme. These are:

Caring - Caring for People while ensuring they are always at the heart of everything we do.

Learning - Learning and using proven research as a basis for delivering safe, effective, integrated care.

Growing - Growing our reputation for being a provider of high-quality services and a great place to work.

In addition, we have specific Vision, Mission and Goals for our Planning and Quality Assurance work –

Our Vision (where we are going)

We will be effective and innovative planners of positive health outcomes by delivering the principle of care is provided within the least restrictive environment.

We will commission robust care pathways for our population working in partnership with (NHS, Independent Care providers, voluntary sector, and social care). We will enable people to feel empowered to care for themselves and remain independent for as long as possible.

Our Mission (why we are here)

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Humber **and North Yorkshire.**

Our Goals (how we will get there)

- Safe, Accessible, High Quality Health Outcomes
- Seamless Alliances and Integration
- Empowering Staff to deliver the high-quality care
- Responsible Use of all Resources available

Values (how we will behave)

- ❖ *We Do the Right Thing* by making decisions that are clinically safe
- ❖ *We Acknowledge Difficulties* and seek creative solutions
- ❖ *We Empower Staff* by encouraging them to be innovative, receptive to change and courageous in the way they work
- ❖ *We are Caring and Compassionate* by always putting the person at the heart of all decision making.
- ❖ *We are Approachable, supporting our Commitment* to our people who access services
- ❖ *We Acknowledge and Promote* the work of our colleagues and partners
- ❖ *Planning and Care Provision* are a partnership, and *We Listen to and Support* each other
- ❖ *We work Openly and Transparently*

Agenda Item 8

Title & Date of Meeting:	Trust Board Public Meeting – 25 January 2023										
Title of Report:	Publications and Policy Highlights										
Author/s:	Name: Michele Moran Title: Chief Executive										
Recommendation:	<table border="1" data-bbox="481 689 1465 770"> <tr> <td data-bbox="481 689 877 725">To approve</td> <td data-bbox="877 689 970 725"></td> <td data-bbox="970 689 1353 725">To receive & discuss</td> <td data-bbox="1353 689 1465 725"></td> </tr> <tr> <td data-bbox="481 725 877 770">For information/To note</td> <td data-bbox="877 725 970 770">✓</td> <td data-bbox="970 725 1353 770">To ratify</td> <td data-bbox="1353 725 1465 770"></td> </tr> </table>			To approve		To receive & discuss		For information/To note	✓	To ratify	
To approve		To receive & discuss									
For information/To note	✓	To ratify									
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	<p>To inform and update the Trust Board on recent publications and policy since the November Board:</p> <ul style="list-style-type: none"> • Changes to governance related documents since the Health and Social Care Act 2022 came into force; • 2023/24 priorities and operational planning guidance; • Guidance on the development of the joint forward plan; and • The Hewitt review. 										
Key Issues within the report:											
Matters of Concern or Key Risks to Escalate: <ul style="list-style-type: none"> • No issues identified. 	Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> • n/a 										
Positive Assurances to Provide: <ul style="list-style-type: none"> • The Trust continues to report its compliance with the Code of Governance through its Annual Report; • The Addendum to the 'Your Statutory Duties: a reference guide for NHS foundation trust governors' has been shared with the Council of Governors and they will have an opportunity to consider this further at the March Governor Development Day; and 	Decisions Made: <ul style="list-style-type: none"> • n/a 										

<ul style="list-style-type: none"> Executive Management Team members are invited to contribute to a Trust response to consultations. 			
Governance: Please indicate which committee or group this paper has previously been presented to:		Date	
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee		Workforce & Organisational Development Committee
	Finance & Investment Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Charitable Funds Committee		Collaborative Committee
		Other (please detail) Report to Board	✓

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	

Publications and Policy Highlights

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

1. Health and Care Act 2022

The Health and Care Act 2022 removed legal barriers to collaboration and integrated care and put Integrated Care Systems (ICS) on a statutory footing. Since the Act came into force, a number of governance related documents have been reviewed/refreshed as detailed below. The Board discussed these documents and changes to the system structure at the December Board Time-out meeting:

Code of Governance

NHS England has published a revised Code of Governance (the Code) and all NHS Providers (including NHS trusts that don't have a council of governors) will be required to abide by this from April 2023. Previously, only foundation trusts were required to abide by the Code of Governance.

The Code sets out a common overarching framework for the corporate governance of trusts that complements the statutory and regulatory obligations they have. NHS England has issued the Code to help NHS providers deliver effective corporate governance, contribute to better organisational and system performance and improvement, and ultimately discharge their duties in the best interests of patients, service users and the public.

The revised Code can be accessed via this link: <https://www.england.nhs.uk/wp-content/uploads/2022/10/B2076-code-of-governance-for-nhs-provider-trusts-october-22-1.pdf>

Lead: Head of Corporate Affairs

The Trust reports its compliance against the Code through its Annual Report and the 2023/24 Report will highlight how the Trust has met the enhanced requirements.

An Addendum to NHS England's 'Your Statutory duties: A reference guide for NHS foundation trust governors'

This Addendum was referred to in the November Publications report and is not, therefore, attached to this report. The Addendum takes account of the Health and Care Act 2022 requirements and provides illustrative examples of activities the council of governors can undertake to meet the obligations placed upon them.

Lead: Head of Corporate Affairs

A detailed paper regarding the Addendum was forwarded to the January Council of Governors meeting. These enhanced requirements will also feature within a Governor Development session planned for March 2023.

NHS Provider Licence

NHS England has proposed a number of changes to the NHS provider licence to support effective system working and the delivery of high-quality sustainable care.

The NHS provider licence sets out the conditions that healthcare providers must meet to help ensure that the health sector works for the benefit of patients, now and in the future. All providers that deliver healthcare services for the NHS are required to hold a licence, unless exempt. The licence forms part of the oversight arrangements for NHS providers and serves as the legal mechanism for regulatory intervention.

The proposed changes are described in detail in the [statutory notice of consultation Part A](#). This is accompanied by a [draft new provider licence \(Part B\)](#) and an [assessment of the anticipated impact of these changes \(Part C\)](#).

Lead: Head of Corporate Affairs

NHS England undertook a consultation regarding proposed changes to the Licence and this closed on 9 December 2022. The revised Licence is yet to be issued.

Enforcement Guidance

NHS England has undertaken a consultation regarding proposed changes to its Enforcement guidance to reflect the Health and Care Act, 2022 and current practice. The guidance sets out NHS England's approach to enforcement of integrated care boards and providers and explains the regulatory and statutory processes in the event of enforcement action as well as subsequent rights of appeal, where applicable.

The draft guidance can be accessed here: [NHS England » NHS enforcement guidance: Draft](#)

Lead: Head of Corporate Affairs

The consultation closed on 9 December and the final version of the revised guidance will be issued during 2023/24.

2. 2023/24 Priorities and Operational Planning Guidance

NHS England has published the [2023/24 priorities and operational planning guidance](#). The document sets out the priorities for the next financial year including recovering core services, improving productivity and renewing focus on delivering the long term plan 2.

NHS England acknowledges that 2023/24 will be a challenging year for the NHS, with ongoing Covid-19 pressures, rising demand and capacity issues. The guidance sets key actions designed to increase capacity and improve patient flow to ease pressures. NHSE also sets out ambitions to improve access to mental health services, tackling health inequalities and improving care for people with a learning disability and/or autism.

Lead: Director of Finance:

Planning guidance was received on the 23rd January and is currently being worked through, further technical guidance is still awaiting. The Financial Plan for 2023/24 will follow the Trust governance process and be presented to Trust Board in March 2023.

3. Guidance on the development of the Joint Forward Plan

NHSE has published its guidance for integrated care boards (ICBs) and their partner trusts and foundation trusts on the development of five-year joint forward plans (JFPs).

It covers specific statutory requirements that the plans must meet, such as setting out how an ICB and its partner trusts will meet the health needs of its population. The guidance also sets out how JFPs should be produced, including conducting consultations, involving health and wellbeing boards, and the role of NHSE.

ICBs and their partner trusts have a duty to prepare a first JFP before the beginning of 2023/24. However for this first year of the process, NHSE has said it expects systems to produce a version by 31 March, but consultation on further versions can continue beyond that date, in time for a final plan by 30 June.

NHS Providers has produced a briefing regarding the joint forward plan guidance which is available [here](#)

Lead: Chief Executive

This work is taking place within the ICB and at PLACE building on the recently agreed ICB Strategy.

The JFP will be presented to Board when developed.

4. Hewitt Review

Rt Hon Patricia Hewitt, former secretary of state for health and current chair of the Norfolk and Waveney integrated care board (ICB), is leading an independent review into the efficiency, autonomy and accountability of integrated care systems (ICSs).

The review will focus on how the health and care system can achieve a balance between greater autonomy and robust accountability, with a particular emphasis on how real time data is shared digitally with DHSC and used across the health and care system for transparency and improvement.

It will make recommendations on:

1. How to empower local leaders to improve population health outcomes, giving them greater control and increasing accountability for performance and spending.
2. The scope and options for a significantly smaller number of national targets which ICBs are held to account for, alongside local priorities. This will cover NHS targets, including those set out in the government's mandate to NHS England, but we understand the review will also consider how performance across all aspects of an ICS's strategy, including public health, health care and social care, is supported and overseen.
3. How the role of the Care Quality Commission (CQC) can be enhanced in system

oversight.

The review will report to the Secretary of State for Health and Social Care. The draft report is due by 31 January 2023 and a final report by 15 March 2023.

Lead: Chief Executive

A call for evidence, in the form of a survey, was issued to trusts. The questions covered: examples of good local practice and national policy frameworks; national targets and accountability mechanisms; data collection and national standards; and system oversight.

Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting– 25th January 2023			
Title of Report:	Trust Performance Report – December 2022			
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead			
Recommendation:	To approve	<input type="checkbox"/>	To receive & discuss	<input type="checkbox"/>
	For information/To note	<input checked="" type="checkbox"/>	To ratify	<input type="checkbox"/>
Purpose of Paper:	<p>This purpose of this report is to inform the Trust Board on the current levels of performance as at the end of December 2022.</p> <p>The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.</p> <p>Detailed narrative on waiting times is included as an appendix to the report.</p>			
Key Issues within the report:				
Matters of Concern or Key Risks to Escalate: <ul style="list-style-type: none"> Waiting Times – detailed appendix is attached to this report. Delayed Transfers of Care (no criteria to reside) - remain high and the issue continues to lie with patients predominantly waiting for specialised hospital placements with other NHS providers or local authority provided residential placements 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Safer Staffing Dashboard – updated to incorporate revised Care Hours per Patient Day thresholds agreed at EMT in December 2022. Delayed Transfers of Care (no criteria to reside) - System escalation mechanisms are in place to address this overseen by the Chief Operating Officer. Focus will be maintained on improving this position further in order to achieve the best outcomes for our patients and to ensure it does not adversely impact on the improved position we have achieved in reducing out of area placements. The ICB and Provider Collaborative are escalating DTOC/NCTR as an issue requiring focussed system action and proposals have been made and supported for the new national Discharge Funding to support patient flow in order to improve the level of DTOC. Our ICB has very recently been confirmed as a National Discharge Frontrunner site and whilst this is focussed on acute care we will expect this to bring further benefit in reducing the delays that our patients experience. 		

Positive Assurances to Provide: <ul style="list-style-type: none"> Mandatory Training – compliance overall remains high, performance exceed the upper control limit in November at 92.1% which is reflective of the desire to have all staff up to date with their statutory and mandatory training. 	Decisions Made: <ul style="list-style-type: none"> None (report is to note)
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Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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

TPR Waiting Times Narrative

Indicator/Service	Narrative
Memory Diagnosis - >18wks	<p>The service continues to make good progress in recovering the waiting list position, firstly focusing on those waiting over 52 weeks for completion of their diagnostic journey.</p> <p>The Service have focussed on reducing the length of wait for the initial assessment, which is now within 18 weeks and work continues to improve the performance in the subsequent stages of the diagnostic pathway.</p> <p>The capacity and demand work is in the process of being refreshed to take into account the future state operating model as well as the transitional phase which the service is currently in. Use of Independent providers is being considered in line with this work and a recovery trajectory will be determined once the capacity options are fully analysed.</p> <p>Diagnostic scanning and scan reporting waiting times remain a challenge. Options are to be explored further regarding ICB level options to procure additional scanning and reporting capacity.</p> <p>The service continues to phase in their new operating model, applying skill mix opportunities where possible and appropriate.</p>
RTT Waits – Complete	<p>The November position has deteriorated in in line with expectation. This remains as a result of recovery work to reduce the longest waits.</p>
RTT Waits - Incomplete	<p>The Incomplete position has remained static across the last 3 months, this is mainly as a result of overall increase in Trust referrals. Recovery focus continues to be placed on eradicating the over 52ww position in the first instance, apart from those areas with nationally mandated standards.</p>
52 Week Waits	<p>November has seen a slight improvement from October, with the over 52ww reducing to 481 (excluding ASD for paediatric and adults), ADHD making up the majority of these.</p> <p><u>Adult ADHD</u></p> <p>Validation of the waiting list is now complete, and patients have started to be contacted to gain consent to progress with assessment with an independent provider. Progress is being monitored via the dedicated Recovery Board and plans continue to be worked up for safe transfer of the service to Children’s and LD. The recovery trajectory will be refreshed in line with commencement of this work. Recruitment of a senior administrator to co-ordinate and oversee this work is essential and is underway.</p> <p><u>Children’s ADHD</u></p> <p>Recovery of the position has commenced with 10 cases transferred to an Independent provider in December as part of an initial pilot. A further 50 assessments are due to take place in January, February and March through the independent provision as well as the internal team continuing to undertake assessments. A recovery trajectory has been developed and a Business Case set out that demonstrates the gap in available capacity versus the demand placed on the service. This case will be progressed with the commissioners in Q4.</p>
Adult ASD	<p>The position continues to improve, and the recovery trajectory continues to be closely monitored.</p>
Paediatric ASD	<p>The waiting list position in November was achieved in line with the recovery plan. A Business Case is due to be presented this month which will demonstrate the full extent of the capacity gap to support continued recovery in light of the increased levels of referral against the original plan. Without further intervention the trajectory will be adversely impacted due to the considerable increase in demand.</p>
EIP	<p>The performance standard was achieved in November. The service</p>

	continues to closely monitor the position via weekly performance reviews to ensure a proactive approach is taken with referral and waiting list management. Improvement is expected to be maintained.
IAPT	Compliant against both the 6ww and 18ww standard, the Service is confident that this will be maintained if sickness levels and staff retention remain in the current state.

Financial Year
2022-23

TRUST PERFORMANCE REPORT

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

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

Reporting Month:

Dec-22

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team

Caring, Learning and Growing



Humber Teaching NHS Foundation Trust

Trust Performance Report

For the period ending:

Dec 2022

Purpose	This paper provides a summary on the progress being made against a basket of NHS performance indicators together with executive summary and underpin the Trust's Strategy 2017-2022. A sample of the strategic goals are represented in this report. Particular attention is drawn to the new format and the use of Statistical Process Control (SPC) in the following charts. SPC charts contain upper and lower control limits which are based on 2 standard deviation points above and below the 2 yearly average.
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What are SPCs?	<p>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.</p> <p>SPC tells us about the variation that exists in the systems that we are looking to improve:</p> <p>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.</p> <p>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.</p>
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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
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Dashboard	Safer Staffing	A dashboard to provide overview on a number of clinical indicators for the Trust's inpatient units across all services
Dashboard	Mortality	Learning from Mortality Reviews
Goal 1	Mandatory Training	A percentage compliance for all mandatory and statutory courses
Goal 1	Vacancies	Proportion of posts vacant when compared to the budgeted establishment. This information is taken from the Trust financial ledger.
Goal 1	Number of Incidents per 10,000 Contacts	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)
Goal 1	Clinical Supervision	Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks
Goal 1	FFT - Patient Recommendation	Results where patients would recommend the Trust 's services to their family and friends
Goal 2	FFT - Patient Involvement	Results where patients felt they were involved in their care
Goal 2	72 hour follow ups	Percentage of patients who had a follow up within 72 hours (3 days) of discharge from hospital
Goal 2	CPA - Reviews	Percentage of patients who are on CPA and have had a review in the last 12 months
Goal 2	Memory Diagnosis	Number of patients waiting 18 weeks or more since referral to the service

Humber Teaching NHS Foundation Trust

Trust Performance Report

For the period ending:

Dec 2022

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

PI RETURN FORM 2022-23

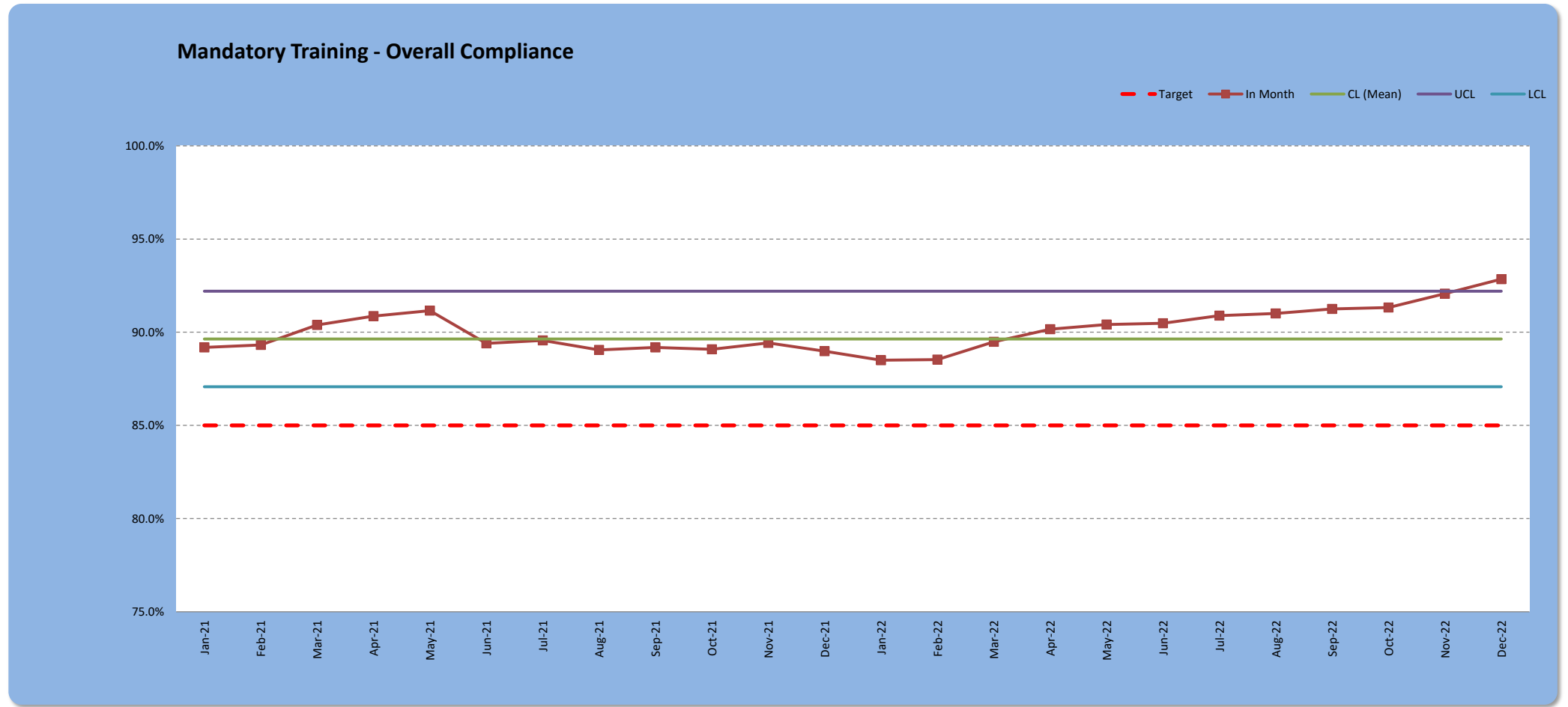
Goal 1 : Innovating Quality and Patient Safety

For the period ending:

Dec 2022

Target:	Amber:	Current month stands at:
85%	80%	92.9%

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



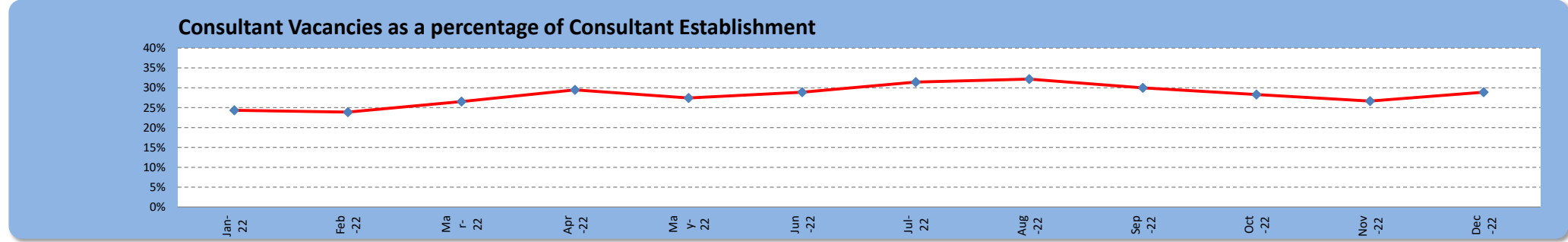
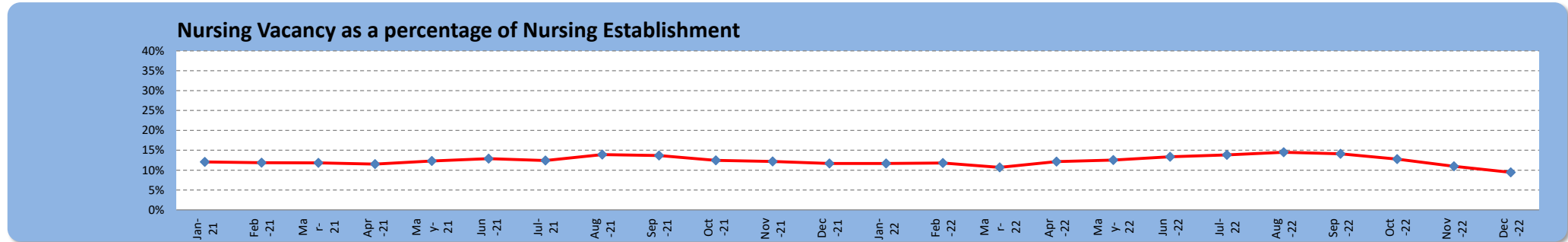
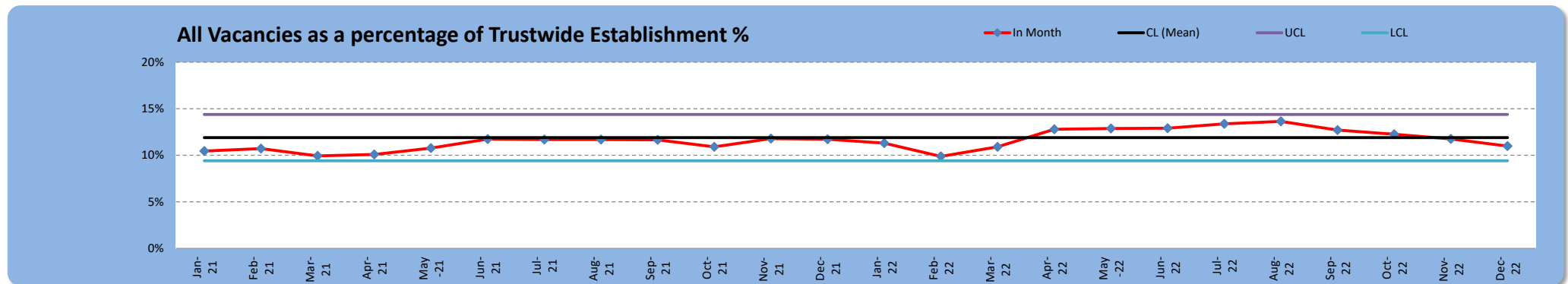
PI RETURN FORM 2022-23

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Dec 2022**

Target:	Amber:	Current month stands at:
N/A	N/A	11.0%

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



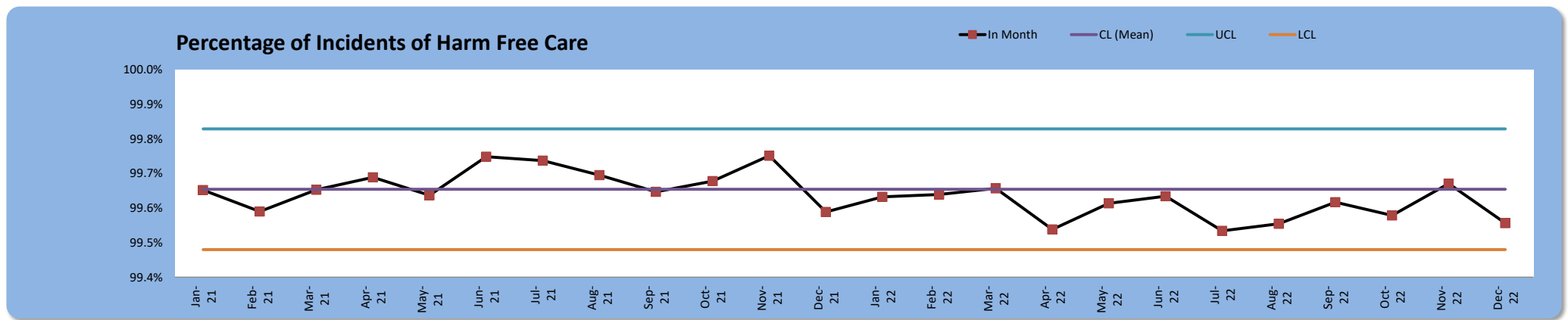
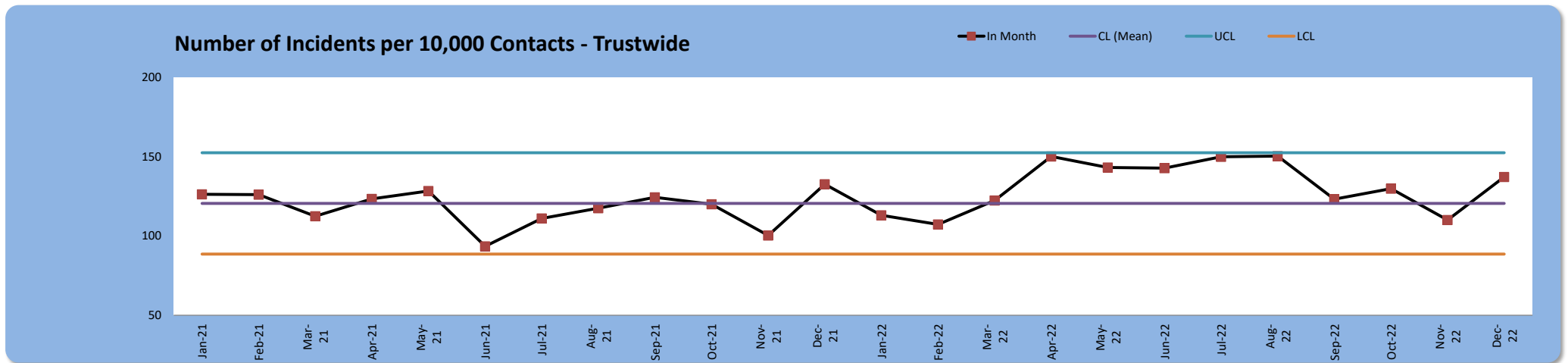
PI RETURN FORM 2022-23

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Dec 2022**

		Trustwide current month stands at:
Target:	Amber:	137
0	0	

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



PI RETURN FORM 2022-23

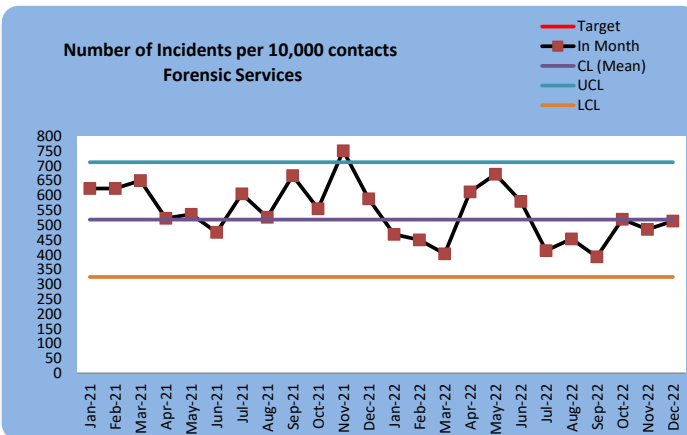
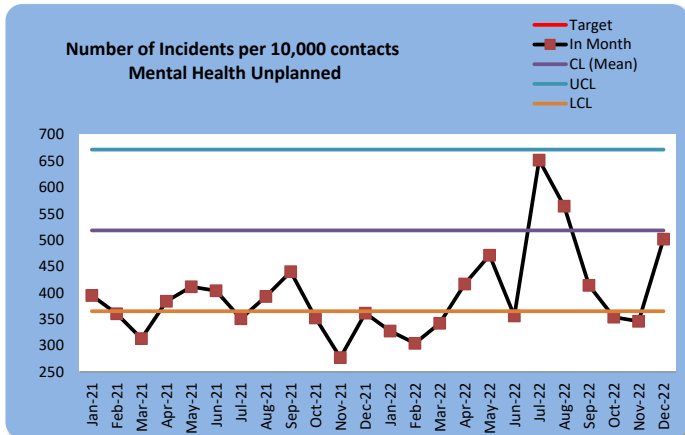
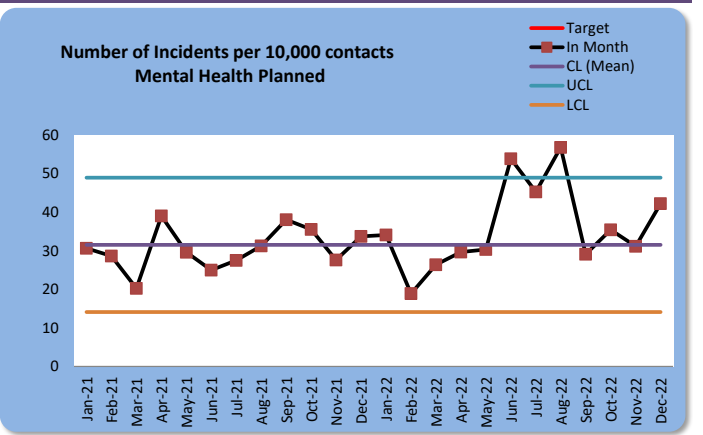
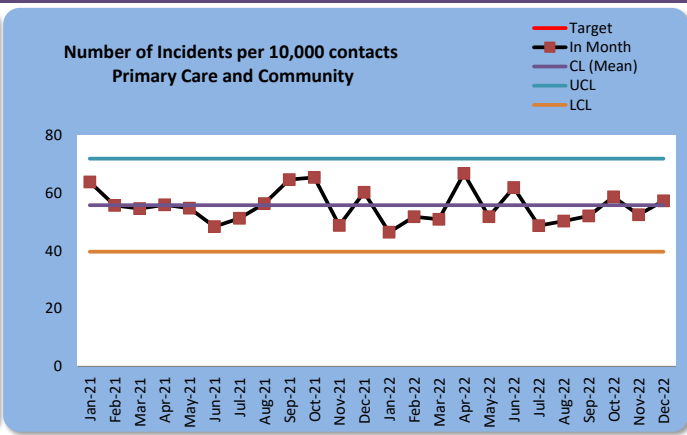
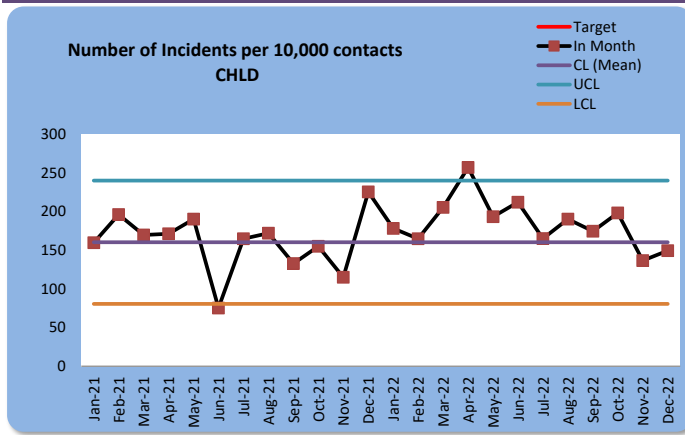
Goal 1 : Innovating Quality and Patient Safety

For the period ending:

Dec 2022

Target:	Amber:	Trustwide current month stands at:
0	0	137

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



Division	Value
Children and Learning Disability	149
Primary Care and Community	57
Mental Health Planned	42
Mental Health Unplanned	502
Forensic Services	514

	Nov-22	Dec-22
Never Events	0	0
% of Harm Free Care	99.7%	99.6%
% of Incidents reported in Severe Harm or Death	0.2%	0.7%

PI RETURN FORM 2022-23

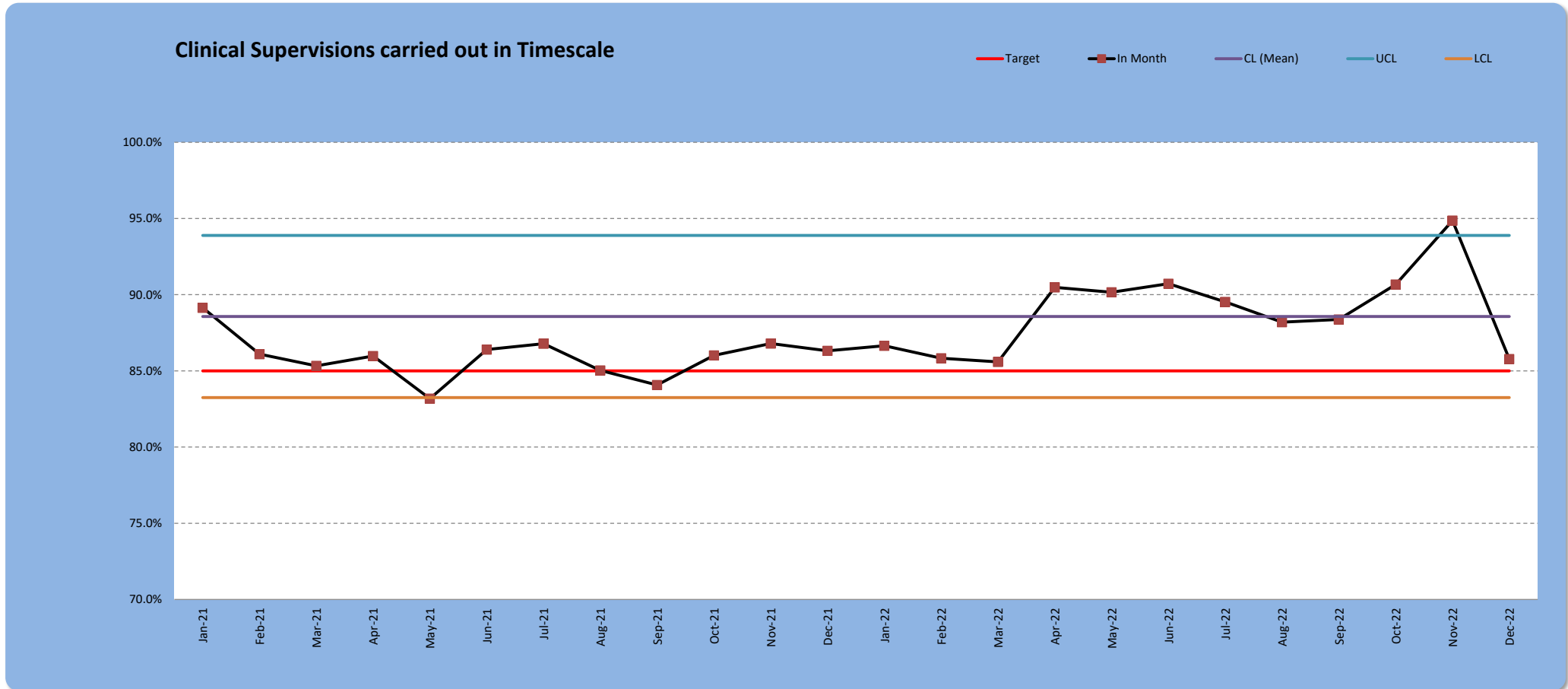
Goal 1 : Innovating Quality and Patient Safety

For the period ending:

Dec 2022

Target:	Amber:	Current month stands at:
85%	80%	85.8%

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

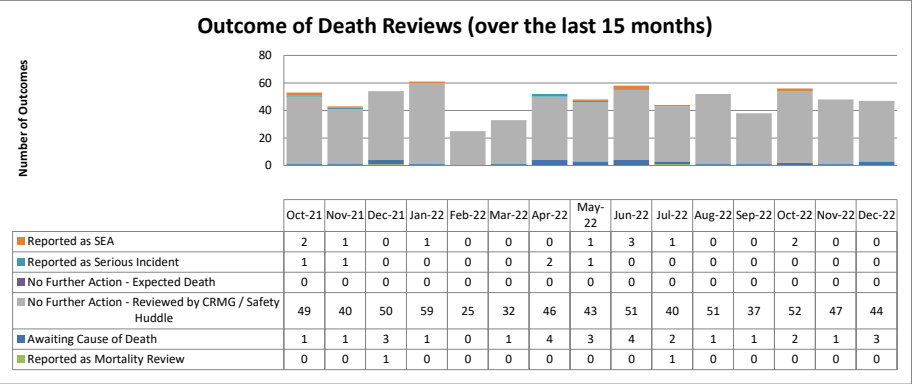
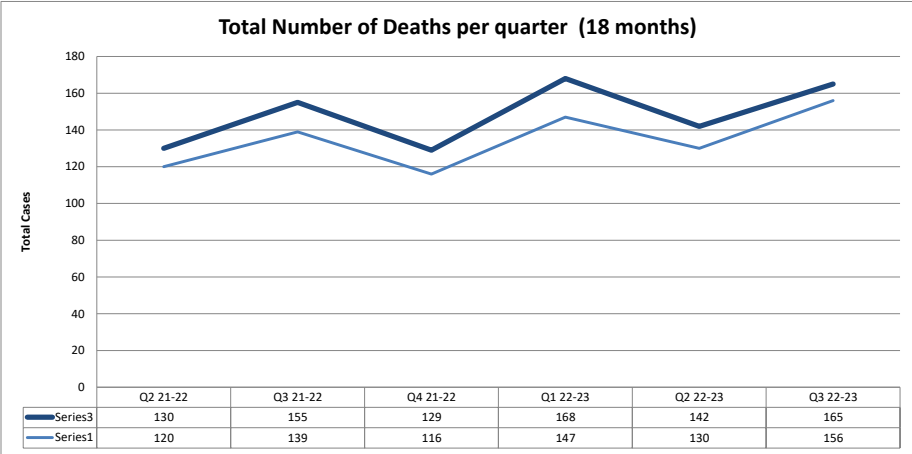


Quality Dashboard

Description : Learning from Mortality Reviews

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

Total Number of Deaths and Deaths Reviewed (does not include patients with identified Learning Disabilities)						
	Q3 21-22	Q4 21-22	Q1 22-23	Q2 22-23	Q3 22-23	Last 12 months
Total Number of Deaths	155	129	168	142	165	604
Total Number of Natural Deaths	139	116	147	130	156	549
Proportion of Natural Deaths	89.7%	89.9%	87.5%	91.5%	94.5%	90.9%
Total Number of Deaths - Community Hospitals	9	9	8	3	10	30
Total Number of Deaths - MH Inpatients	1	1	1	1	3	6
Total Number of Deaths - LD Inpatients	0	0	0	0	0	0
Total Number of Deaths - Forensics Inpatients	0	0	0	0	0	0
Total Number of Deaths - All Community excl. MH	74	60	75	55	69	259
Total Number of Deaths - Addictions	8	5	11	5	8	29
Total Number of Deaths - MH Community	64	49	76	75	75	275
Review Process						
Reported as Mortality Review	1	0	0	1	0	1
No Further Action - Reviewed by CRMG / Safety Huddle	139	116	140	128	143	527
No Further Action - Expected Death	0	0	0	0	0	0
Reported as Serious Incident	2	0	3	0	0	3
Reported as SEA	3	1	4	1	2	8
Child Death Review	0	0	0	0	0	0
Statements Being Produced For Coroners	0	0	0	2	0	2
Total Deaths Reviewed	145	117	147	132	145	541
Awaiting Cause of Death	5	2	11	4	6	23
Not Yet Reported	5	10	10	6	14	40



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

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

	Q3 21-22	Q4 21-22	Q1 22-23	Q2 22-23	Q3 22-23	Last 12 months
Number of LD Deaths in Inpatients	0	0	2	4	3	9

HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

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



Shown one month in arrears

Speciality	Units					Bank/Agency Hours				Average Safer Staffing Fill Rates				High Level Indicators										Indicator Totals	
	Ward	Speciality	WTE	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		QUALITY INDICATORS (Year to Date)										Oct-22	Nov-22
										Registered	Un Registered	Registered	Un Registered	Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/party upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)		
Adult MH	Avondale	Adult MH Assessment	27.8	74%	12.2	21.6%	↑	4.0%	↑	98%	79%	92%	106%	2	20	10	0	84.0%	83.9%	75.0%	71.4%	5.8%	5.0	1	1
	New Bridges	Adult MH Treatment (M)	41.2	88%	8.59	6.4%	↑	4.9%	↑	75%	89%	97%	101%	1	31	2	0	No Ret	96.5%	87.5%	84.6%	4.9%	1.6	2	1
	Westlands	Adult MH Treatment (F)	34.9	86%	9.58	28.0%	↓	7.8%	↑	94%	74%	97%	103%	2	50	4	0	74.2%	91.7%	93.8%	63.2%	12.4%	1.1	3	4
	Mill View Court	Adult MH Treatment	26.5	81%	9.12	15.8%	↑	15.0%	↑	94%	82%	97%	105%	5	8	0	0	92.6%	92.2%	87.5%	66.7%	3.1%	3.8	1	0
	STARS	Adult MH Rehabilitation	37.8	100%	22.74	23.4%	↓	1.5%	↓	65%	169%	100%	100%	0	1	0	0	86.1%	95.0%	100.0%	88.5%	13.1%	0.5	3	3
	PICU	Adult MH Acute Intensive	32.5	63%	28.69	32.8%	↓	19.5%	↑	93%	123%	85%	168%	2	78	0	0	100.0%	84.8%	75.0%	93.3%	9.7%	4.0	2	1
OP MH	Maister Lodge	Older People Dementia Treatment	34.3	71%	15.01	13.3%	↑	2.9%	↑	83%	107%	123%	94%	0	48	0	0	94.4%	94.0%	100.0%	88.5%	6.5%	1.0	1	1
	Mill View Lodge	Older People Treatment	24.1	92%	16.78	25.5%	↓	25.4%	↑	69%	112%	127%	202%	1	44	0	0	54.5%	93.2%	86.7%	81.8%	12.8%	-0.2	3	4
Child & LD	Maister Court	Older People Treatment	18.4	75%	24.34	19.3%	↑	10.6%	↑	173%	73%	97%	107%	0	2	0	0	94.1%	93.1%	75.0%	81.8%	4.8%	0.8	2	1
	Pine View	Forensic Low Secure	29.6	75%	10.40	13.8%	↑	0.0%	→	99%	87%	65%	97%	7	7	0	20	100.0%	95.8%	83.3%	94.7%	8.9%	0.6	1	2
	Derwent	Forensic Medium Secure	24.6	90%	12.89	25.3%	↓	0.0%	→	106%	88%	60%	129%	1	9	2	3	96.2%	94.7%	88.9%	82.4%	8.7%	1.0	1	2
	Ouse	Forensic Medium Secure	25.6	86%	11.28	27.3%	↓	0.0%	→	110%	133%	104%	192%	3	5	1	5	96.2%	93.4%	80.0%	72.2%	6.1%	2.6	0	1
	Swale	Personality Disorder Medium Secure	26.2	90%	9.60	30.0%	↑	0.0%	→	100%	99%	100%	85%	1	5	8	12	100.0%	96.8%	100.0%	77.8%	7.9%	2.2	3	1
	Ullswater	Learning Disability Medium Secure	25.8	56%	19.71	18.9%	↓	0.0%	→	120%	127%	101%	134%	1	11	0	10	100.0%	92.1%	85.7%	95.0%	2.1%	4.0	1	0
CH	Townend Court	Learning Disability	37.2	72%	31.15	25.5%	↓	0.2%	↑	66%	77%	50%	124%	3	83	2	2	72.4%	94.4%	69.2%	90.9%	3.3%	2.4	4	3
	Inspire	CAMHS	44.8	60%	33.22	8.9%	↑	9.8%	↓	72%	111%	118%	143%	5	0	0	0	78.9%	85.8%	100.0%	65.4%	9.4%	7.0	2	2
	Granville Court	Learning Disability Nursing Care	48.5	89%	16.19	26.6%	↑	13.1%	↓	111%	93%	100%	98%	0	6	0	0	95.6%	90.3%	83.3%	90.9%	9.0%	0.0	1	1
CH	Whitby Hospital	Physical Health Community Hospital	43.0	98%	7.84	3.9%	↓	2.4%	↑	89%	87%	98%	100%	1	0	0	0	89.2%	93.2%	84.2%	95.0%	10.4%	-2.2	2	2
	Malton Hospital	Physical Health Community Hospital	33.3	93%	6.93	Not on eRoster	↓	Not on eRoster	↓	100%	77%	133%	67%	2	1	0	0	100.0%	84.1%	94.4%	77.8%	7.3%	-2.6	3	4

HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

Exception Reporting and Operational Commentary

Safer Staffing Dashboard Narrative : Nov

Sickness rates continues to be a challenge with 14 units flagging as red in November compared to 11 in October.

Westland's sickness rate (12.4%) is impacting on unregistered fill rates on nights (74%), clinical supervision (74.2%) and BLS compliance (63.2%).

Sickness rates of 12.8% at Mill View Lodge have impacted the bank and agency use. Registered fill rates on days (69%) have been supported by an increase in HCAs during the day. The ward has a budgeted establishment of 3 on night but due to increased acuity and number of 1:1s they were running on 6 staff per night shift for a period of time which accounts for the high night-time fill rates. CHPPD is comfortably above the recommended CHPPD for MVL which is 11.5 despite high bed occupancy (92%).

At Malton the high bed occupancy (93%) and sickness (7.3%) appear to be impacting on CHPPD.

Pine View and Derwent wards have low registered nurse fill rates on nights (65% and 60% respectively). Pine view frequently has 1 registered nurse on night shift. However, with bed occupancy currently at 75%, CHPPD remains above their local recommended target of 6.3. Derwent is managing RN shortfalls with HCAs and CHPPD remains strong at 12.89.

A revised CHPPD of 8.0 has also been recommended for Malton and Whitby, however due to high bed occupancy both wards have just which fallen short of this revised target.

Townend court day fill rates for RNs appear low however there is always an RN on duty and when this drops from 2 to 1 a band 7 backfills, however this has not been pulled through on e-roster for November. This has been raised with the team leader. 1 preceptee nurse is still on e-roster as an HCA and this requires adjustments on e-roster also. Where there is a shortfall on of an RNs on night shifts this is backfilled with a HCA. They continue to have 1 RN vacancy.

Supervision rates have improved this month at Avondale from 58% in October to 84% in November. Mill View Lodge were below target at 68% in October and have a nil return this month. Newbridges and Townend Court both have nil returns for November. Nil returns have been escalated to the matrons. Westlands and Mill View Court had nil returns in October but both units are above target compliance for November (94%). 14 units have met the target compliance threshold in November.

ILS and BLS compliance continues to improve with only 1 red flag for BLS on Westlands. Overall ILS compliance currently stands at 86% and BLS at 78% (data from 07/12/22)

The CHPPD RAG ratings are following discussions with and agreed by EMT in November 2022. Breakdowns are as follows:

Red RAG falls below the lowest rating, Green RAG is greater than the highest rating. Amber RAG falls between

Red RAG	Green RAG	Units applied
<=4.3	>=5.3	STaRS
<=5.3	>=6.3	Pine view, Ouse
<=7	>=8	New Bridges, Westlands, Mill View Court, Swale, Malton, Whitby
<=8	>=9	Avondale
<=9.3	>=10.3	Maister Lodge, Maister Court, Ullswater, Derwent, Inspire, Townend Court, Granville
<=15.6	>=16.6	PICU

Sickness rates continues to be a challenge with 14 units flagging as red in November compared to 11 in October.

Westland's sickness rate (12.4%) is impacting on unregistered fill rates on nights (74%), clinical supervision (74.2%) and BLS compliance (6

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



Humber Teaching
NHS Foundation Trust

Registered Nurse Vacancy Rates (Rolling 12 months)

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Nov-22
10.50%	8.80%	7.20%	13.90%	13.80%	14.90%	15.27%	15.00%	14.70%	14.30%	14.50%	14.50%

Slips/Trips and Falls (Rolling 3 months)

	Sep-22	Oct-22	Nov-22
Maister Lodge	6	4	8
Millview Lodge	9	3	4
Malton IPU	6	3	7
Whitby IPU	1	0	5

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

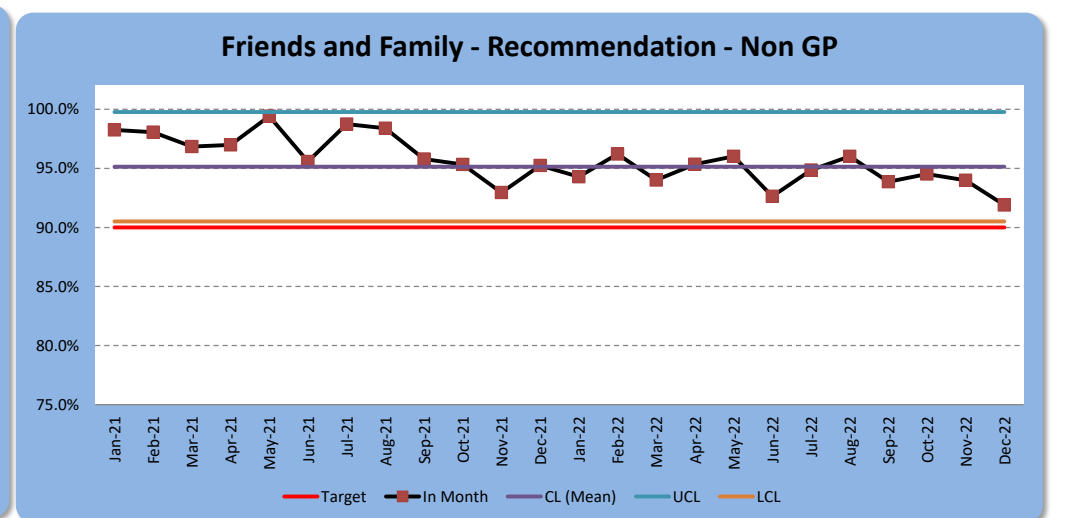
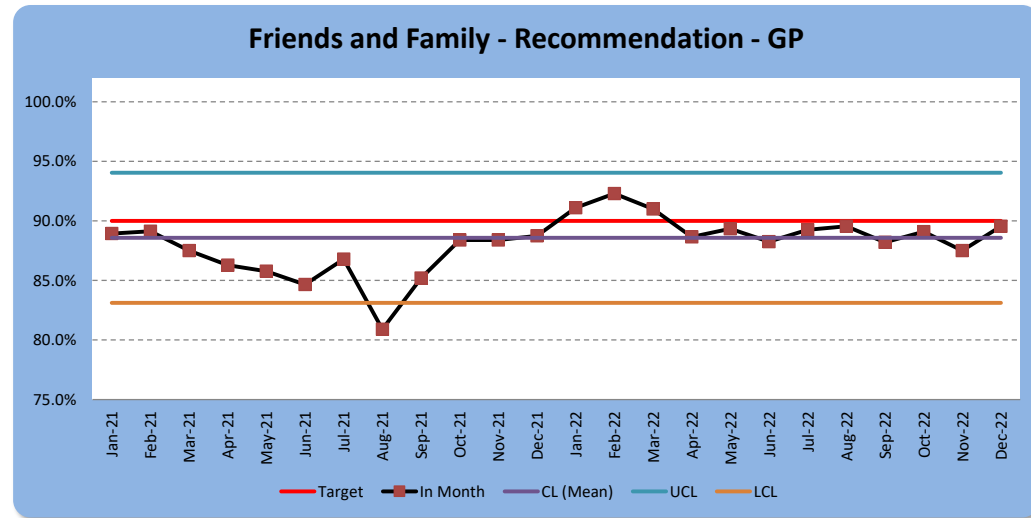
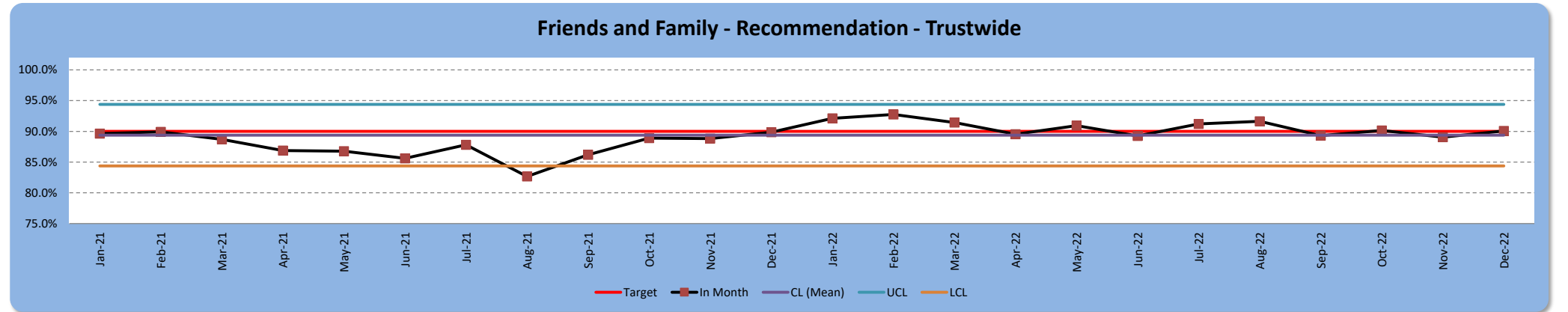
PI RETURN FORM 2022-23

Goal 1 : Innovating Quality and Patient Safety

Target:	Amber:	Current month stands at:
90%	80%	90.1%

For the period ending: **Dec 2022**

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



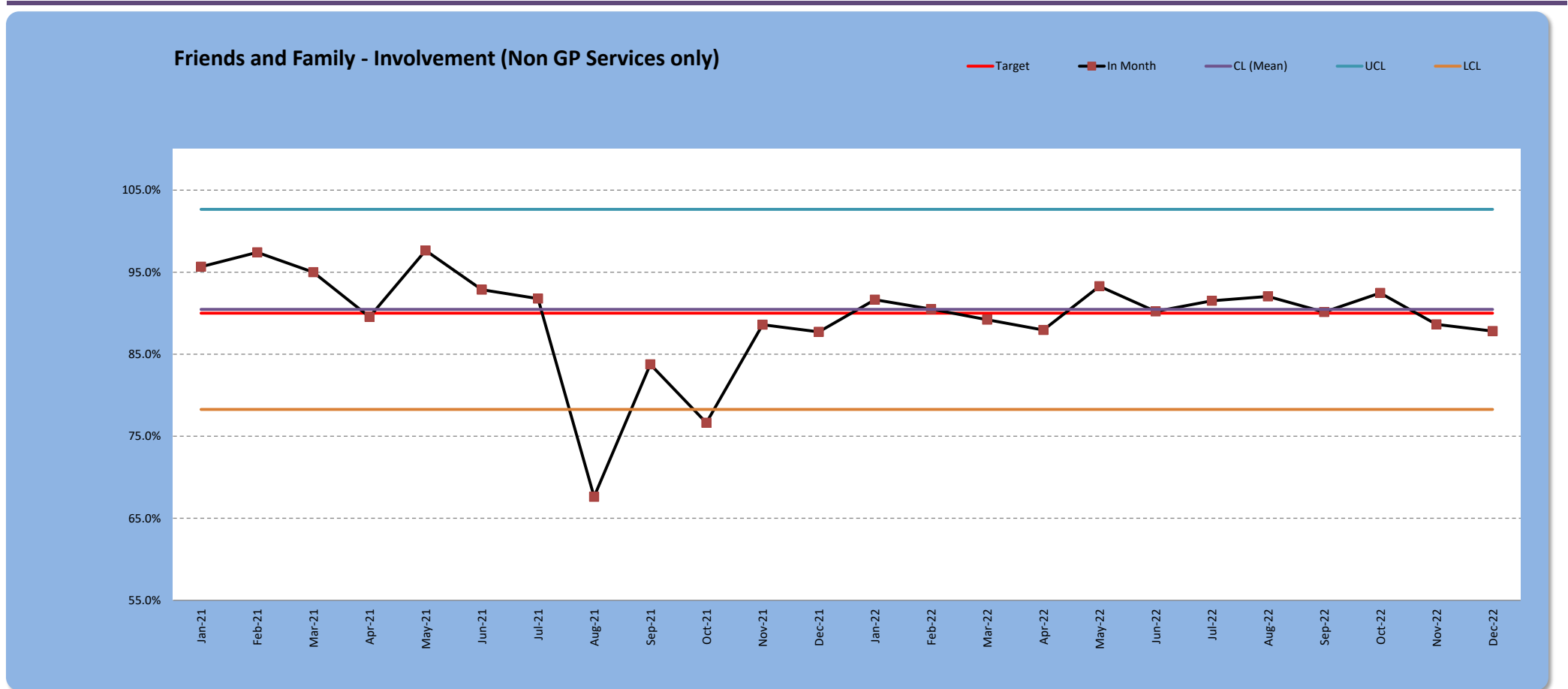
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2022**

Target:	Amber:	Current month stands at:
90%	80%	87.8%

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



PI RETURN FORM 2022-23

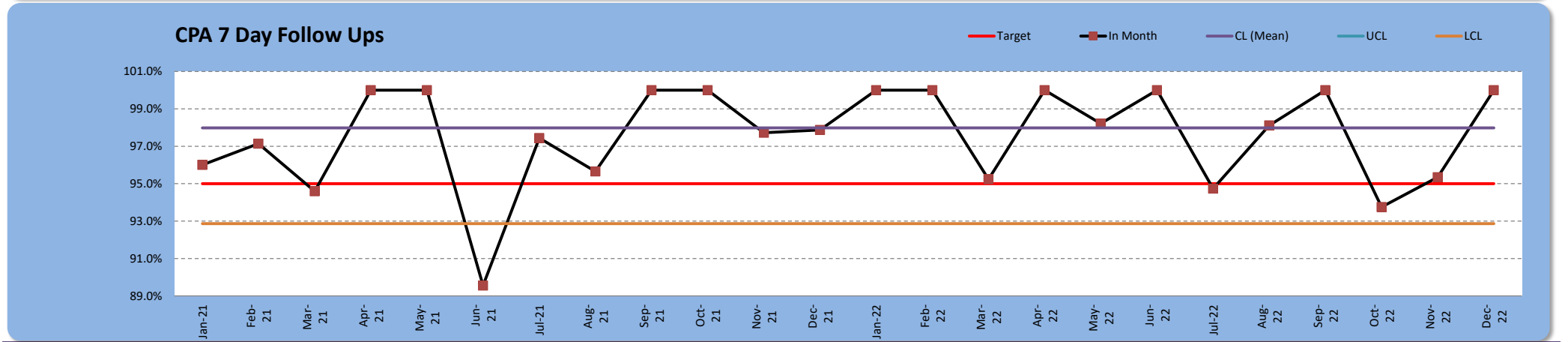
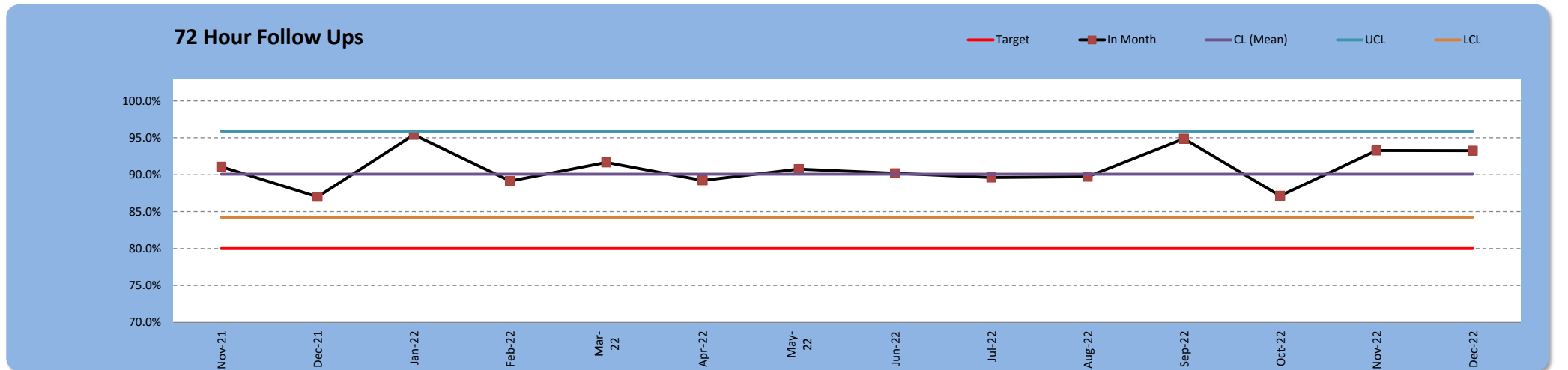
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending:

Dec 2022

Current month for 72 hour stands at:		
Target: 80%	Amber: 60%	93.3%

Indicator Title	Description/Rationale	Executive Lead	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	Lynn Parkinson	OP 12



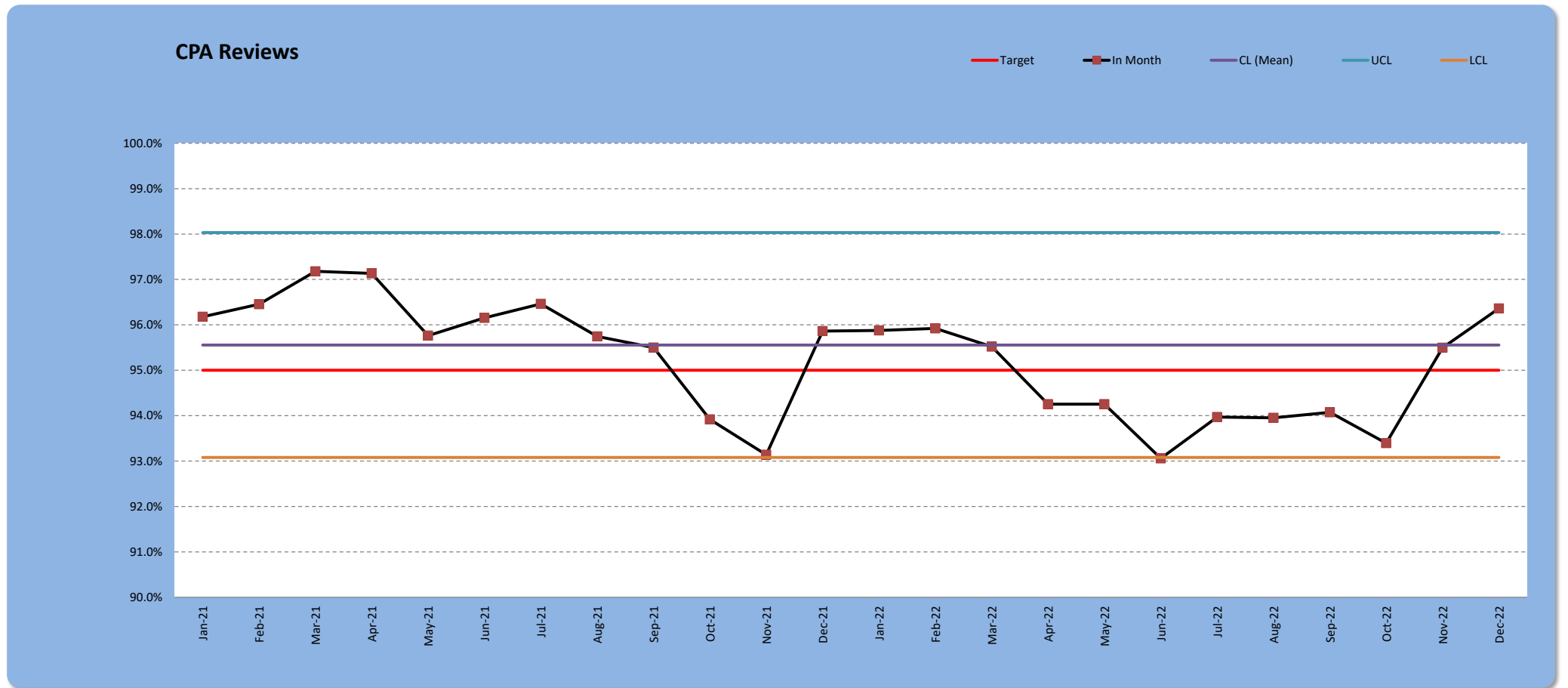
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2022**

Target:	Amber:	Current month stands at:
95%	85%	96.4%

Indicator Title	Description/Rationale	Executive Lead	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	Lynn Parkinson	OP 7



PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

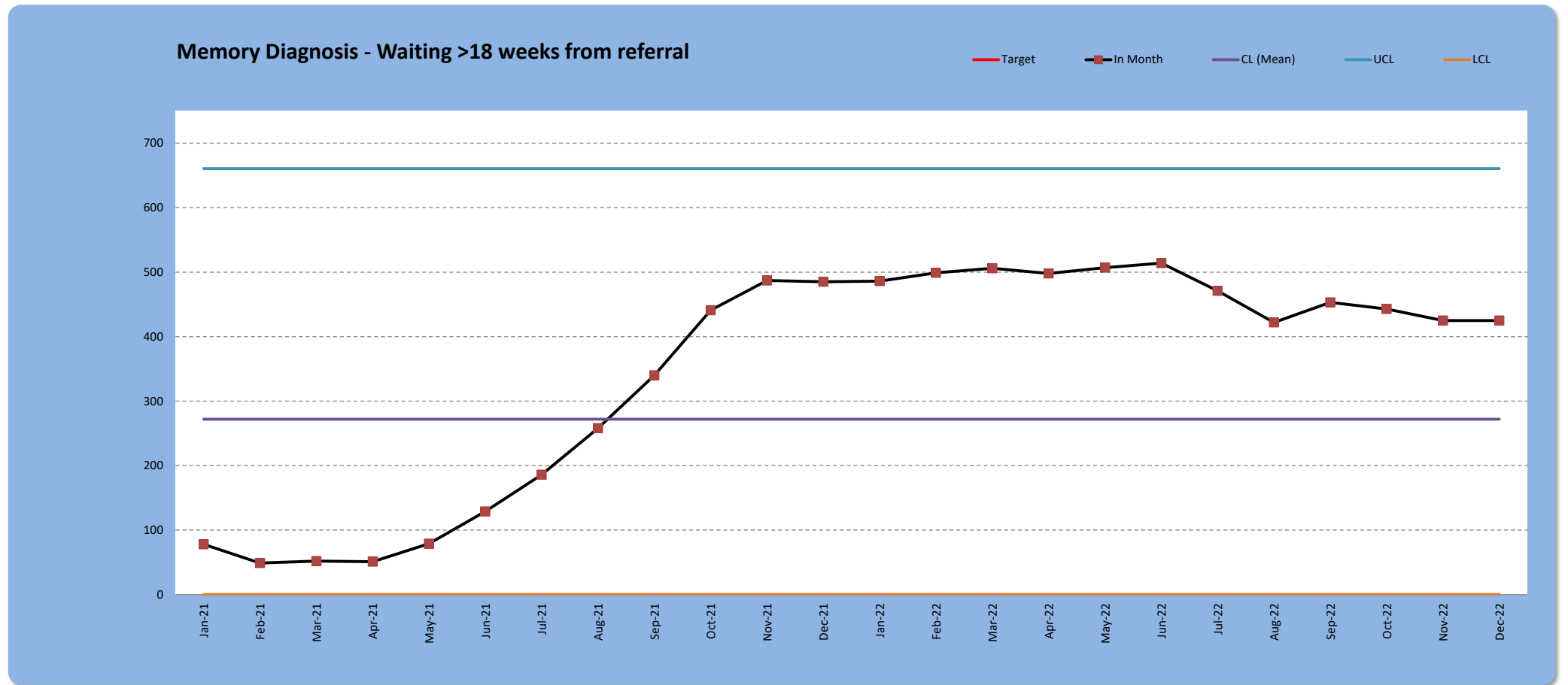
For the period ending: **Dec 2022**

Target:	Amber:	Current month stands at:
n/a	n/a	425

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

Executive Lead
Lynn Parkinson

KPI Type
MemAssWL



PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending:

Dec 2022

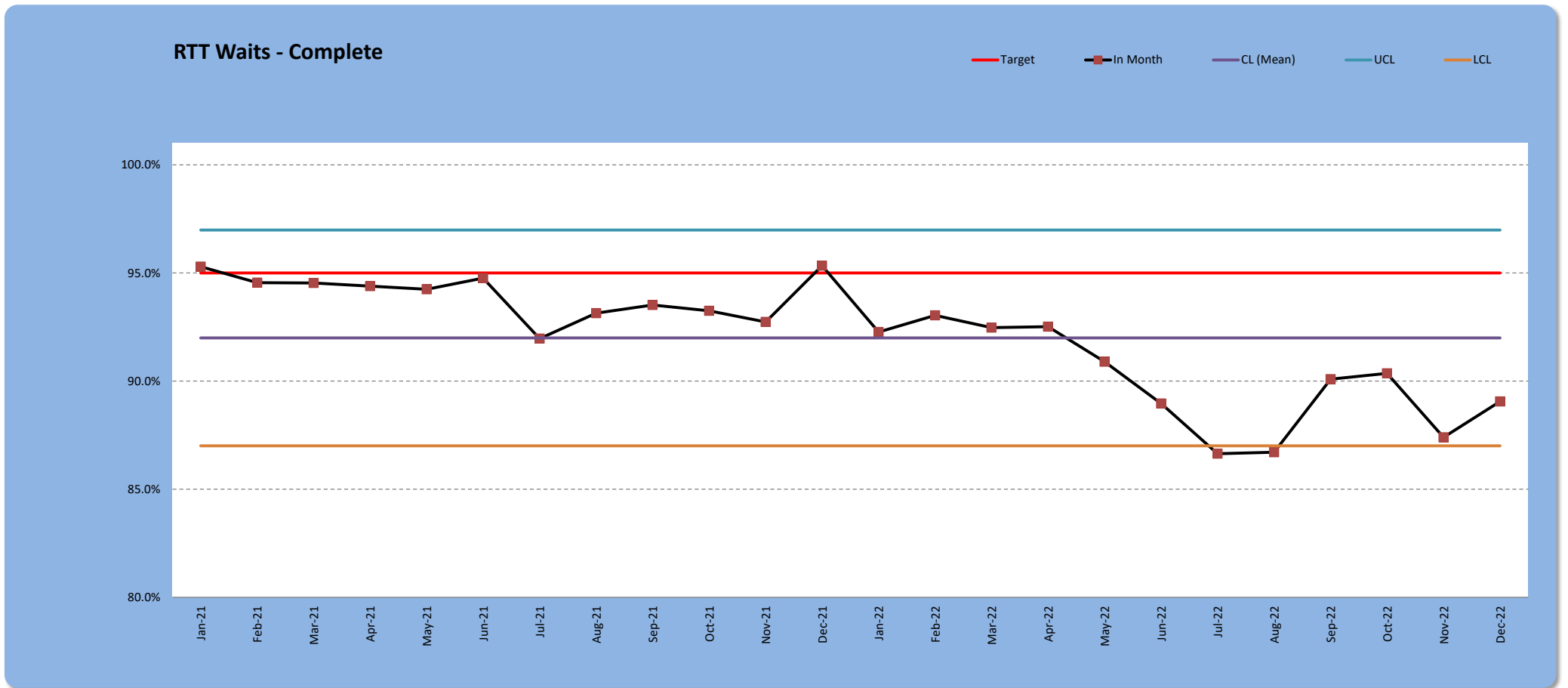
Target:	Amber:	Current month stands at:
95%	85%	89.1%

Indicator Title	Description/Rationale
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

KPI Type

OP 20



PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending:

Dec 2022

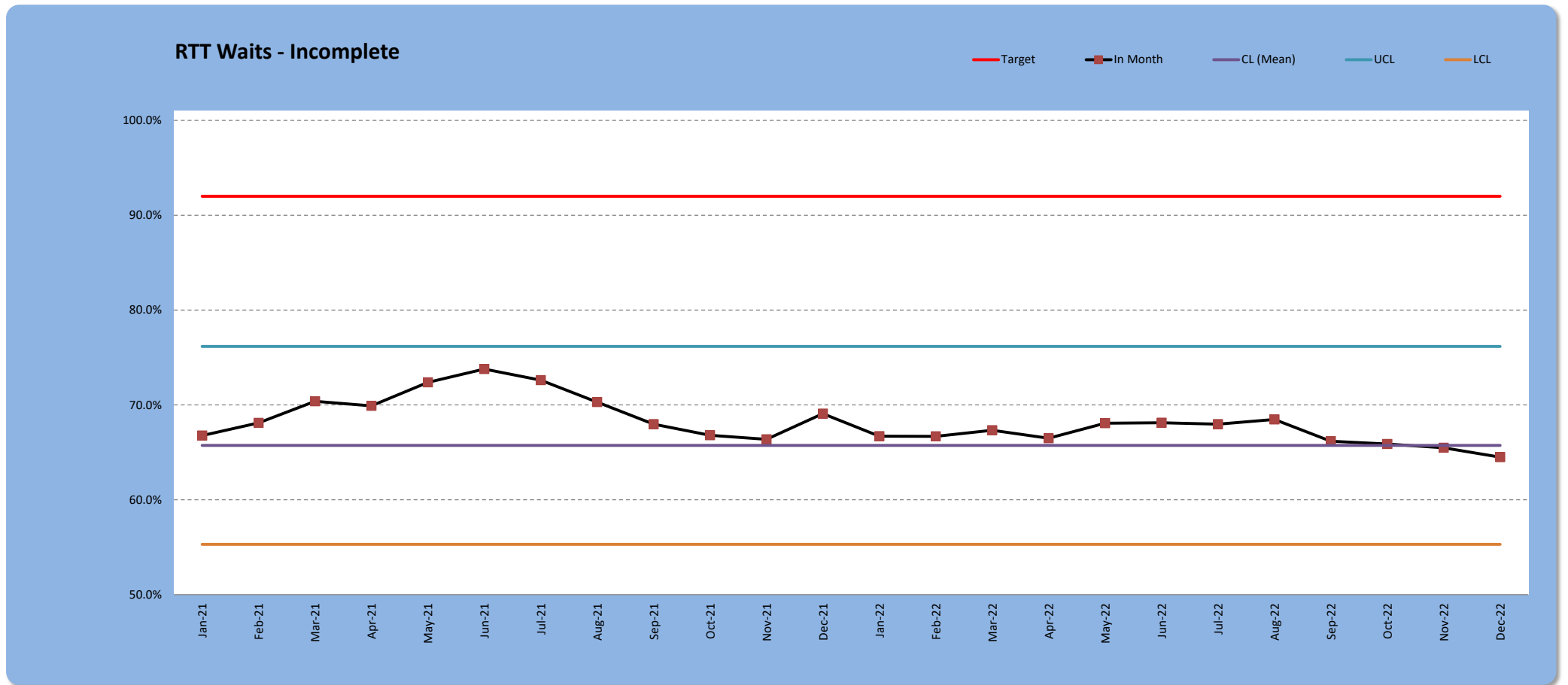
Target:	Amber:	Current month stands at:
92%	85%	64.5%

Indicator Title	Description/Rationale
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

KPI Type

OP 21



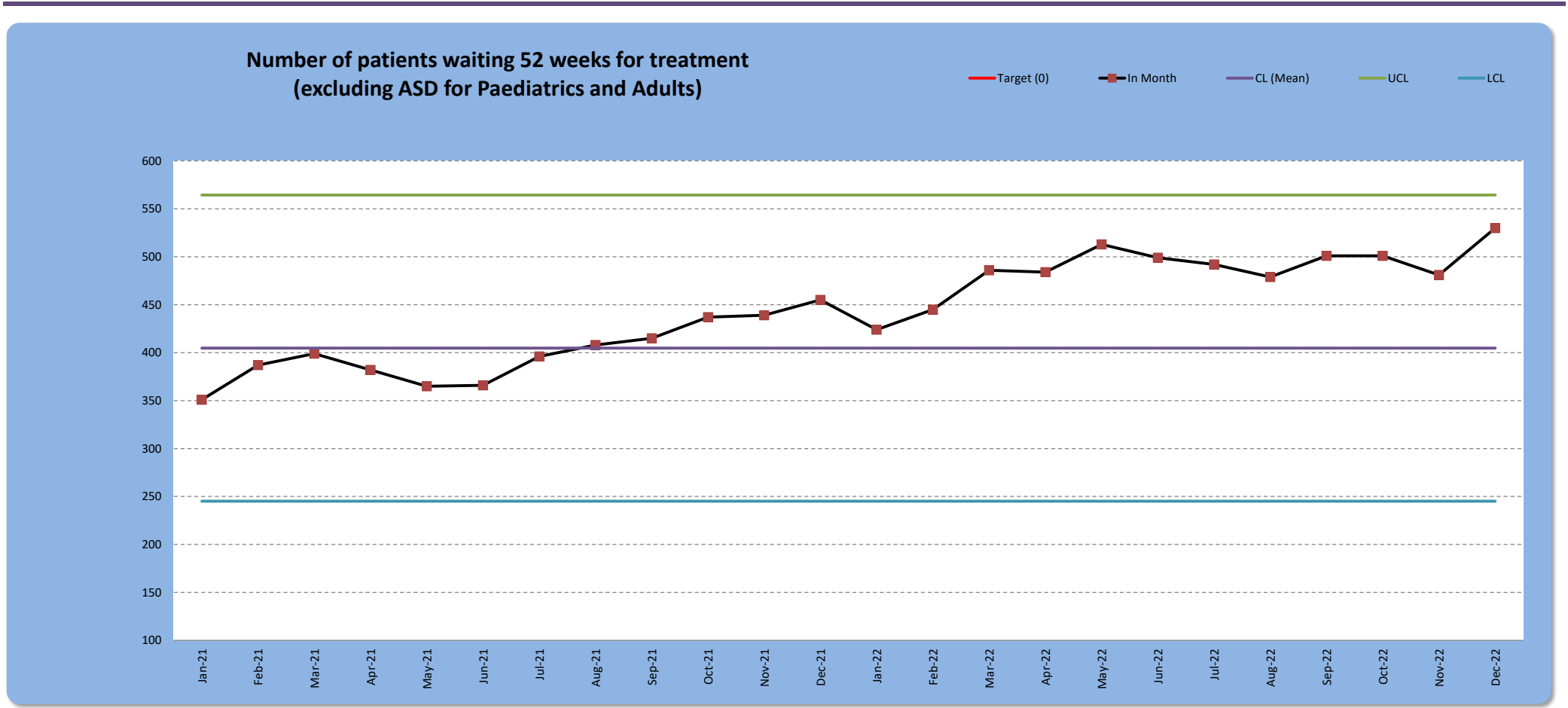
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2022**

Target:	Amber:	Current month stands at:
0	0	530

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



PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2022**

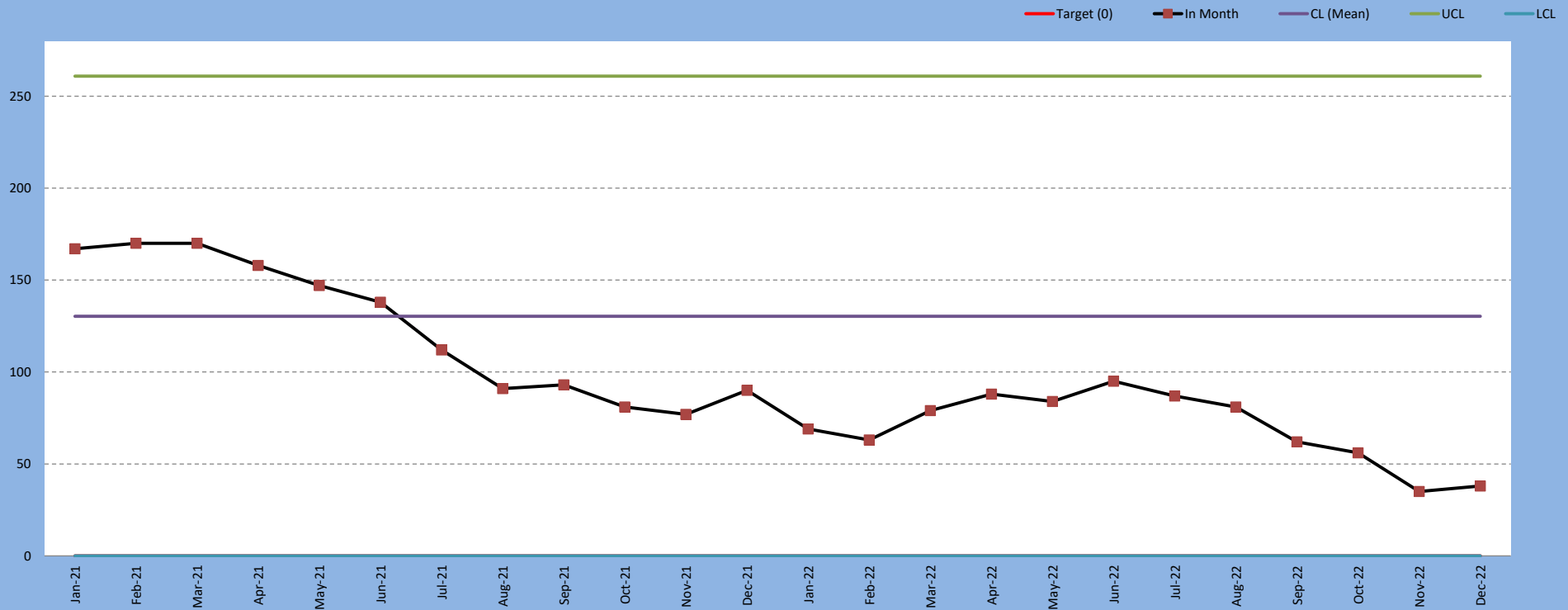
Target:	Amber:	Current month stands at:
0	0	38

Indicator Title	Description/Rationale
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

KPI Type
OP 22u

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



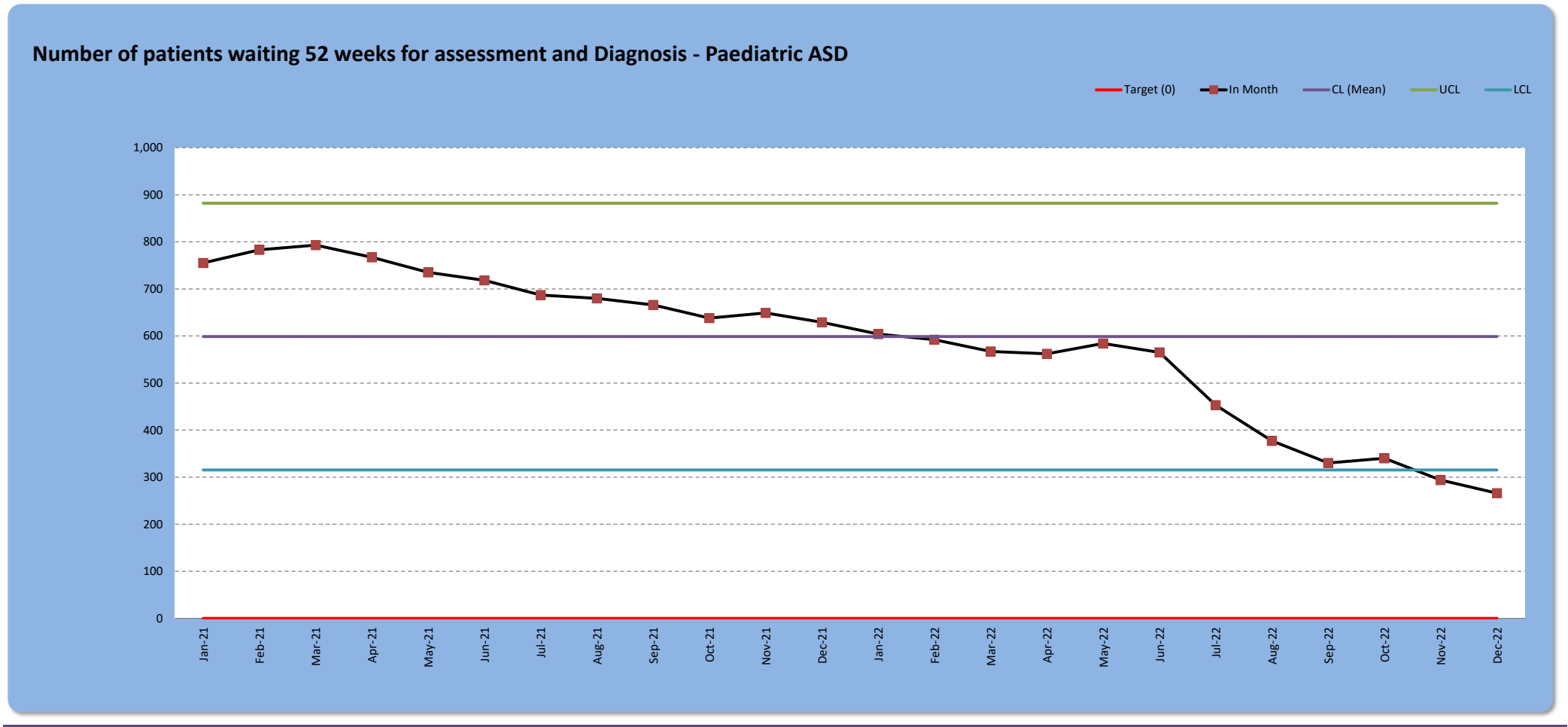
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2022**

Target:	Amber:	Current month stands at:
0	0	266

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



PI RETURN FORM 2022-23

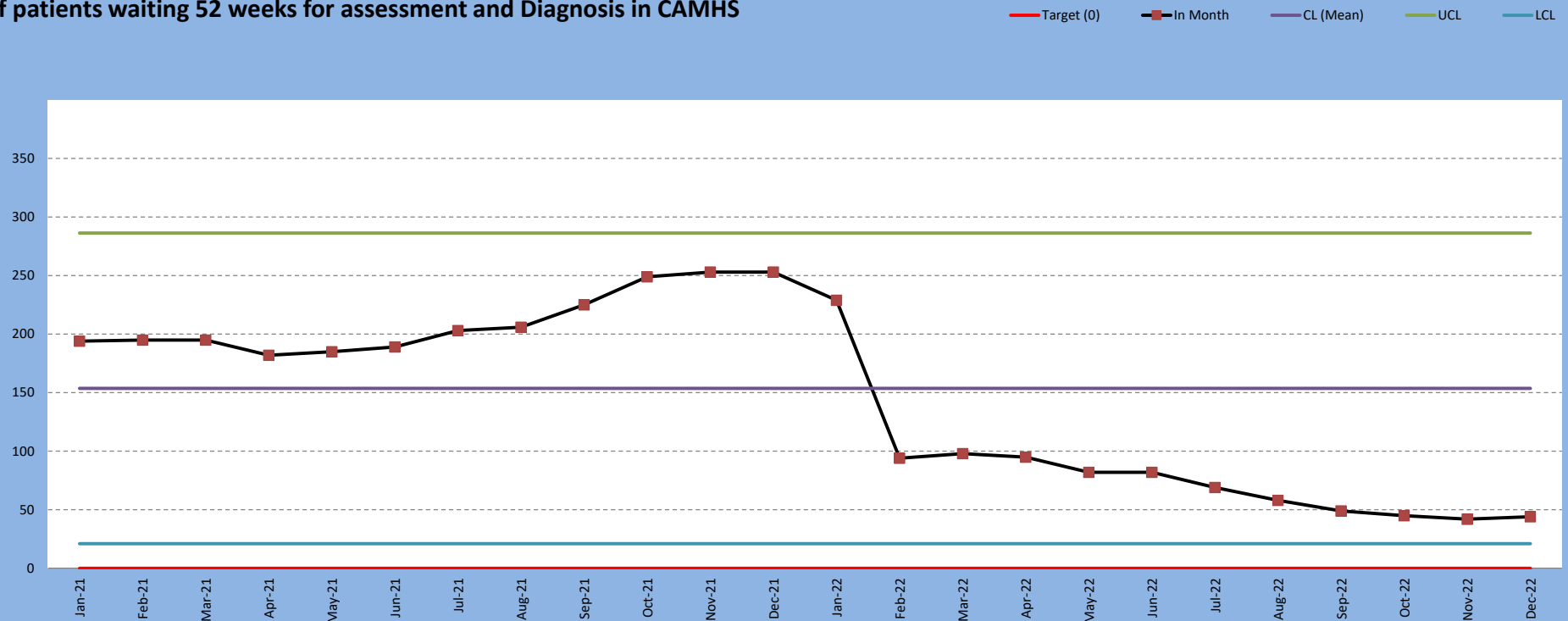
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2022**

Target:	Amber:	Current month stands at:
0	0	44

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

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



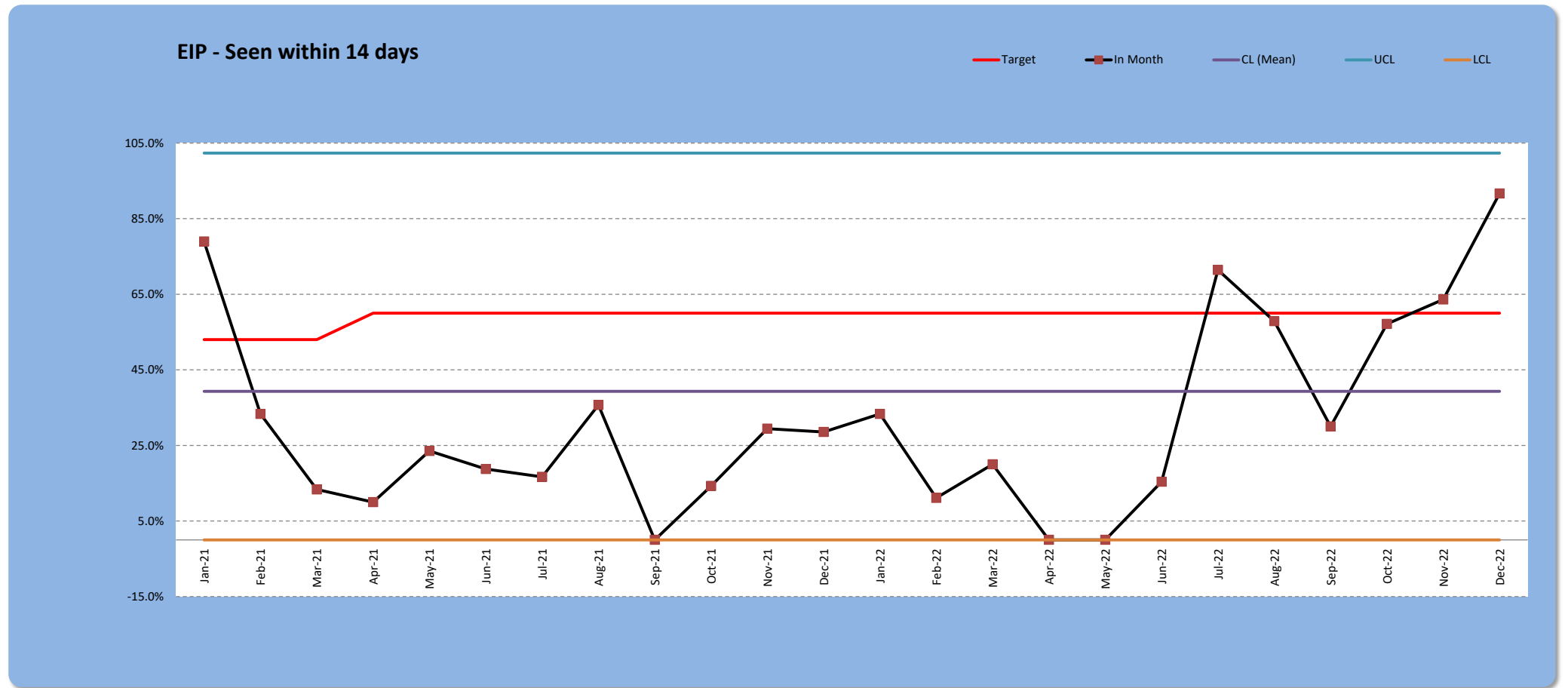
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2022**

Target:	Amber:	Current month stands at:
60%	55%	91.7%

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



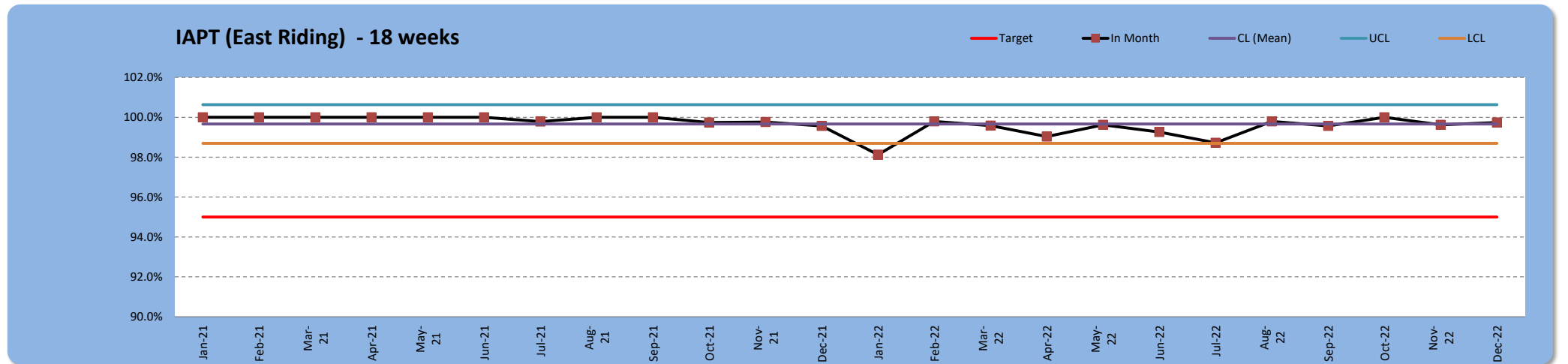
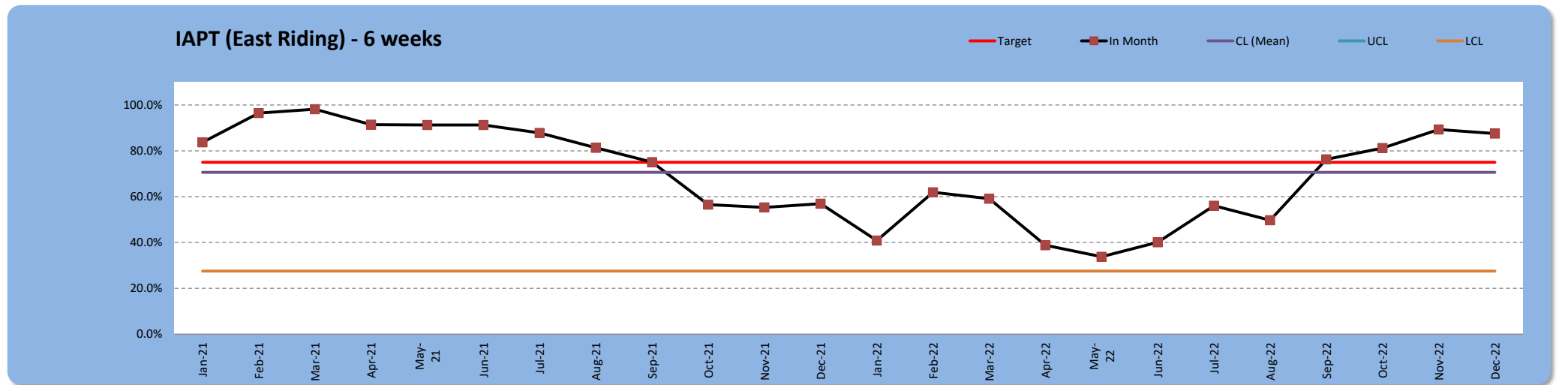
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2022**

		Current month			Current month
		6 weeks stands			18 weeks
Target:	Amber:	at:	Target:	Amber:	stands at:
75%	70%	87.5%	95%	85%	99.7%

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



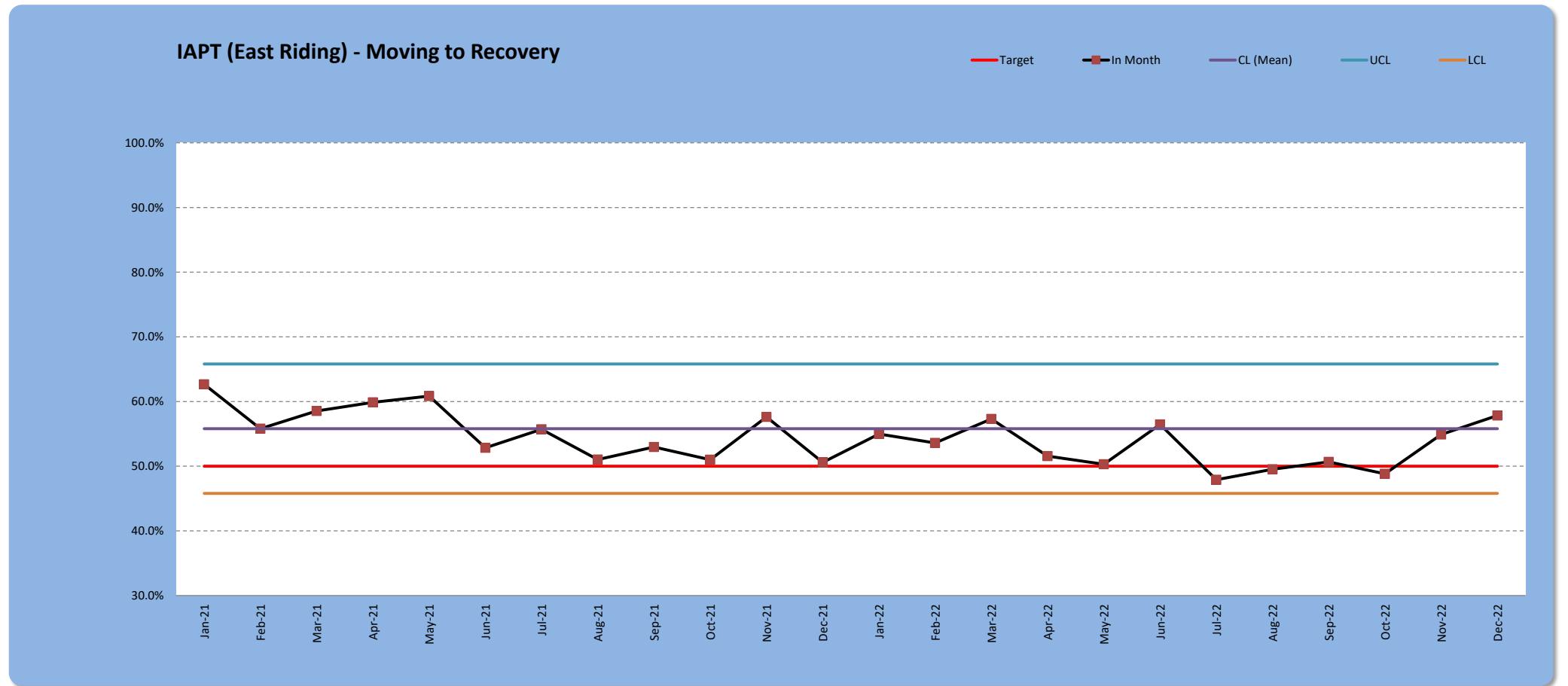
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2022**

Target:	Amber:	Current month stands at:
50%	45%	57.8%

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



PI RETURN FORM 2022-23

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Dec 2022**

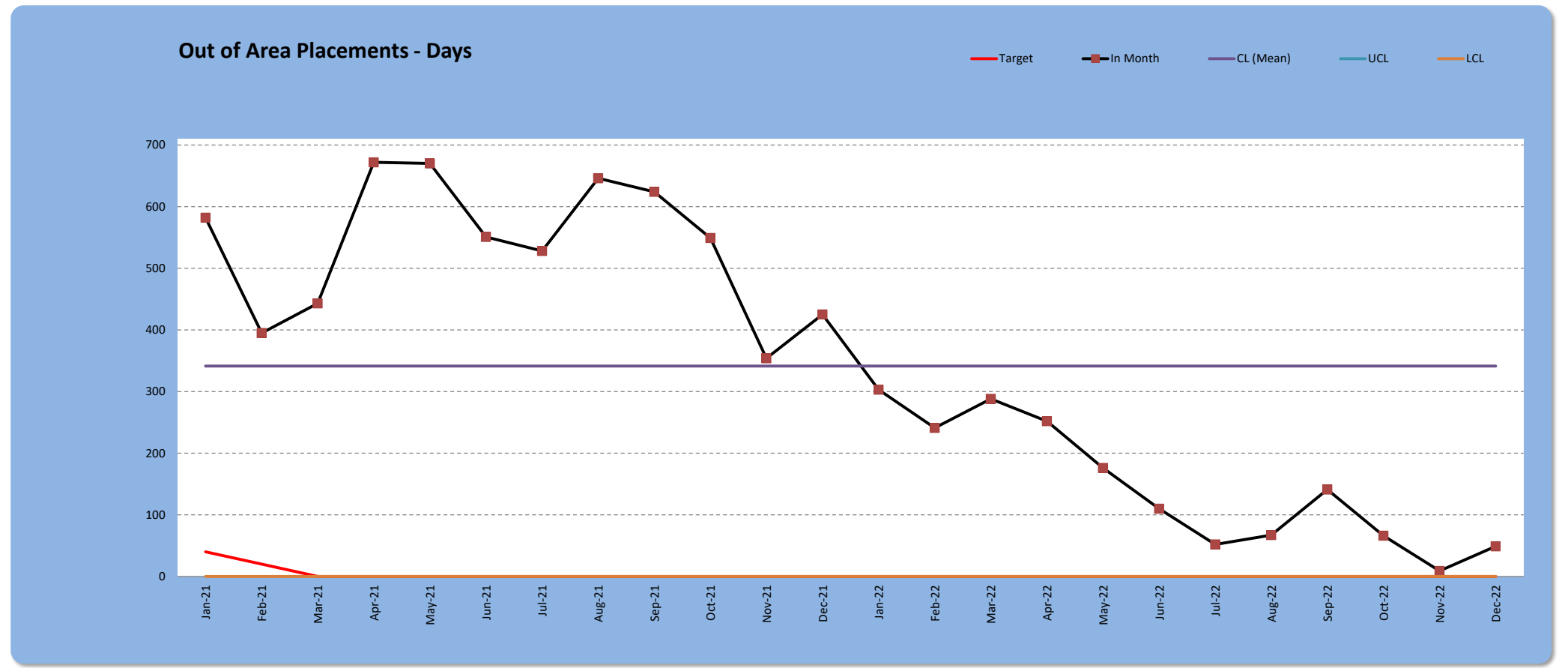
Target:	Amber:	Patients OoA within month:
0	0	4

Split:	# days	# patients
Adult	18	3
OP	0	0
PICU	31	1

Indicator Title	Description/Rationale
Out of Area Placements	Number of days that Trust patients were placed in out of area wards

Executive Lead
Lynn Parkinson

KPI Type
ST 4b



PI RETURN FORM 2022-23

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Dec 2022**

Split for Current month:

Dec-22	Adult
18	OP
0	PICU
31	Total
49	

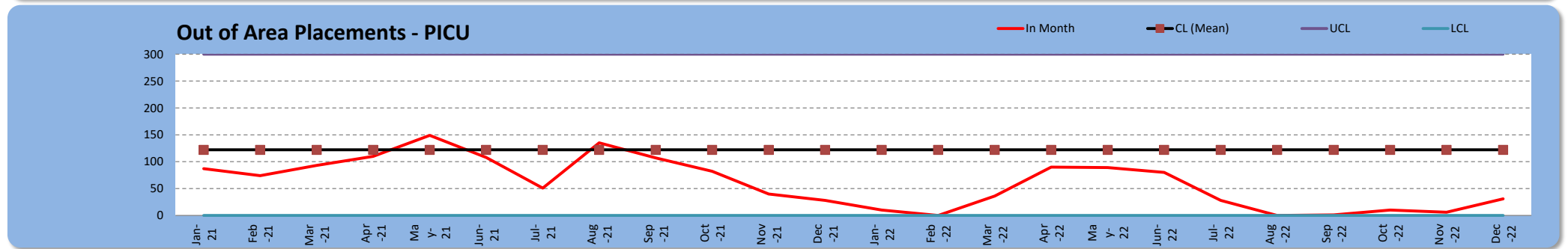
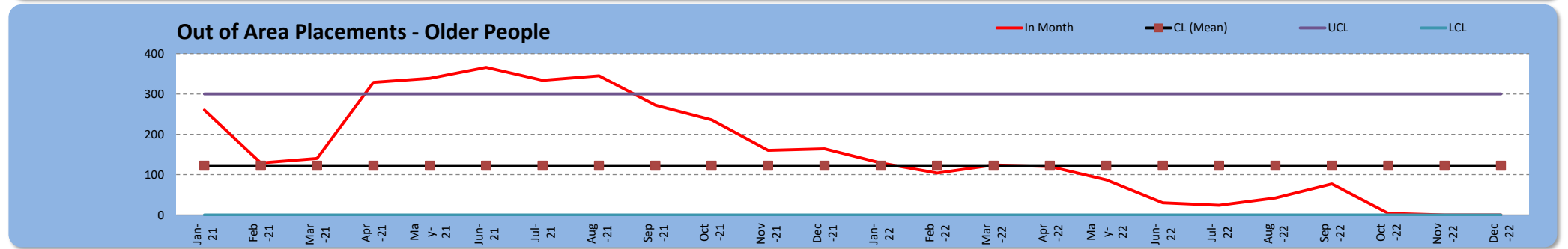
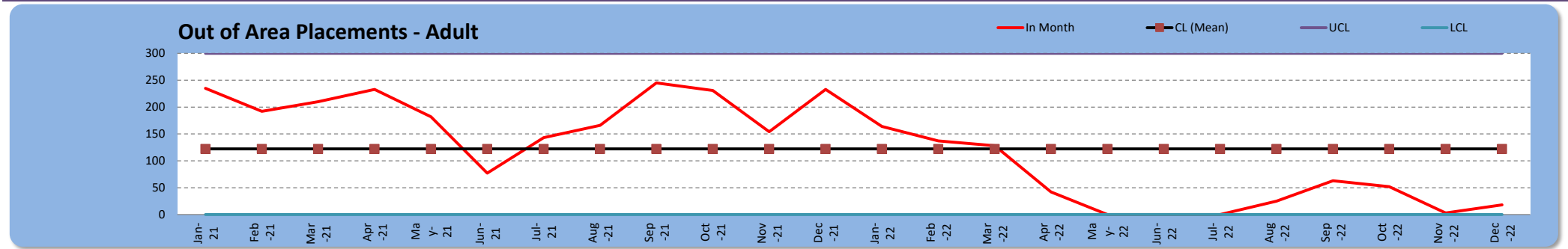
Indicator Title **Description/Rationale**

Out of Area Placements Number of days that Trust patients were placed in out of area wards - split by service

Executive Lead
Lynn Parkinson

KPI Type

ST 4 split



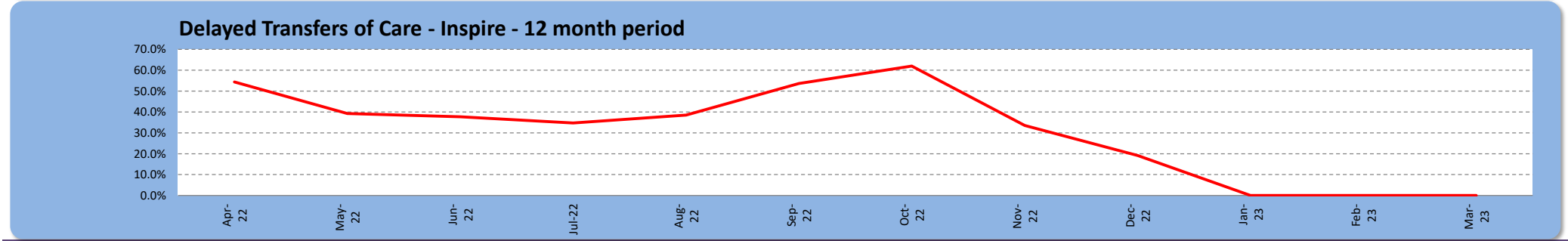
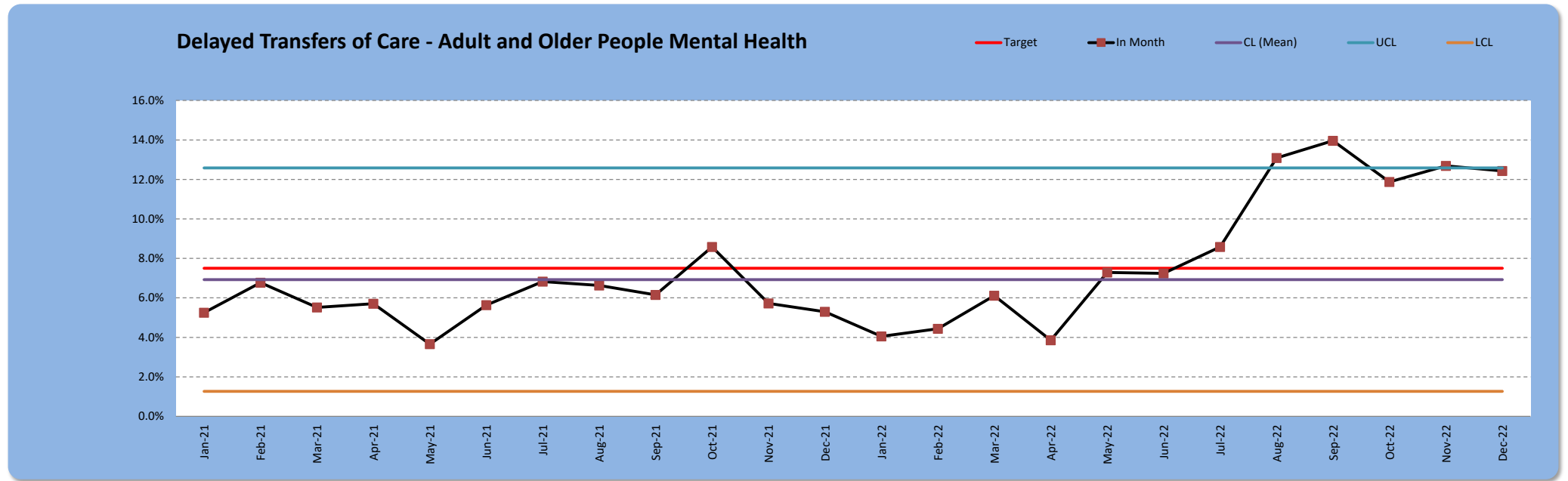
PI RETURN FORM 2022-23

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Dec 2022**

Target:	Amber:	Current month stands at:
7.5%	7.0%	12.4%

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



PI RETURN FORM 2022-23

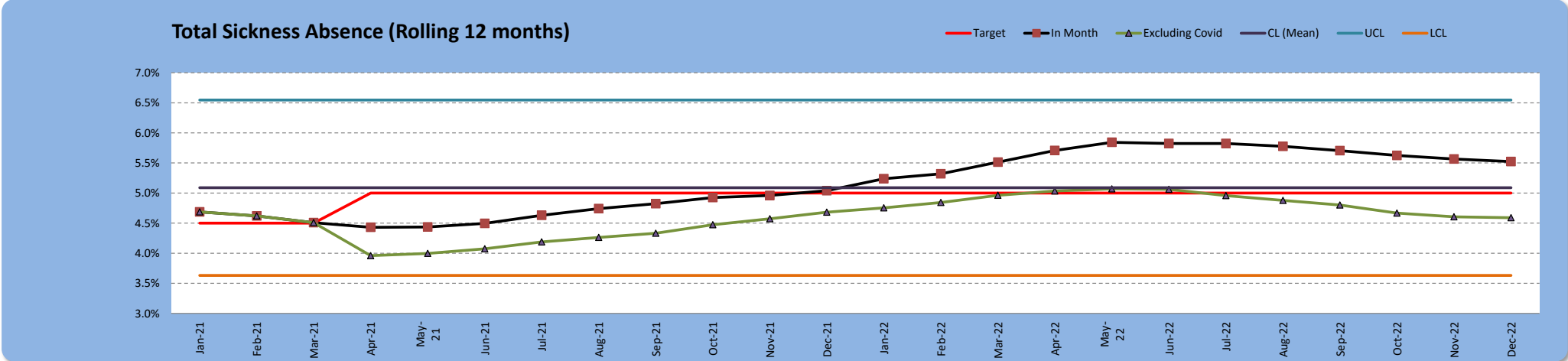
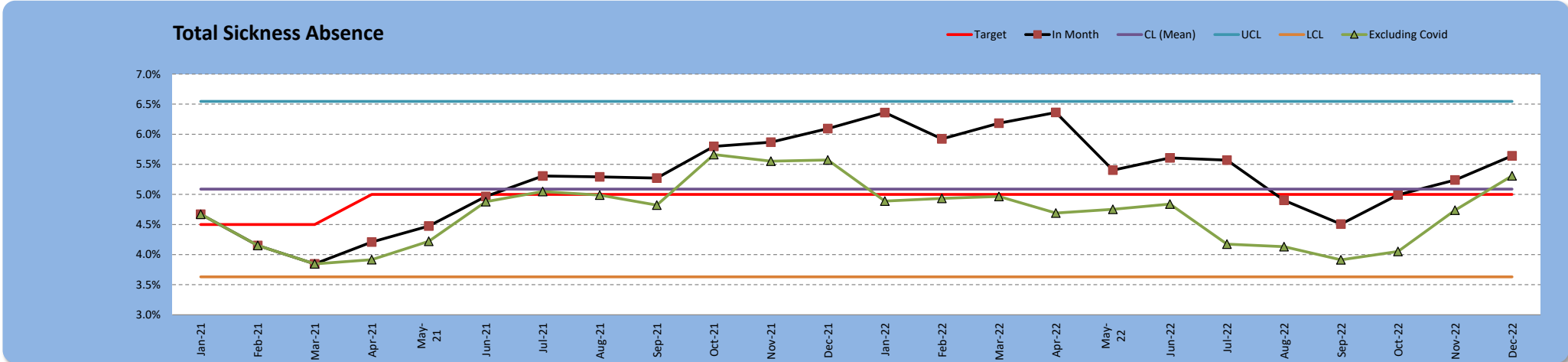
Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

Dec 2022

Target:	Amber:	Current month stands at:
5.0%	5.2%	5.1%

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



PI RETURN FORM 2022-23

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

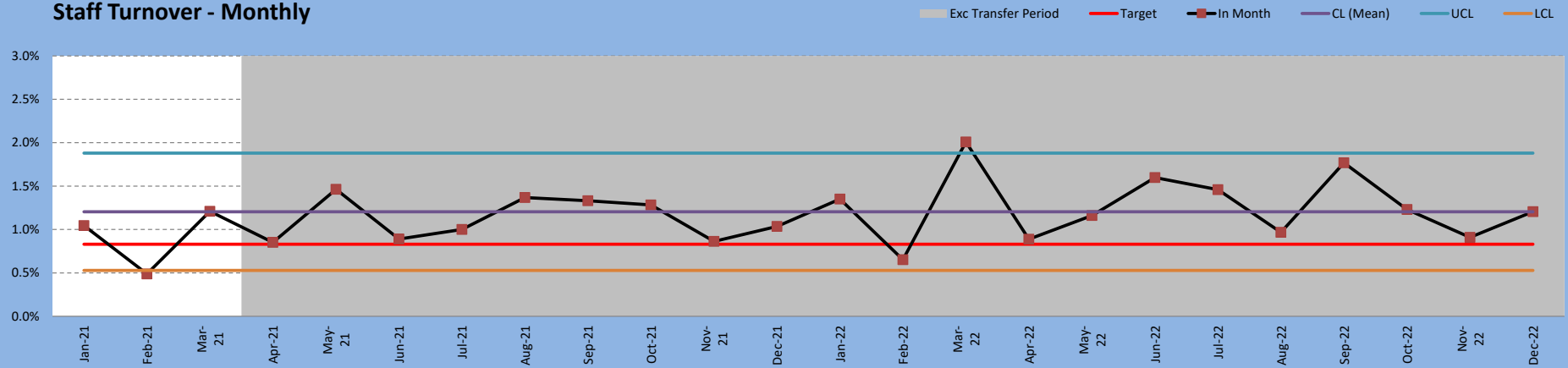
Dec 2022

Target: Amber:		Current month stands at:	Target: Amber:		Rolling figure stands at:
0.8%	0.7%	1.2%	10%	9%	15%

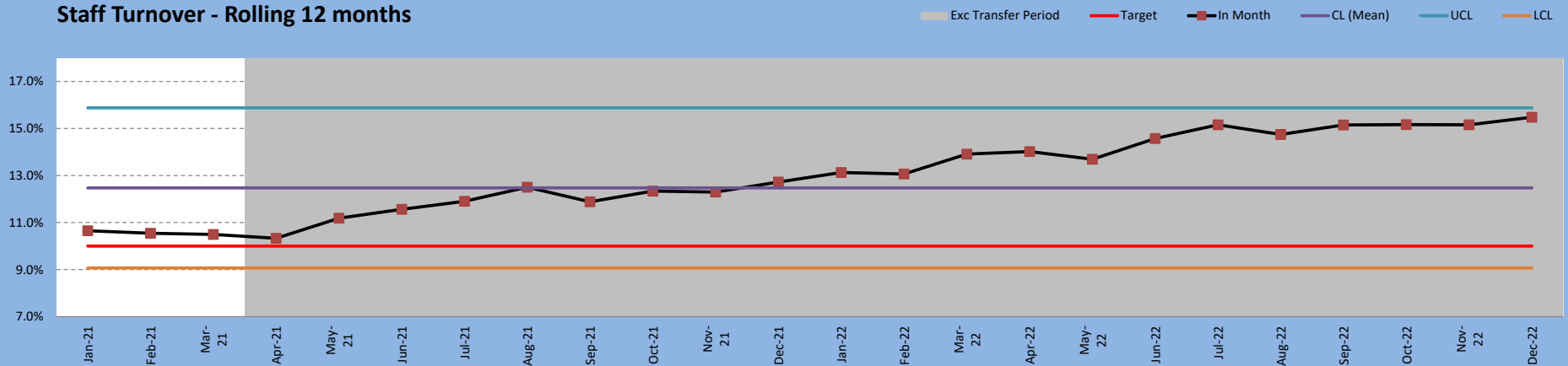
Indicator Title	Description/Rationale	KPI Type
Staff Turnover	The number of full time equivalent staff leaving the Trust expressed as a percentage of the overall full time equivalent workforce employed. Leavers include resignations, dismissals, transfers (up to Mar21), retirements and staff coming to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

Executive Lead
Steve McGowan

Staff Turnover - Monthly



Staff Turnover - Rolling 12 months



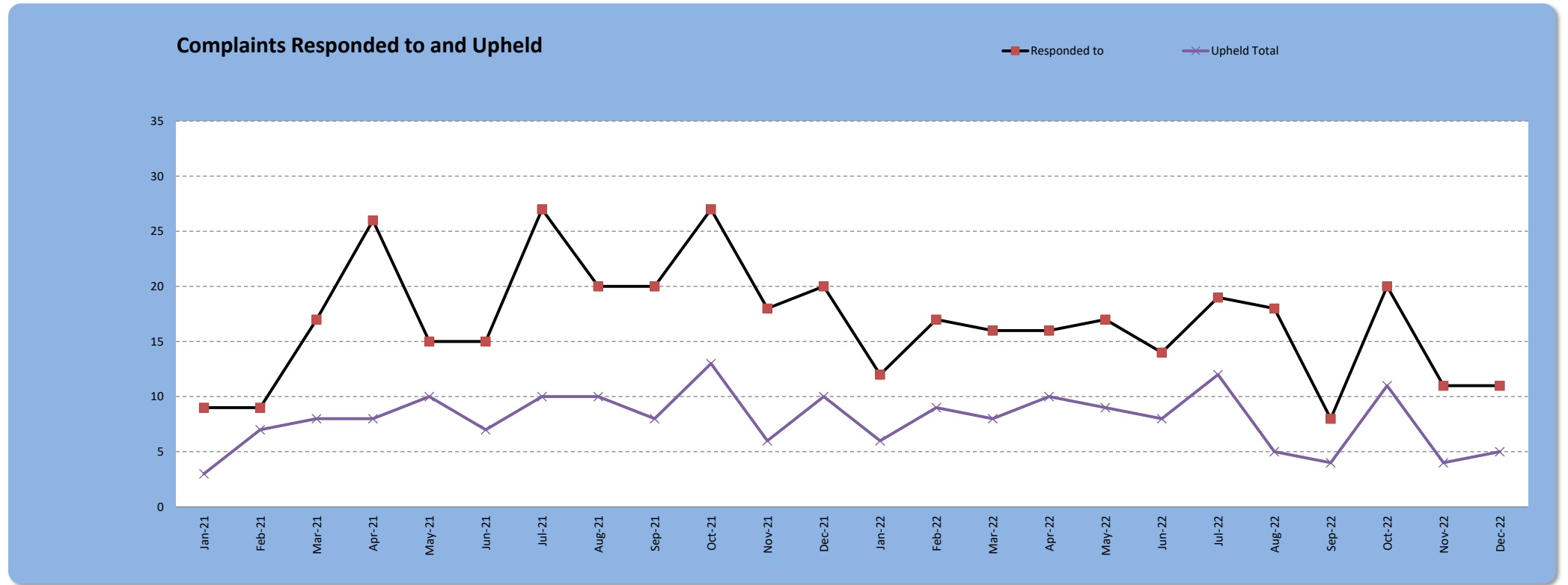
PI RETURN FORM 2022-23

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Dec 2022**

YTD Upheld	No. of Complaints upheld in month	Current month upheld stands at:
50.0%	n/a	0

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



PI RETURN FORM 2022-23

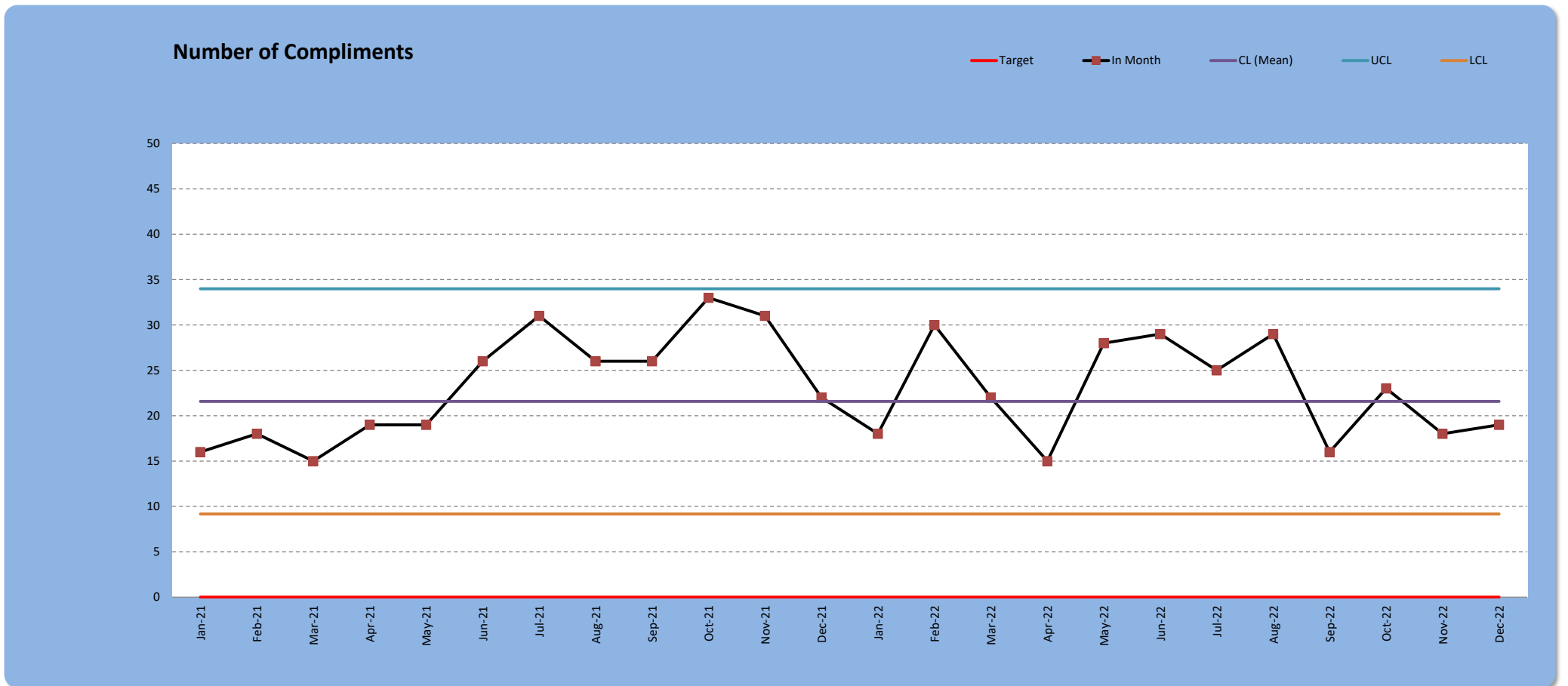
Goal 6 : Promoting People, Communities and Social Values

For the period ending:

Dec 2022

Target:	Amber:	Current month stands at:
n/a	n/a	19

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





Executive Team:

Chief Executive: Michele Moran

Chair: Caroline Flint

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Director of Workforce and Organisational Development: Steve McGowan

Medical Director: Kwame Fofie

Director of Nursing: Hilary Gledhill

Issue Date: 18/01/2023

Waiting Time Recovery Quarter 3 Update

1. Introduction

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

The areas of focus are aligned with the Trust Performance Report:

- 52 week waits
- 18 week incomplete
- IAPT (Improving Access to Psychological Therapies)
- EIP (Early Intervention Psychosis)
- Neurodiversity:
 - Children's Autism Spectrum Disorder (ASD)
 - Children's Attention Deficit Hyperactivity Disorder (ADHD)
 - Adult's ASD
 - ADHD
- Core CAMHS
- MAS (Memory Assessment Services)

Performance and Recovery Plans are monitored and reviewed regularly via the Operational Delivery Group (ODG), Patient Care Performance and Accountability Reviews and the Executive Management Team (EMT).

2. Approach

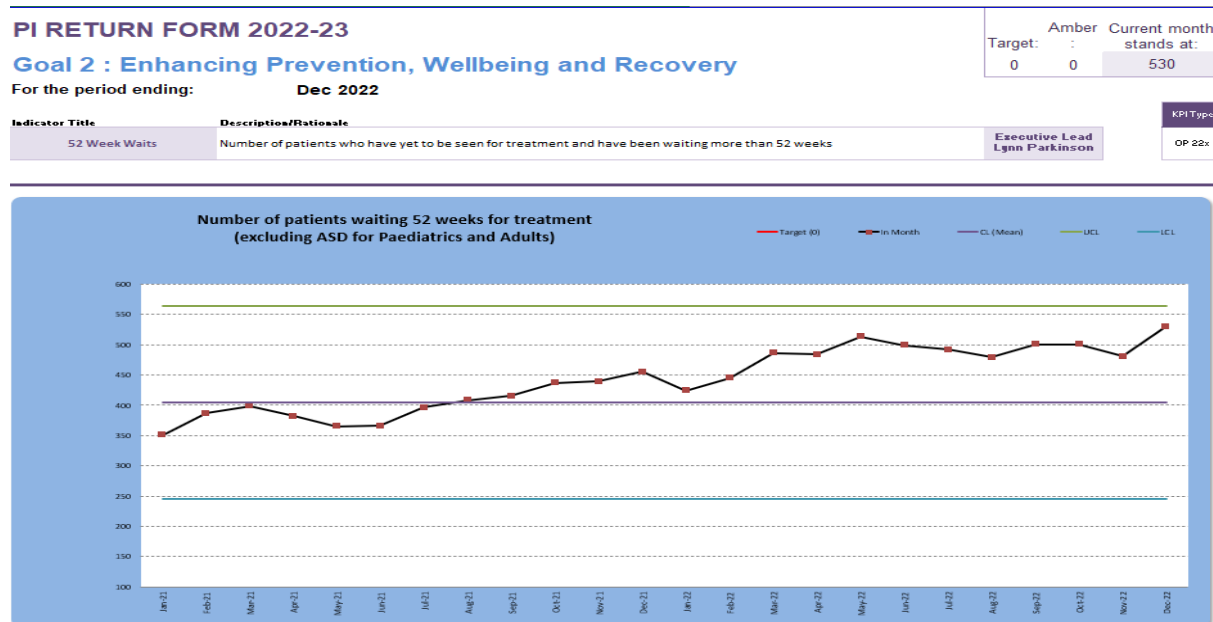
The overall performance focus remains on bringing all services in line with nationally mandated and locally agreed standards as well as to continue to work with services and the ICB where this is unachievable due to demand outweighing funded capacity.

Due to the number of patients currently waiting longer than 18wks, the monitoring approach remains the same and will be an ongoing commitment (appendix 1).

3. Service Areas/Performance Indicators

3.1 52 Week Waits

Current Position



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

The following table demonstrates:

- the main service areas contributing to the over 52ww position
- service areas current progress/position compared to the end of Q2 of 22/23

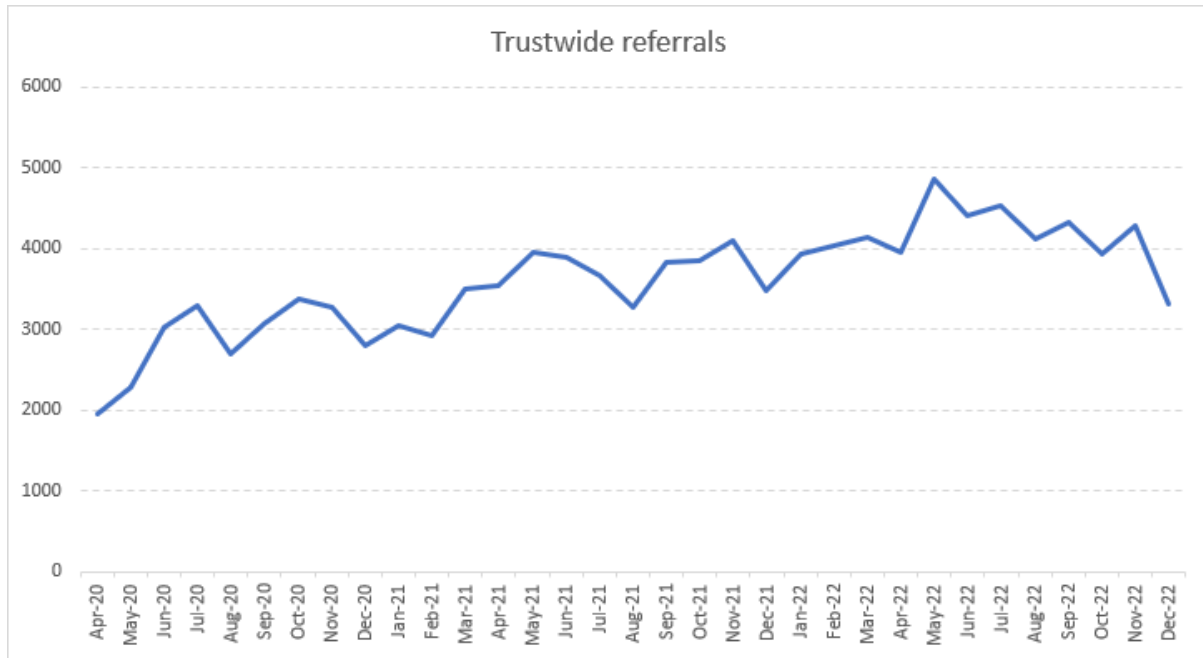
Service Area	No. of patients waiting over 52weeks		
	Q2	Q3	
Children's ASD	333	264	↓
Adult ASD	66	36	↓
Children's ADHD	193	220	↑
Adult ADHD	127	261	↑
Memory Service	49	30	↓
Core CAMHS	49	44	↓
Children's LD	23	15	↓
Paediatric Therapy	4	4	↔
Department of Psychological Medicine	4	2	↓
Scarborough & Ryedale	8	8	↔
Vale of York Community – Adult Dietetics (9) Paediatric Dietetics (21)	26	30	↑

Vale of York Community Data Cleansing Update

Vale of York – Adult Dietetics – the validation and clinical safety checks have now been completed. Only 3 patients will remain open for dietetic input from the original 26 and management plans are already in progress.

Challenges

Whilst the profile for patients waiting over 52weeks for assessment/intervention demonstrates increase over the past 2 years, the chart below demonstrates the overall position in terms of referral demand This continues to be monitored to understand true demand levels post COVID and to take into consideration normal seasonal variance.



- **NB: the above chart includes Lorenzo based activity only.**

Plan

The continuing priority and focus is on fully worked up and signed off recovery plans in place across all areas where waiting times are consistently exceeding 52weeks.

Delivery against plan is highly dependent on demand remaining in line with projected levels. For this reason, recovery plans are being kept under constant review and being refreshed where demand exceeds those projected levels.

All services are required to undertake detailed capacity & demand analysis to determine the level of capacity required to meet their individual waiting time targets as part of the annual business planning cycle. A dedicated Capacity and Demand Working Group has been established which is delivering a full project plan to oversee the work across all the operational divisions.

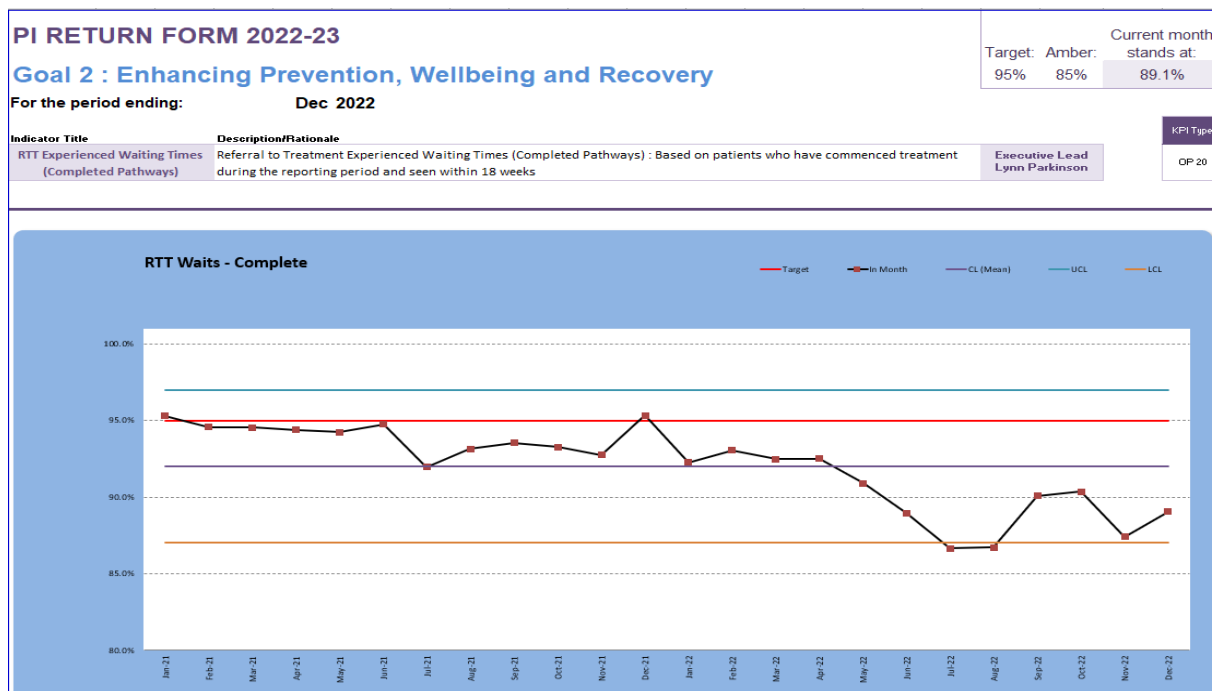
3.2 RTT Complete and Incomplete (18ww standards)

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

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

Current Position

There is a correlation between the complete and incomplete standard. As our focus remains on incomplete pathways and is primarily on those patients waiting the longest (over 52ww), a positive impact is expected. However, due to rising referral rates peaking in May 2022, there is also a higher number of patients “tipping” into the over 18ww position which adversely impacts this (if cases tipping exceeds the number of cases completed over 18weeks). This explains why the overall waiting list numbers are increasing whilst the overall over 52week waits are reducing.



PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2022**

Target: Amber
92% 85%
Current month stands at: 64.5%

Indicator Title

RTT Waiting Times (Incomplete Pathways)

Description/Rationale

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

KPI Type

OP 21



Challenges

The challenge remains that whilst addressing the longest waiting patients, the 18ww position will continue to be challenged. The main issues are:

- Growing referral rates/higher rate of “tip overs” than clock stops over 18weeks
- Focus on recovery of longest waiting patients
- Potential increase in urgent referrals and activity under 18weeks (currently being further analysed with BI colleagues)

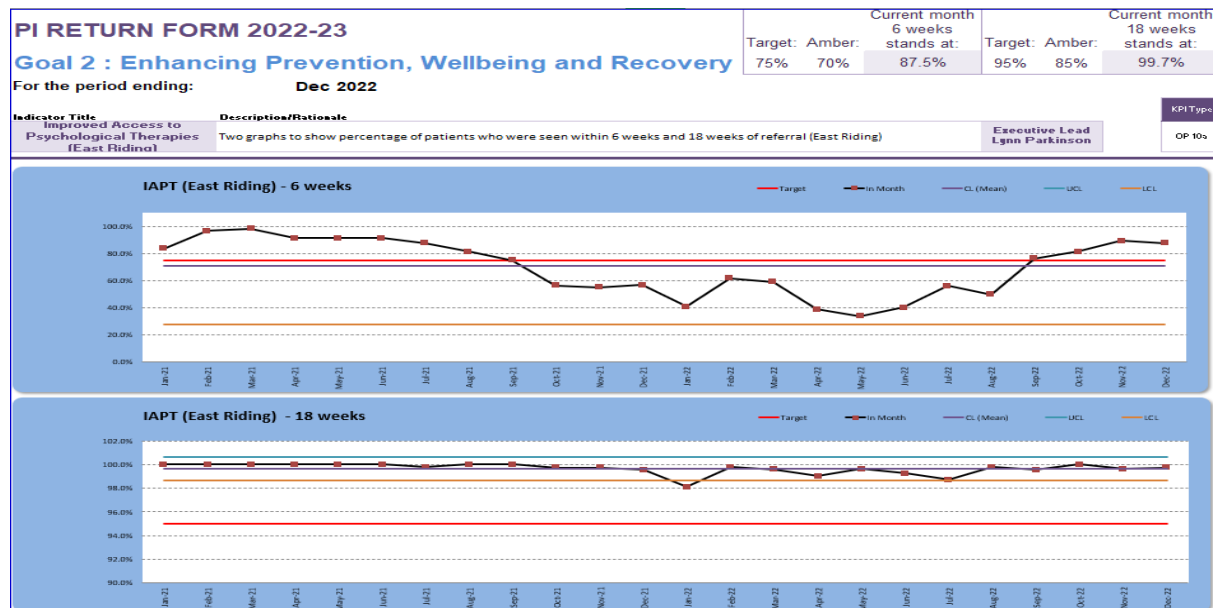
Plan

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

- Managing the longest waiting patients
- Implement and monitoring of recovery plans
- Continue with validation work to maintain a true waiting list position
- Undertaking capacity and demand modelling to anticipate future service/investment requirements whilst simultaneously identifying opportunities to improve productivity

3.3 Improving Access to Psychological Therapies (IAPT)

Current Position



18week Standard – consistent achievement of KPI since February 2022.

6week Standard – consistent achievement of KPI since September 2022.

Challenges

The service has continued to perform in line with waiting time KPIs despite ongoing challenges with recruitment, retention and staff absences. Sickness levels have however continued to improve month on month (3.65% currently) and the service continue to implement mitigating plans to support with ongoing KPI achievement.

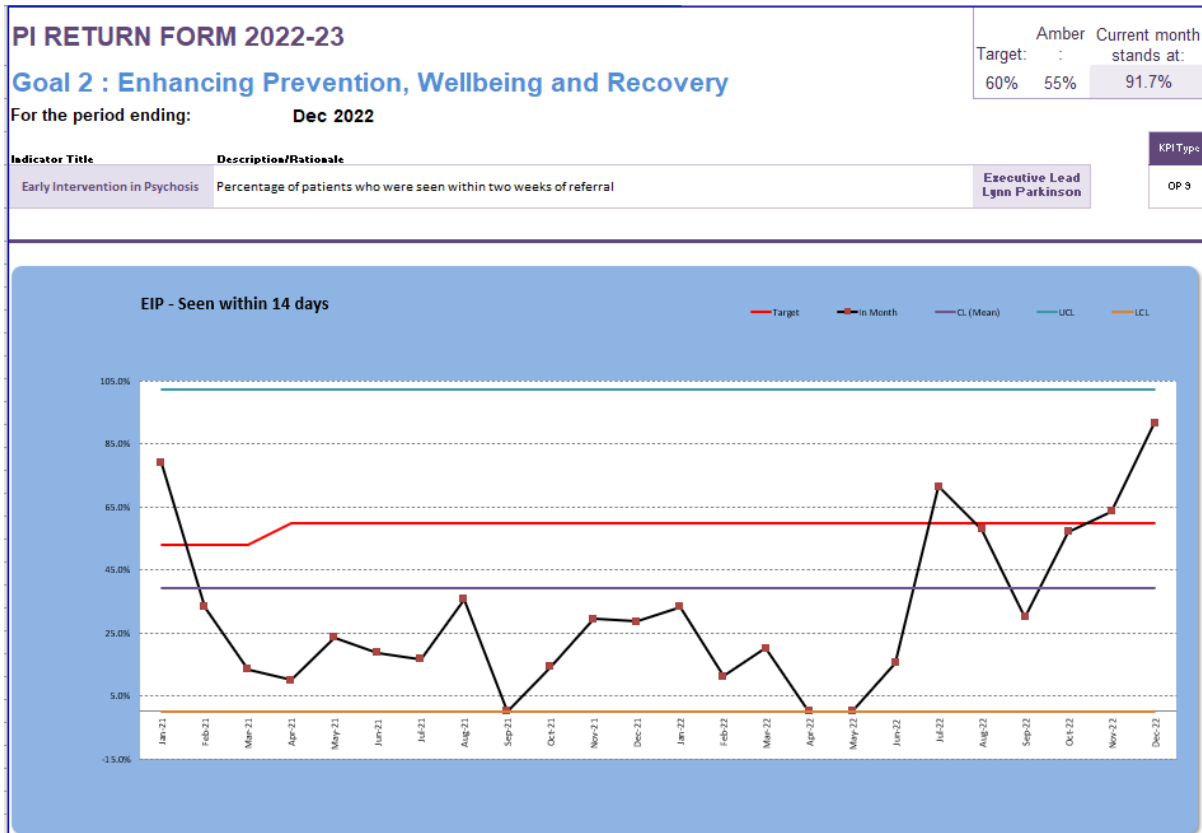
Plan

The service continues to focus on recruitment and retention. Use of temporary staff will continue during the recruitment and training periods. Temporary staffing spend will be reduced as newly recruited/qualified staff members increase their capacity.

The increase in capacity with contracted providers has now been agreed within the financial envelope and Capacity and Demand work will be undertaken to support with continued proactive management of waiting lists.

3.4 Early Intervention Psychosis (EIP) – 14day standard

Current Position



The chart above demonstrates an ongoing upward trend in achieving this standard.

Challenges

Although the service is now fully recruited, retention of staff remains an area of continued focus and monitoring.

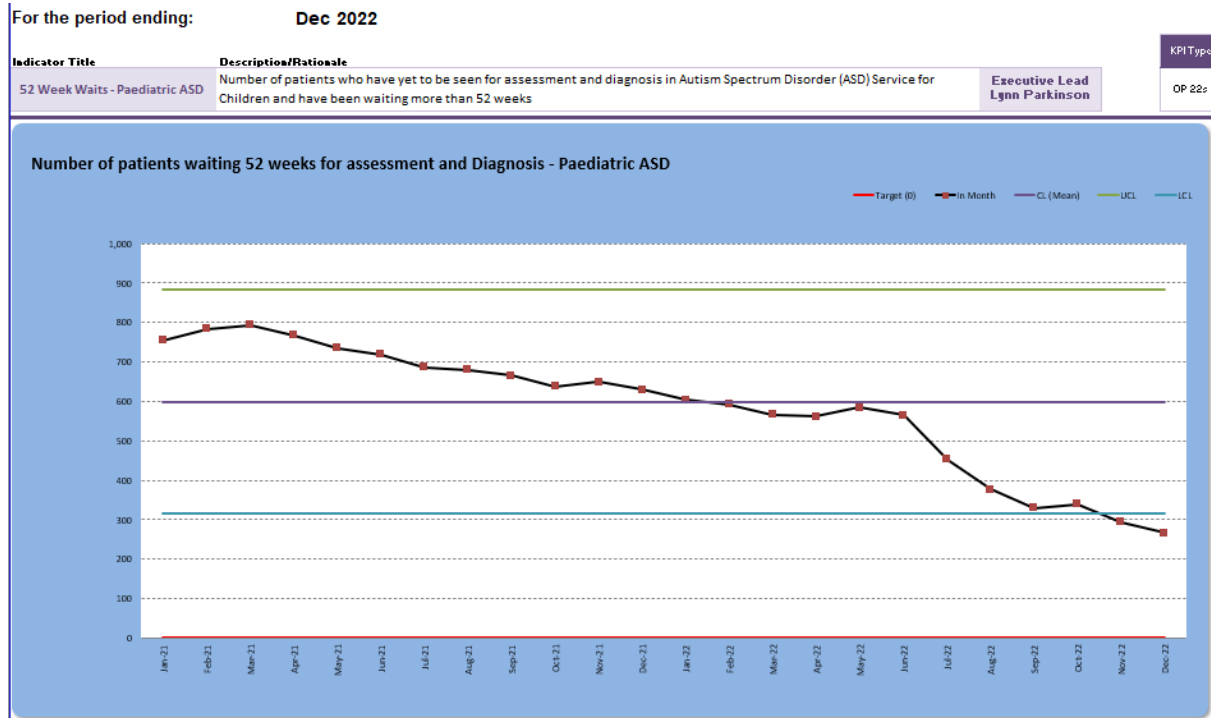
Plan

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

3.5 Neurodiversity

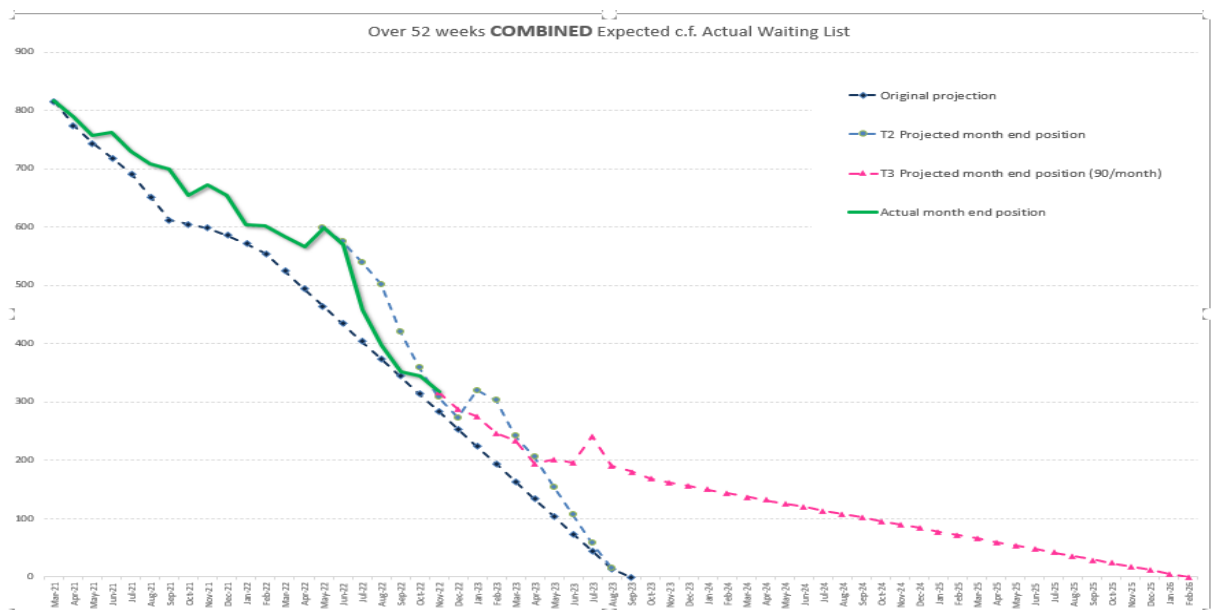
Children's Autism Spectrum Disorder (ASD)

Current Position



The recovery of the over 52ww position for children's ASD has continued to make good progress. Demand levels have been under continuous monitoring to ensure an accurate position is reflected. As a result of a noted increase in demand, the recovery trajectory has been refreshed from December 2022. Independent Provider provision and activity remains in line with previous plan and continues to be closely monitored.

Challenges



The original trajectory was based on projected demand levels at 41 referrals per month. The refreshed position has demonstrated a 100% increase (80 per month). The impact of this increase is demonstrated above via the pink line (T3) which shows that the originally agreed timeframe to recover can longer be achieved within current resources based on increased demand and current capacity levels.

Dialogue has continued with commissioning/ICB colleagues throughout the recovery period and acknowledgement of the impact to the trajectory has been accepted. Plans to address the gap are predominantly reliant on an increase in funding to support recovery as well as to ensure sustainability, whilst ongoing service transformation work to increase core capacity/improve efficiency are running concurrently.

Plan

A Business Case has been developed which details the funding gap and is due to be presented to ODG in January. The Business Case looks to address the funding gap for both recurrent and non-recurrent needs based on current projected levels of demand, which will remain continuously under review.

The service are prioritising work streams associated with referral management and are working with system partners to review criteria and develop new pathways and models of care, where appropriate, to ensure that patients are receiving care at the right time and in the right place.

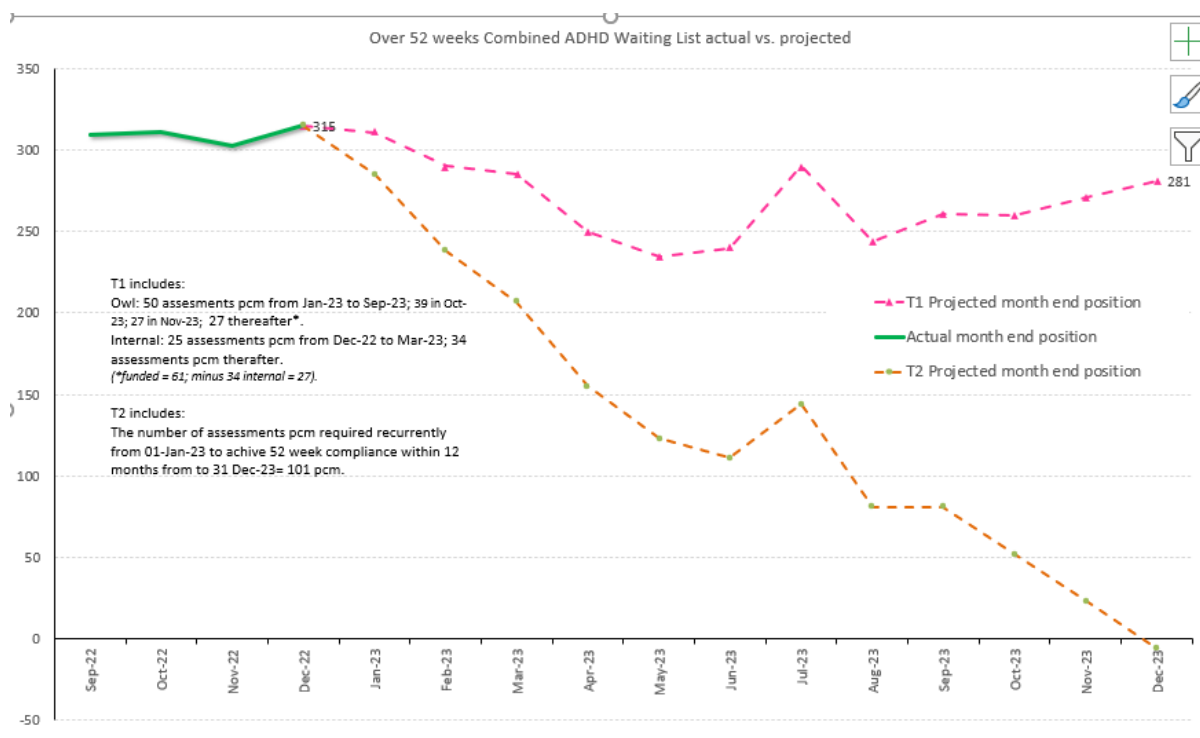
The Neurodiversity Recovery Board remains in place to monitor progress against plans.

Children's Attention Deficit Hyperactivity Disorder (ADHD)

Current Position

The 52ww position for children's ADHD has deteriorated since the last update. There is a very close link with the ASD recovery work and the ADHD position. Clinical triage of the ASD list is resulting in some children and young people being identified as better meeting the criteria for ADHD and hence they are included then in the ADHD waiting time data.

The recovery trajectory has been developed and demonstrates the service's ability to recover within funded levels versus the full recovery need (demonstrated below).



A Business Case has been developed which details the funding gap and is due to be presented to ODG in January. The Business Case looks to address the funding gap for both recurrent and non-recurrent needs based on current projected levels of demand which will remain continuously under review.

Challenges

The following challenges exist for this service:

- An increase in demand due to ASD recovery progress
- Recruitment and retention of internal staff
- Funding arrangements in place as part of the block contract
- Independent Provider capacity to meet the needs of the recovery plan

Plan

A contract has been signed with an Independent Provider to commence with ADHD recovery delivery. The process was mobilised in December and delivery of assessments will commence in January.

The Neurodiversity Recovery Board will continue to monitor progress against plan for both contracted Independent Provider activity and internally delivered activity whilst awaiting the outcome of the Business Case. Without further investment, recovery will not be achieved within the 12m period as reflected by the pink dotted line in the above chart.

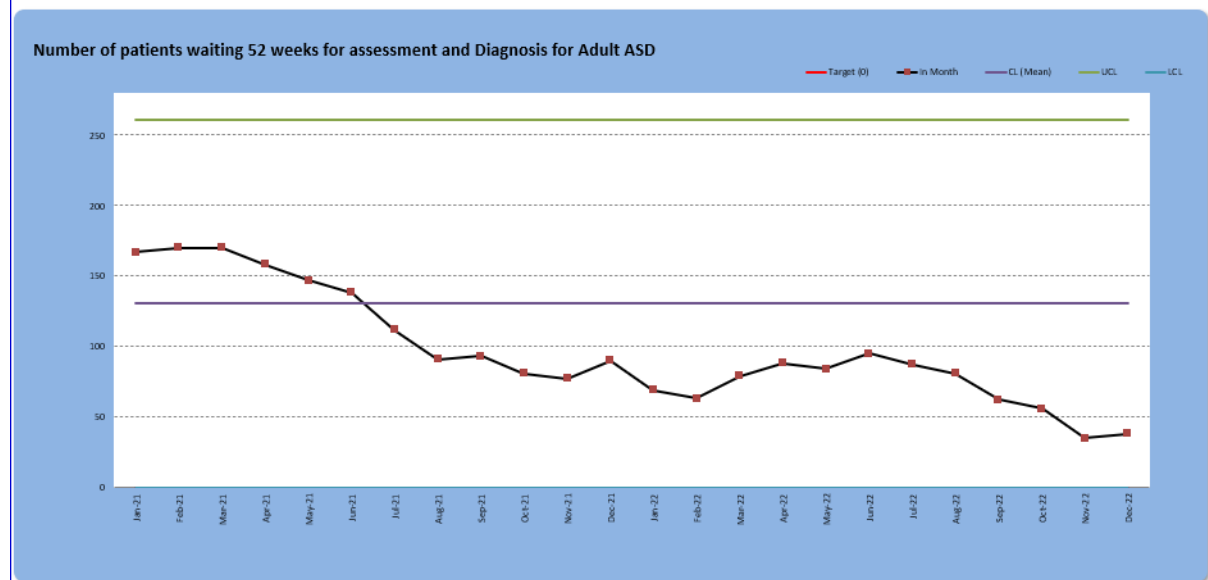
Adult ASD

Current Position

The service has committed to a recovery plan that is being actively monitored. Due to a noted increase in demand, the plan is in the process of being refreshed to take this into

consideration. The service has performed well against plan to date but it is expected that recovery will be set back from February to March due to this noted increase.

PI RETURN FORM 2022-23		Amber	Current month
Goal 2 : Enhancing Prevention, Wellbeing and Recovery		Target: 0	stands at: 38
For the period ending: Dec 2022			
Indicator Title	Description/Rationale	Executive Lead	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	Lynn Parkinson	OP 22v



Challenges

With a noted rise in referrals, it is expected that the initial recovery trajectory for the end of January will be set back to March.

Plan

Focus will remain on monitoring and delivery of the recovery plan.

Adult Attention Deficit Hyperactivity Disorder (ADHD)

Current Position

There were 161 patients that had waited longer than 52 weeks for treatment at the end of December, averaging an increase of 3 per week since October.

The service is due to transfer from Adult Mental Health to HAADs (Humber Adult Autism Diagnostic Service) which is within the Children's and learning disability division in March 2023. Process mapping sessions are taking place ahead of this to ensure that this happens with full consideration for mitigation of adverse implications for patients, for example, safe and consistent waiting list transfer ensuring chronology is maintained.

The waiting list is now fully validated and patients have started to be contacted to gain consent to progress with their assessment via an Independent Provider, for which a contract is now in place.

A contract is now also in place with a Third Sector Provider for non-medication interventions.

Challenges

Mobilisation of the operational process is now reliant on recruitment of a senior administrative lead to co-ordinate this work. It is expected that this will be in place by the beginning of March with clearly documented processes to work to.

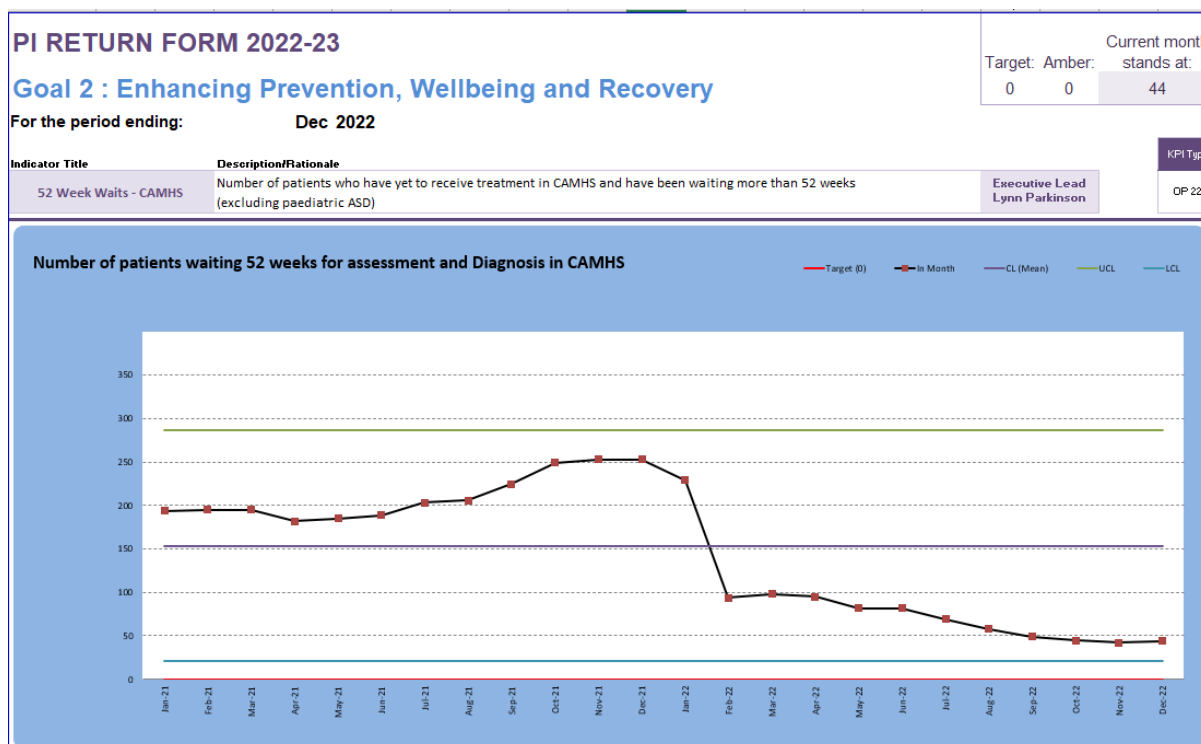
Psychiatrist capacity remains a focus across both children's and adults' pathways with capacity and demand work currently being undertaken to understand the need and the gap.

Plan

Work has been completed to understand the demand and capacity for assessment starts and a recovery trajectory will be formalised once a start date can be confirmed.

3.6 Core CAMHS

Current Position



Core CAMHS and Neurodiversity services were separated from a reporting perspective in February 2022. This has enabled clearer oversight of the core CAMHS position in terms of waiting times. The chart demonstrates that after a period of recovery, improvement has now plateaued and needs further addressing.

Challenges

The Hull service presents the main waiting list challenge, predominantly for Cognitive Behavioural Therapy (CBT) and Creative Therapy, which is highly specialised and a range of approaches are currently being considered to address the gap in available staffing to respond to this.

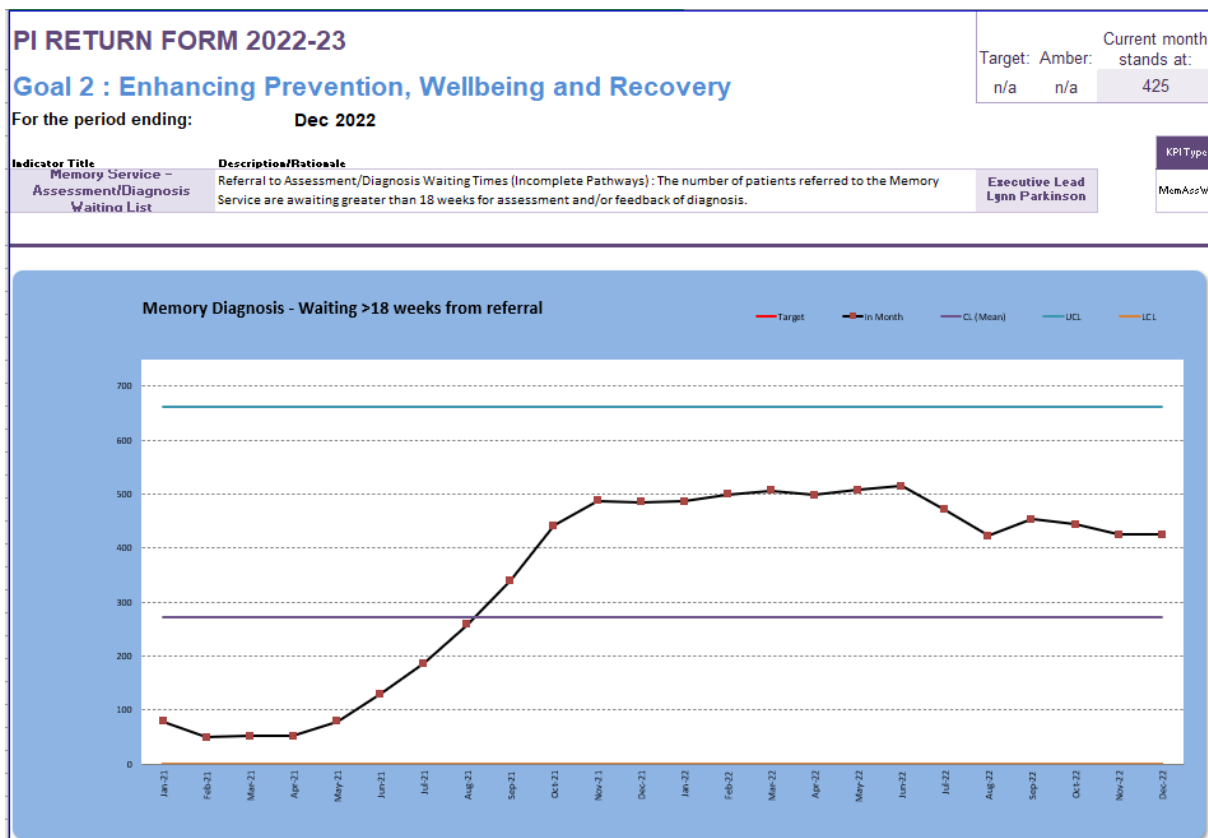
Safe management of urgent referrals remains a priority within this service whilst the longest waits are regularly contacted to ensure any changes in condition can be assessed and re-prioritised where appropriate.

Plan

Funding has been identified to support a small recovery initiative and work continues to gather the necessary information needed to agree and mobilise this recovery.

3.7 Memory Assessment Services (MAS)

Current Position



The service has completed the capacity and demand modelling work and have a full understanding of their capacity requirements for non recurrent recovery and ongoing service delivery.

The Memory Assessment Service pathway has 4 stages, all of which have waiting list challenges. Each stage has been assessed to understand the full recovery requirements:

1. Assessment
2. Formulation
3. Diagnosis
4. Feedback – intervention (clock stop)

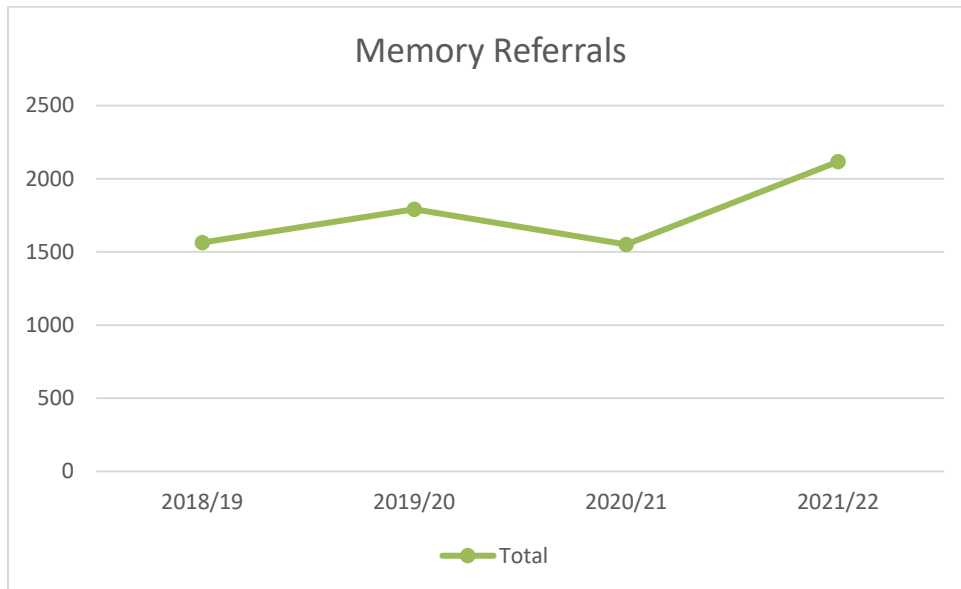
The Service have initially focussed on reducing the length of wait for the assessment stage of the pathway, which is now within 18weeks and work continues to improve the performance in the subsequent stages of the diagnostic pathway

Challenges

Consistency of psychiatry capacity continues to be a challenge and the service are relying on use of locum personnel. Whilst the service is actively working to increase productivity and capacity, the need for diagnostic imaging to support dementia diagnosis and feedback is essential. Progress to reduce overall wait times is being hindered by delays from HUTH and

York Teaching Hospital due to lengthy delays with scanning and reporting. This has been escalated to the ICB and work has been undertaken and submitted to support with an ICB level understanding of scanning and reporting needs. In addition, there is an interdependency with referral levels and focus on improving dementia diagnosis rates which will ultimately contribute to increased demands on the service.

A 36% increase in referrals was demonstrated in the last report (see below chart).



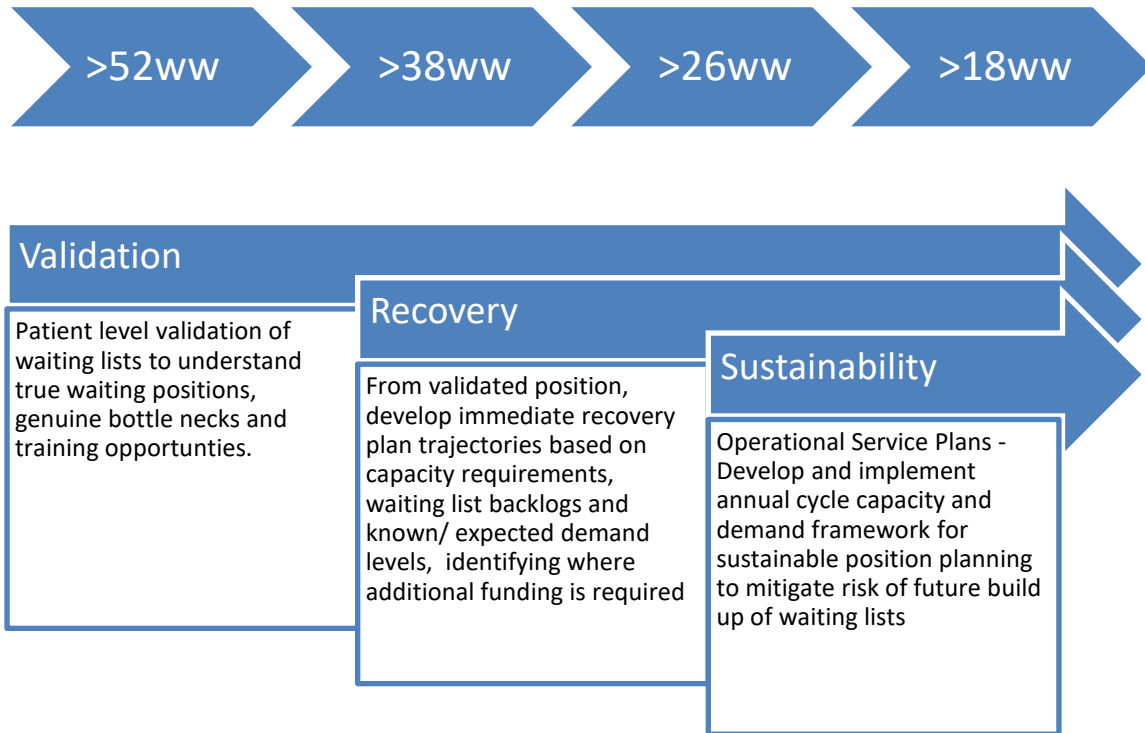
Plan

The service is actively transitioning into a new delivery model which maximises skill mixing opportunities. Capacity and Demand work has been refreshed recently to take these changes into consideration and next steps, including use of Independent Providers to support with recovery, are being explored.

4. Conclusion

The Board is asked to note the progress being made as outlined in the areas of operational performance which have been highlighted as part of the recovery planning.

Appendix 1 – Monitoring Approach



Agenda Item 10

Title & Date of Meeting:	Trust Board Public Meeting – 25 January 2023			
Title of Report:	Finance Report Month 9 (December 2022)			
Author/s:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
	The Trust Board are asked to note the Finance report for December and comment accordingly.			
Purpose of Paper:	This report is being brought to Board to provide the financial position for the Trust as at the 31 December 2023 (Month 9).			
	The report provides assurance regarding financial performance, key financial targets and objectives			
Key Issues within the report:				
Matters of Concern or Key Risks to Escalate:		Key Actions Commissioned/Work Underway:		
<ul style="list-style-type: none"> Primary Care is showing an overspend of £1.240m on gross expenditure which is caused by the use of Locum Doctors The Year to Date Agency expenditure totalled 6.508m, this is £0.887m more than the previous year's equivalent Month 9 position 		<ul style="list-style-type: none"> A Primary Care Recovery Forecast has been developed with oversight at Executive Management Team An Agency Recovery Plan has been developed aimed at reducing the level of agency costs with oversight at Executive Management Team. 		
Positive Assurances to Provide:		Decisions Made:		
<ul style="list-style-type: none"> The Trust recorded an overall financial position consistent with the Trust's planning target The cash balance at the end of Month 9 was £30.114m. The Better Payment Practice Code figures show achievement of 91.2%. 		<ul style="list-style-type: none"> The Trust Board are asked to note the Finance report for November 2022. 		

<ul style="list-style-type: none"> The Trust remains on Track to deliver a break even position for the financial year. 				
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
		Other (please detail) Report to Board	✓	

Monitoring and assurance framework summary:

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

FINANCE REPORT – December 2022

1. Introduction

This report is being circulated to The Board to present the financial position for the Trust as at the 31 December 2022 (Month 9). The report provides assurance regarding financial performance, key financial targets and objectives.

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

2. Position as at 31 December 2022

The Trust is required to achieve a break even position for the year.

The Month 9 target (*noting the previous planned deficit of £1.011m*) is a profiled deficit of £0.131m, as we approach the end of the financial year the level of cumulative deficit will reduce reflecting the requirement to break even at the end of March 2023.

Table 1 shows for the period ended to 31 December 2022 the Trust recorded an operating deficit of £0.127m, this is a position consistent with the agreed plan and details of which are summarised in table 1 on the following page.

There is one item which doesn't count against the Trust's financial control targets, which is the Donated asset Depreciation of £0.054m year to date, this takes the ledger position to a deficit of £0.181m.

**Table 1: 2022/23
Income and Expenditure**

	22/23 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Income							
Trust Income	162,384	13,253	13,585	332	120,515	119,248	(1,267)
Clinical Income	16,747	1,208	1,482	273	12,264	13,532	1,268
Total Income	179,131	14,461	15,067	605	132,779	132,780	1
Expenditure							
<u>Clinical Services</u>							
Children's & Learning Disability	36,802	3,088	3,104	(16)	27,499	27,514	(15)
Community & Primary Care	30,925	2,374	2,750	(375)	23,294	24,363	(1,069)
Mental Health	56,034	4,568	4,609	(41)	42,018	41,876	141
Forensic Services	12,866	1,078	1,110	(32)	9,653	9,550	104
	136,627	11,108	11,573	(464)	102,464	103,303	(839)
<u>Corporate Services</u>							
	37,518	3,472	2,855	617	25,651	23,768	1,883
Total Expenditure	174,145	14,580	14,427	153	128,115	127,071	1,044
EBITDA	4,987	(119)	640	758	4,664	5,709	1,046
Depreciation	3,976	350	445	(95)	3,149	4,013	(864)
Interest	148	12	(67)	79	111	(230)	340
IFRS 16	-	-	12	(12)	-	117	(117)
PDC Dividends Payable	2,341	195	195	-	1,756	1,756	-
ICS Contribution	-	-	13	(13)	-	180	(180)
Operating Total	(1,478)	(676)	41	717	(352)	(127)	225
BRS	(1,480)	(712)	-	(712)	(221)	-	(221)
Operating Total	2	36	41	5	(131)	(127)	4
Excluded from Control Total							
Donated Depreciation	70	6	4	2	52	54	(1)
	(68)	30	37	7	(184)	(181)	3
Excluded							
Commissioning	3	0	(0)	0	2	(0)	2
Ledger Position	(71)	29	37	8	(186)	(181)	5
EBITDA %	2.8%	-0.8%	4.2%		3.5%	4.3%	
Surplus %	-0.8%	-4.7%	0.3%		-0.3%	-0.1%	

2.2 Income

Trust Income is showing a position of under achieving against budget by £1.267m. Of this £0.543m relates to Covid income which has been received and deferred to offset future potential pressures relating to Covid expenditure including the seasonal risk of Out of Area funding demands.

In addition to this there are under achievements in relation to Whitby Void Space £0.306m and other Income of £0.418m, both relate to areas which are part of negotiations with Commissioners.

Clinical income which is specific to other income sources is overachieving by £1.268m and work is ongoing to establish what level of this is recurrent.

2.3 Divisional Expenditure

The overall Operational Divisional Gross Expenditure is showing an overspend of £0.839m.

2.3.1 Children's and Learning Disability

Children's and LD is reporting a £0.015m overspend. There are some pressures relating to the CAMHS Inpatient Unit from the use of Agency Nurses and Healthcare Assistants to cover the rota pattern and the use of Agency Medics in Community CAHMS, this is offset by underspends elsewhere in the service.

2.3.2 Community and Primary Care

Community and Primary Care is reporting an overspend of £1.069m.

Primary Care is showing a Gross Expenditure overspend against budget of £1.240m which is primarily due to pressures caused by the required increase of Locum Doctors which are significantly more expensive than substantive staff, offset by underspends in Community of £0.171m.

Primary Care have produced a recovery trajectory which has oversight at Executive Management Team. The main aim of this plan is to reduce the reliance on Locum Doctors.

2.3.3 Mental Health

The Division is showing an underspend of £0.141m. There are pressures within the Unplanned service division which relates to the acuity of patients within Adult and the Older Adult Units which requires increased safer staffing numbers. This is currently offset by underspends within the Planned division.

2.3.4 Forensic Services

The underspend of £0.104m primarily relates to a staffing underspend due to the new prison contract. This will be rectified as soon as practical.

2.3.5 Corporate Services

Corporate Services are showing an underspend of £1.883m, the main factor being the central contingency budget.

2.3.6 Depreciation

The actual Depreciation position at Month 9 is currently showing an overspend of £0.864m. A review of Depreciation in line with the Revaluation of Assets has been undertaken and will be rectified through the 2023/24 Planning process.

2.3.7 Forecast

Based on the Month 9 position and previous months performance, the Trust remains on Track to deliver a break even position for the financial year.

3. Cash

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

Table 2: Cash Balance

Cash Balances	£000s
Cash with GBS	29,932
Nat West Commercial Account	140
Petty cash	42
Total	30,114
Of this £7.132m relates to the Provider collaborative	

Included within this amount is the Provider Collaborative cash amount of £7.132m, this has increased as the payment mechanism between lead provider collaboratives has moved to recharges rather than the former block payment mechanism.

4. Agency

Actual agency expenditure for December was £0.604m. The year to date spend is £6.508m, which is £0.887m above the same period in the previous year.

Table 3: Agency Spend v previous years

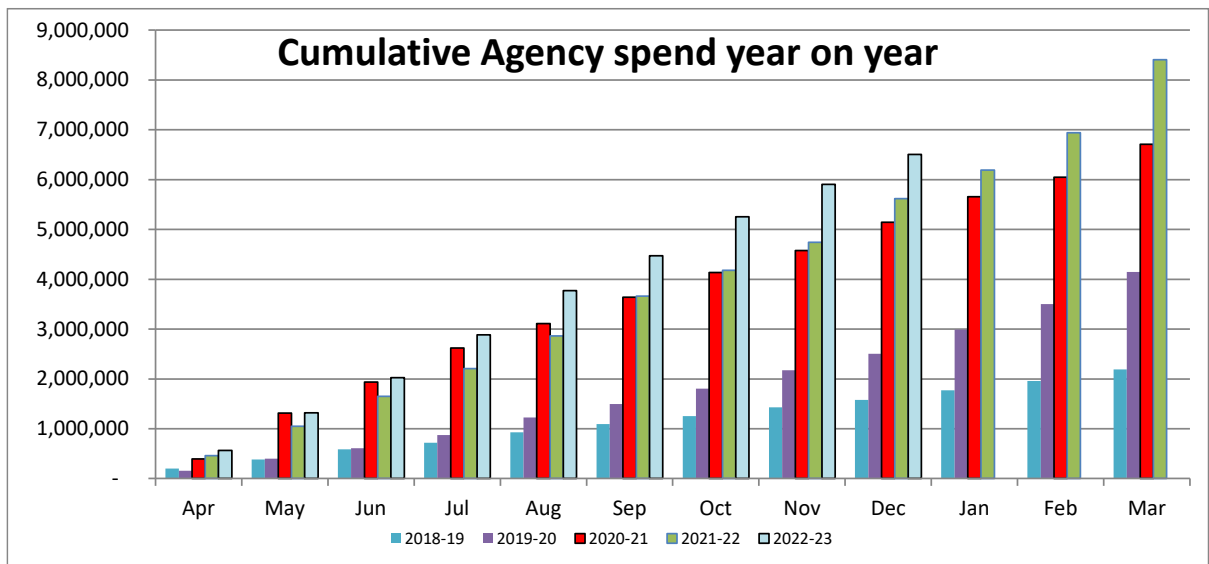


Table 4: Agency Spend by Staff Group

Staff Type	Apr-22	May-22	Jun-21	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Consultant	319	313	279	553	384	353	480	327	384	3,392
Nursing	125	201	230	135	289	144	205	174	126	1,628
AHPs	13	(27)	27	14	10	13	2	25	20	97
Clinical Support Staff	50	214	132	95	154	193	62	100	70	1,069
Administration & Clerical	56	57	39	59	53	(2)	31	26	4	321
Grand Total	563	759	706	855	890	700	780	651	604	6,508

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

Off framework Agency Expenditure was £0.997m year to date at the end of Month 9.

A plan to recover agency spend has been approved by EMT and is being overseen by the Director of Finance as SRO.

5. Better Payment Practice Code BPPC

The BPPC figures are shown at Table 5. The current position is 91.7% for Non NHS and 87.8% for NHS. This represents an improvement on the previous month for Non NHS which was 91.6% and NHS which was at 87.3%. The overall payment is 91.2% and is a minor improvement from 91.0 from the

previous month. Work is ongoing to improve the position internally through Communications and then by monitoring.

Table 5: Better Payment Practice Code

Better Payment Practice Code	YTD Number	YTD £
NON NHS		
Total bills paid	29,948	79,411
Total bills paid within target	26,792	72,851
Percentage of bills paid within target	89.5%	91.7%
NHS		
Total bills paid	903	13,850
Total bills paid within target	741	12,160
Percentage of bills paid within target	82.1%	87.8%
TOTAL		
Total bills paid	30,851	93,261
Total bills paid within target	27,533	85,011
Percentage of bills paid within target	89.2%	91.2%

6. Recommendations

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

Agenda Item 11

Title & Date of Meeting:		Trust Board Public Meeting 25 January 2023											
Title of Report:		Social Value Report 2021/22											
Author/s:		Rachel Kirby, Head of Marketing & Communications											
Recommendation:		<table border="1"> <tr> <td>To approve</td> <td>x</td> <td>To receive & discuss</td> <td></td> </tr> <tr> <td>For information/To note</td> <td></td> <td>To ratify</td> <td></td> </tr> </table>				To approve	x	To receive & discuss		For information/To note		To ratify	
To approve	x	To receive & discuss											
For information/To note		To ratify											
Purpose of Paper:		To share the 2021/2022 Social Values report for approval											
Key Issues within the report:													
Matters of Concern or Key Risks to Escalate: <ul style="list-style-type: none"> Approval of the 2021/22 Social Values report 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> A new approach to reporting on our social value. Template to be used through lifetime of the current strategy Future reports will build on financial reporting of social value using best practice in social value return on investment 											
Positive Assurances to Provide: <ul style="list-style-type: none"> The report was developed by a working group from across corporate and clinical divisions. 		Decisions Made: <ul style="list-style-type: none"> To approve 											
Governance:			Date		Date								
		Audit Committee		Remuneration & Nominations Committee									
		Quality Committee		Workforce & Organisational Development Committee									
		Finance & Investment Committee		Executive Management Team									
		Mental Health Legislation Committee		Operational Delivery Group									
		Charitable Funds Committee		Collaborative Committee									
				Other (please detail) Report to Board	✓								

Monitoring and assurance framework summary:

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

√ Tick those that apply

	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
x	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	

2021/22 Social Value Report

Since 2019 we have published social values report to share the positive impact that we have had on the economy, community life, the health of our local population and the environment.

For 2021/22 our approach to reporting on our social values was refreshed in line with the launch of our new Trust Strategy.

A working group was brought together with representations from across corporate and clinical divisions to tell the story of our contribution to our local communities in line with our strategic themes.

Stories giving examples of our environmental, economic and social impact were grouped against each of the Trust's strategy goals. This approach resulted in a report that was clearly aligned with the structure of the Trust Strategy.

The report will be launched at an online lunch and learn session for colleagues where they can learn how they can report on their own social value to support the development of the 2022/23 report.



Humber Teaching
NHS Foundation Trust

365 DAYS OF IMPACT

Social Values Report
2021-2022



Caring, Learning
& Growing Together



98%

of service users said that the service has a positive impact on their mood and well-being



52,000 registered patients across eight GP practices able to take part in research



15 students in pilot T-level programme



28 work experience placements



96% of delegates rated conference as excellent/good



£274,456 given back to staff and patients



54,000 vaccinations delivered



750+ hours of Health Trainer engagement



45+ Health Checks for Fisherman



20,000+ staff & volunteers hours on vaccination programme



62% inpatient volunteers are university students



45% reduction in pharmaceutical waste in 2021



In 2022, we shared our new Trust Strategy, which describes our ambitions and direction for the next five years.



welcome

As an anchor institution, we are rooted in and connected to the communities that we are part of across the Humber and North Yorkshire. This means that we aspire to improve the health and wellbeing of people living and working in the areas we operate, through the way that we employ people, purchase goods and services, use buildings and spaces, reduce our environmental impact and work in partnership with others.

Our Social Values report is an opportunity for us to share the positive impact that we have had on the economy, community life, the health of our local population and the environment.

In 2022, we shared our new Trust Strategy, which describes our ambitions and direction for the next five years. The strategy sets out our six strategic goals that will enable us to achieve our ambition to grow and innovate with services which meet the needs of our patients, service users, families and communities.

Our social values report demonstrates how we reach beyond our core purpose of delivering high quality care to impact our whole community and wider economy under those same six goals. It tells the story of the good that we do within our communities, whether that has an environmental, economic, or social impact.

This report showcases some outstanding examples of how we deliver on our commitment to deliver social value through projects designed to make a positive difference. Whilst we are proud to share some of our achievements from the past year, there is always more we can do. We will continue our focus on maximising social value through our activities and working to make a positive difference for communities across the Humber, North Yorkshire and beyond.

Michele Moran,
Chief Executive

Kwame Fofi,
Executive Medical Director



About Us

As a multi-specialty health provider with a broad out of hospital portfolio, we're proud of our role in leading service integration across all six places in the Humber and North Yorkshire Health and Care Partnership area and beyond.

We are passionate about using our high-quality research and our proven track record in co-producing services with our staff, patients, and carers, to drive innovation.

We are a leading integrated health and care provider, delivering safe, responsive and accessible care across mental health, forensic services, community services, primary care and services for children, young people and people with learning disabilities and autism.



Our Mission

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



Our Vision

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



Our Values

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

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



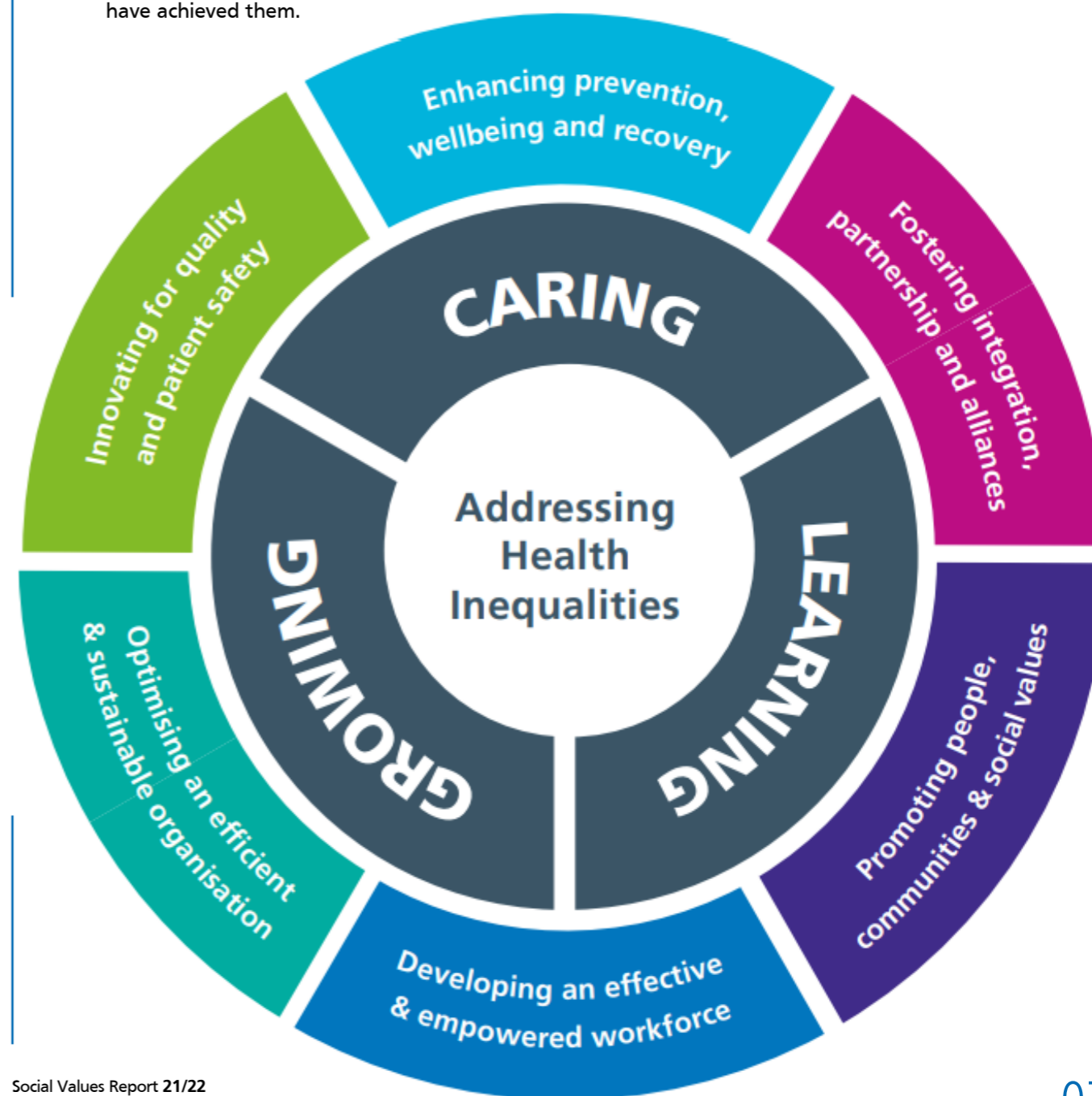
Humber Teaching NHS Foundation Trust



Our Strategic Themes

Our strategy describes the building blocks we will put in place to grow and innovate services which meet the needs of our patients, service users, families and communities.

The strategy sets out our six strategic goals and explains how we will achieve them and just as importantly, how we will know we have achieved them.



Social Values Report 21/22

Theme One:

Our aim: Innovating for quality & patient safety



54,000
vaccinations
delivered



20,000+ staff &
volunteers hours
worked



62% inpatient
volunteers
are university
students

Our ambitious target of achieving a CQC rating of Outstanding for safety demonstrates our commitment to delivering high quality care. We will continually strive to improve our care, using research, quality improvement methodologies and co-production to drive innovation.



Supporting Social Contact

With Covid-19 safety measures still in place across NHS England, our five social inclusion groups led by Voluntary Services staff and volunteers remained closed.

62% inpatient volunteers are University students

Our telephone befriending service, which launched in 2020, continued to connect volunteers with people in our community, who they call from time to time to help them feel less isolated and cared for in times of loneliness. Many of our regular volunteers remain dedicated to our service, calling service users a couple of times a week, and thoroughly enjoy the conversations and connections made over time.

In 2021, as our inpatient units began to reopen their doors to family and friends, a growing number of our volunteers have been in supporting service users with regular befriending roles.

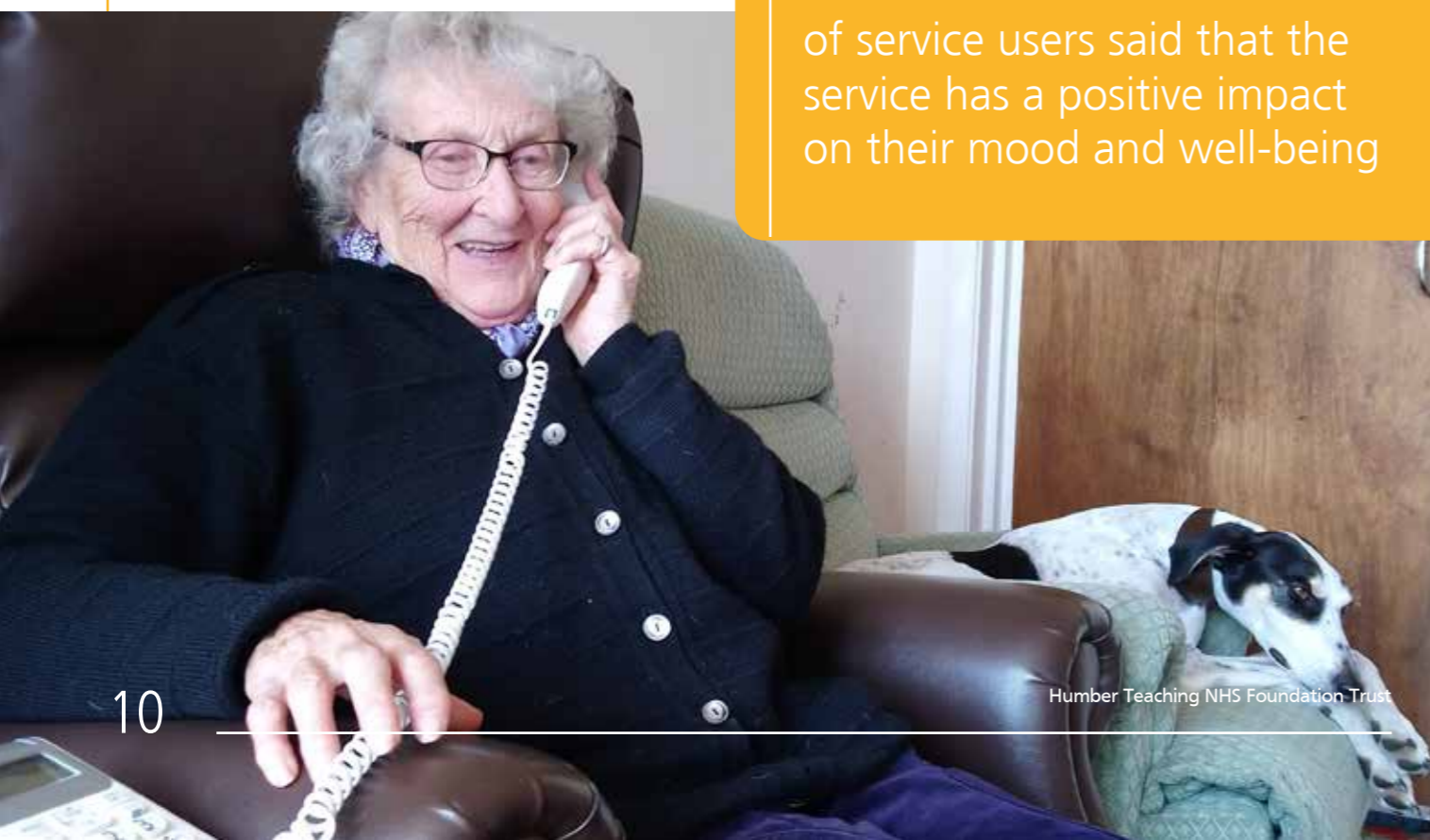
"I feel sure I would not be here today if it wasn't for my telephone befriender. She has guided me through dark moments and has always been there to pick up the pieces and help me back on my feet again. I can't thank her enough for everything she has done to support me"

Richard
Service user of telephone befriending service

Volunteers chat to service users, support staff with activities and help to improve patient engagement and wellbeing, ultimately supporting the journey of recovery. Our volunteers have gained valuable experience, new skills and increased their confidence. By giving time to listen and respond to patients they have strengthened the patient safety culture and given staff time and space to deliver high-quality responsive care.

98%

of service users said that the service has a positive impact on their mood and well-being



Humber Teaching NHS Foundation Trust



Championing Research

We are proud of our research-positive culture which offers our patients access to clinical research which can improve patient care and treatment options.

Throughout the year, over 60 patients were involved in testing three new treatments through research studies including psychological intervention around loneliness and depression, to keeping the brain active via an interactive website and ground-breaking treatments for Covid-19.

Held in November, our annual Research Conference, "Developing a City of Research V" had 300 registrations including international delegates from 77 organisations and professional groups, showcasing our research to a worldwide audience.



96% of delegates rated conference as excellent/good



52,000 registered patients across eight GP practices able to take part in research



I love these events. I have been to them for the last 4 years! They endorse what this particular Trust is all about - learning and continuous improvement.





A Humblebelievable Vaccination Programme

In response to the covid pandemic, a project team was formed to convert the Lecture Theatre into a vaccination centre.

The Pharmacy team led the project clinically and operationally whilst our Estates teams converted the Lecture Theatre into a vaccination centre in just 4 weeks.

Hotel Services created a cleaning programme suitable for a clinical space and Administration and our Voluntary Services supported its day-to-day operations. The delivery of the programme gathered feedback from staff and the public to ensure cycles of incremental continuous improvement through the application of the Model for Improvement Plan Do Study Act cycles.

The outcome was an outstanding vaccination experience for patients and an enjoyable and rewarding experience for our staff and volunteers.



54,000
vaccinations
delivered



It has been a privilege to work alongside and support the NHS at the covid vaccination sites. The NHS volunteers and our Community Safety Volunteers have done an amazing job at the vaccination sites and have played their part in vaccinating thousands of people. Thank you for your hard work and for supporting the NHS. Partnership working at its best.

Nick Bunker
Community Safety Unit Sergeant 2068
Humberside Police



20,000+
volunteering hours



£274,000
worth of time and
investment into projects

Theme Two:

Our aim: Enhancing prevention, wellbeing & recovery



£274,456 given
back to staff and
patients



750+ hour of
Health Trainer
engagement



45+ Health
Checks for
Fisherman

We will continue to put recovery at the heart of our care and support our people, using services to build meaningful and satisfying lives based on their own strengths and personal aims.

Our clinical models and our approach to supporting our staff will be trauma informed.



Peer Support Workers

In 2020 we began an ambitious project to recruit 15 Peer Support Workers, to use their lived experience of mental health challenges to support those receiving our mental health services.

The development of the role was a co-productive process that involved both corporate teams and a service user group called 'The Journeys'. This group used their lived experience and knowledge to advise the Trust on what really matters to our patients in their time of need, and how this can be accommodated through recruitment. In March 2021, the first successful candidates started to work in our community and inpatient teams across Hull and East Yorkshire.

This was an entry level position which offered our new recruits a great opportunity to start their career in mental health and use their experiences to help and support other people who are experiencing distress.



Health Training Fisherman

2022 marked the 7th year of delivering healthy living advice, wellbeing checks, Stop Smoking services, weight management and social prescribing from harbours across the Holderness and North Yorkshire Coast.

Seafarers and their families historically don't engage with health services, and live with health inequalities, a higher risk of suicide, long term conditions and a range of more niche conditions, such as ligature wound care and MSK conditions.

By building up long-term relationships with the community and meeting them where they are, we have supported many fishermen to take those difficult first steps into accessing support. This has helped them stay fit and active, and avoided letting treatable conditions lead to greater problems which could risk their livelihood.



For us fishermen with an isolated lifestyle, talking to the Health Trainers can make you realise life isn't as bad as you thought."

John White
Fishermen and Vessel Owner



To look back at the last twenty years of my life and to know that it hasn't all been in vain, and that I can use my experience for something positive, is really rewarding for me. It's not only about me helping the service users, because they help me too on my recovery journey. The support works both ways.

Frances,
Peer Support Worker



45+ Health Checks for Fisherman



8 Coastal Harbours



750+ hour of Health Trainer engagement



Adding that Extra Sparkle

Our Trust Charity invests funds in programmes, environments and initiatives that go beyond NHS core funding. One area of funding that services can access is the wishes programme. This allows staff to submit ideas for items or events that go beyond normal NHS services.

One wish that made a difference in 2020 was the provision of two SaeboStim One machines to support patient rehabilitation post stroke, submitted by the Specialist Practitioner-Physiotherapists working in Scarborough and Ryedale.

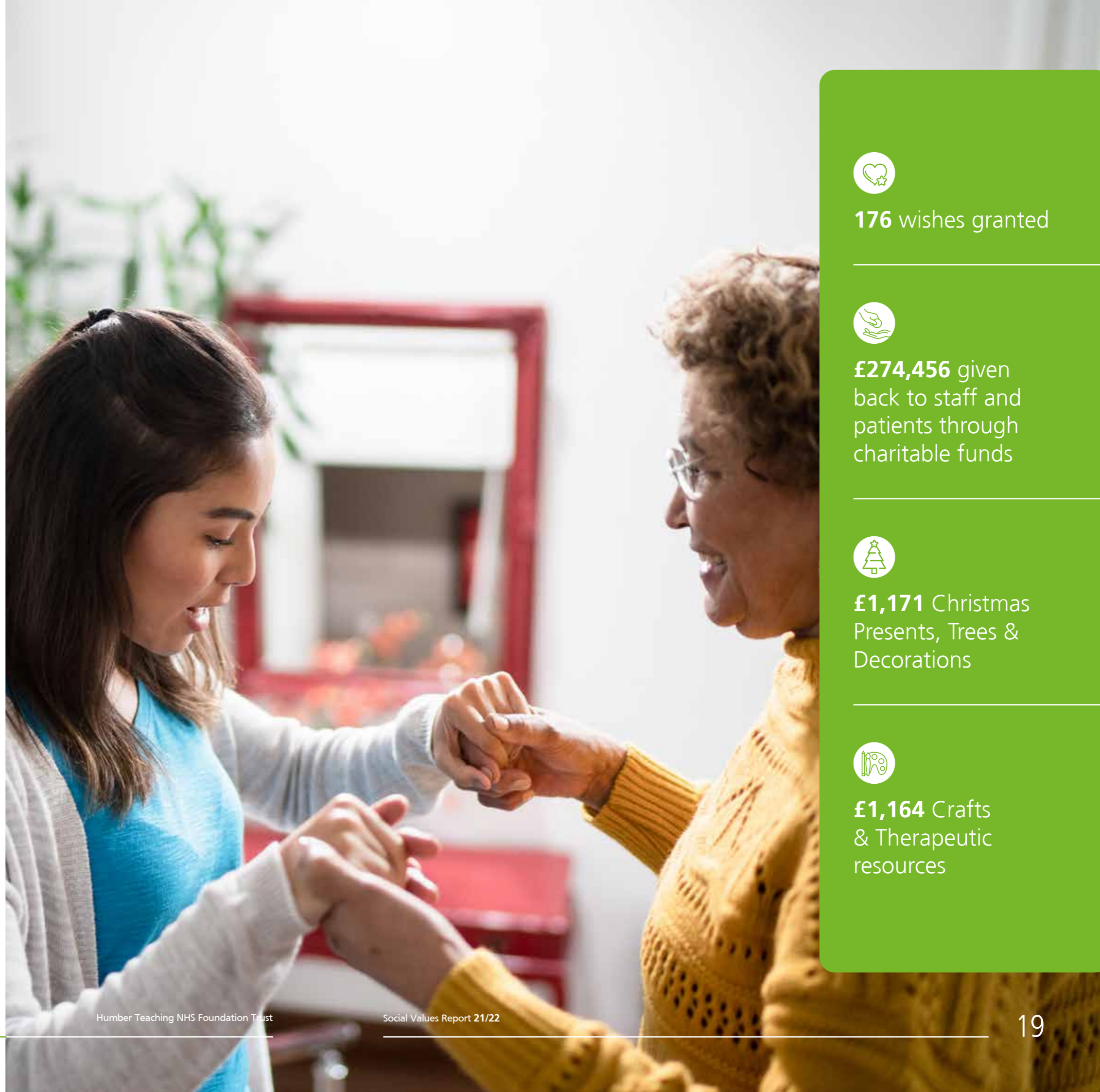
The SaeboStim One is a wearable, wireless e-stim unit for muscle strengthening and improved recovery after stroke or traumatic brain injury.

The first patient who used the device as part of her rehabilitation programme had the first movement she had had since having a stroke whilst using the device.

The team were delighted with such incredible results, the patient continues to use the device as part of her treatment and is recovering at a faster rate pre SaeboStim One use.



Thank you for supporting our wish request this is going to make such a difference to our patients. We are already seeing great improvements whilst using them within our rehabilitation programmes and we are excited to see further enhanced results aiding a quicker recovery.



176 wishes granted



£274,456 given back to staff and patients through charitable funds



£1,171 Christmas Presents, Trees & Decorations



£1,164 Crafts & Therapeutic resources

Theme Three:

Our aim:
**Fostering
integration,
partnerships
& alliances**



100 community pharmacies received one to one, group and face to face support



11,000+ people saw the 2022 safer sleep campaign

Delivering our ambitions for outstanding care is only possible through collaboration.

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

We pride ourselves on being a good partner that works across organisational boundaries to innovate services, address health inequalities and maximise the effective use of resources across health and care services.



Services at the heart of our communities

We are always looking for innovative ways of maximising the effective use of resources across health and care services in the way that we support our local communities. By looking at how we use our own and our partners' buildings to deliver services, we ensure the right services are delivered from accessible and welcoming locations.

At a strategic level, we have supported the development of a system-wide estates strategy through the Humber and North Yorkshire Integrated Care Board's Strategic Estates Group and work closely with our local authority partners in Hull and the East Riding to develop a "One Public Estate" approach, to maximise the value of our collective assets.

"Delivering our services alongside partner organisations empowers our staff to work across organisational boundaries to improve access to services for our patients, service users and families."

In 2021-22, our East Riding 0-19 service has run child health clinics from Council-run Children's Centres in Beverley, Bridlington, Brough, Driffield, Cottingham, Hessle, Market Weighton, Pocklington and Withernsea. Holding child health clinics in Children's Centres is better for families as they offer a warm and welcoming set up with families in mind and are usually easily accessible by bus or on foot. Families who come for child health clinics also can learn about the other services on offer in Children's Centres including opportunities for play, financial support, food banks and advice about childcare funding.



Supporting Community Pharmacy



100 community pharmacies received one to one, group and face to face support



40 hours of webinars



90+ attendees

During the Covid-19 pandemic, pharmacists, pharmacy assistants, store workers and their families faced huge challenges which impacted on their health and mental wellbeing. As part of their recovery, we worked with commissioners to develop a unique package which combined physical health and mental wellbeing support, with signposting to wider services, such as financial advice and local community groups through our Social Prescribing team.

Building on our strong pre-existing relationships with community pharmacies, we tailored our existing Health Trainer service to suit pharmacy life, delivering care onsite, virtually and via home visits.





Local health and care services come together to reduce infant deaths

Every March we mark national Safer Sleep Week, the Lullaby Trust's national awareness campaign which aims to raise awareness of Sudden Infant Death Syndrome (SIDS) and the safer sleep advice that reduces the risk of it occurring. The campaign is co-ordinated by the Safer Sleep Steering Group, which brings together a wide range of partners including City Health Care Partnership, Hull and East Riding Children's Centres, local Councils and voluntary sector organisations such as the Goodwin Doula Project.

In 2022, we worked with our partner organisations across Hull and the East Riding to showcase a local angle, presenting hard hitting local statistics to bring the message closer to home. As part of the campaign, we focused on the theme of out of routine sleeping, covering topics such as how parents can best prepare a safe sleeping space for their baby when going to new locations.

"Our 0-19 teams shared their online Safer Sleep training package with partners supporting people that go into new parents homes the knowledge and confidence to have conversations about this emotive topic."

Delivering the campaign in partnership provided greater reach into all our communities and enabled us to amplify messages around Safer Sleep. The 2022 campaign was seen by over 11,000 people on social media and over 250 of those people engaged with the posts in some way (likes, shares, comments). The 0-19 website received over 2700 visits in the month, a 35% increase on the monthly average.



11,000+ people saw the 2022 campaign



35% increase in visits to the 0-19 website



250+ people engaged with the campaign on social media

Theme Four:

Our aim:
**Promoting
people,
communities
& social
values**



£38.5 million
spent with
organisations based
in our local area



1260+ trees
planted by our
Social Mediation
and Self Help
Service (SMASH)

We aspire to be an anchor institution which supports and works in partnership with all our communities. We will ensure that our investments in facilities and services benefit local communities and offer routes into good employment for local people.



I thought it was just me, I was alone with this, but now I feel I've got something to offer.

East Riders Member



A Good Life with Dementia

In March 2021, our Older People's Mental Health team launched the Good Life with Dementia course, a post diagnostic course created and delivered by people living with dementia in East Riding for people living with dementia in East Riding.

The course answered questions that people recently diagnosed with dementia had about their diagnosis and the future. It covers the implications of the diagnosis on their lives, relationships and confidence and their rights to continue as valid and valued members of their neighbourhoods and communities.

The course and resource pack were supported by a forward-thinking collaboration from across health, social and third sector across East Riding, including East Riding of Yorkshire Council, the Alzheimer's Society, Innovations in Dementia, and the Rotary Club of Weighton Wolds.

The project has helped people with dementia to make meaningful connections including the creation of a new group of peers with dementia, the East Riders, who are now meeting regularly and have even recorded their own podcast.



Art for Avondale

Avondale Clinical Decisions Unit, based at Miranda House in Hull, is a 14-bed unit that provides a period of assessment for people experiencing a mental health crisis.

Whilst the communal garden is an important space for patients, its dominant feature is an imposing high boundary wall. Julian Dallimore, Activity Coordinator had the idea to create a mural to soften the space and make it more welcoming and relaxing.



Julian completed six circuits of Pen-y-Ghent in the Yorkshire Dales, walking 36 miles and climbing 4164m over 12 hours to raise the funds to complete the project.

Local graffiti artist "Skeg" worked with Julian and patients from the unit to choose the final design which has been a real hit with staff and patients. The mural has changed the atmosphere of the garden and greatly improved the patient and staff environment.

Following the work at Avondale, Skeg has been commissioned to create two more outstanding murals in our Psychiatric Intensive Care Unit (PICU) courtyards supported by Trust Charity, Health Stars. Our service users really enjoy the new space and that the view brings colour into their daily routine.

We're proud of the way this project enabled us to support and promote a local artist, alongside improving the environment for our service users at Avondale and PICU.





Young People Take Action on Health

The Humber Youth Action Group was established as a platform to give young people an opportunity to use their voice and experiences to improve health services, ensuring they are delivered in a way that is right for young people. We successfully recruited 18 young people to the group, all with different backgrounds and experiences that will help to influence and shape physical and mental health care for our young communities.

“I am extremely proud of the HYAG. The young people dedicate their own time and share their lived-experiences to ensure Trust children’s services are accessible to all and effectively meet the needs of other young people.”

Bethia Dennis,
Engagement Manager,
Children’s and Young Peoples Services

The group has also helped to create opportunities within the Trust for young people to learn more about the NHS and its services, develop new skills, volunteer, participate in work experience, grow in confidence and contribute to many activities within the Trust. Three of the group members have had social media training, delivered by the Trust’s Communications team, so that they can help to manage their own Instagram account.

The group is a fantastic example of how we are delivering on our commitment to be fully representative of the communities we serve.



Being a member of the Humber Youth Action Group has been incredibly beneficial for me, both socially and practically.

Izzy,
Humber Youth Action Group Member



Humber Teaching NHS Foundation Trust



Keeping our Spending Local

Supporting local business is an important part of our role as an anchor rooted in the communities where we live, work and provide services. The money we invest in our local economy helps our communities by boosting local employment, which in turn has a positive impact on health and wellbeing. Working with local companies also benefits the Trust by enabling us to build lasting relationships with suppliers who understand our infrastructure and the services we provide.

We support local businesses by encouraging early market engagement to raise awareness of potential opportunities and frequently break large contracts down into smaller lots, which helps small, local businesses to compete effectively for work. We also meet with other local public sector bodies such as other local NHS organisations and local councils to collaborate, opening up opportunities to local suppliers.

Additionally, we work alongside local suppliers to maximise the benefit to our communities, for example, by embedding social values and sustainability in our tendering process and promoting apprenticeships throughout our supply chain, to offer local people employment opportunities.



£38.5 million spent with organisations based in our local area



£67.7 value to the local economy



Connecting Young People with Nature

In September 2021, the Social Mediation and Self Help (SMASH) service in schools launched the Trees4Life project. The project uses nature to help children and young people re-connect with their schools, teachers and environment whilst learning about the eco system and the positive impact trees have on our everyday life.

The project was created by Tony Henderson, Lead SMASH Practitioner, inspired by his experience of connecting with nature to improve his own mental wellbeing. Tony worked through local charity Beverley Cherry Tree Community Centre to source over 400 trees from the Woodland Trust for the first phase of the project.

Children and young people involved in the project planted the trees whilst at the same time learning how nature can be used as a tool to support and maintain good emotional wellbeing.

The success of the project was followed with a new project, Seeds of Change, which provides seed hampers for schools in partnership with the Cherry Tree Centre. The project showed young people that, just like plants, if they are given the correct amount of time, water, diet, foundations, rest, and support to grow, they too can flourish and achieve great success against any odds.

The children and young people involved in the project were asked to share their harvest with the Food4Families Project, a social pantry run by the Centre. Contributing to the social pantry gave the children and young people a sense of pride in the impact they could have in their community, as well as giving something back to the charity that made the project possible.



1260+ trees planted



£1.5m economic benefit

Theme Five:

Our aim:
**Developing
an effective &
empowered
workforce**



15 students in pilot
T-level programme



28 work experience
placements



10+ volunteers
helped into work or
higher education

We will continue to attract, recruit, and retain the best people to work as part of our team. Our diverse and inclusive workforce will be supported to thrive and to fulfil their potential so that they are happy and proud to work for Humber.



Apprenticeships First

NHS Apprenticeships offer routes into many of the 350+ NHS careers, through a mix of on-the-job training and classroom learning.

We are proud to have adopted an Apprenticeships First approach when advertising vacancies for entry level jobs and to have robust policies in place to support unskilled workers to be part of our Trust and gain the valuable qualifications they need to progress.

Our new Career Development team have built relationships with local schools and colleges to support the offer for work experience, placements and apprenticeships.

The team extend and grow opportunities across the Trust with the aim of demonstrating an increase in applications for entry level jobs, widening participation, and internal progression within the Trust.



I would recommend completing an apprenticeship to anyone thinking about it – it's been such a fantastic opportunity for me, and it has allowed me to progress in my career and develop as a person.

Sophie Gurnell
Occupational Therapist Apprentice



 **28** work experience placements



Enhancing our Workforce

In September 2021, we proudly welcomed our first cohort of internationally recruited Nurses to our Trust.

A vacant space at Hornsea Cottage Hospital was transformed into a dedicated and fit for purpose NMC Objective Structured Clinical Examination (OSCE) training facility and a unique educational programme and an online pastoral support hub ensured they were well supported during their transition.

Several cohorts of Nurses have now joined us from across the world, supporting our workforce and bringing a different skills and perspectives into our services. We welcome the diversity these experienced nurses bring to our workforce and are proud to be able to support them to train and work in the UK.

"I am very grateful for the opportunity offered by the Trust and to the International Recruitment team who made it a smooth path, from interview to arrival in the UK. The team are so welcoming and, above all, kind-hearted, which made the stay very comfortable. The places here are very fascinating, especially the sea view. I am very happy to be a part of this team."

Christabel,
Trainee Nurse





Developing the Workforce of the Future

Our partnership with Wyke Sixth Form College in Hull provides a T Level qualification in Health for young people aged 16-18.

Students on the course receive work experience in healthcare settings including our Adult and Older People's Mental Health, Specialist Public Health Nursing, and Community Hospital Care as well as advice and guidance on next steps and career pathways.

During their work experience, students are mentored by professional healthcare workers to develop their skills and provide insight into their area of work.

"We are excited and privileged to be partnered with Humber Teaching NHS Foundation Trust, our students will have a great opportunity to gain an insight into the many different healthcare careers from some of the most experienced and professional people in the industry."

Vicky Riseham,
Careers Lead at Wyke Sixth Form College

15 Students in pilot T-level programme

28 Work experience placements

£58,800
Value to young people



Volunteer to Career

Our Voluntary Services team works with several people who have the goal of a career in healthcare. They are able to offer a growing number of placements that give volunteers the opportunity to see different careers in practice and allow them to build experience of connecting with patients.

Last year, three of our volunteers secured employment in the Trust as Peer Support Workers and another became a Mental Health and Wellbeing Coach. One volunteer joined the Bank to work in an administrative role, and three students from the University of Hull were successful in their application to start the Clinical Doctorate course. Some volunteers take up different opportunities, such as one who was inspired to become a Covid vaccinator, and another who became a local charity Trustee.

These experiences have been invaluable to help them progress into both employment and other voluntary posts that able them to continue to give back to the NHS and the wider community.



10+ volunteers helped into work or higher education



£386,000 benefit to communities and local people

"A care officer introduced me to Voluntary Services with the hope I could start to pick myself up and get out there again. The staff at Voluntary Services were very supportive and I began to grow in confidence, feeling my old self starting to come back. This confidence helped me to apply for various employment in the Trust, and I am now a Peer Support Worker. Having this chance to help others and give back has given purpose back to my life"

Stephen Christian
Peer Support Worker



Investing in Wellbeing

In 2021, our Your Health Lifestyle and Prevention Services created a new bespoke wellbeing Health Trainer service for Trust staff and volunteers. The service was created in response to feedback gathered through the staff survey and wellbeing steering group to improve to access support while at work.

In the first three months of the project, the team successfully delivered over 50 Bodi Trax physical health composition checks. They worked with colleagues to set personalised goals and targets with scheduled check ins 3-6 months after the first appointment, to track progress and follow up.

The team developed a portfolio of wellbeing offers for staff and volunteers, including MOTs, webinars, walking groups, free health checks, men's and women's health sessions, and wellbeing-focused training courses.

The success of the service led to the establishment of our new Workforce Wellbeing team in 2022, who are now the single point of contact for challenges staff face with their personal health and wellbeing.

Support includes smoking cessation, weight management, stress and anxiety, alcohol and addictions, isolation and loneliness, physical activity, sleep hygiene and overall physical health. The team offer holistic, personalised care through virtual, group and one-to-one provision.



Having struggled along time with weight loss I found the service a great benefit and the recommendations and support has been invaluable.



50 Bodi Trax physical health composition checks



15+ services and support areas provided by the Workforce Wellbeing team.

Our aim: Optimising an efficient & sustainable organisation



NHS England aims for their direct emissions to be **net zero by 2040**



45% reduction in pharmaceutical waste in 2021

To achieve our aims, our Trust needs to be efficient, sustainable and our staff need to be empowered to make change happen. We will continue to invest in environmentally sustainable, clinically effective environments and design digital solutions around people's needs.



Procurement & Net Zero

Now more than ever it is important that organisations do the right thing by both their people and the planet.

In line with NHS England's objective is to meet its Net Zero carbon targets while achieving its wider Social Value priorities we are applying net zero and social value rating to all commissioning and purchasing and will be adding Social Value and Sustainability evaluation criteria to our tenders.



NHS England aims for their direct emissions to be **net zero by 2040**



With an ambition by 2032 to reach **a reduction of 80%**



Improving Digital Literacy

Following discussions between the practice team at King Street Medical Centre, Cottingham and the East Riding Clinical Commissioning Group an exciting initiative was developed to address health inequalities and digital confidence in the village

The project aimed to improve community knowledge of digital routes of access, increase the numbers of patients using these routes and to improve health outcomes and access to care.

The trust partnered with Humber and Wolds Rural Action to deliver digital drop in sessions for patients with limited confidence who wanted to improve their skills and how they managed their own devices. The sessions also educated patients on digital routes into primary care including websites and the NHS app.

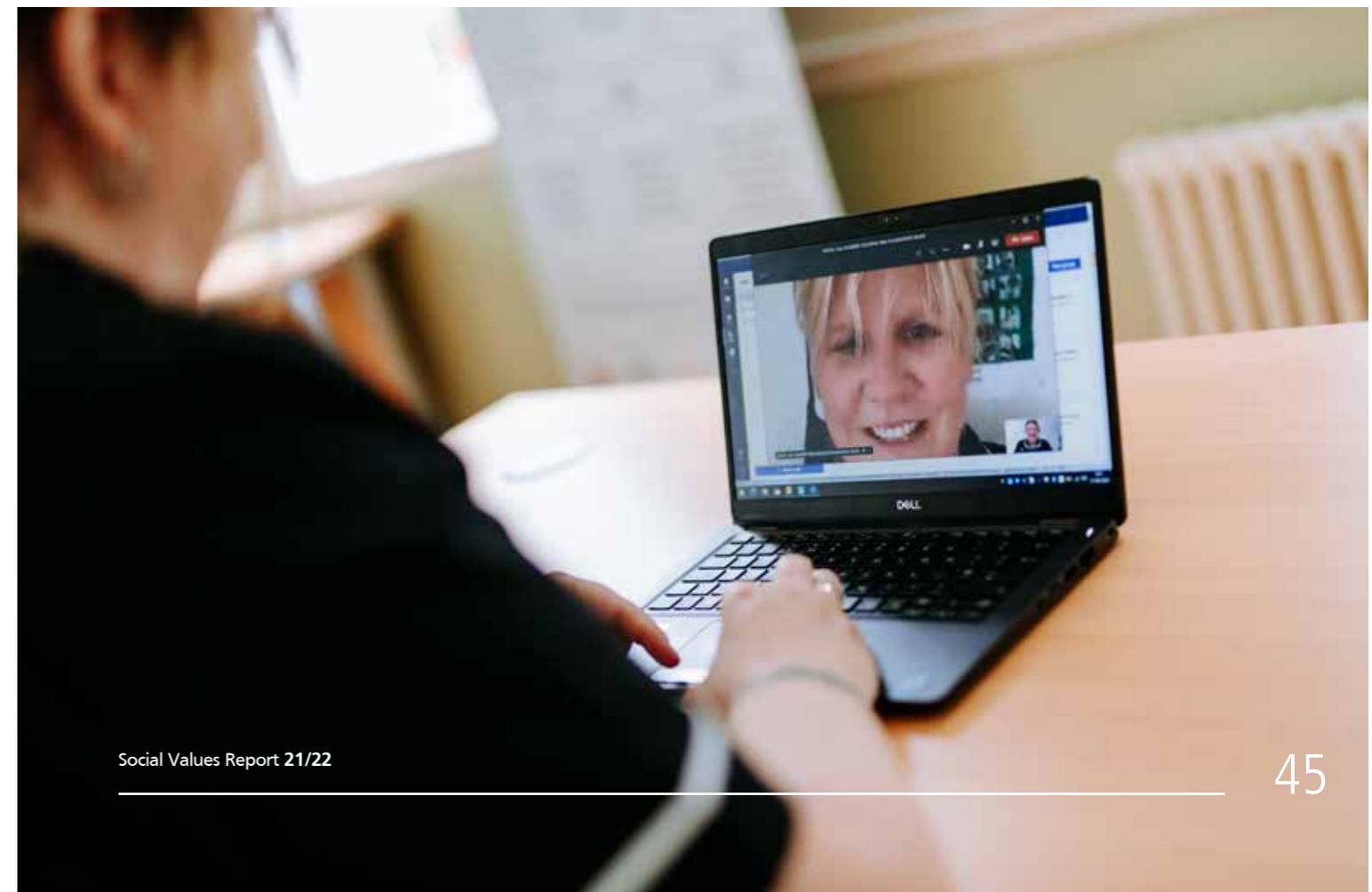
The sessions ran from February to April 2022 in a local community venue. Text invites were sent to over 3,500 patients and were well attended with demand for future sessions to be held to further spread the knowledge throughout the patient population.



4 Digital Drop in Session



40 patients upskilled in Digital Literacy





Reduction in pharmaceutical waste

Our ward-based pharmacy technicians introduced into the Trust 2021 provide medicines to patients and give advice on information on potential side-effects.

Having these valuable members of staff as part of the ward team allowed us to then implement ward-based dispensing which not only improves patient satisfaction but has also led to a reduction in pharmaceutical waste.

The team, frequently review stocklists and holdings and due to ward-based dispensing we are able to process leave and discharge medicines in a more effective and cost-efficient way.



Reducing pharmaceutical waste has a positive impact on our local communities through its environmental impact. Reducing medicines waste also improves quality, saves resources and allows staff to focus on roles that add value to patient care.



10 Ward-based pharmacy technicians



45% Reduction in pharmaceutical waste in 2021





Reuse, Recycle

At several of our sites we have been able to work with our local community to find new homes for equipment that we are unable to use or no longer require.

The Jacob Wells appeal is a local charity which was started by a former East Yorkshire GP, Dr Beynon. They were able to take furniture and medical items to be used in projects across the world.

Our Hawthorn Avenue unit in Hull donated seven manual treatment couches, furniture including high backed chairs and various items of medical equipment which went to their project in Ghana. The donation of items not only supports the local charity and their projects but it also saves on waste disposal costs and reduces landfill.

Alfred Bean Hospital in Driffield was able to donate braces, bandages, dressings, Plaster of Paris and other equipment which help to support broken limbs and mobility issues to the same project. We were also able to add a large amount of unused optical assessment lenses and equipment.

Other sites support charities with equipment as well. In North Yorkshire, the Whitby redevelopment project teams up with charity from Birmingham that houses vulnerable people and other local charities to reuse white goods and furniture.



£10,000 worth of equipment donated to charity projects



NHS England aims for their direct emissions to be **net zero by 2040**



50 Bodi Trax physical health composition checks



4 Digital Drop in sessions for the digitally disadvantaged



40 patients upskilled in Digital Literacy



15+ services and support areas provided by the Workforce Wellbeing team.



52,000 registered patients across eight GP practices able to take part in research



54,000 vaccinations delivered



10+ volunteers helped into work or higher education



1260+ trees planted by our Social Mediation and Self Help Service (SMASH)



100 community pharmacies received one to one, group and face to face support



176 wishes granted for patients & staff



£38.5 million spent with local organisations



Contact us

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Agenda Item 12

Title & Date of Meeting:	Trust Board Public Meeting 25 January 2023										
Title of Report:	Annual Declarations 2022/23										
Author/s:	Stella Jackson Head of Corporate Affairs										
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td>x</td> </tr> <tr> <td>For information/To note</td> <td></td> <td>To ratify</td> <td></td> </tr> </table>			To approve		To discuss	x	For information/To note		To ratify	
To approve		To discuss	x								
For information/To note		To ratify									
Purpose of Paper:	<p>NHS Providers are required to complete annual self-certifications under the terms of the NHS provider licence. Trust Board is requested to consider the following annual declarations, based on the evidence included in this report:</p> <ul style="list-style-type: none"> • The Board has taken all necessary precautions to comply with its licence, the NHS Act and the NHS Constitution. • The Trust has complied with required governance standards and objectives • The Trust has a reasonable expectation that required resources will be available to deliver designated services • The Trust has complied with section 151(5) of the Health and Social Care Act to ensure that governors are equipped with the skills and knowledge to undertake their role. <p>The report has been considered by the Executive Management Team.</p>										
<p>Key Issues within the report:</p> <p>This report provides evidence of how the Trust continues to meet the terms of its Licence, elements of the NHS Act and its Constitution.</p>											
<p>Matters of Concern or Key Risks to Escalate:</p> <ul style="list-style-type: none"> • None 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> • None 										
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> • High level of assurance provided in June 2022 by Audit Yorkshire 	<p>Decisions Made:</p> <ul style="list-style-type: none"> • None 										

regarding the annual declarations process.				
Governance: :		Date	Date	
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	9/1/2023
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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

Trust Board (January 2023)

Annual Declarations 2022/23

1. Introduction and Purpose

This purpose of this paper is to provide the Trust Board with a summary of the annual declarations that are required to be made by the Trust, evidence of how the Trust meets these declarations and to advise how the views of Governors will be taken into consideration.

2. NHS Licence Conditions

All NHS Foundation Trusts are required to self-certify whether or not they have complied with the conditions of the NHS provider licence, have the required resources available if providing commissioner requested services, and have complied with governance requirements.

The Trust is required to make the following declarations:

Declaration	Details
G6 (3)	Providers must certify that their Board has taken all necessary precautions to comply with the licence, NHS Act and NHS Constitution.
FT4 (8)	Providers must certify compliance with required governance standards and objectives
CoS7 (3)	Providers providing Commissioner Requested Services (CRS) have to certify that they have a reasonable expectation that required resources will be available to deliver designated services.

Previous reports to the Trust Board and Council of Governors have highlighted the evidence available to support the above declarations.

Audit Yorkshire reviewed the annual declarations process as part of the 2021/22 internal audit plan with a report provided in June 2022 giving a 'High' level of assurance.

2.1 Condition G6

Condition G6 requires the Trust to have effective systems and processes in place to ensure compliance with its provider licence, the NHS Act and the NHS Constitution. The Trust should identify any risks to compliance and take reasonable mitigating actions to prevent those risks and a failure to comply occurring.

The Trust Licence (No 130053 – Issued 1st April 2013) contains seven sections which details conditions relating to the following areas:

- General Conditions

- Pricing
- Choice and Competition
- Integrated Care
- Continuity of Services
- NHS Foundation Trust Conditions
- Interpretation and definitions

Details of the Trust licence conditions and commentary to support compliance is attached at Appendix A.

Declaration G6 also requires the Board to declare that the Licensee continues to meet the criteria for holding a licence, there are currently 2 conditions:

- The Trust must be registered with the Care Quality Commission
- The Directors and Governors of the Trust must meet the 'fit and proper persons test'

The Trust is compliant with these conditions.

2.2 Condition FT 4

Condition FT4 requires the Trust to apply the principles, systems and standards of good practice which would reasonably be regarded as appropriate for a supplier of health care services to the NHS.

Evidence to demonstrate the Trust's compliance against the six statements is attached at Appendix B, this is not an exhaustive list and has been updated based on feedback from previous Board and Council of Governor discussions.

2.3 Condition CoS7

As the Trust is a provider of Commissioner Requested Services, it must make a declaration under CoS7, evidence for which is included in Appendix A.

3. Additional Declaration – Training of Governors

Whilst not a specific licence condition, the Trust is also required to make an annual declaration in relation to the Training of Governors. It is a requirement of the Health and Social Care Act that the Trust ensures governors are equipped with the skills and knowledge they require. The Trust is required to make the following statement

'The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to Governors, as required by S151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they require to undertake their role'

Based on the statement above the following list provides evidence of the Trusts compliance:

- Governor Induction Programme
- Governor Development Workshop/Sessions

- Council of Governor Meetings

4. Next Steps

The deadline for annual declarations has yet to be published in previous years declarations have been made in May and June.

Subject to board approval this report will be presented to the Council of Governors in April to ensure their views are taken into consideration. A final paper will be presented to the Trust Board prior to declarations being made.

5. Recommendation

That Trust Board agrees the following declarations, based on the evidence included in this report:

- The Board has taken all necessary precautions to comply with its licence, the NHS Act and the NHS Constitution.
- The Trust has complied with required governance standards and objectives
- The Trust has a reasonable expectation that required resources will be available to deliver designated services
- The Trust has complied with section 151(5) of the Health and Social Care Act to ensure that governors are equipped with the skills and knowledge to undertake their role.

Appendix A

Licence Conditions:

Condition	Explanation	Comments
General licence conditions (G)		
G1. Provision of information	Obligation to provide NHS Improvement/ Monitor with any information it requires for its licensing functions.	<ul style="list-style-type: none"> • The Trust complies with any NHS England and Improvement requests for information and complies with the reporting requirements as set out in the Single Oversight Framework. • The Trust has robust data collection and validation processes. • Accurate, complete and timely information is produced and submitted to third parties to meet specific requirements. • The Trust makes monthly submissions to NHS England and Improvement
G2. Publication of information	Obligation to publish such information as NHS Improvement/Monitor may require.	<ul style="list-style-type: none"> • The Trust Board of Directors continues to meet in public with digital access available to view meetings. • Agendas, minutes and papers are published on the Trust's website. • Monthly board meetings include updates on operational performance, quality and finance. • The Trust's website contains a variety of information and referral point information should the public require further information. • Published Quality Accounts and Annual Report. • The Trust responds to Freedom of Information requests • The Board Assurance Framework and Trust Wide Risk Register are reported to the board quarterly. • The Council of Governors receives regular communication about the work of the Trust. • The Trust complies with its obligations under Duty of Candor.
G3. Payment of fees to NHS Improvement/Monitor	Gives NHS Improvement/Monitor the ability to charge fees and for licence holders to pay them.	<ul style="list-style-type: none"> • There are currently no plans to charge a fee to Licence holders. • The Trust's financial systems enable it to comply with this requirement in the future.

Condition	Explanation	Comments
G4. Fit and proper persons as Governors and Directors	Prevents licensees from allowing unfit persons to become or continue as governors or directors.	<ul style="list-style-type: none"> • Governors and Members of the Board of Directors are required to make an annual declaration to ensure that they continue to meet the Fit and Proper Persons Test.
G5. NHS Improvement/Monitor guidance	Requires licensees to have regard to NHS Improvement/Monitor guidance.	<ul style="list-style-type: none"> • The Trust responds to guidance issued by NHS Improvement/Monitor. • Submissions and information provided to NHS Improvement/Monitor are approved through relevant and appropriate authorisation processes. • The Trust has regard to Monitor guidance and submits self-certifications as required by Monitor
G6. Systems for compliance with licence conditions and related obligations	Requires providers to take reasonable precautions against risk of failure to comply with the licence.	<ul style="list-style-type: none"> • The Trust's Internal Auditors (Audit Yorkshire) considered the Board Assurance Framework and Risk Management as part of the 2020/21 audit work programme; the outcome provided 'High' assurance. • Previously governance arrangements (Board & Committee Effectiveness) were reviewed as part of the 2018/19 internal audit programme, providing 'good' assurance. • The Board Assurance Framework and Trust Wide Risk Register are reported to the board quarterly as well as relevant parts to the sub-committees of the Board and Executive Management Team. • Annual Governance Statement <ul style="list-style-type: none"> • The 2021/22 Annual Head of Internal Audit Opinion provided 'Significant' Assurance <p>* This is a declaration on behalf of the Trust as part of the annual submissions</p>
G7. Registration with the Care Quality Commission (CQC)	Requires providers to be registered with the CQC and to notify NHS Improvement/ Monitor if their registration is cancelled.	<ul style="list-style-type: none"> • The Trust is registered with the Care Quality Commission (CQC). • The Trust's last full CQC inspection was in 2019 and assessed the Trust as 'Good' • The Quality Committee has reviewed all evidence to support submissions made to the CQC

Condition	Explanation	Comments
		<ul style="list-style-type: none"> The Trust Board and Quality Committee has oversight of CQC Action Plans
G8. Patient eligibility and selection criteria	Requires licence holders to set transparent eligibility and selection criteria for patients and apply these in a transparent manner.	<ul style="list-style-type: none"> Details of Services the Trust provides are published on the Trust's website Patients referred to the Trust are not selected on any eligibility grounds. Eligibility is defined through commissioner contracts and patient choice Treatment decisions are made on clinical grounds and treatment options (risks and benefit) are discussed with the patient through the consent to treatment process.
G9. Application of section 5 (Continuity of Services)	Sets out the conditions under which a service will be designated as a CRS	<ul style="list-style-type: none"> CRS are defined in the Trusts contracts with Clinical Commissioning Groups The Trust makes a declaration under CoS7
Pricing conditions (P)		
P1. Recording of information	Obligation of licensees to record information, particularly about costs.	<ul style="list-style-type: none"> The Trust has well established systems for coding, collection, retention and analysis of activity and cost information. The 2020/21 Internal Audit Programme undertook an audit of the National Cost Collection provided 'High' assurance
P2. Provision of information	Obligation to submit the above to NHS Improvement/Monitor.	<ul style="list-style-type: none"> The Trust responds to guidance and requests from NHS England and Improvement.
P3. Assurance report on submissions to Improvement/Monitor	Obliges licensees to submit an assurance report confirming that the information provided is accurate.	<ul style="list-style-type: none"> The Trust Board have signed off the process in relation to National Cost Collection (July 2021).
P4. Compliance with the national tariff	Obliges licensees to charge for NHS health care services in line with national tariff.	<ul style="list-style-type: none"> All Trust contracts are agreed annually and are in line with the national tariff where applicable. Contracts are in place with the ICB which were approved at the Trust Board in November 2022 The Trust continues to work with its commissioners on the requirement to develop a local tariff within the terms of national guidance.

Condition	Explanation	Comments
P5. Constructive engagement concerning local tariff modifications	Requires license holders to engage constructively with commissioner and to reach agreement locally before applying to NHS Improvement/Monitor for a modification	<ul style="list-style-type: none"> • The Trust has positive working relationships with commissioners. • The Trust adopted a new collaborative commissioning approach to contracting in 2018/19 • The Trust became the Lead Provider for Specialist Services across Humber and North Yorkshire in October 2021
Choice and competition (C)		
C1. The right of patients to make choice	Protects patients' rights to choose between providers by obliging providers to make information available and act in a fair way where patients have a choice of provider.	<ul style="list-style-type: none"> • The Trust has in place a service directory setting out the services available. • Commissioners monitor the Trust's compliance with the legal right of choice as part of contract monitoring in line with NHS Standard Contract requirements.
C2. Competition oversight	Prevents providers from entering into or maintaining agreements that have the effect of preventing, restricting or distorting competition to the extent that it is against the interests of health care users.	<ul style="list-style-type: none"> • The Trust is aware of the requirements of competition in the health sector and would seek legal and/or specialist advice should Trust Board decide to consider any structural changes, such as mergers or joint ventures.
Integrated care condition (IC)		

Condition	Explanation	Comments
IC1. Provision of integrated care	Requires Licensee to act in the interests of people who use healthcare services by facilitating the development and maintenance of integrated services.	<ul style="list-style-type: none"> • The Trust actively works with its partners, through formal and informal mechanisms to foster and enable integrated care, including lead provider arrangements where appropriate. • A number of services provided are done so through partnership working with other local stakeholders. • The Trust has become the lead provider in the Humber Coast and Vale Geography for the following specialised Mental Health Services <ul style="list-style-type: none"> ○ Adult Secure inpatient care (Low/Medium Secure) ○ Children's and Adolescent Mental Health Inpatient Services ○ Adult Eating Disorders Inpatient Services
Continuity of service (CoS)		
CoS1. Continuing provision of Commissioner Requested Services (CRS)	Prevents licensees from ceasing to provide CRS or from changing the way in which they provide CRS without the agreement of relevant commissioners.	<ul style="list-style-type: none"> • The Current Contracts with commissioners require agreement with commissioners on the ways CRS services are provided.
CoS2. Restriction on the disposal of assets	Licensees must keep an up-to-date register of relevant assets used in commissioner requested services (CRS) and to seek NHS Improvement/Monitor's consent before disposing of these assets IF NHS Improvement/Monitor has concerns about the licensee continuing as a going concern.	<ul style="list-style-type: none"> • The Trust maintains a full capital asset register. • Any disposals are reported/approved by the Trust Board
CoS3. Standards of corporate governance and financial management	Licensees are required to adopt and apply systems and standards of corporate governance and management, which would be seen as appropriate for a provider of NHS services and enable the Trust to continue as a going concern.	<ul style="list-style-type: none"> • The Trust has Standing Orders, Standing Financial Instructions and a Scheme of Delegation in place, refreshed May 2022. • The Board of Directors receives monthly performance reports aligned to the Trust Strategic Goals. • The Trust has a Board Assurance Framework and Risk Register • The Trust's Internal Auditors review risk management processes as part of the strategic audit plan. • The Trust has a current CQC rating of 'Good' for Well Led

Condition	Explanation	Comments
CoS4. Undertaking from the ultimate controller	Requires licensees to put a legally enforceable agreement in place to stop the ultimate controller from taking action that would cause the licensee to breach its licensing conditions.	<ul style="list-style-type: none"> The Trust does not operate and is not governed by an Ultimate Controller arrangement, so this License Condition does not apply.
CoS5. Risk pool levy	Obliges licensees to contribute to the funding of the 'risk pool' (insurance mechanism to pay for vital services if a provider fails).	<ul style="list-style-type: none"> The Trust currently contributes to the NHS Litigation Authority (NHS Protect) risk pool for clinical negligence and public liability schemes.
CoS6. Co-operation in the event of financial stress	Applies when a licensee fails a test of sound finances and obliges the licensee to co-operate with NHS Improvement/ Monitor.	<ul style="list-style-type: none"> The Trust has not received any such notices from regulators The Trust would full comply with this condition if required.
CoS7. Availability of resources*	Requires licenses to act in a way that secures resources to operate commissioner requested services (CRS).	<ul style="list-style-type: none"> The Trust has an approved budget and has remained on target throughout the financial year The Trust continues to complete its on a going concern basis and there are no indications this will change The Trust has maintained a bank balance of circa £30m <p><i>* This is a declaration on behalf of the Trust as part of the annual submissions</i></p>
Foundation Trust conditions (FT)		
FT1. Information to update the register of NHS foundation trusts	Obliges foundation trusts to provide information to NHS Improvement/Monitor.	<ul style="list-style-type: none"> The Trust has provided NHS Improvement with a copy of its NHS Foundation Trust Constitution The Trust has provided NHS Improvement with a copy of its Board approved Annual Report and Accounts.
FT2. Payment to NHS Improvement/ Monitor in respect of registration and related costs	The Trust would be required to pay any fees set by NHS Improvement/Monitor.	<ul style="list-style-type: none"> If NHS Improvement required fees to be paid by the Trust, the Trust would comply with this condition.

Condition	Explanation	Comments
FT3. Provision of information to advisory panel	NHS Improvement/Monitor has established an independent advisory panel to consider questions brought by governors. Foundation trusts are obliged to provide information requested by the panel.	<ul style="list-style-type: none"> The Trust would comply with this as required through the provision of any requested information.
FT4. NHS Foundation Trust governance arrangements	Gives NHS Improvement/Monitor continued oversight of the governance of foundation trusts.	<p><i>* This is a signed declaration on behalf of the Trust as part of the annual submissions. Evidence against this submission is detailed in appendix B.</i></p>

Condition FT4 (8): the provider has complied with required governance arrangements

	Statement	Sources of Evidence and Assurance
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Scheme of Delegation, Reservation of Powers and Standing Financial Instructions have been updated and refreshed – May 2022 Board. Constitution has been reviewed and updated
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Trust Wide Risk Register Board Assurance Framework Board Performance Reports Finance Report
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Committee Structures well established Committee Effectiveness reviews are reported to Trust Board Annually Clear Accountability through EMT and Executive Directors Portfolios. Level 3 performance reports and ‘ward to board’ reporting. Well Led Review has been commissioned
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee’s duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee’s operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee’s ability to	<i>External Audit Opinion on VFM (ISA260)</i> <i>Going Concern review</i> <i>Annual Governance Statement</i> All Statutory requirements met Delivered Financial Targets in 2021/22 (2021/22 on plan) Previous use of Resource Score of 2 (currently not recorded) Trust plan agreed to its financial targets for 2022/23 Monthly Performance report to Trust Board Quality Report to Quality Committee Monthly returns to NHS Improvement Risk Register and Board Assurance Framework Annual Report on non-clinical safety presented to Trust Board <i>Annual Report and Accounts</i> <i>Annual Quality Report</i>

	Statement	Sources of Evidence and Assurance
	<p>continue as a going concern);</p> <p>(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;</p> <p>(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;</p> <p>(g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and</p> <p>(h) To ensure compliance with all applicable legal requirements.</p>	
5	<p>The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:</p> <p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p> <p>(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and</p> <p>(f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.</p>	<p>Board Skill Mix</p> <p>CQC well led rating of Good</p> <p>Board Development Programme</p> <p>Standing Items to Board</p> <ul style="list-style-type: none"> • Performance Report • Finance • Chief Executive Update including <ul style="list-style-type: none"> ○ Nursing Update ○ Operations Update ○ Medical Update ○ HR Update <p>Refreshed Trust Strategic Objectives</p> <p>Patient and Staff Stories reported to Board</p> <p>Programme of Exec Visits (Virtual and Physical)</p> <p>Friends and Family Test</p> <p>CQC Action Plan/Improvement Plan</p> <p>Midday Mail/Midweek Global</p> <p>EMT New Headlines</p> <p>Board Talk</p> <p>Meet with Michele</p>
6	<p>The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in</p>	<p>Trust Board undertake Fit and Proper Persons Test</p> <p>Board Secretary maintains declarations of interest register</p>

	Statement	Sources of Evidence and Assurance
	number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	Staffing Figures reported to the board regularly. Trust Workforce Strategy Workforce included in Service Plans The Trust has established a Workforce Committee

Agenda Item: 13

Title & Date of Meeting:	Trust Board Public Meeting – 25 January 2023											
Title of Report:	External Review of Governance Action Plan Update											
Author/s:	Name: Michele Moran Title: Chief Executive											
Recommendation:	<table border="1" data-bbox="539 723 1525 801"> <tr> <td data-bbox="539 723 938 763">To approve</td> <td data-bbox="938 723 1031 763"></td> <td data-bbox="1031 723 1410 763">To receive & discuss</td> <td data-bbox="1410 723 1525 763">x</td> </tr> <tr> <td data-bbox="539 763 938 801">For information/To note</td> <td data-bbox="938 763 1031 801"></td> <td data-bbox="1031 763 1410 801">To ratify</td> <td data-bbox="1410 763 1525 801"></td> </tr> </table>				To approve		To receive & discuss	x	For information/To note		To ratify	
To approve		To receive & discuss	x									
For information/To note		To ratify										
Purpose of Paper:	<p>It is recommended that the Board notes:</p> <ul style="list-style-type: none"> The recommendations arising from the well-led governance review are complete; and Executive Director colleagues will ensure the practices identified are well established. 											
Key Issues within the report:												
<p>Matters of Concern or Key Risks to Escalate:</p> <ul style="list-style-type: none"> No issues to raise. 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> It was reported at the Board meeting on 27 July 2022 that a review of the embeddedness of the 23 recommendations arising from the well-led review would be presented to Board in quarter 3. All actions to address the recommendations have been progressed and actioned. 											
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> 23 recommendations were made and have all been actioned. 	<p>Decisions Made:</p> <ul style="list-style-type: none"> n/a 											
		Date		Date								

Governance:	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) <i>monthly update paper to Board</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	√			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	

Action Plan to address Recommendations arising from the Well Led review of governance April 2022

This section summarises the recommendations that we have identified as a result of this review we have allocated a risk rating to each of these recommendations as per the following table.

No.	Risk	Recommendation	Overall Lead	Action/s to address recommendation	By when	Any additional comment NB a review of embeddedness of actions will be undertaken in quarter 3
KLOE 1 Is there the leadership capacity and capability to deliver high quality, sustainable care?						
1	LOW	<p>Non-Executive Director recruitment</p> <p>The Trust does not have a NED who has a clinical background, and this or NHS operational experience may be an area for focus for the remaining NED vacancy as this will complement the wide range skill set amongst the existing NEDs</p> <p>Recommendation</p> <p>The recruitment of a new NED should focus on engagement of an individual with NHS clinical or operational experience.</p>	MM/CF	<p>Appointment to the vacant NED post progressed and appointment made in April 2022 – the candidate has clinical experience.</p> <p>Recommendation being addressed via interviews - action to be updated post recruitment</p>	April 2022	Action closed as new NED with clinical experience appointed in April 2022.

2	LOW	<p>Succession planning</p> <p>The Board has not documented its formal succession planning. The succession plans could be extended to include the senior leadership posts in the Divisional Leadership Teams and this can be helpful to focus on any required developments for staff and can assist in identifying potential risks for the future where not all aspects of individual portfolios can be met, even in the short term.</p> <p>Recommendation</p> <p>Succession planning should be undertaken to document plans for the immediate, 6 week and 6 month absence of any Executive or senior leadership team member. Relevant leadership training can be included on the plan for those who would require further support or development to act up or to develop into the position in the longer term.</p>	MM	<p>A proforma has been developed and completed to clearly identify succession planning for each board member – including named person, backfill arrangements that may be required and any development needs.</p> <p>EMT succession plan has been completed.</p> <p>Senior Leadership Team succession plan has been completed.</p>	May 2022	Action closed – formal succession plans documented and on file.
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No.	Risk	Recommendation				
KLOE 1 - Is there the leadership capacity and capability to deliver high quality, sustainable care? (continued)						
3	MED	<p>Quality and Safety Visits</p> <p>A visits programme to services is established and embedded. Executives, NEDs and Governors participate in these, however the programme was suspended in March 2020 due to Covid-19 restrictions and the requirement to social distance and adhere to infection prevention control measures. Virtual visits have continued via MS Teams and some NEDs have been involved in these and report that they have worked reasonably well in the absence of face-to-face activities.</p> <p>It is planned for face to face visits to resume in April 2022 and the Director of Nursing is updating the relevant guidance to ensure it reflects and aligns to national guidance and the Trust's infection prevention and control measures. It may be advantageous for the Board to allocate NEDs to a geographical area or align to specific services to allow greater continuity of relationships and rotate this each year. This method is frequently seen in other similar Trusts that have geographically dispersed services. It would be timely for the Trust to consider such an arrangement and set it up as it completes its recruitment of NED Board members.</p>	<p>HG</p> <p>MM/CF</p>	<p>IPC guidance has been updated in order to resume face to face visits.</p> <p>Face to face visits re-commenced in March 2022. A schedule of services to be visited has been populated with NEDs and execs - these will continue and be expanded as appropriate to include governors in due course working to ensure infection control guidance is followed.</p> <p>In developing the schedule, consideration will be given to allocating NEDs to a geographical or service area, rotating each year. Face to face visits will remain part of Board/development discussions and the revised schedule will reflect any changes to be made.</p> <p>Update: Visits schedule in place</p>	<p>March 2022</p>	<p>Action closed – visits schedule in place.</p>
		<p>Recommendation</p> <p>Safety and Quality visits should be re-established face-to-face as soon as practicable. Visits help to triangulate other</p>	<p>CF</p>	<p>Face to face meetings with Governors have started to be introduced with governor developments day agreed to be held in person for the year ahead.</p> <p>Meetings held in person in April, June and meetings in person to</p>	<p>June 2022</p>	<p>Action delivered.</p>

		<p>data sources, gaining a greater insight and understanding of the services. The Trust should consider allocating NEDs to a geographical area or specific service to build relationships, rotating each year.</p>		<p>continue throughout the year.</p> <p>Joint governor/ned visits are being scheduled for the months ahead.</p> <p>Face to face visits are discussed in CoG, sub groups and development sessions and will be kept under review and scheduled as appropriate throughout the year.</p> <p>Update: Governor Development Days held in person until November when online meetings commenced due to rising Covid-19 cases.</p> <p>Face to face meetings will resume in 2023 once Covid-19 cases have declined and stabilised.</p>		
<p>KLOE 2 - Is there a clear vision incredible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?</p>						

4	Low	<p>Collaborative Committee membership</p> <p>A Clinical Director is now in post for the Provider Collaborative working alongside the Programme Lead and this clinical input potentially reduces the requirement for the Trust's Director of Nursing to have membership on the Collaborative Committee. As operational arrangements mature the Board should revisit these membership arrangements to consider, and allow for, separation of the provider/commissioner roles.</p> <p>Recommendation</p> <p>As the Lead Provider role matures and the provider/commissioner roles become embedded, the Board should consider reviewing the Collaborative Committee's Terms of Reference, assessing the appropriateness and requirement for the Director of Nursing to remain a member.</p>	MM SME	<p>The recommendation is accepted and will be implemented as roles mature.</p> <p>Consideration has been given to this and fed back to Board. An update and timeframe for making this recommendation effective will be provided to the July Board.</p> <p>July update: Further conversations have taken place and the position reassessed. Given some of the clinical conversations it has been agreed to keep the Director of Nursing on the Committee but review later in the year.</p> <p>Update: The membership remains for the same and this will continue to be reviewed during the annual review of the terms of reference.</p>	July 2022	Action progressed and the annual review of the terms of reference will include a review of the membership.
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No.	Risk	Recommendation				
KLOE 3 - Is there a culture of high quality sustainable care?						
5	MED	<p>Freedom To Speak Up Guardian resource</p> <p>The Trust has a Freedom to Speak Up (FTSU) Guardian in post for 1 day a week, supported by 2 part time deputies. The total resource equates to 2 days a week for this important agenda. The Guardians work with staff governors who act as ambassadors for the FTSU agenda and have received some local training and are in place to signpost staff and support the Guardians.</p> <p>Recommendation</p> <p>The Board should consider whether its current resource is adequate to allow for proactive work and sufficient reach to staff in its geographically dispersed services.</p>	MM	<p>It had been agreed (as reported to the April'22 Board) that adverts for 5 ambassadors across the divisions and corporate areas will be progressed to increase the resource available to FTSU.</p> <p>Adverts went out on 15 June and expressions of interest received. Updates will be reported to Board through normal reporting arrangements via CEO report and will be included in next FTSU report to Board in September.</p> <p>The Board was informed via the October Chief Executive report that an ambassador for the Mental Health Services division had been appointed and steps continued to be taken to seek ambassadors from other divisions.</p> <p>Update: The ambassador role continues to be promoted and an Ambassador recruitment campaign is planned for February 2023</p>	June 2022	Action progressed and Ambassador roles being promoted.

6	LOW	<p>A Non-Executive Director is aligned to the FTSU agenda although this NED is at the end of his term with the Trust and therefore a new NED will need to be aligned to this role. It will be important for the new NED to access the on-line training modules that are available via the national Guardian's office web-site.</p> <p>Recommendation</p> <p>The NED who is to be aligned to the FTSU agenda should access the nationally available training modules to promote a full understanding of the speaking-up process and appropriate support to the Guardian.</p>	MM	<p>A new NED with responsibility for FTSU has been aligned to this agenda (Dean Royles).</p> <p>Access to training modules were shared with NED lead on 14/4/22 who has undertaken to complete the training.</p> <p>Training will be monitored between Guardian and NED lead through catch up meetings.</p>	April 2022	<p>Action complete. Training links shared in April. Lead confirmed training complete 25/5/22</p>
7	LOW	<p>Freedom To Speak Up Guardian and the Guardian of Safe Working Hours</p> <p>Nationally data suggests medical staff tend not to use FTSU mechanisms to raise concerns, and in some trusts we see the Guardian of Safe Working Hours used to raise a broad range of issues. The FTSU Guardian should arrange to meet periodically with the Guardian of Safe Working Hours as there are linkages with these roles and this could be of mutual benefit.</p> <p>Recommendation</p> <p>The FTSU Guardian and the Guardian of Safe Working Hours should schedule regular catch-up meetings to discuss any potential emerging themes from their respective roles.</p>	MM	<p>The first meeting between the FTSU Guardian and Guardian of Safe Working Hours was held on 25/4/22.</p> <p>Quarterly meetings have now been established.</p>	25/4/22	<p>Complete – meetings occurring between the FTSU Guardian and Guardian of Safe Working.</p>

No.	Risk	Recommendation				
KLOE 3 - Is there a culture of high quality sustainable care? (continued)						
8	MED	<p>Assessment of detriment</p> <p>It is important to ensure that people do not suffer detriment as a result of speaking-up. Currently, following the closure of a case, the CEO writes to the staff member to thank them for their concern and there is a short questionnaire for staff to complete who have raised the concern. However the response rate is low and the limited response does not adequately assess if there has been any detriment.</p> <p>Recommendation</p> <p>The FTSU Guardian should formalise a process to contact staff who have raised concerns three to six months following closure of the case to discuss how they are feeling and if they have suffered any detriment as a result of speaking-up. The process to address detriment should also feature in the Trust's Raising Concerns policy.</p>	MM/AF	<p>a) A process has been developed to ensure staff are contacted after closure of the case to assess any detriment.</p> <p>b) The process has been included in the updated FTSU Policy as reported to the April 2022 Board.</p>	May 2022	Actioned – follow up letters sent to staff following contact with the FTSU Guardian.

9	LOW	<p>Freedom To Speak Up data</p> <p>The FTSU Guardian submits data as required to the National Guardian's Office and reports to the Board each quarter. The FTSU Guardian does not report data to the Board by ethnic group or gender and this may offer additional information for the Board to analyse in terms of themes and trends.</p> <p>Recommendation</p> <p>The FTSU Guardian should report data by ethnic group and gender as this may highlight additional themes and trends for the Board members to consider.</p>	MM	<p>Recommendation accepted and future reports will include data broken down by ethnic group and gender as reported to the April Board.</p> <p>The next 6 monthly FTSU report to Board will be in October and the requirement for this data breakdown has been captured in the Board action log.</p> <p>Update: those people that have raised a concern since 1 April 2022 have been sent a monitoring form for completion. The data capture from those forms will be analysed and the findings incorporated in the FTSU report to Board in May 2023.</p>	May 2022	Action complete.
10	LOW	<p>Quality of appraisals</p> <p>Appraisal rates are currently 97.06% and this is good performance against the Trust's expectation of 100% at year end. However, the Trust has not routinely sampled completed appraisals to be assured of the quality, and this is a missed opportunity.</p> <p>Recommendation</p> <p>The Divisional Leadership Teams should arrange to review a sample of completed appraisals to gain assurance that they are being completed as intended to maximise the potential of the process for staff.</p>	SMc	<p>A recent internal audit where sample records were assessed, provided significant assurance in this regard. A couple of areas within the report are being worked through – the report will go back to Audit Committee in June</p> <p>As an additional action, EMT agreed on 28 March that a dip sample of appraisals will be carried out in each area by managers with the support of HR business partners where required at the end of the appraisal window. A process has been agreed by EMT and work is underway in July.</p>	July 2022	Work completed

No.	Risk	Recommendation				
KLOE 3 - Is there a culture of high quality sustainable care? (continued)						
11	LOW	<p>Staff networks</p> <p>The Trust has recently set up a number of staff networks and groups to allow staff with protected characteristics, and those wishing to support them, to meet and progress work in line with the EDI strategy.</p> <p>Recommendation</p> <p>Board members should ensure all staff networks have a Board-level sponsor and a Chair to support and assist in the running and effectiveness of each network.</p>	SMc	<p>Staff networks already have a Board-level sponsor ie</p> <ul style="list-style-type: none"> • BAME network board sponsor – Michele Moran • Disability Group – Steve McGowan • LGBT Group – Steve McGowan <p>Support has been given to seek a Chair for the Disability Group. However, no one has come forward. We will continue to support, however it is reliant on someone coming forward to chair this group.</p> <p>Update: the Chair of the Disability Group was appointed in December 2022.</p>	n/a	Action complete.
KLOE 4 - Is there a culture of high-quality sustainable care?						

12	LOW	<p>Action logs For Board level Committees we note that action logs are present and well maintained. We noted that whilst the action logs documented the timescale for completion of the action, the date of when the action was completed was not recorded, and this should be addressed.</p> <p>Recommendation Chairs of Committees and groups that use action logs should ensure the date the action was completed is documented.</p>	MH	<p>27/4/22 Email sent to NED chairs, exec leads and committee administrators.</p> <p>Advice provided to committee and group administrators regarding action logs to ensure the date the action was completed is clearly documented and that a consistent standard is achieved across all groups.</p>	April 2022	Actioned.
13	LOW	<p>Committee Assurance Committee Chairs have not routinely observed the key meetings that feed into their Committee for assurance, and this should be considered on an annual basis to confirm confidence in the governance and reporting framework.</p> <p>Recommendation On an annual basis NEDs who Chair Committees should observe the sub-meetings/groups that feed into their Committee to gain a view on how business is undertaken.</p>	MM / CF	A schedule of ned attendance at direct reporting groups for 2022/23 is in place and covers all committees and reporting groups	May 2022	Action Complete.

No.	Risk	Recommendation				
KLOE 4 - Is there a culture of high quality sustainable care?						
14	LOW	<p>Allocation of Non-Executive Directors to Committees</p> <p>There were only two NEDs present at some Committee (one being the Chair) and this may be due to the fact that the Trust has a NED vacancy that is currently being recruited. Once all NED positions are recruited the Board should review NED allocation and cross referencing to other Committees to maximise the opportunities of attendance and to view the interdependencies of the various Committee agendas.</p> <p>Recommendation</p> <p>Board members should consider the numbers of NEDs at its Committees and discuss whether membership could be increased for some of the busier Committees to facilitate further challenge and opportunities to gain greater assurance.</p>	CF/MM	<p>Committee membership should be a NED Chair and 2 NEDs (with the exception of the commissioning Collaborative Committee).</p> <p>Terms of Reference for all committees approved at the May Board.</p> <p>Update: additional NEDs have now joined the Mental Health Legislation and Collaborative committees</p>	May 2022	18/5/22 Action Complete.

15	LOW	<p>Highlight reports to the Board of Directors</p> <p>Committee Chairs presented highlight reports for assurance and whilst these were comprehensive the impact and style of these could be improved. A common approach using quadrant style reporting could more effectively identify key issues and action taken.</p> <p>Recommendation</p> <p>Committee Chairs should consider the use of a quadrant style report to present key issues emerging from Committees to the Board meeting. Headings of the 4 quadrants are commonly:</p> <ul style="list-style-type: none"> ▪ Matters of concern or key risks to escalate; ▪ Major actions commissioned / work underway; ▪ Positive assurances to provide; and ▪ Decisions made. 	MH	<p>The Chairs Log to Board highlights these key issues but the front sheet has been reviewed and agreed to provide a consistent approach in presenting using the quadrant style.</p> <p>Update: the Board and Committee paper template has been updated to incorporate the Quadrants and these are being used for meetings.</p>	May 2022	Action complete.
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No.	Risk	Recommendation				
KLOE 5 - Are there clear and effective processes for managing risks, issues and performance?						
16	LOW	<p>Board Assurance Framework – risk statements</p> <p>The Trust has a Board Assurance Framework that is well managed and maintained. The BAF describes the Trust's six strategic objectives and details the individual risks to the achievement of these. However, although there is an overarching risk score for each of the six strategic objectives, there is no overarching risk statement that describes what could prevent the Trust achieving the strategic objective, and this should be considered.</p> <p>Recommendation</p> <p>An overarching risk statement should be used to describe the risk to the Trust not achieving each strategic objective.</p>	MM	An overarching risk statement to describe the risk to the Trust of not achieving each strategic objective has been agreed and are included in the CEO Board report for information – the next BAF presentation to Board in September will include these statements.	May 2022	Complete.
17	MED	<p>Risk Registers</p> <p>The Trust-wide Risk Register is well maintained and was up to date at the time of our review. Divisional risk registers were also well maintained. However we noted that in all risk registers the initial risk rating was recorded but did not include a date, and this prevents the reader from understanding how long the risk had been present, and this would be useful</p>	HG/OS	The requirement of the opened date in all risk register reports going forward and the report templates on Datix have now been updated to include this field when extracted to Excel.	March 2022	Delivered and closed.

		<p>to assess the 'journey' of the risk.</p> <p>Recommendation</p> <p>The risk register should be updated to include the date the initial risk was recorded.</p>				
18	MED	<p>Risk ratings and controls</p> <p>We saw many risks on the risk registers where the initial rating and current rating were the same, and this may indicate that the controls in place are not effective and that other treatment is required, especially where timescales for completion are imminent.</p> <p>Recommendation</p> <p>Risk ratings contained on the Trust's risk registers require review to ensure they are correctly stated and reflect the current risk and that controls are sufficient to continue to reduce the level of risk as intended.</p>	HG / OS	<p>a) Risks where the initial and current ratings that are the same have been progressed through the divisional ODG meetings to ensure that this does not happen going forward unless the described controls are not reducing the risk.</p> <p>b) This requirement has also been specifically referenced in the risk register training to ensure staff are aware that in deciding the current risk the controls in place must be taken into account.</p> <p>A report to the May Board will provide evidence.</p>	April 2022	Complete.

No.	Risk	Recommendation				
KLOE 5 - Are they clear and effective processes for managing risks, issues and performance?						
19	LOW	<p>Management of risk</p> <p>The Corporate Risk and Compliance Manager has a structured and consistent approach to risk and this was clear from the meetings we attended. However due to an unexpected short term absence at one meeting, where we were observing, the presentation of the Risk Register was not managed well and this may indicate that wider ownership of the risk management process is required and that processes do not become person dependent.</p> <p>Recommendation</p> <p>The Trust should ensure its arrangements regarding updating and presentation of risks are not person dependent.</p>	HG/OS	<p>Executives have confirmed that there is no requirement for the Risk Manager to attend each board sub committee. Lead executives on the respective committees are expected to discuss the risks on the register and answer any queries.</p> <p>Exec Leads to be reminded of the need for Exec Leads to present risks to respective committees.</p>	April 2022	Complete.
20	LOW	<p>Board Reports</p> <p>Financial performance papers are produced to a high quality and we note that the Board receives a separate finance report. This has been a long standing arrangement that is well evaluated, with no appetite for change. However the title of the Trust's 'Integrated Board Report' (IBR) is misleading as readers may expect full coverage of performance for all portfolios, and this is not the case.</p>	PB	The title of the Integrated Board Report has been updated to 'Performance Report' and reflected in reports to board wef April 2022 meeting.	April 2022	27/4/22 Action complete and closed.

		<p>Recommendation</p> <p>The Board should reconsider the title of its Integrated Board Report to ensure it accurately reflects the purpose and content of the report.</p>				
21	LOW	<p>Divisional Performance and Accountability Reviews</p> <p>The Trust has an established Divisional Performance and Accountability Review process that is operated on an 'earned autonomy' model, with review frequency ranging from 1-6 months. Reviews have been scheduled every 3 months during the Covid-19 pandemic due to the surge in activity, however the earned autonomy model process will be reinstated in April 2022. The Clinical Director is invited to all reviews, however we note that the CD is frequently unable to attend and this may be due to clinical commitments. Reviews should be scheduled to facilitate the attendance of the Clinical Director.</p> <p>Recommendation</p> <p>Accountability Reviews should be scheduled to facilitate the attendance of the Clinical Director.</p>	LP	<p>The clinical director attended accountability reviews in March 2022. The next reviews are scheduled for 23 & 29th June 2022 and the clinical director has confirmed attendance.</p> <p>Going forward, future dates will facilitate the attendance of the Clinical Director.</p>	May/Jun 2022	Achieved.

No.	Risk	Recommendation				
KLOE 6 - Is appropriate and accurate information being effectively processed, challenged and acted on?						
22	LOW	<p>Integrated Performance Report</p> <p>The Trust's Integrated Board Report (IBR) is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format. The cover sheet of the IBR details commentary (including mitigating actions) for indicators that fall outside of normal variation, and this is a useful summary. However for the majority of metrics this detail is not included in the main body of the report alongside the data.</p> <p>Recommendation 22</p> <p>The Integrated performance report could be enhanced by the expansion of narrative to contain root causes, actions and impact/timescale as well as national/local benchmarking where available.</p>	PB	The front sheet of the performance report highlights and provides an update on any areas outside of normal variation – a footer note has been added to the performance report to read the performance report with the cover sheet with explanatory narrative for any areas outside of normal variation from May onwards.	May 2022	18/5/22 Action complete and closed.

23	LOW	<p>Data Quality Assurance Indicators</p> <p>Although the Trust has a Data Quality Group in place and undertakes work to assure its data quality, it does not at present utilise a Data Quality Assurance Indicator and this should be considered. A data quality traffic light or kite mark could be used to appear next to key performance indicators in the SOF report to provide visual assurance on the quality of data underpinning a performance indicator. A visual indicator acknowledges the variability of data and makes an explicit assessment of the quality of evidence on which the performance measurement is based.</p> <p>Recommendation</p> <p>The Trust should consider the use of Data Quality Assurance Indicators to inform users of any data quality risks attached to the data that might impact decision making</p>	PB	<p>Consideration was given in the 8 June DQ Group as to whether traffic light or kite mark would provide a worthwhile improvement.</p> <p>The DQ group agreed to research further with other Trusts to determine if feasible – this has been progressed further with feedback due at the DQ group on 11th August.</p> <p>The DQ group reports to EMT and an update on a decision will be provided to the September Board.</p> <p>Update: The Data Quality group considered Kite Marks and agreed that at this point in time there was no tangible benefit in introducing given the other controls we have for Data Quality assurance.</p>	June 2022	Action complete and closed
<p>KLOE 7 - Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?</p>						
<p>We have not made any recommendation for this KLOE</p>						

No.	Risk	Recommendation
KLOE 8 - Are there robust systems and processes for learning continuous improvement and innovation?		
We have not made any recommendation for this KLOE		

Agenda Item 14

Title & Date of Meeting:	Trust Board Public Meeting– 25 January 2023										
Title of Report:	Q3 2022/23 Board Assurance Framework										
Author/s:	Oliver Sims Corporate Risk and Compliance Manager										
Recommendation:	<table border="1" data-bbox="523 622 1511 698"> <tr> <td data-bbox="523 622 922 658">To approve</td> <td data-bbox="925 622 1018 658">√</td> <td data-bbox="1021 622 1394 658">To receive & discuss</td> <td data-bbox="1398 622 1511 658"></td> </tr> <tr> <td data-bbox="523 663 922 698">For information/To note</td> <td data-bbox="925 663 1018 698"></td> <td data-bbox="1021 663 1394 698">To ratify</td> <td data-bbox="1398 663 1511 698"></td> </tr> </table>			To approve	√	To receive & discuss		For information/To note		To ratify	
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For information/To note		To ratify									
Purpose of Paper:	The report provides the Trust Board with the Q3 2022/23 version of the Board Assurance Framework (BAF) allowing for the monitoring of progress against the Trust’s six strategic goals. The work undertaken to date to transition to the newly approved Trust strategic goals is										
Key Issues within the report:											
<p>Matters of Concern or Key Risks to Escalate:</p> <ul style="list-style-type: none"> The Board Assurance Framework document has been updated to reflect the newly agreed Trust strategic goals and underlying objectives, and initial actions have been taken to align existing risk entries to the new strategic objectives. Following approval of the refreshed Trust Strategy in July 2022, the Board Assurance Framework document for Q3 2022/23 has been updated to reflect the newly approved strategic goals and their underlying strategic objectives. The existing risks referenced in the Board Assurance Framework document for the previous quarter has been reviewed and aligned to the new strategic objectives where applicable and this work has been considered and agreed by the Executive Management Team. Trust Board is asked to consider the developed Q3 Board Assurance Framework, particular in regard to the strategic objective updates included in 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> Further work has been undertaken during the development of the Q3 Board Assurance Framework, to risk assess fully all the new strategic objectives to ensure that all risks to their achievement are adequately scoped and referenced in future iterations of the document. The Trust Executive Management Team has assessed the new strategic objectives for each of the strategic goals to identify controls and assurance in place, as well as any gaps that require capturing on the risk register or additional assurance such as performance metrics. This work will be completed in line with the ongoing development of key performance indicators for each of the Trust’s strategic goals. 										

<p>order to input into the ongoing development process.</p>																								
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> • Progress against the aligned risks is reflected within the framework to highlight the movement of current risk ratings from the previous position at Quarter 2 2022/23. 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. • Overall assurance rating for each of the strategic goals is applied based on the review of the positive assurance, negative assurance and gaps in assurance identified against the individual goal, as well as with consideration of the current risk scores of all identified risks aligned to that strategic goal. The overall rating is not applied solely based on the highest rated risk aligned to that section of the framework and instead represents the overall assurance available to the Executive Lead at the time of review. 	<p>Decisions Made: Agreed assurance ratings for each section of the Board Assurance Framework moving from Quarter 2 2022-23 to Quarter 3 2022-23.</p> <p>Strategic Goal 1 – Innovating Quality and Patient Safety</p> <ul style="list-style-type: none"> - Overall rating maintained at Yellow for Quarter 3 2022/23. <p>Strategic Goal 2 – Enhancing prevention, wellbeing, and recovery</p> <ul style="list-style-type: none"> - Overall rating maintained at Amber for Quarter 3 2022/23. <p>Strategic Goal 3 – Fostering integration, partnerships, and alliances</p> <ul style="list-style-type: none"> - Overall rating maintained at Green for Quarter 3 2022/23. <p>Strategic Goal 4 – Developing an effective and empowered workforce</p> <ul style="list-style-type: none"> - Overall rating adjusted to Amber for Quarter 3 2022/23. <p>Strategic Goal 5 – Maximising an efficient and sustainable organisation</p> <ul style="list-style-type: none"> - Overall rating maintained at Yellow for Quarter 3 2022/23. <p>Strategic Goal 6 – Promoting people, communities, and social values</p> <ul style="list-style-type: none"> - Overall rating maintained at Green for Quarter 3 2022/23. 																							
<p>Governance:</p>	<table border="1"> <thead> <tr> <th data-bbox="525 1675 882 1715"></th> <th data-bbox="882 1675 1031 1715">Date</th> <th data-bbox="1031 1675 1361 1715"></th> <th data-bbox="1361 1675 1524 1715">Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="525 1715 882 1827">Audit Committee</td> <td data-bbox="882 1715 1031 1827">08/2022</td> <td data-bbox="1031 1715 1361 1827">Remuneration & Nominations Committee</td> <td data-bbox="1361 1715 1524 1827"></td> </tr> <tr> <td data-bbox="525 1827 882 1973">Quality Committee</td> <td data-bbox="882 1827 1031 1973">08/2022</td> <td data-bbox="1031 1827 1361 1973">Workforce & Organisational Development Committee</td> <td data-bbox="1361 1827 1524 1973">07/2022</td> </tr> <tr> <td data-bbox="525 1973 882 2051">Finance & Investment Committee</td> <td data-bbox="882 1973 1031 2051">08/2022</td> <td data-bbox="1031 1973 1361 2051">Executive Management Team</td> <td data-bbox="1361 1973 1524 2051">08/2022</td> </tr> <tr> <td data-bbox="525 2051 882 2123">Mental Health Legislation</td> <td data-bbox="882 2051 1031 2123">07/2022</td> <td data-bbox="1031 2051 1361 2123">Operational Delivery Group</td> <td data-bbox="1361 2051 1524 2123"></td> </tr> </tbody> </table>		Date		Date	Audit Committee	08/2022	Remuneration & Nominations Committee		Quality Committee	08/2022	Workforce & Organisational Development Committee	07/2022	Finance & Investment Committee	08/2022	Executive Management Team	08/2022	Mental Health Legislation	07/2022	Operational Delivery Group				
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	Committee			
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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

BOARD ASSURANCE FRAMEWORK						Trust Board					
ASSURANCE OVERVIEW						January 2023					
Strategic Goal	Assurance Level	Reason for Assurance Level	Executive Lead	Assuring Committee	Risk Appetite	Assurance Rating					Highest current risk
						Q3	Q4	Q1	Q2	Q3	
Innovating for 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 internal audit of Trust significant event investigation process and duty of candour.	Director of Nursing	Quality Committee	SEEK	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 because of COVID-19 national situation. Patient Access and Performance manager appointed focussing on clinical systems, information capture and reporting. To review reporting and monitoring processes to make sure we maximise our performance reporting and Trust overall performance.	Chief Operating Officer	Quality Committee	SEEK	A	A	A	A	A	16
Fostering integration, partnerships, 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 planning group alongside other 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.	Chief Executive	Audit Committee	MATURE	G	G	G	G	G	6
Promoting people, communities and social values	G	Place plans and Patient Engagement Strategy implemented, and positive service user surveys received. Social values monitored within Trust and a section is incorporated into the annual report. Further work to promote service users/ care groups. Co-production work continues with regular meetings. Involvement with local groups.	Chief Executive	Quality Committee	SEEK	G	G	G	G	G	9
Developing an effective and empowered workforce	Y	Overall Staff Turnover at 15.68% at the end of October 2022 which is increased from 13.8% in December 2021. Overall statutory and mandatory training performance remains above target (91.7% at October 2022 against target of 85%). 156.3 (FTE) Nursing vacancies October 2022. Qualified Nursing vacancy rate 12.06%. 19.06 (FTE) Consultant vacancies in October 2022. Consultant vacancy rate 28.30%.	Director of Workforce and OD	Workforce and OD Committee	SEEK	Y	Y	Y	Y	A	15
Optimising an efficient and sustainable organisation	Y	The Trust has agreed a breakeven financial plan for 2022/23. Trust financial position at Month 8 2022/23 reported a position which is in line with the ICS planning target. Cash position remains stable. At the end of Month 8, the Trust achieved BPPC (Value £) performance of 91% (non-NHS) and 88% (NHS). Budget Reduction Strategy to deliver £1.9mm of savings from Divisional and Corporate Services in 2022/23 is established and on plan at month 8. The Trust has disposed of surplus estate (Chestnuts) in 2022/23.	Director of Finance	Finance and Investment Committee	MATURE	Y	Y	Y	Y	Y	12

ASSURANCE LEVEL KEY			
Green	Significant Assurance	<ul style="list-style-type: none"> - System working effectively / limited further recommendations. - Effective controls in place. - Satisfied that appropriate assurance is available. 	OR >= 50% of aligned risks scored at LOW / MODERATE (RATING SCORE 1-6)
Yellow	Partial Assurance	<ul style="list-style-type: none"> - System well-designed but requires monitoring/ low priority recommendations. - Some effective controls in place. - Some appropriate assurances are available. 	OR >= 50% of aligned risks scored at HIGH (RATING SCORE 8-10)
Amber	Limited Assurance	<ul style="list-style-type: none"> - System management needs to be addressed/ numerous actions outstanding. - Controls thought to be in place. - Assurances are uncertain and/or possibly insufficient. 	OR >= 50% of aligned risks scored at HIGH (RATING SCORE 12)
Red	No Assurance	<ul style="list-style-type: none"> - System not working / actions not addressed. - Effective controls not in place. - Appropriate assurances are not available. 	OR >= 50% of aligned risks scored at SIGNIFICANT (RATING SCORE 15+)

INNOVATING FOR QUALITY AND PATIENT SAFETY	Lead Director: Dir. Nursing	Lead Committee: Quality Committee	Assurance Level	Q3	Q4	Q1	Q2	Q3
	Quality and patient safety underpins all that we do. Failure to innovate for quality improvement and patient safety could result in service delivery not meeting national and local quality standards resulting in substandard care being delivered which could impact on patient safety and outcomes.			Y	Y	Y	Y	Y

Positive Assurance	
Assurance	Source
<ul style="list-style-type: none"> - Audit and Effectiveness Group which oversees work in relation to all aspects of CQC compliance. - CQC Engagement Meetings. - Quality Dashboard in place and items escalated as required. - Overall rating of 'good' in 2019 CQC inspection report. - Patient Safety Strategy 2019-22 implementation. - CQC 'must do' actions completed. - Internal audit of SEA (significant event analysis) process and Duty of Candour. - Six-monthly safer staffing report / DATIX Reporting / Weekly Ops meeting to discuss staffing - Safeguarding Annual Report - CQC TMA January 2020 – positive outcome. 	<ul style="list-style-type: none"> Quality Committee assurance report to Board. CQC Engagement meeting CQC Inspection Report / TMA Feedback

Negative Assurance	
Assurance	Source
<ul style="list-style-type: none"> - 'Requires Improvement' rating for Safe domain in CQC report. - 'Requires Improvement' rating for Princes Medical GP practice in CQC report. 	<ul style="list-style-type: none"> Trust Board CQC Report Internal Audit

Gaps in Assurance
What do we not have
<ul style="list-style-type: none"> Good rating in 'safe' domain for CQC rating. Good rating for Princes Medical Centre

Strategic Objective	Principal Risk to Strategic Objective	Q2 22-23 Rating	Q3 22-23 Rating	Target	Movement from prev. Quarter
Attain a CQC rating of outstanding for safety to inform our ultimate aim of achieving a rating of outstanding in recognition of our success in delivering high-quality, safe, responsive, and accessible care.	Inability to meet Regulation 18 HSCA (RA) Regulations 2014 regarding Safer Staffing.	8	8	4	↔
Continually strive to improve access to our services and minimise the impact of waiting times for our patients, their carers and families	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	↔
Use patient experience and other forms of best available evidence to inform practice developments and service delivery models for the services we provide and commission.	Failure to use patient experience and other forms of best available evidence to inform practice developments and service delivery models for the services we provide, and commission may result in reduced quality of care.	N/A	8	4	New Risk
Work collaboratively with our stakeholders to co-produce models of service delivery and deliver transformation programmes that meet the needs of the communities we serve and address health inequalities, both in our provider role and in our role as lead commissioner.	Failure to work collaboratively with our stakeholders to co-produce models of service delivery and deliver transformation programmes both in our provider role and in our role as lead commissioner, which may result in the needs of the communities we serve not being met and health inequalities not being addressed.	N/A	8	4	New Risk
Shape the future of our health services and treatments by building on our existing research capacity, taking part in high-quality local and national research, embedding research as a core component of our frontline clinical services and translating research into action.	Failure to build on our existing research capacity, take part in high-quality local and national research, embed research as a core component of our frontline clinical services and translate research into action may impact our ability to shape the future of our health services and treatments.	N/A	8	4	New Risk

Key Controls	Sources of Assurance – Reporting Mechanisms
Routine monitoring of staffing establishments and daily staffing levels.	6-month safer staffing report.
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
Trust self-assessment against CQC standards.	Quality Committee Trust Board
Review undertaken of safety across Trust services.	
Development of regular audit arrangements to assess, monitor and improve the quality and safety of Trust service in 'MyAssurance' system. Quarterly monitoring reports established and implemented audit as part of standing agenda across Trust clinical network and divisional meeting to monitor divisional compliance with required standard.	Quality Committee QPAS Clinical Networks

Gaps in Control	Actions
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
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
Outstanding actions from Safe KLOE deep dive.	Safe KLOE actions to be embedded to address identified gaps in practice
'Requires Improvement' CQC rating for Princes Medical.	Implementation of improvement action for Princes Medical

ENHANCING PREVENTION, WELLBEING AND RECOVERY	Lead Director: Chief Operating Officer	Lead Committee: Quality Committee	Assurance Level	Q3	Q4	Q1	Q2	Q3
	Failing to enhance prevention, wellbeing and recover could result in patients not accessing support and services that will address their health and care needs leading to poorer health outcomes and adversely widening health inequalities for our populations.			A	A	A	A	A

Positive Assurance		Negative Assurance		Gaps in Assurance
Assurance	Source	Assurance	Source	What do we not have
<ul style="list-style-type: none"> - 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. - Proactive contact with patients on waiting list within challenging services. - Collaborative working between Trust and CCGs supportive of additional interventions to reduce waiting times - Patient Access and Performance manager appointed focussing on clinical systems, information capture and reporting. To review reporting and monitoring processes to make sure we maximise our performance reporting and Trust overall performance. 	Trust Board ODG Quality Ctte ODG / CLD Delivery Group	<ul style="list-style-type: none"> - Increase in demand in community health services and primary care. Community health services have seen increase in patients having been discharged from hospital who require ongoing health support. - National increase in demand for CAMHs in patient and mental health inpatient beds. 	Trust Board Quality Ctte	Data capture and performance reporting for some patient pathways.

Strategic Objective	Principal Risk to Strategic Objective	Q2 22-23 Rating	Q3 22-23 Rating	Target	Movement from prev. Quarter
Focus on putting recovery at the heart of our care. This means supporting people using our services to build meaningful and satisfying lives, based on their own strengths and personal aims. We will offer holistic services to optimise health and wellbeing including our Recovery College, Health Trainers, Social Prescribing and Peer Support Workers.	Failure to put recovery at the heart of our care which may result in our service users not being supported to build meaningful and satisfying lives.	No rating for Q2 as new risk	6	3	No rating movement for Q2 as new risk for Q3
Empower adults, young people, children and their families to take control by becoming experts in their own self-care, making decisions and advocating for their needs.	Failure to empower adults, young people, children and their families to take control of their own self-care which may result in health needs not being fully met leading to poorer health outcomes.	No rating for Q2 as new risk	6	3	No rating movement for Q2 as new risk for Q3
Work in partnership with our staff, patients, service users, carers and families to co-produce integrated services which take a collaborative, holistic and person-centred approach to care.	As a result of system pressures there has been an increase in the number of delayed transfers of care in Trust inpatient services resulting in impact to patient flow which may lead to reduced patient experience and quality of service provision	No rating for Q2 as new risk	16	8	No rating movement for Q2 as new risk for Q3
Embed a trauma informed approach to supporting the people who use our services. In doing this, we will acknowledge people's experiences of physical and emotional harm and deliver our services in a way that enables them to feel safe and addresses their physical, psychological and emotional needs.	Failure to embed a trauma informed approach to supporting the people who use our services which may result in patients not feeling safe and their physical, psychological and emotional needs not being met.	No rating for Q2 as new risk	9	3	No rating movement for Q2 as new risk for Q3

Key Controls	Sources of Assurance – Reporting Mechanisms	Gaps in Control	Actions
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.	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
Local Targets and KPIs.	Quality impact on key identified areas monitored via Quality Committee.	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
Targeted escalation meetings with place partners and provider collaboratives are in place to resolve the complex care packages of patients that are required	Weekly divisional meetings with Deputy COO around waiting list performance.	Unofficial delays in transfers of care who are requiring an escalation in care	Level of delayed DTOCS and detail is included in a number of system meetings where there is representation from Humber and therefore early opportunity to resolve
Level of delayed DTOCS and detail is included in system meetings where there is representation from Humber and therefore early opportunity to resolve.			

FOSTERING INTEGRATION, PARTNERSHIPS AND ALLIANCES	Lead Director: Chief Executive	Lead Committee: Audit Committee	Assurance Level	Q3	Q4	Q1	Q2	Q3
	Failure to foster integration, partnerships and alliance could result in the Trust not being able to influence the delivery of health and social care regionally, which could impact on the development of system-wide solutions that enhance ability to deliver excellent services.			G	G	G	G	G

Positive Assurance	
Assurance	Source
<ul style="list-style-type: none"> - 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 ICS - Refreshed Operational and Strategic plans shared with stakeholders. - Hull Health and Wellbeing Board. - ICS Accredited Programme 	Trust Board Exec Committee

Negative Assurance	
Assurance	Source
<ul style="list-style-type: none"> - 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. - Governor links to constitutions. 	Trust Board

Gaps in Assurance
What do we not have
<ul style="list-style-type: none"> - No gaps identified against overall assurance rating of this strategic goal. <p>Full ICS system in place – but still developing long-term plans.</p>

Strategic Objective	Principal Risk to Strategic Objective	Q2 22-23 Rating	Q3 22-23 Rating	Target	Movement from prev. Quarter
Use our system-wide understanding of our local population’s health needs and our knowledge of the impact and effectiveness of interventions to plan services.	Failure to use our system-wide understanding of our local population’s health needs and our knowledge of the impact and effectiveness of interventions to plan services.	No rating for Q2 as new risk	6	3	No rating movement for Q2 as new risk for Q3
Work closely with all six Place-based partnerships across Humber and North Yorkshire to facilitate collaboration and empower local systems. Place-based partnerships have responsibility for improving the health and wellbeing outcomes for the population, preventing ill health and addressing health inequalities at a local level.	Failure to work closely with Place-based partnerships across Humber and North Yorkshire to facilitate collaboration and empower local systems which may impact our ability to improve the health and wellbeing outcomes for the population,	No rating for Q2 as new risk	6	3	No rating movement for Q2 as new risk for Q3
Collaborate with system partners to maximise the efficient and effective use of resources across health and care services.	Failure to collaborate with system partners which may impact the efficient and effective use of resources across health and care services.	No rating for Q2 as new risk	6	3	No rating movement for Q2 as new risk for Q3
Work alongside our partners in health, social care, the voluntary, community and social enterprise sector, Healthwatch, local government and other fields to develop integrated services as part of the Humber and North Yorkshire Health and Care Partnership.	Failure to work alongside our partners in health, social care, the voluntary, community and social enterprise sectors, which may impact our ability to develop integrated services as part of the Humber and North Yorkshire Health and Care Partnership.	No rating for Q2 as new risk	6	3	No rating movement for Q2 as new risk for Q3
Take a collaborative approach to facilitating the provision of modern innovative services, building on our role as Lead Provider for perinatal mental health and aspects of specialised mental health commissioning.	Failure to take a collaborative approach to facilitating the provision of modern innovative services which may impact on the development of our role as Lead Provider for perinatal mental health and aspects of specialised mental health commissioning.	No rating for Q2 as new risk	6	3	No rating movement for Q2 as new risk for Q3
Empower Humber staff to work with partners across organisational boundaries, embracing a ‘one workforce’ approach to enable patients to access the right support, in the right place, at the right time.	Failure to empower Humber staff to work with partners across organisational boundaries which may prevent patients to access the right support, in the right place, at the right time.	No rating for Q2 as new risk	6	3	No rating movement for Q2 as new risk for Q3

Key Controls	Sources of Assurance – Reporting Mechanisms
Trust Strategy, values and goals aligned with ICS	Regular ICS updates to Trust Board Formal and informal dialogue with Commissioners Assurance systems for Service Plans/ Strategies Internal Clinical Audit programme R&D programme
Alignment clearly demonstrated within two-year operational plan	
Chief Executive is Senior Responsible Officer for Mental Health Work-stream.	
Patient and Carer Experience Champion and Veteran / PACE Forums	
Humber Co-production Network with members involved in Trust activity	

Gaps in Control	Actions
Lack of movement from NHSE to address gaps identified through due diligence.	Ongoing meetings with NHSE and regional team to seek clarification around funding
Ongoing arrangements for continued engagement and coproduction with involvement of service users.	Trust refresh of PACE strategy for patient and carer experience plan for 2023-28 which will inform engagement and coproduction.

PROMOTING PEOPLE, COMMUNITIES AND SOCIAL VALUES	Lead Director: Chief Executive	Lead Committee: Quality Committee	Assurance Level	Q3	Q4	Q1	Q2	Q3
	Failure to promote people, communities and social values may result in Trust services not having a measurable social impact which could affect the health of our population and cause increased demand for services.			G	G	G	G	G

Positive Assurance		Negative Assurance		Gaps in Assurance
Assurance	Source	Assurance	Source	What do we not have
<ul style="list-style-type: none"> - 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 launched 	Quality Committee assurance report to Board. CQC Engagement meeting CQC Inspection Report / TMA Feedback	<ul style="list-style-type: none"> - 'Requires Improvement' rating for Safe domain in CQC report. - 'Requires Improvement' rating for Princes Medical GP practice in CQC report. 	Trust Board CQC Report Internal Audit	Good rating in 'safe' domain for CQC rating. Good rating for Princes Medical Centre

Strategic Objective	Principal Risk to Strategic Objective	Q2 22-23 Rating	Q3 22-23 Rating	Target	Movement from prev. Quarter
Take action to address health inequalities and the underlying causes of inequalities, both in our role as a provider of integrated health services and our role as a developing anchor institution, supporting the long-term aim of increasing life expectancy for our most deprived areas and for population groups experiencing poorer than average health access, experience, and outcomes.	Failure to take action to address health inequalities and the underlying causes of inequalities, both in our role as a provider of integrated health services and our role as a developing anchor institution, may impact our ability to support the long-term aim of increasing life expectancy for our most deprived areas and for population groups experiencing poorer than average health access, experience and outcomes.	No rating for Q2 as new risk	9	3	No rating movement for Q2 as new risk for Q3
Celebrate the increasing cultural diversity of Humber, offering opportunities for our staff, patients, families and the communities we support to safely express their views and shape and influence our services.	Failure to celebrate the increasing cultural diversity of Humber which may impact opportunities for our staff, patients, families and the communities we support to safely express their views and shape and influence our services.	No rating for Q2 as new risk	8	4	No rating movement for Q2 as new risk for Q3
Work collaboratively with our partners in the voluntary sector to build on our shared strengths - our deep knowledge of service users' needs and our ability to respond to changing circumstances.	Failure to work collaboratively with our partners in the voluntary sector to build on our shared strengths and our deep knowledge of service users' needs which may impact our ability to respond to changing circumstances.	No rating for Q2 as new risk	6	3	No rating movement for Q2 as new risk for Q3
Strengthen Humber's relationships with statutory partners including housing, education and Jobcentre Plus to deepen our understanding of our communities.	Failure to strengthen Humber's relationships with statutory partners including housing, education and Jobcentre Plus impacting our understanding of our communities.	No rating for Q2 as new risk	6	3	No rating movement for Q2 as new risk for Q3
Work alongside economic development and health and care system partners to ensure that our investments in facilities and services benefit local communities.	Failure to work alongside economic development and health and care system partners to ensure that our investments in facilities and services benefit local communities.	No rating for Q2 as new risk	6	3	No rating movement for Q2 as new risk for Q3
Offer simplified routes into good employment for local people.	Failure to offer simplified routes into good employment for local people which could impact the development of an effective and engaged workforce.	No rating for Q2 as new risk	6	3	No rating movement for Q2 as new risk for Q3
Provide opportunities to people with lived experience of mental and physical ill health, autism and learning disabilities and people from communities experiencing deprivation.	Provide opportunities to people with lived experience of mental and physical ill health, autism and learning disabilities and people from communities experiencing deprivation.	No rating for Q2 as new risk	6	3	No rating movement for Q2 as new risk for Q3

Key Controls	Sources of Assurance	Gaps in Control	Actions
CMHT transformation work underway which will impact Recovery College due to its status as a discharge pathway.	Trust Board	Secured funding for Recovery College with Commissioners	Ongoing communication with commissioners regarding funding - awaiting planning guidance around funding
Recovery college offer moved to online provision and broadened.		Recovery focussed practice still to be fully embedded across the Trust	Delivery of Recovery Strategy implementation plan
Supporting forums established for development of equality and diversity work within the Trust.			

DEVELOPING AN EFFECTIVE AND EMPOWERED WORKFORCE	Lead Director: Dir. of Workforce and OD	Lead Committee: Workforce and OD Committee	Assurance Level	Q3	Q4	Q1	Q2	Q3
	Failure to recruit and retain high-quality workforce could result in service delivery not meeting national and local quality standards resulting in substandard care being delivered which could impact on patient safety and outcomes			Y	Y	Y	Y	A

Positive Assurance	
Assurance	Source
- Trust headcount has increased compared to 12 months ago (2879.2 in August 2022 compared to 2695.1 in September 2021)	Trust Board Workforce and OD Committee Audit Committee Quality Committee
- Overall Staff Turnover at 15.3% at August 2022 which is increased from 12.9% in September 2021.	
- Overall statutory and mandatory training performance remains above target (91.5% at August 2022 against target of 85%).	

Negative Assurance	
Assurance	Source
- 136.6 (FTE) Registered Nursing vacancies August 2022 compared with 118.1 (FTE) in August 2021. 14.49% Registered Nursing vacancy rate August 2022 compared with 13.89% vacancy rate in August 2021.	Trust Board Workforce and OD Committee
- 13 consultant vacancies as of August 2022 (14.7 August 2021). 28.25% vacancy rate in August 2022 for the consultant workforce	
- Non-compliance with Job Planning process for Medic roles.	
- Some statutory/mandatory training is below trust target	

Gaps in Assurance
What do we not have
- No gaps identified against overall assurance rating of this strategic goal.

Strategic Objective	Principal Risk to Strategic Objective	Q2 22-23 Rating	Q3 22-23 Rating	Target	Movement from prev. Quarter
Grow a community of leaders and managers across Humber with the capability, confidence and values to create a highly engaged, high performing and continually improving culture.	Failure to grow a community of leaders and managers across Humber with the capability, confidence and values which may impact our ability to create a highly engaged, high performing and continually improving culture.	No rating for Q2 as new risk	6	3	No rating movement for Q2 as new risk for Q3
Ensure all colleagues are highly motivated to achieve outstanding results by creating a great employer experience, so that they feel valued and rewarded for doing an outstanding job; individually and collectively.	Failure to ensure all colleagues are highly motivated to achieve outstanding results by creating a great employer experience which may impact on our staff feeling valued and rewarded for doing an outstanding job both individually and collectively.	No rating for Q2 as new risk	9	3	No rating movement for Q2 as new risk for Q3
Attract, recruit, and retain the best people by being an anchor employer within the locality; with roles filled by staff that feel happy and proud to work for Humber.	There is a difficulty to retain and recruit GPs, this is contributed to by national shortages and may impact on the Trust's ability to deliver safe services.	20	15	10	
Prioritise the health and wellbeing of our staff by understanding that staff bring their whole self to work, so we place mental and physical wellbeing at the heart of the individual's experience of working at Humber.	Failure to prioritise the health and wellbeing of our staff and place mental and physical wellbeing at the heart of the individual's experience of working at Humber which may impact retention of an effective and engaged workforce.	No rating for Q2 as new risk	6	3	No rating movement for Q2 as new risk for Q3
Enable new ways of working and delivering health care, anticipating future demands and planning accordingly.	Failure to implement new ways of working and delivering health care which may impact our ability to anticipate future demands and plan accordingly.	No rating for Q2 as new risk	9	6	No rating movement for Q2 as new risk for Q3
Engage with schools, colleges and universities to create a highly skilled and engaged workforce who want to grow and develop to deliver high-quality care.	Failure to engage with schools, colleges and universities to create a highly skilled and engaged workforce which may impact our ability to deliver high-quality care.	No rating for Q2 as new risk	6	3	No rating movement for Q2 as new risk for Q3
Develop a culture of learning, high engagement, continuous improvement and high performance that builds on our values and enables us to realise the potential of our people.	Failure to develop a culture of learning, high engagement, continuous improvement and high performance that builds on our values which may impact our ability to realise the potential of our people.	No rating for Q2 as new risk	9	6	No rating movement for Q2 as new risk for Q3
Maximise a diverse and inclusive workforce representative of the communities we serve.	Failure to maximise a diverse and inclusive workforce representative of the communities we serve which may result in reputational harm to the Trust and further impact on the recruitment and retention of an effective and engaged workforce.	No rating for Q2 as new risk	9	6	No rating movement for Q2 as new risk for Q3

Key Controls	Sources of Assurance
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)
Trust Retention Plan.	
Trust-wide workforce plan.	
PROUD organisational development programme launched to continue Trust investment in middle and senior managers.	
Mentoring and coaching support.	

Gaps in Control	Actions
Turnover of Medical staff group.	Programme of 6 monthly deep dives into Leaver data to be undertaken and reported into WFOD Committee
GP staffing vacancies across primary care.	Trust divisions to develop bespoke plans supported by deep dive analysis - specifically Primary Care has developed deep dive work groups to fill GP post and reduce turnover
Identification and support of talent within the Trust.	Evaluation of impact of the leadership programmes

OPTIMISING AN EFFICIENT AND SUSTAINABLE ORGANISATION	Lead Director: Dir. Finance	Lead Committee: Finance and Investment Committee	Assurance Level	Q3	Q4	Q1	Q2	Q3
Failure to optimise efficiencies will inhibit the longer-term financial sustainability of the Trust which will reduce any opportunities to invest in services where appropriate and put at risk the ability to meet financial targets set by our regulators.				Y	Y	Y	Y	Y

Positive Assurance		Negative Assurance		Gaps in Assurance
Assurance	Source	Assurance	Source	What do we not have
<ul style="list-style-type: none"> Financial position Month 8 2022/23 – The Trust reported a position in with the ICS target. Trust cash position remains stable At the end of Month 8, the Trust achieved BPPC (Value £) performance of 91% Budget Reduction Strategy to deliver £1.9mm of savings from Divisional and Corporate Services in 2022/23 is established The Trust has disposed of surplus estate 	Trust Board Finance and Investment Committee	Non recurrent items have been used to balance the financial plan/budget Agency expenditure is currently ahead of target £0.861m at month 8. A recovery plan is regularly updated at EMT Primary Care budgets are showing an overspend at Month 8 of £1.169m. Trajectories have been developed for 2023/24 which show some savings against budget	Trust Board Finance and Investment Committee	

Strategic Objective	Principal Risk to Strategic Objective	Q2 22-23 Rating	Q3 22-23 Rating	Target	Movement from prev. Quarter
Embrace new, safe and secure technologies to enhance patient care, improve productivity and support our workforce across the health and social care system. We will design technologies around the person's needs and will make sure that people are not excluded from accessing services due to digital poverty or poor rural connectivity.	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	↔
Work with our partners to optimise the efficiency and sustainability of the Humber and North Yorkshire Health and Care Partnership in our role as lead provider.	Risk to the Trusts ability to deliver its overarching Financial Position (and regulatory intervention) if Agency spend continues to exceed ceiling	16	16	8	↔
Continue to develop our estate to provide safe, environmentally sustainable and clinically effective environments that support operational delivery.	Inability to improve the overall condition and efficiency of our estate.	8	8	4	↔
Work with our partners and communities to minimise our effect on the environment to meet the NHS climate change target.	Failure to work with our partners and communities to minimise our effect on the environment which may impact our ability to meet the NHS climate change target.	9	9	6	↔
Empower all staff to contribute to the efficiency and sustainability of the organisation by making informed decisions about the efficient use of resources.	Risk to longer-term financial sustainability if block contract values are insufficient to cover the Trust Cost base.	12	12	8	↔

Key Controls	Sources of Assurance
Budgets and Financial Plan agreed.	Finance & Investment Committee Reports
BRS 2022/23 developed	<ul style="list-style-type: none"> Cash Financial Position BRS
Small contingency / risk cover provided in plan	Debtors/ Creditors Trust Board Reports <ul style="list-style-type: none"> Financial Position Cash
Technical controls include network firewalls, network and computer passwords, blocking of USB sticks, and regular updating of Windows operating system, regular reports of possible vulnerabilities from NHS Digital CareCert.	Finance & Investment Committee Reports <ul style="list-style-type: none"> Cash Financial Position BRS
Our externally hosted clinical system supplier has appropriate controls in place.	Debtors/ Creditors Trust Board Reports <ul style="list-style-type: none"> Financial Position Cash

Gaps in Control	Actions
Agency Recovery Plan not yet implemented	Agency Recovery Plan needs to be implemented
Longer-term planning guidance is awaited.	Medium Term Financial Plan to be developed when guidance is issued
The overarching ICS financial position and the ability for Commissioners to invest above the MHIS and to maintain STP Transformation funding.	Continue to work with Commissioners to highlight the requirement for funding through MHIS
Whilst technical countermeasures are in place, the biggest weakness is human error - including the opening unsolicited email, visiting websites and compromised passwords.	Process for managers to ensure that all staff are aware of cyber -crime and ensure that they do not open unsolicited emails/attachments, and only use the internet in accordance with section 3.2 of the Electronic Communications Policy.

BOARD ASSURANCE FRAMEWORK

			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 regards 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.

Agenda Item 15

Title & Date of Meeting:	Trust Board Public Meeting– 25 January 2023										
Title of Report:	Risk Register Update										
Author/s:	Executive Lead: Hilary Gledhill, Director of Nursing, Allied Health & Social Care Professionals. Oliver Sims Corporate Risk and Compliance Manager										
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To receive & discuss</td> <td>√</td> </tr> <tr> <td>For information/To note</td> <td></td> <td>To ratify</td> <td></td> </tr> </table>			To approve		To receive & discuss	√	For information/To note		To ratify	
To approve		To receive & discuss	√								
For information/To note		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 September 2022.										
Key Issues within the report:											
Matters of Concern or Key Risks to Escalate: <ul style="list-style-type: none"> No matter of concerns to highlight or key risks further to those included in the Trust wide risk register to escalate. 	Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Please see the risk register for actions being undertaken for each of the risks. Work is underway to risk assess the objectives in the refreshed trust strategy. Once assessed the risks will be included on the respective risk register with any risks scoring 15 or higher included on the trust wide register. 										
Positive Assurances to Provide: <p>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.</p> <ul style="list-style-type: none"> Ongoing retention work within the Trust across hard to recruit roles and Trust staff retention plan in place. Golden Hello payments now in place for Band 5 registered nurses, as well as refer-a -friend process for these roles. Additional retention premiums in place for Band 5 registered nurses. 	Decisions Made: <ul style="list-style-type: none"> There are currently 5 risks held on the Trust-wide Risk Register. The current risks held on the Trust-wide risk register are summarised below: <table border="1"> <thead> <tr> <th>Risk Description</th> <th>Current Rating</th> <th>Movement from prev. quarter</th> </tr> </thead> <tbody> <tr> <td>WF04 – With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services</td> <td style="background-color: red; color: white; text-align: center;">15</td> <td style="text-align: center;"></td> </tr> </tbody> </table>			Risk Description	Current Rating	Movement from prev. quarter	WF04 – With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services	15			
Risk Description	Current Rating	Movement from prev. quarter									
WF04 – With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services	15										

<p>WF10 - There is a difficulty to retain and recruit GPs, this is contributed to by national shortages and may impact on the Trust's ability to deliver safe services.</p>	<p>and/or puts financial pressure through the use of agency staff.</p>		
<ul style="list-style-type: none"> Ongoing retention work within the Trust across hard to recruit roles and Trust staff retention plan in place. Recruitment and retention payments now in place for GPs, as well as refer-a -friend process for these roles. Investment in primary care role to support GP recruitment and resourcing of Locums. Trust has also invested in BMJ subscription to support wider advertising and attraction initiatives. 	<p>WF10 – There is a difficulty to retain and recruit GPs, this is contributed to by national shortages and may impact on the Trust's ability to deliver safe services.</p>	<p>15</p>	<p>↔</p>
<p>FI1224 – Risk to the Trust's ability to deliver its overarching Financial Position (and regulatory intervention) if agency spend continues to exceed ceiling.</p> <ul style="list-style-type: none"> The Trust has been set a target to reduce agency spend by 10% from 2021/22 expenditure levels. An Agency Recovery Plan has been approved by EMT and is being monitored, with assurance provided to the Finance and Investment Committee. An update on agency expenditure is included in the Finance Report to the Trust Board. <p>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.</p> <ul style="list-style-type: none"> Recovery plans remain in place to reduce waiting times and achieve 18-week compliance (or below where that is applicable). Data demonstrates that progress is now being made in reducing over 52-week wating times, particularly in the children's autism service which previously had the highest number of patients waiting over 52 weeks. <p>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</p>	<p>OPS11 – Failure to address waiting times and meet early intervention targets which may result in increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.</p>	<p>16</p>	<p>↔</p>
	<p>Risk Description</p>	<p>Current Rating</p>	<p>Movement from prev. quarter</p>
	<p>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.</p>	<p>16</p>	<p>↔</p>
	<p>OPS15 – As a result of system pressures there has been an increase in the number of delayed transfers of care in Trust inpatient services resulting in impact to patient flow which may lead to reduced patient experience and quality of service provision.</p>	<p>16</p>	<p>New risk scoped in Q3 so no Q2 rating for comparison</p>

patients in line with complexity and admission to inappropriate settings.

- Pressure continues nationally on demand for CAMHs beds. Complexity of need remains high, and our inpatient unit has been experiencing delays in transfers of care (there has been some improvement recently) However, our beds continue to be optimised to reduce the likelihood of out of area admissions and a review of the ratio of general adolescent beds to intensive care beds has taken place. Staff will shortly complete training that will enables them to support patients with complex eating disorders who require naso-gastric feeding as part of their treatment, a need that has previously led to out of area beds being sort.

OPS15 – As a result of system pressures there has been an increase in the number of delayed transfers of care in Trust inpatient services resulting in impact to patient flow which may lead to reduced patient experience and quality of service provision.

- Delayed Transfers of Care (or patients who have No Criteria to Reside NCTR) remain high and the issue continues to lie with patients predominantly waiting for specialised hospital placements with other NHS providers or local authority provided residential placements. System escalation mechanisms are in place to address this overseen by the Chief Operating Officer. Focus will be maintained on improving this position further in order to achieve the best outcomes for our patients and to ensure it does not adversely impact on the improved position we have achieved in reducing out of area placements. The ICB and Provider Collaborative are escalating DTOC/NCTR as an issue requiring focussed system action and proposals have been made and supported for the new national Discharge Funding to support patient flow in order to improve the level of DTOC. Our ICB has very recently been confirmed as a National Discharge Frontrunner site and whilst this is focussed on acute care, we will expect this to bring further benefit in reducing the delays that our patients experience.

Industrial Action			
Consideration has been given to the risk posed to the Trust by ongoing industrial action frontline medical staff. Following assessment of the risk and the controls / mitigations currently in place, level of current risk is below the threshold for inclusion on the Trust wide risk register (scored of 15+) and will continue to be monitored via operational risk arrangements.			
Governance:		Date	Date
	Audit Committee	11/2022	Remuneration & Nominations Committee
	Quality Committee		Workforce & Organisational Development Committee
	Finance & Investment Committee	01/2023	Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Charitable Funds Committee		Collaborative Committee
			Other (please detail)

Monitoring and assurance framework summary:

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

1. Trust-wide Risk Register

There are currently **5** risks reflected on the Trust-wide risk register which records all risks currently scored at a rating of 15 or above and is reflected in **Table 1** below:

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

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
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	10
WF10	With current national shortages, the inability to retain GPs may impact on the Trust's ability to deliver safe services.	20	15	10
OPS11	Failure to address waiting times and meet early intervention targets which may result in 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
OPS15	As a result of system pressures there has been an increase in the number of delayed transfers of care in Trust inpatient services resulting in impact to patient flow which may lead to reduced patient experience and quality of service provision.	20	16	8

2. Closed/ De-escalated Trust-wide Risks

There are **2** risks previously held on the Trust-wide risk register which has been closed / de-escalated since last reported to Trust Board in September 2022.

Table 2 - Trust-wide Risk Register Closed / De-escalated Risks

Risk ID	Description of Risk	Risk Status / Update
WF03	With current national shortages, the inability to recruit qualified nursing may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce	Risk reviewed by Executive Management Team and re-scored to represent current mitigations in place and current level of risk being faced by the Trust. Current score amended to rating of 12 (Possible x Severe) lowering risk below threshold for inclusion on trust wide risk register and will be monitored via the Workforce and OD risk register.
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	Risk reviewed by Executive Management Team and Finance and Investment Committee in January 2023. Risk has been re-scored to represent current mitigations in place

Risk ID	Description of Risk	Risk Status / Update
	providers who are not using PBR tariff.	and current level of risk being faced by the Trust. Current score reduced to a rating of 12 (Possible x Severe) lowering risk below threshold for inclusion on trust wide risk register and will be monitored via the Finance directorate risk register.

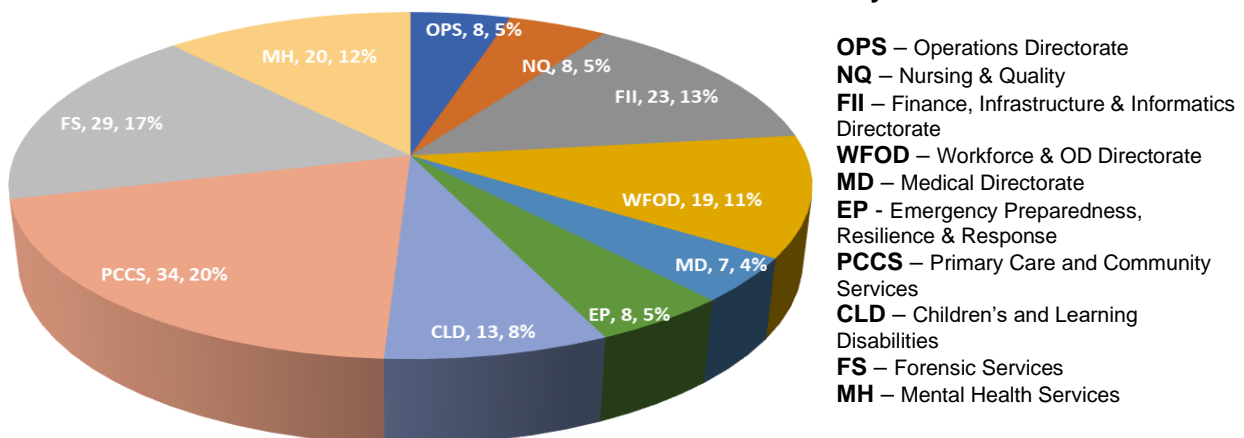
3. Wider Risk Register

There are currently **169** risks held across the Trust's risk registers. The current position represents an overall decrease of **13** risks from the **182** reported to Trust Board in September 2022. The table below shows the current number of risks at each risk rating:

Table 3 - Total Risks by Current Risk level

Current Risk Level	Number of Risks – September 2022	Number of Risks – January 2023
20	0	0
16	2	3
15	3	2
12	44	41
10	11	12
9	46	37
8	24	24
6	40	41
5	1	0
4	5	6
3	6	2
2	0	0
Total Risks	182	169

Chart 1 – Total Risks by Division/ Directorate



Trust-wide Risk Register 15+

Row	Risk ID	Description of Risk	Date Opened	Impact/Consequence Type	Likelihood (Initial)	Impact (Initial)	Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Date Reviewed	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	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	10/06/2019	Objectives	Likely	Catastrophic	20	Significant	<ol style="list-style-type: none"> 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. 7. Review completed for new year staff survey results and development of departmental / divisional action plans monitored through accountability reviews. 8. Quarterly Nurse Transfer Window 9. R&R Payment for band 5 Nurses 10. Exit Interview process 11. HRBPs present data to divisions monthly 12. TNA budget for nurses 13. Programme of 6 monthly deep dives into Leaver data undertaken and reported into WFOD Committee. 14. Recruitment and retention premium for Band 5 nurses. 15. Bridge toll payment incentive to encourage prospective staff. 16. Birthday annual leave day as part of R&R offer. 	<ol style="list-style-type: none"> 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. 	<ol style="list-style-type: none"> 1. Trust-wide workforce plan delivery. 2. Formalised Band 5 Nurse Career development provision. 	<ol style="list-style-type: none"> 1. Current turnover 12.88% as at October 2022 2. Lack of career development opportunities indicated through employee exit interviews/questionnaires.. 	Possible	Catastrophic	15	Significant	<ol style="list-style-type: none"> 1. Delivery of Trust-wide workforce plan (31/03/2023) 	09/01/2023	Divisional General Managers	Lynn Parkinson	WFOD / EMT	Trust Board	Rare	Catastrophic	10	High		
2	WF10	There is a difficulty to retain and recruit GPs, this is contributed to by national shortages and may impact on the Trust's ability to deliver safe services.	10/06/2019	Objectives	Likely	Catastrophic	20	Significant	<ol style="list-style-type: none"> 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. LNC - Positive staff engagement with medical workforce. 7. HRBPs support divisions with WOD scorecard. 8. Transfer of medical workforce team to HR and appointment of new Team Leader and Manager 9. Being monitored by the Task and Finish group 10. GP roles have been put on the 'hard to recruit' list. 11. Investment in band 5 primary care role to support GP recruitment and resourcing of Locums. 12. Invested in BMJ subscription to support wider advertising and attraction initiatives. 	<ol style="list-style-type: none"> 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. 	<ol style="list-style-type: none"> 1. Turnover of Medical staff group. 2. GP staffing vacancies across primary care. 	<ol style="list-style-type: none"> 1. Current medical staff turnover 13.23% as at October 2022. 2. 41.12% GP Vacancy rate as at August 2022 (18.35% November 2021). 	Possible	Catastrophic	15	Significant	<ol style="list-style-type: none"> 1. HR Business Partners ongoing review of exit questionnaire results to identify any hot spots (31/03/2023) 3. Programme of 6 monthly deep-dives into Leaver data to be undertaken and reported into WFOD Committee (31/03/2023) 4. Trust divisions to develop bespoke plans supported by deep dive analysis - specifically Primary Care has developed deep dive work groups to fill GP post and reduce turnover (31/03/2023) 	09/01/2023	Karen Phillips	Steve McGowan	WFOD / EMT	Trust Board	Rare	Catastrophic	10	High		

Trust-wide Risk Register 15+

Row	Risk ID	Description of Risk	Date Opened	Impact/ Consequence Type	Likelihood (Initial)	Impact (initial)	Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Date Reviewed	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
3	OPS11	Failure to address waiting times and meet early intervention targets which may result in increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	04/05/2021	Objectives	Almost Certain	Severe	20	Significant	<ol style="list-style-type: none"> 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. 6. Review completed of all services with high levels of waiting times and service-level recovery plans developed. 	<ol style="list-style-type: none"> 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. 4.Children's ASD number of patient waiting >52 weeks decreased from 555 in Q1 to 333 in Q2. 4. Adult ASD number of patient waiting >52 weeks decreased from 96 in Q1 to 66 in Q2. 	<ol style="list-style-type: none"> 1. Work to understand increased referral rates into services with growing >52 week waits compounded post Covid-19. 2. Process for mitigating risks to individual patients based on length of waits. 3. Staff absences/vacancies and delayed progress with recovery initiatives continue to be contributing factors. 	<ol style="list-style-type: none"> 1. Children's ADHD number of patient waiting >52 weeks increased from 181 in Q1 to 193 in Q2. 2. Adult ADHD number of patient waiting >52 weeks increased from 93 in Q1 to 127 in Q2. 3. Children's LD number of patient waiting >52 weeks increased from 21 in Q1 to 23 in Q2. 4. Dept Psychological Medicine number of patient waiting >52 weeks increased from 0 in Q1 to 4 in Q2. 	Likely	Severe	16	Significant	<ol style="list-style-type: none"> 1. 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 - 31/03/2023 2. Implementation of method for robust oversight of waiting list and patient risks for all Trust service areas - 31/03/2023 3. Implementation of method for robust oversight of waiting list and patient risks for all Trust service areas - 31/03/2023 	09/01/2023	Claire Jenkinson	Lynn Parkinson	ODG / EMT	Trust Board	Unlikely	Severe	8	High
4	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.	21/06/2021	Objectives	Almost Certain	Severe	20	Significant	<ol style="list-style-type: none"> 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 4. Sytem work at ICS level to address the pressures with appropriate parters. 5. Recruitment undertaken to increase staffing levels and allow Inspire to increase PICU bed availability. 6. Bed management team continue to review bed demand and reconfigure bed profiles to meet the changing demand for male or female beds 	<ol style="list-style-type: none"> 1. Weekly updates received regarding staffing/capacity 2. Implementation plan in place to demonstrate timeframe for staff recruitment/training to open the CAMHs PICU 3. Local system escalation taking place through OPEL reporting and other system arrangements. 	<ol style="list-style-type: none"> 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. Children who would meet the threshold for PICU admission nursed in general adolescent beds impacting on staffing and ward safety arrangements. 4. Breakdown of residential care placements leading to admission to hospital beds for young people for whom this could be avoided if alternative community packages of care could be found. 5. The PICU capacity demand is as a direct result of delayed transfers of care (DTC) within the current facility. Many of which are delayed by months/years and affecting patient flow and bed capacity. 	None identified	Likely	Severe	16	Significant	<ol style="list-style-type: none"> 1. Level of delayed DTOCS and detail is included in a number of system meetings where there is representation from Humber and therefore early opportunity to resolve (31/03/2023) 2. Level of delayed DTOCS and detail is included in a number of system meetings where there is representation from Humber and therefore early opportunity to resolve (31/03/2023) 	09/01/2023	Claire Jenkinson	Lynn Parkinson	ODG / EMT	Trust Board	Unlikely	Severe	8	High
5	OPS15	As a result of system pressures there has been an increase in the number of delayed transfers of care in Trust inpatient services resulting in impact to patient flow which may lead to reduced patient experience and quality of service provision.	15/11/2022	Objectives	Almost Certain	Severe	20	Significant	<ol style="list-style-type: none"> 1. Targeted escalation meetings with place partners and provider collaboratives are in place to resolve the complex care packages of patients that are required 2. Level of delayed DTOCS and detail is included in system meetings where there is representation from Humber and therefore early opportunity to resolve. 3. Bed management team continue to review bed demand and reconfigure bed profiles to meet the changing demand for male or female beds. 	<ol style="list-style-type: none"> 1. Workforce metrics reported through Daily SitRep. 2. Unofficial delays in transfers of care who are requiring an escalation in care 3. Out of Area Placements reduced to 0 in Aug 22. Increase is now being noted which is in line with DTOC increases which is currently circa 19% of total inpatient adult bed base, with numbers overall reaching their lowest levels in the last 2 years. 	<ol style="list-style-type: none"> 1.Official delays in transfer of care. 2.Unofficial delays in transfers of care who are requiring an escalation in care 3.Difficulties assigning care coordinators and community workers within the community mental health services. 	<ol style="list-style-type: none"> 1. Increase is now being noted which is in line with DTOC increases which is currently circa 19% of total inpatient adult bed base, with numbers overall reaching their lowest levels in the last 2 years. 	Likely	Severe	16	Significant	<ol style="list-style-type: none"> 1. Level of delayed DTOCS and detail is included in a number of system meetings where there is representation from Humber and therefore early opportunity to resolve (31/03/2023) 	09/01/2023	Claire Jenkinson	Lynn Parkinson	ODG / EMT	Trust Board	Unlikely	Severe	8	High

Title & Date of Meeting:	Trust Board Public Meeting 25 January 2023										
Title of Report:	Research & Development Six Monthly Update Report										
Author/s:	Cathryn Hart, Assistant Director Research & Development										
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To receive & discuss</td> <td></td> </tr> <tr> <td>For information/To note</td> <td>√</td> <td>To ratify</td> <td></td> </tr> </table>			To approve		To receive & discuss		For information/To note	√	To ratify	
To approve		To receive & discuss									
For information/To note	√	To ratify									
Purpose of Paper:	To provide an update on the work of the research team to ensure opportunities for our community to participate in research, trial new interventions and enhance quality. Also to provide assurance around the Trust's obligations in relation to the delivery of NIHR Portfolio research, performance against targets and the Research Strategy.										
Key Issues within the report:											
Matters of Concern or Key Risks to Escalate: <ul style="list-style-type: none"> • None to escalate 	Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> • Seven posts now appointed to new regional 'agile research team' hosted by Trust, funded externally via Yorkshire and Humber Clinical Research Network (CRN). • Service level agreement with CHCP means people accessing services in Jean Bishop Integrated Care Centre in Hull can potentially join research studies running in our Trust. • Hull selected to be part of NIHR 'Research Ready Communities' national programme. • 										
Positive Assurances to Provide: <ul style="list-style-type: none"> • CRN Leadership review meeting of our research performance in 2021-22 and plans for 2022-23 was incredibly positive. • Range of research studies running in the Trust, across numerous health conditions and services. • 100% of Trust GP practices recruiting into NIHR studies, exceeding national target of 45%. • Royal College of Physicians (RCP) and NIHR position statement for making research everyday practice for clinicians, fits well with priorities and objectives in our Trust research strategy. • External research funding confirmed for 2022-23, including additional funding from the CRN to support research in primary care. 	Decisions Made: <ul style="list-style-type: none"> • Annual research conference in Nov 2022 moved to fully online due to concerns of increased COVID/flu rates. • Trust research team classed as part of wider care team for the purposes of screening and recruitment to national HRA-approved studies. • National thresholds lowered (from 0.01% to 0.001% of operating budget) for payment of 'excess treatment costs' to trusts, means more of the cost of intervention studies come back into clinical services. • Research included in recruitment information on Humbelievable website and in medical staff recruitment videos. 										

<ul style="list-style-type: none"> Research conference took place 3 Nov 2022, with 450+ registered, exceeding prior years. Health Research Authority (HRA) confirmed NHS researchers doing NHS research are covered by NHS Resolution indemnity schemes in non-NHS premises. 				
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee	√	Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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

1. Performance

The national high-level objective of 45% of GP practices to be recruiting into National Institute for Health and Social Care Research (NIHR) Portfolio studies, has remained a national target in 2022-23. We have now achieved 100% of our Trust GP practices recruiting into studies, far exceeding the national target. Across the Yorkshire and Humber region as a whole, only 29% of practices were recruiting into research as at Sep 2022.

For some of the other national and regional performance targets for NIHR Portfolio research, the balance is shifting, for example, more importance is now placed on 'recruitment to time and target' (RTT) for studies as opposed overall recruitment numbers across the board, which is a positive as recruitment numbers across most trusts like ours have dropped this year. We have a good track record of RTT and have consistently achieved this for several years for the large majority of studies opened in the Trust. In the future it is expected that 'research delivery funding' allocations will also attach a higher weighting to RTT as a performance indicator.

There are currently 27 Portfolio studies active in the Trust across a wide range of areas (see *appendix 1, table 1*), plus 6 'non-portfolio' studies (see *appendix 1, table 2*).

2. Governance

The Trust has a Partnership Agreement with the host of the Yorkshire and Humber Clinical Research Network (CRN), Sheffield Teaching Hospitals NHS Trust. This currently runs until 31 Mar 2024 and provides most of the Trust funding to support research. Our annual review meeting with the CRN senior leadership team took place on 21 June and included a review of research performance in 2021-22, challenges and consideration of activities and goals for 2022-23. It was an incredibly positive review. Some key points fed back by the CRN leadership afterwards included:

- Exemplar presentation of key achievements as infographics.
- Continuing to be innovative with lots of brilliant ideas and thinking out of the box.
- Getting GP practices interested in studies is very positive and gives opportunities for patients from hard-to-reach and deprived areas to participate in research.
- Huge potential within pharmacy field to do different projects.
- Board is very invested in a broader research picture.

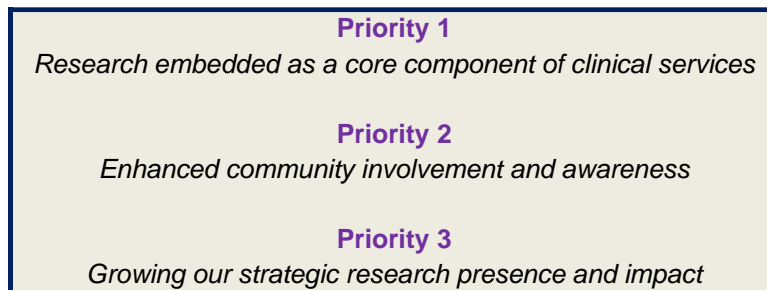
In 2021 the Trust agreed to host a number of CRN-funded posts to support research delivery across the wider geographical patch of the Humber and North Yorkshire Health and Care Partnership. Seven of these posts have now been appointed to during 2022. Cathryn Hart, Assistant Director Research and Development, is the Trust manager for these posts.

In Oct 2022 a joint statement was issued by the Health Research Authority (HRA), NHS Resolution, NIHR and DHSC providing clarification on indemnity arrangements for NHS staff delivering research outside of traditional NHS settings. This clarified that whether research is taking place within NHS premises, patients' homes, care homes, hospices or other spaces in which NHS researchers undertake NHS research, the NHS staff are covered by NHS Resolution indemnity schemes.

In July 2022 the CQC launched a new single assessment framework which forms the basis for assessments of quality in providers and integrated care systems. Research remains part of this in the well led domain under the 'Learning, Improvement and Innovation' heading - [Key questions and quality statements - Care Quality Commission \(cqc.org.uk\)](#).

3. Trust Research Strategy and national vision

The Trust's annual research conference highlights many examples of patients, carers and service users valuing the opportunity to take part in research, the difference it has made and how the Trust supports research across various services. However, we are always striving to do more to achieve our three Research Strategy priorities.



In July 2022 the Information Governance Group, including the Trust's Caldicott Guardian, gave approval for the Trust research team to be classed as part of the wider care team for the purposes of screening and recruitment to national HRA-approved research studies, an approach already adopted in some trusts across the country which we felt would help embed research as a core component of our clinical services (priority 1 above). In the 3 months following this new process our research team made direct contact with 600+ patients, mainly via phone and email, to offer them opportunities to take part in research, and 100+ agreed to take part. This clearly demonstrates the benefit of the research team being classed as part of the wider care team and achieved what we hoped it would; hundreds of people given the opportunity to take part in research when most would not have had that opportunity before this initiative.

As with all new systems, there has been some learning along the way and adaptations made. Given the huge volume of people the research team have contacted, it is probably not a surprise to encounter a couple of people who objected to being contacted. As a result of both being in the same service, we have tweaked our approach for that service so that the initial contact is done via text or letter, something that clinical team find works better for engaging the people in their service. Overall, this move to the research team being classed as part of the wider care for the purposes of research, has been overwhelmingly positive to date.

In Oct 2022 the Royal College of Physicians (RCP) and NIHR published a joint position statement setting out a series of recommendations for making research part of everyday practice for all clinicians, something that fits well with the priorities and objectives identified in our own Trust Research Strategy. They reaffirm the importance of clinical research for improving outcomes for patients and, by improving the efficiency and efficacy of care, a vital tool in reducing the pressure on the NHS. The statement makes various

recommendations for how all clinical staff can play a vital role in supporting research, from leading studies to helping recruit patients to trials, with the overall aim of embedding research in clinical practice; the same priority we set out in our research strategy.

For trusts, health boards and integrated care systems (ICSs):

- Develop strong links between medical directors, R&D directors and chief executives
- Encourage support for research to be recognised as part of direct clinical activity and reward involvement of such through local and national awards
- Ring-fence time for research in job plans of those who want to have a substantive research leadership role
- Ensure that multidisciplinary workforce planning encompasses those who support research

4. Funding

CRN funding for 2022-23 to support delivery of NIHR Portfolio studies was finally confirmed in a contract variation in Oct 2022. Whilst the opening allocation was equivalent to that in 2021-22 of approximately £360k, as a result of successful business cases to the CRN for strategic funding for supporting research in primary care and pharmacy, a further £79k was also confirmed for 2022-23. Additional funding is also attached to the Trust hosting the CRN-funded posts that support research delivery across the wider Humber and North Yorkshire Health and Care Partnership (HCP).

Due to having recruited over 600 people to Portfolio studies in 2021-22, DHSC Research Capability Funding of £20k has also been confirmed for 2022-23 and is being used to support two clinical staff who are collaborating with academic colleagues in developing new research ideas for research grant applications. Indeed one of these clinicians has now been successful in bringing in research grant funding related to two projects with local University and NHS colleagues; a study focusing on co-producing a nature-based intervention for children with ADHD, and the other a project co-producing digital resources to promote new research findings of benefit to people experiencing and/or recovering from severe mental health issues. Both of which were presented at the Trust's research conference. A really positive outcome of utilising small amounts of Research Capability Funding to enable protected time for developing new research.

A change in the system for 'excess treatment costs' (ETCs) related to research, came into effect in April 2022 and this now means potentially more funding coming into the Trust for the research it takes part in. ETCs are the costs incurred by trusts in delivering non-commercial research, when the research treatments given to participants are more expensive than usual treatment. The national ETC payment system applies a contribution threshold to trusts, which they need to surpass before any ETC payments are made. Previously this contribution threshold was set at 0.01% of operating budget, but now it has been lowered to 0.001%. In 2021-22 the Trust threshold was £9.5k and now it's just £1.3k, which means we get more of the costs of intervention studies back into the Trust and to our clinical services.

Dr William van't Hoff, NIHR CRN Chief Executive, says this is an incentive for trusts 'to further support and embed clinical research delivery – benefitting their staff, patients and the communities they serve. At a time when health inequalities are increasingly apparent, the change to the ETC threshold should catalyse growth in research across the breadth of NHS trusts over the entire country.' [New research refund 'fantastic news' for trusts | Comment | Health Service Journal \(hsj.co.uk\)](https://www.hsj.co.uk/news/healthcare/2022/04/2022-04-20-nihr-research-refund-fantastic-news-for-trusts-comment-health-service-journal-hsj.co.uk)

5. Opportunities, innovation and alliances

Patients accessing Trust services continue to be offered a breadth of research opportunities spanning numerous health conditions and many types of study design (see *appendix 1*). We are continuing to strengthen our research collaborations and to bring studies to the Trust in areas where there has been limited previous involvement, for example in diabetes care.

Hull has been selected as one of the national sites for the NIHR Research Ready Communities programme which aims to use research to narrow the health inequality gap at a community level. As part of this we are working closely with the CRN Patient and Public Involvement team, who are developing 'Hull Research Ready Community Champions'. These champions are being recruited to talk to people in their community about health research, how it can benefit them, and how to take part in and



shape research. They are active members of the community who are passionate about health equality and making positive change for people in their local area.

In order to bring even more research opportunities to our community, we now also have a service level agreement in place with City Health Care Partnership (CHCP) for the Jean Bishop Integrated Care Centre (ICC) in Hull. This means that from Nov 2022 we can recruit participants from the ICC into appropriate research studies already running in the Trust or that we agree to be a site for in the future. For example, research around dementia, Parkinson's disease, frailty, mental health etc. This is a great opportunity for us to work more collaboratively across the HCP area and with other organisations, increasing the numbers of people potentially benefitting from research.

6. Learning and engagement

The Trust's sixth research conference took place 3 Nov 2022. Originally this had been planned as a blended event with a live audience alongside those joining online, but two weeks before the event, it was moved to fully online due to concerns about rising COVID and flu rates. Every year the numbers registering has increased, with over 450 this year, from a huge range of organisations and professional groups. As well research-active clinicians in the Trust the presentations (see [highlight video](#)) included service users who had participated in research and high-profile speakers from across the country; a fantastic opportunity to showcase the wide variety of research our Trust is involved in and the opportunities that brings to our communities. As has become customary, our [annual video](#) was also launched at the conference in celebration of research from the previous year.



Quarterly research newsletters continue to help raise the profile of Trust research. The [latest issue](#) is available on the Trust website, as well as being shared with external stakeholders and via internal communications. Our '@ResearchHumber' twitter followers have grown to almost 900, and articles relating to research have frequently been included in various Trust communications. A new 'Community of Practice' for research was launched in Sep 2022 to enable Trust staff to learn more about research and to link in with others around research ideas. Meetings are now being held quarterly.

Wendy Mitchell, Research Champion who lives with dementia, facilitated another Recovery College workshop on 'Living with Dementia' in Nov 2022, alongside our research team. A new national [Join Dementia Research campaign video](#), launched in Sep during Alzheimer's month, was filmed at Trust HQ and centred on Wendy.

In 2021 the research team developed a co-produced animation 'My Research Journey' (3 mins), to help support people make a decision about whether they'd like to hear more about research. New versions with sub-titles in various languages and with additional characters have now also been produced and will launch Jan 2023.



The research team have had four student nurses on placement with them during 2022; a great opportunity for clinicians of the future to understand the benefits of research very early on in their training and for research to be further embedded as a core element of clinical services. Information about research has now also been added to the Humberbelievable recruitment website and included in medical staff recruitment videos.

Appendix 1 – Research studies running in the Trust

Table 1: NIHR Portfolio studies currently in set-up, open to recruitment or in follow-up (Dec 2022)

Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
Planned Mental Health - Older People					
Problem Adaptation Therapy for individuals with mild to moderate dementia and depression. The PATHFINDER Trial.	Intervention	Dr Chris Rewston Clinical Psychologist	Prof Robert Howard Camden and Islington NHS Foundation Trust	01/03/2023	Follow up
Supporting independence at home for people with dementia (NIDUS-Family)	Intervention	Dr Chris Rewston Clinical Psychologist	Prof Claudia Cooper University College London	31/10/2023	Follow Up
Practices, attitudes and outcomes of patients with memory problems	Observation	Dr Chris Rewston Clinical Psychologist	Prof Naji Tabet Brighton and Sussex University Hospitals NHS Trust	31/01/2023	Open
Planned Mental Health - Adult					
EnrollHD: A Prospective Registry Study in a Global Huntington's Disease Cohort	Observation	Prof Ivana Markova Consultant Psychiatrist (Hon)	Prof Anne Rosser Cardiff University	01/10/2053	Open (follow-up site only)
A randomised controlled trial of a structured intervention for expanding social networks in psychosis (SCENE)	Intervention	Dr Chris Sanderson Clinical Psychologist	Dr Domenico Giacco East London NHS Foundation Trust	30/11/2023	Follow up
Section 17 Leave: supporting unpaid carers	Intervention	Dr Haley Jackson Research Nurse	Prof Martin Webber University of York	31/03/2023	Open
Staff and service user views on digital health tools in psychosis: A survey study	Observation	No Local Investigator Required	Prof Sandra Bucci University of Manchester	01/05/2024	Open
Predictors of psychological treatment outcomes for common mental health problems in IAPT (PROPEL)	Observation	Lorna McKinley Senior Clinical Lead	Alexandra Schmidt University of Sussex	31/03/2023	Open

Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
Recovery Colleges Characterisation and Testing 2 (RECOLLECT 2): Exploring the impact of Recovery Colleges on Student Outcomes and factors which affect these (Studies 1-3)	Observation	Val Higo Team Leader	Prof Mike Slade University of Nottingham	31/07/2024	Open
Optimising Wellbeing in Severe Mental Ill Health (OWLS COHORT)	Observation	Dr Renato Merolli Consultant Psychiatrist	Dr Emily Peckham University of York	01/07/2026	Follow up
DIAMONDS - Improving diabetes self-management for people with severe mental illness	Intervention	Dr Laura Voss Consultant Psychiatrist	Dr Najma Siddiqi University of York	03/05/2025	In setup
Personalised medicine for psychotropic drugs (antipsychotics, antidepressants, antimanic agents and other psychotropics)	Intervention	Dr Laura Voss Consultant Psychiatrist	Prof Elvira Bramon University College London	01/08/2025	In setup
Un-Planned Mental Health - Adult					
The National Confidential Inquiry into Suicide and Safety in Mental Health	Observation	No Local Investigator Required	Prof Louis Appleby University of Manchester	31/03/2024	Open
Children's & Learning Disability					
Community-Based Behavioural Activation Training (ComBAT) for Depression in Adolescents: Randomised Controlled Trial (RCT) with Economic and Process Evaluations	Intervention	Denise Purdon ISPHNS Clinical Team Leader	Prof Lina Gega Tees, Esk and Wear Valleys NHS Foundation Trust	31/08/2025	Open
Graded Exposure Therapy Through a Standalone Digital Therapeutic Game for Children Aged 7-12 Years with Anxiety Disorders	Observation	No Local PI Required	Dr Jon Wilson Norfolk and Suffolk NHS Foundation Trust	31/01/2023	Open
Community & Primary Care Services					
Behavioural Activation for Social IsoLation (BASIL-C19)	Intervention	Dr Clare Hilton Consultant Clinical Psychologist	Prof David Ekers Tees, Esk and Wear Valleys NHS Trust	31/03/2022	Follow up
Case finding for depression in primary care: a regression discontinuity design CASCADE study	Intervention	Dr Iqbal Hussain GP Research Lead for Primary Care	Caroline Fairhurst Tees, Esk and Wear Valley NHS Foundation Trust	04/09/2023	Open

Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
Randomised Controlled Trial Comparing THE Clinical And Cost-Effectiveness Of Various Washout Policies Versus No Washout Policy In Preventing Catheter Associated Complications In Adults Living With Long-Term Catheters	Intervention	Karen Nelson Senior Specialist Nurse	Prof Mohamed Abdel-Fattah University of Aberdeen	31/03/2023	Follow up
Active Brains Study	Intervention	Dr Iqbal Hussain GP Research Lead for Primary Care	Prof Paul Little University of Southampton	03/08/2027	Follow up
Platform Adaptive trial of NOvel antiVIRals for eArly treatMent of covid-19 In the Community (PANORAMIC)	Intervention	Dr Iqbal Hussain GP Research Lead for Primary Care	Prof Christopher Butler University of Oxford	30/03/2023	On hold
Pain Relief Strategies for Dressing Change in Chronic Wounds - Qualitative Pilot Stage	Observation	Dr Iqbal Hussain GP Research Lead for Primary Care	Dr Richard Cooper University of Sheffield	30/03/2023	Follow up
Reducing respiratory infections in primary care: The Immune Defence Study	Intervention	Dr Iqbal Hussain GP Research Lead for Primary Care	Prof Paul Little University of Southampton	31/03/2023	Open
Dietary Approaches to the Management Of type 2 Diabetes (DIAMOND) cluster randomised trial	Intervention	Dr Iqbal Hussain GP Research Lead for Primary Care	Prof Paul Aveyard University of Oxford	01/07/2023	In setup
Using Primary Care to tackle Domestic Violence and Abuse (DVA) in the community setting (RAPID)	Observation	Dr Iqbal Hussain GP Research Lead for Primary Care	Dr Austen El-Osta Imperial College London	01/01/2023	Open
A multi-national, prospective mixed methods study of the effectiveness of naloxone (including intranasal Nyxoid) administration by lay people in reversing opioid overdose	Observation	Dr Soraya Mayet Addictions Consultant	Prof Sir John Strang King's College London	30/09/2023	In setup
Specialist Services					
Access Assessments for Admission to Adult Medium & Low Secure Services	Observation	No local PI required	Dr Sarah Leonard University of Manchester	31/07/2023	Open
Across multiple services					
ISARIC/WHO Clinical Characterisation Protocol for Severe Emerging Infections in the UK (CCP-UK)	Large scale	Cathryn Hart Assistant Director R&D	Prof Calum Semple University of Oxford	28/02/2023	On hold

Table 2 – Non-portfolio studies currently in set-up, open to recruitment or in follow-up (Dec 2022)

Study title	Study type	Local Principal Investigator (PI)	Chief Investigator, Sponsor	Estimated End Date	Status
Planned Mental Health - Adult					
An Exploration of Therapist Experiences of the Flash Technique for Individuals Experiencing Traumatic Stress	Observation	Annie Townshend Trainee Clinical Psychologist	Annie Townshend University of Hull	25/09/2023	Open
Self-compassion in dementia: validation study of the 12-item self-compassion scale (SCS-SF) and exploring its correlations with wellbeing	Observation	Jessica Baggaley Trainee Clinical Psychologist	Jessica Baggaley University of Hull	25/09/2023	Open
Are clinicians confident in the risk assessment of suicide?: development of a psychometric measure	Observation	No Local PI Required	Nicola Airey Navigo Health and Social Care CiC	01/02/2023	Open
Community & Primary Care Services					
Collaborative Unlinked Anonymous Survey of Salivary Antibodies to HIV, Hepatitis B Core Antigen and Hepatitis C in Injecting Drug Users	Observation	Dr Soraya Mayet Consultant Psychiatrist	Health Protection Agency	01/01/2037	Open
Children's & Learning Disability					
Behind closed doors: A phenomenological exploration into the lasting responses of experiencing inpatient CAMHS and implications for identity development	Observation	Thomas White Trainee Clinical Psychologist	Thomas White University of Hull	01/05/2023	Open
Multiple Services					
Scale, Spread and Embed: Using Natural Language Processing of Free-text Patient Experience Feedback for Quality Improvement	Observation	Mandy Dawley Assistant Director of Patient and Carer Experience and Engagement	Mr Erik Mayer Imperial College London	30/10/2023	Open

Agenda Item 17

Title & Date of Meeting:	Trust Board Public Meeting 25 January 2023										
Title of Report:	Humber and North Yorkshire Integrated Health and Care Strategy										
Author/s:	Michele Moran Chief Executive										
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To receive & discuss</td> <td></td> </tr> <tr> <td>For information/To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> </table>			To approve		To receive & discuss		For information/To note	✓	To ratify	
To approve		To receive & discuss									
For information/To note	✓	To ratify									
Purpose of Paper:	To present to the Board the ICS approved strategy. Humber did respond to the short consultation process, emailed to colleagues for information previously.										
Key Issues within the report:											
Matters of Concern or Key Risks to Escalate: <ul style="list-style-type: none"> Nothing to escalate 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> .N/A 									
Positive Assurances to Provide: The strategy focus was upon: <ul style="list-style-type: none"> Start well Live well Age Well End life well Whilst - <ul style="list-style-type: none"> Improving outcomes Tackling inequalities Enhancing productivity Supporting broader economic picture These key objectives allow the ICS to work to achieve the triple aim of the NHS namely; <ul style="list-style-type: none"> Improve Population Health Improve quality of services Improve value for the system Inequalities underpins the document, Humber's strategy on review does support this strategy.		Decisions Made: <ul style="list-style-type: none"> The Board is asked to note the Strategy 									

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

Monitoring and assurance framework summary:

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



Integrated Health and Care Strategy

1.0 Introduction and Context

The Humber and North Yorkshire Health and Care Partnership (formally Humber, Coast and Vale) was established in 2016 as a collaboration of 28 organisations from the NHS, local councils, other health, and care providers including the voluntary and community sector. The Partnership covers a geographical area of more than 1,500 square miles and serves a population of 1.7 million people, all with different health and care needs. It includes the cities of Hull and York and the large rural areas across East Yorkshire, North Yorkshire, and Northern Lincolnshire.

The Health and Care Act 2022 that received Royal Assent on 28 April 2022 put Integrated Care Systems (ICSs) on a statutory footing, empowering partners to work closer together to better join up health and care services, improve population health, reduce health inequalities, enhance productivity, and value for money, and help support broader social and economic development. The Humber and North Yorkshire Health and Care Partnership is one of 42 ICSs which cover England.

The Health and Care Act sets out the four core elements of an ICS these are Place, Provider/Sector Collaboratives, Integrated Care Board (ICB) and an Integrated Care Partnership (ICP).

The ICP is a separate statutory committee, which brings together local authorities and the NHS Integrated Care Board as partners to focus more widely on health, public health, and social care. The development of the Humber and North Yorkshire ICP over the spring and summer of 2022 with membership being built from Place and with Place leaders at the very heart. The Humber and North Yorkshire ICP met for the first time in September 2022.

One of the key responsibilities of the ICP is to co-produce with partners an Integrated Health and Care Strategy for Humber and North Yorkshire and guidance was published by Department of Health and Social Care on 29 July 2022 and is available online here: [Guidance on the preparation of integrated care strategies - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/guidance-on-the-preparation-of-integrated-care-strategies)

The expectation was that Integrated Health and Care Strategies must be built bottom-up from local assessments of needs and assets identified at place level, developed for the whole population using best available evidence and data, covering health and care and addressing the wider determinants of health and wellbeing. The strategy should set out how the assessed needs of the population can be met by upper tier Local Authorities, the ICB and partners and over what timescale. The expectation was that the strategy would be produced by December 2022.

The Health and Care Act 2022, also places a duty on the NHS Integrated Care Board to have regard to Integrated Health and Care Strategy, the Joint Strategic Needs Assessments (JSNAs), and Joint Local Health and Wellbeing Strategies when exercising its functions and developing its Joint Forward Plan and Operational Plans with NHS Trusts and Foundation Trusts.



2.0 Process architecture for developing our strategy

Recognising the requirement for a strategy to be developed, early in 2022 and to support the ICP whilst it was developing a strategy design group was established in early 2022 to provide a core function of designing, co-ordinating, developing and overseeing the development of the strategy based on an inclusive approach.

The strategy design group included broad representation from Local Authorities, ICB and Place. It played a key role in analysing data and intelligence and providing the information through which to make sense of where we are and where we want to be.

A number of principles were agreed by the strategy design group which underpinned its development. These were, that the strategy would:

- Be a living and breathing dynamic approach
- Be co-produced and created with the system and its partners, including closely with local government and based on lived experience of our citizens/communities
- Add value and not replicate what is happening in Place
- Enable other emerging strategies to sense check against a set of ambitions and ensure there is a golden thread
- Make use of technology to support the continuing development and engagement so that progress can be seen, feedback given as emerging themes to develop.

The development process has been population health data and intelligence driven, supported by strong clinical and care professional leadership. The work has been a collective responsibility to ensure that the strategy is co-owned, connected to real work and is delivered by a living system which is empowered to act.

There have been and continues to be the opportunity for all members of the wider system to be involved through a networked approach to engagement and open and transparent opportunities to be part of the dialogue. It will be important to continue to provide the opportunity for effective challenge and enable diversity of thought and for the ICP to be prepared to listen to suggested change and keep open minds to evolving the strategy even after approval.

In tandem with this, engagement has taken place with a variety of stakeholders and a number of open sessions have been held. A desktop review of data, evidence and existing policies and strategies and engagement with our communities has also been undertaken. The reviews have considered existing strategies and plans both within the architecture of our system, but also from across our wider system and areas of work through which we come together in partnership.

In addition, the ICP Committee heard the immediate feedback at their meeting on the 26 October 2022 from the workshop that had taken place on the same day, which had focussed on the vision of 'start well, live well, age well and die well' and the following questions:

- Where are we now?
- Where do we want to get to?
- How will we get there?
- How will we know when we have got there?



There have been numerous engagement sessions with Place with each Place developing their strategy intent and the

3.0 Where are we now

The information we have gathered from the engagement and document reviews has now been taken to support the development of a strategy document. As previously mentioned, we have set the aim to develop a living and breathing strategy, not a weighty tome document to sit on a shelf. Therefore, the document has been prepared with the view of establishing a strategic intent that is clear and creates the framework for the plans at Place.

As mentioned earlier the requirement of the strategy is that it is developed based on the needs of our population and to do this, we have taken the approach of 'if Humber and North Yorkshire was a community of 1,000 people' what would it look like in terms of its demographics, people's economic, health and wellbeing circumstances. We have also recognised that our communities are also as unique as the people that live in them and provide us with some of our greatest assets whilst acknowledging that they also have very different experiences in their lives.

The ambition set out in the strategy builds on the one we have held for many years as a Partnership which is **for everyone in our population to live longer, healthier lives**. However, we have made it more specific with the addition of by narrowing the gap in healthy life expectancy between the highest and lowest levels in our communities by 2030 and increasing healthy life expectancy by five years by 2035.

To reach this ambition our vision is through a life course approach to ensure that all our people **start well, live well, age well and die well**. And to deliver on both the ambition and vision our intention is to:

- **create the conditions** for change, making it easier for our people, communities and organisations to come up with the solutions they think will work best in improving the lives of our people, their neighbours and communities
- **think person** by listening and paying attention to what they tell us matters most to them which will enable us to remove barriers and give them greater control over their own lives.
- **think family** not in the traditional sense but by considering the different way people consider a family, the people who are closest to them, who can include relatives, friends or those who provide a temporary but important relationship or network to support a person. By focusing on supporting families, we want to create a safe and nurturing environment that raise aspirations for all but particularly enable every child to grow, learn and thrive.
- **think community** by recognising the assets in our communities, harnessing the strength and uniqueness, we will plan, design and implement health and care services for people living across Humber and North Yorkshire. We will focus on all our communities, however we will place specific emphasis on working with those with the greatest need, such as our coastal and rural communities.



The strategy is for everyone to understand our ambition, vision and intentions. To enable us to make this meaningful to a key audience of the strategy our people and communities

we have used 'I' and 'we' statements that will resonate with them and have come from different engagement across our system. We will use this as a mechanism for helping to support the evaluation of the progress we are making.

Appendix A to this paper includes a copy of the final draft of the strategy content which the ICP Committee considered and approved on 14th December 2022.

4.0 Next Steps

Whilst the purpose of this strategy is to set the ambition and vision for our people and communities with some description of our intentions of how we will achieve this, it is only the framework from which other specific strategies and plans will be developed and the allocation of our collective resources will be informed.

The most important part of any strategy is turning it into action, and we have identified a number of next steps, and these are as follows:

- The final content version of the strategy is shared with each Health and Wellbeing Board as the statutory committee for Local Government and the Integrated Care Board for the NHS for approval.
- The strategy is used to prioritise our time, energy and resources through:
 - Place engaging with their communities, neighbourhoods and partners building with communities to develop integrated delivery plans – aligned also with local health and wellbeing strategies. An initial plan on a page for each of our six Places is set out in the appendices and these will be developed further during the early part of 2023.
 - Providing the guiding framework for the development of other specific strategies and plans such as the 5-year Joint Forward Plan that the ICB with Providers is required to produce.

We also want to understand the difference that is being made and whether we need to adjust our ambition, vision and intentions by keeping the strategy as a living and breathing document.

- A task and finish group has been established to develop the population health outcome framework to provide the assurance and evidence that we are making the difference we intended
- Continued engagement particularly with our communities as we develop and implement the actions to deliver the strategy – Healthwatch have kindly offered to support this as well as development of communication messages.

Finally, the Communications Plan will be finalised and implemented. This includes for example:

- the production of a professionally designed document,



- the development of an online space which will create the platform to ensure we have a living and breathing strategy, will connect with other strategies, and be a space where we share promising practice,
- production of case studies that demonstrate how the ambition, vision and intentions are being delivered in practice with a focus on outcomes and sharing learning.
- A full launch of the strategy will take place over the spring of 2023.



Reimagining Health and Care – An Integrated Strategy

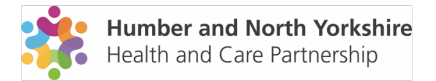
Final Draft



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Introduction from the Chair and Vice Chair



Humber and North Yorkshire Integrated Care System has big ambitions for health and care!

This strategy captures the aspirations of many partners, including Local Government, Voluntary, Community and Social Enterprise organisations and the NHS, with a practical plan for achieving those big ambitions. Our ambitions are easily understood. We want every single person in our population of 1.7 million people to start life well, to live well, to age well and die well. There are actions that we can take across our whole geography to achieve this, and there are actions which we can take more locally to achieve this: this strategy sets the framework for both.

All Integrated Care Systems have a very clear purpose: to bring together all elements of health and social care in a unique geography, by thinking and working as partners, in order to improve the overall health of the population, by focusing on inequalities in the health of the population and by contributing to the prosperity of our geography. By doing these things together, we believe we can also improve the quality and effectiveness of the services we collectively provide.

Collectively we have resources, a budget of £3.5 billion and more than 50,000 people, to achieve our ambitions, but the most important resources of all, partners who share a deep commitment to making changes that can deliver an improved, joined-up, quality health and social care system for our population.

Our integrated Care Partnership understands that achieving these ambitions will be challenging: many of us will need to change our ways of working, we will all need to become expert partners across organisations, we must forge new innovative partnerships, we must all embrace technology as an important tool for delivering improvement, we will all need to work at greater pace and we may need to make difficult decisions along the way.

But all of this will be for our vital, shared purpose of investing in the prevention of ill health, enhancing the quality of life of individuals and the health of our Humber and North Yorkshire population at large..

We encourage you to read on to understand what this strategy means for you....



**Sue Symington
Chair**



**Cllr Jonathan Owen
Vice-Chair**

Our starting point

Of the 1.7 million people who live in Humber and North Yorkshire, more than 200,000 are living in poverty, with more than 60,000 children living in low income families. More than 2400 people each year die from causes considered preventable.

The **healthy life expectancy** – the number of years a person can expect to live in good health – is just 53.8 years for men in Hull, compared with 67.3 years for men in North Yorkshire. Within North Yorkshire there is a gap of 9.5 years between those from the most and least deprived communities.

For women in Humber and North Yorkshire, the number of years they can expect to live in good health is slightly higher than men but is just 56.4 years in North Lincolnshire, compared with 67.9 years in East Riding of Yorkshire. Within East Riding there is a gap between the most and least deprived of 11.2 years.

The reasons behind these disparities are complex and multi-layered and are as individual as each of the 1.7 million people who live in our communities.

The ways to tackle these disparities are similarly complex and require organisations and communities to work together, to get creative and to have a really clear goal to strive for.

The purpose of this strategy is to set the ambition for our people and communities. To be clear on where we are trying to get to and what will be different if we get it right. It is not a plan or a series of actions but rather a statement of intent. It provides the framework within which strategies and plans will be developed and informs the allocation of our collective resources. The way we prioritise our time, energy and money should be formed by the ambitions in this strategy.

As organisations we share the responsibility for health and care services across the Humber and North Yorkshire. And it is with the people of Humber and North Yorkshire that we share the responsibility for improving health. As we implement this strategy, we will continue to build partnerships with our communities to deliver their aims and aspirations for better health and improved lives.

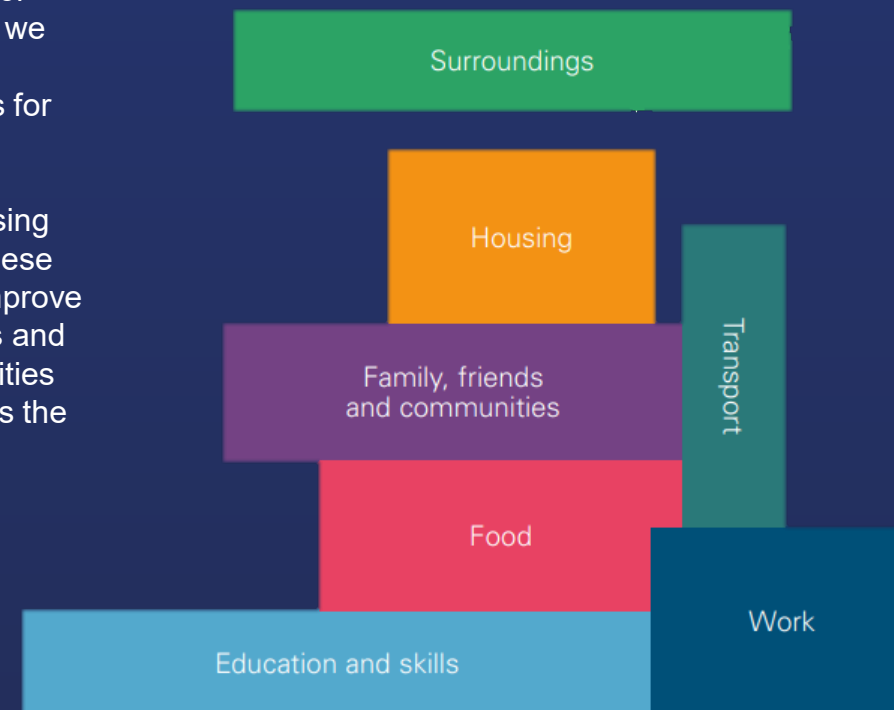
We have extensive assets at our disposal and using our collective power and influence we can use these to put in place **building blocks for health**; to improve the underlying circumstances that affect the lives and life chances of our people; and provide opportunities for our populations to thrive by helping to address the underlying causes of differences in health.



We each look after a small part of a wider puzzle. By working together with a clear ambition in mind, we are greater than the sum of our parts.

This strategy is not just about making health and care services more efficient or effective – though this is an important priority for our partnership and its constituent parts. Instead it takes a wider and longer view, focusing on what we can change to help people live healthier, happier lives – now and in the future.

Together we can make real change and deliver our vision for the people of Humber and North Yorkshire.

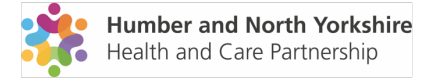


Our strategy on a page

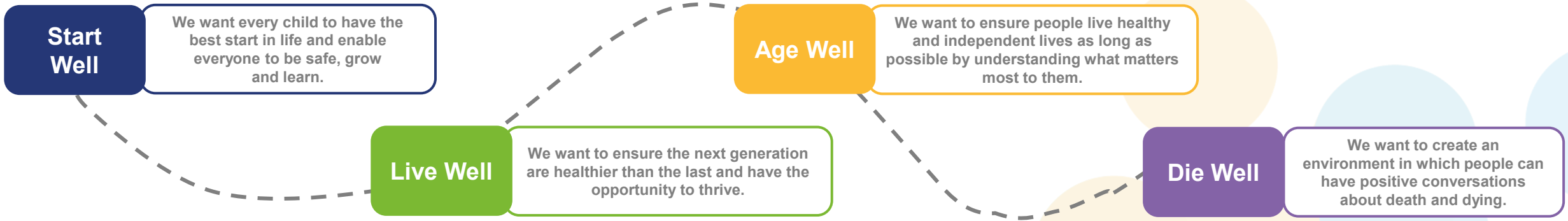
Our ambition is:

for everyone in our population to live longer, healthier lives

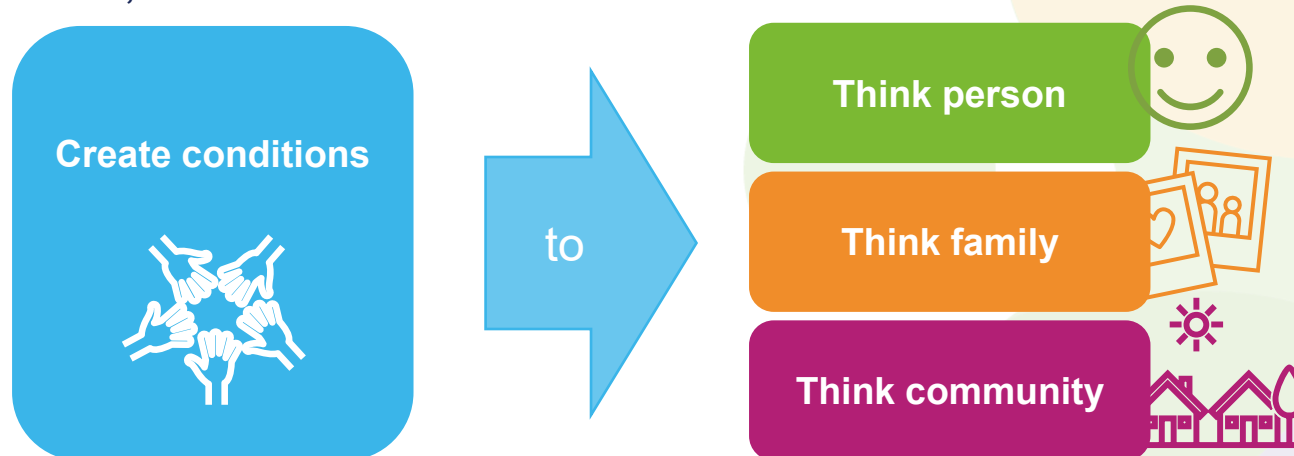
by narrowing the gap in healthy life expectancy between the highest and lowest levels in our communities by 2030 and increasing healthy life expectancy by five years by 2035.



To reach that ambition our **vision** is to ensure that all our people:



To deliver the ambition and vision, our **intentions** are to:



Our partnership

We are the **Humber and North Yorkshire Integrated Care Partnership** part of one of 42 Integrated Care Systems (ICSs) established across England.

The **Integrated Care Partnership (ICP)** is a standalone statutory committee between Local Government and the NHS Integrated Care Board (ICB). We are responsible for developing the **integrated health and care strategy** to address the health, social care and public health needs of our population.

Our focus is on improving outcomes for our population, tackling health inequalities and making the **connections between health and wider issues including socio-economic development, housing, employment and environment**. We take a **collective approach to decision-making and support mutual accountability** across the Integrated Care System.

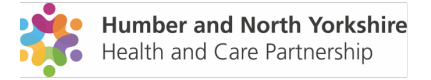
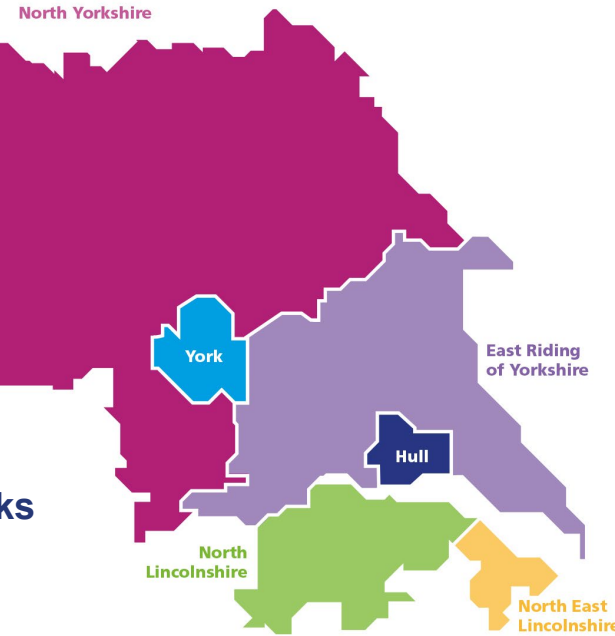
42 Primary Care Networks
(181 GP Practices)

4 acute hospital trusts
(operating across 9 sites)

3 mental health trusts

4 community / not for profit providers

2 ambulance trusts



1.7 million people

6 Local Authorities
(upper tier and unitary authorities)

550 care homes

180 home care companies

10 hospices

1000s of voluntary and community sector organisations

c.50,000 staff
across health and adult social care

Total budget of approx. £3.5bn

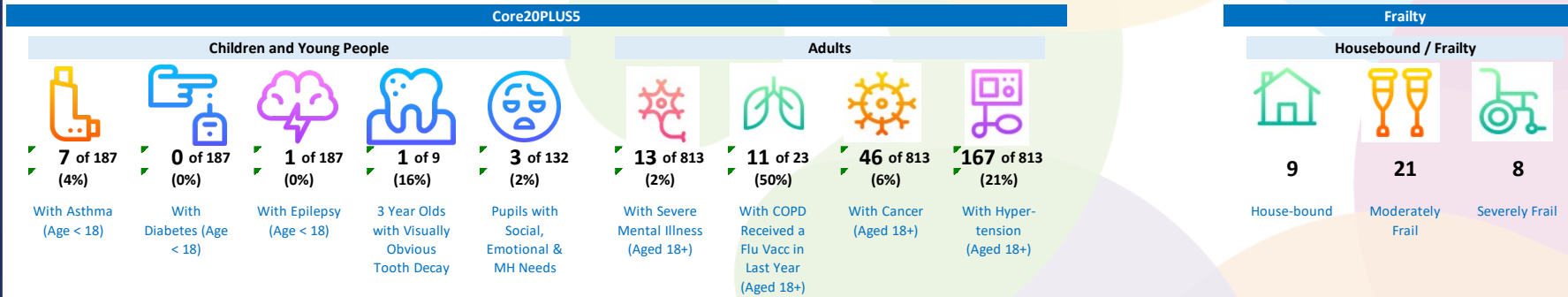
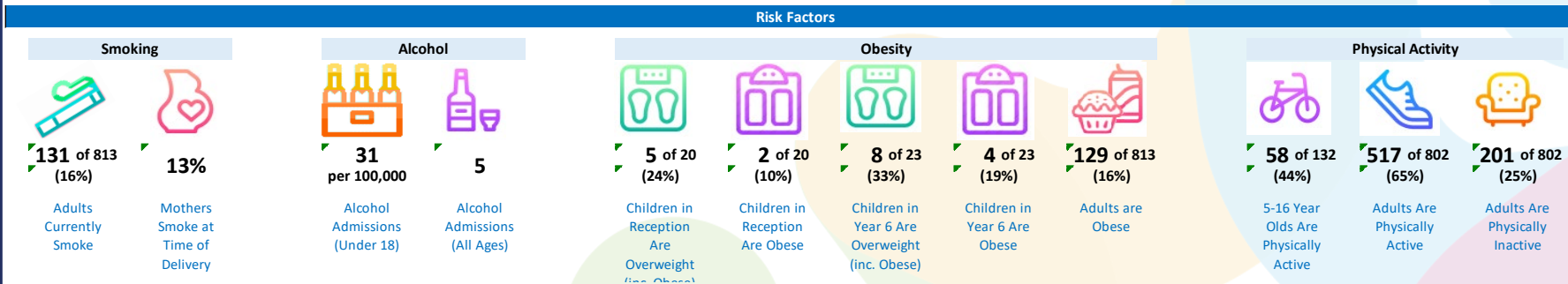
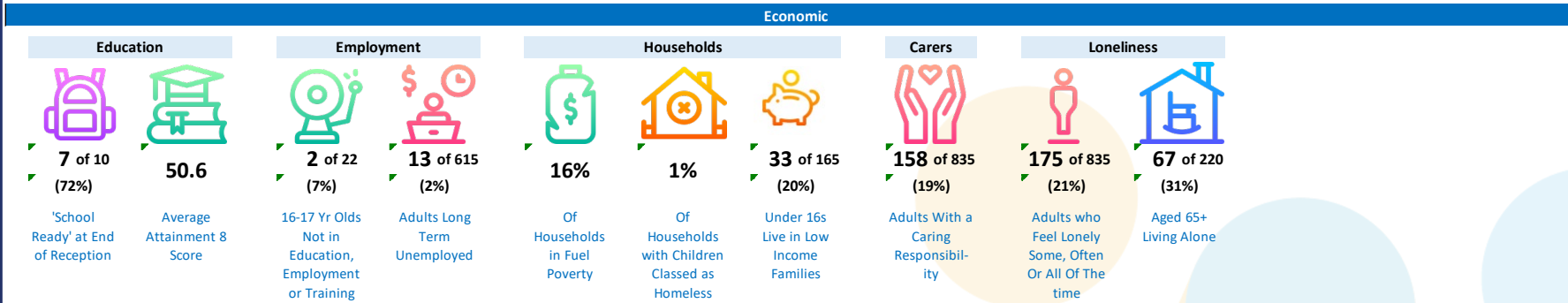
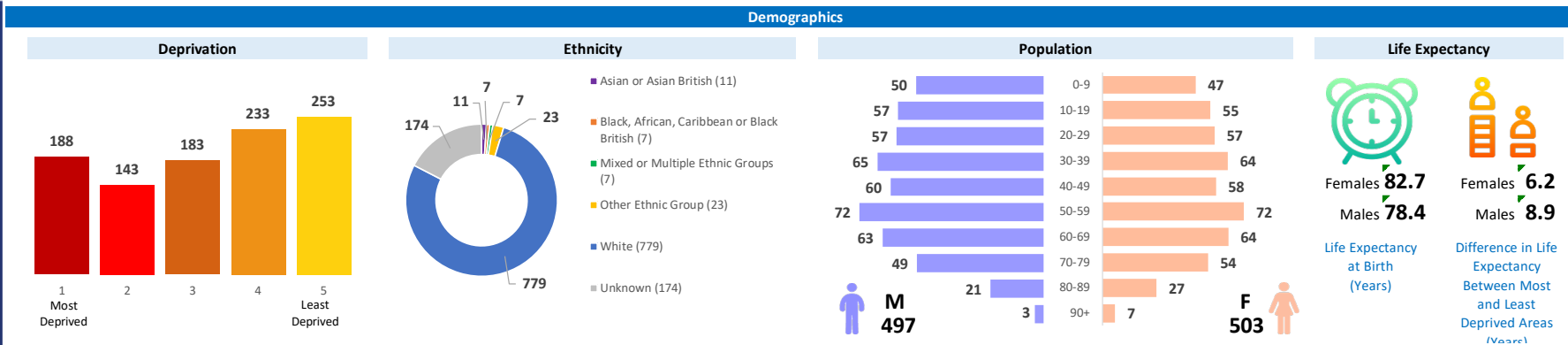


Our population in numbers

If Humber and North Yorkshire was a Community of 1000 people.....

How to read

If the population of Humber & North Yorkshire was just 1,000 people then 220 would be aged 65 or over. Of these, 67 would live on their own. That means that 31% of those aged 65 and over live on their own.



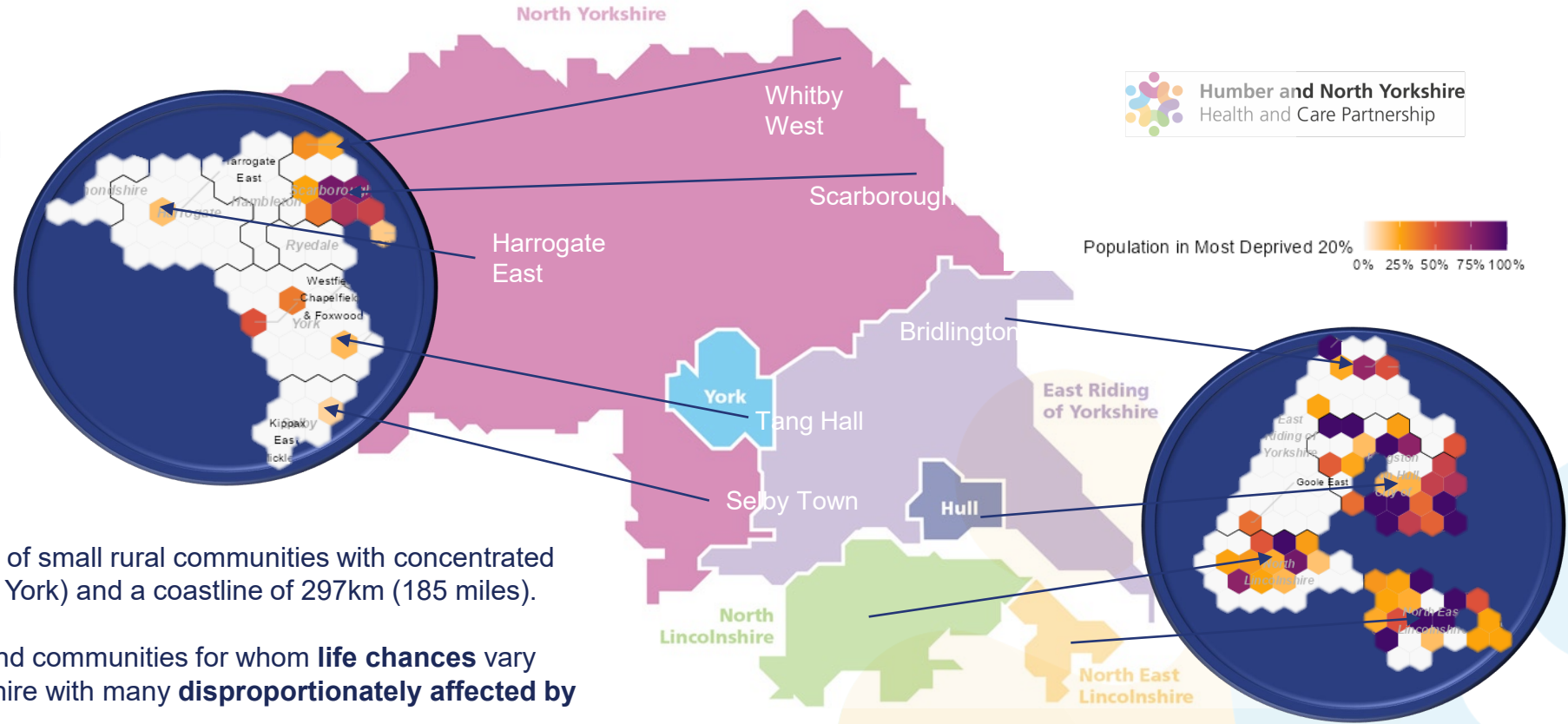
Our communities

Our communities are the lifeblood of our partnership – our people are our greatest asset, but many of them live in the **most deprived communities** in England or face other barriers to living healthy lives.

Of our 1.7 million population 18% live in the 20% most deprived communities and within our six Places this can be significantly higher (as shown by the maps). 25% of our population live in the most affluent 20%.

Much of our 1.08 million hectares is made up of small rural communities with concentrated urban areas of our towns and cities (Hull and York) and a coastline of 297km (185 miles).

We describe below some of the individuals and communities for whom **life chances** vary significantly across Humber and North Yorkshire with many **disproportionately affected by ill-health and premature death**.



Humber and North Yorkshire
Health and Care Partnership

Population in Most Deprived 20%
0% 25% 50% 75% 100%

Digital

14% of our population have unequal access to services where they are provided using digital technology (within Hull this figure is 61%).

Coast

People living in our coastal communities face some of the greatest health and wellbeing challenges as well as poorer access to health care, employment, housing etc. resulting in poorer outcomes.

Justice

Our people within the justice system face poorer health outcomes and face barriers to accessing health and wellbeing services and have often experienced trauma and adversity.

Armed Forces

Armed Forces Covenants are in place in each of our Places, recognising our commitment to ensuring current and former service people have their needs met.

Homelessness

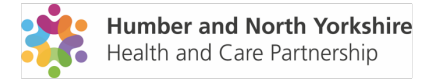
People without permanent, secure homes are at higher risk of poor health outcomes and face significant barriers to accessing care.

Ethnicity

6% of our population is from an ethnic group, however we do not know for approx. 17% their ethnicity. We do know that that ethnic groups face poorer health outcomes.

Our intentions

To achieve our ambition and vision, our Partnership through our six Places working with their communities and partners will reimagine health, care and wellbeing services and we will focus on...



Create conditions

We will focus on creating the conditions to enable and empower our people, communities and organisations to achieve change

Change

Empower

Enable

In focusing on creating the conditions for change we will make it easier for our people, communities and organisations to come up with the solutions they think will work best in improving their lives and those of their neighbours and communities.

We will **work together** - with communities and individuals in our Places and across Humber and North Yorkshire – in an inclusive and co-ordinated way, and we will use what they tell us to inform how we re-think and **integrate health, care and wellbeing** services.

We will work with local business, the academic world, the voluntary sector and local and national organisations to encourage the development and implementation of **innovative evidence based solutions** that support delivery of our ambition and vision.

As the organisations that are one of, if not the biggest employers, in each of our six Places, we are committed to **positively contributing** to making a difference for local people by:

- Seeking to enable local economic growth by buying local and supporting the creation of a strong infrastructure that attracts and builds businesses in our area
- Creating greater access to work by growing the workforce of the future and providing opportunities for people to develop their skills and giving our people a purpose
- Reducing our environmental impact and making our contribution to the Net Zero Climate targets.

We will develop an approach that enables us to **target and use our resources** (money, people, technology and buildings) where they are needed, to address issues and challenges that are impacting on the lives of our communities earlier.

We have conversations with people to discover what they want from life and provide the care, support and housing that will enable this, without restricting solutions to formal services and conventional treatments.



We work in partnership with others to make our local area welcoming, supportive and inclusive for everyone.



We see people as individuals with unique strengths, abilities, aspirations and requirements and value people's unique backgrounds and cultures.



We work with people as equal partners and combine our respective knowledge and experience to support joint decision-making



We work in partnership with others to create opportunities for people to work both paid and voluntary and to learn



Think person

We will focus on enabling our people to live healthy, independent and safe lives as long as possible by understanding what matters to them

Independent

Secure

Choice

By focussing on the person we will listen and pay attention to what they tell us matters most to them which will enable us to remove barriers and give them greater control over their own lives.

We will maximise the potential for a person to live a longer healthier life by addressing the root causes of health harming behaviour, and making training, education and information available to all; having the **right conversation at the right time**; and enabling people to make **informed choices**. As 1 in 8 people over the age of 18 smoke in Humber and North Yorkshire, tobacco is our most significant challenge to people living healthier and longer lives, this will be an area of focus.

We will aim for **early identification** of risk factors and long-term conditions and act early to prevent or delay onset or progression of different health conditions. We will also focus on key areas that contribute most to the years of life lost or lived in ill health, such as cardiovascular disease and cancer.

Through understanding the needs and wants of a person, we will build **proactive, integrated and personalised plans**, that support them to have and maintain greater independence and autonomy over their own lives. Focusing on those with the greatest need first. We will also continue to work together to improve access to health and care services by **reducing the barriers** experienced by people when needing multiple services with the aspiration for this to be seamless for a person.

Whilst the focus is on a person living their healthiest life for as long as possible, we recognise there is a need for people to have positive conversation when they are healthy about death and dying. We will do this by **creating an environment** in which people of all ages feel comfortable talking about death and dying, and developing plans that will help them to have greater control and be provided with the co-ordinated, compassionate care when they need it during a significant change in their life. This will include ensuring there is support to those nearest to them, with their grief and loss.

I can live the life I want and do the things that are important to me as independently as possible

I am supported by people who see me as a unique person with strengths, abilities and aspirations

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and personal goals

We support people to plan for important life changes, so they can have enough time to make informed decisions about their future

We talk with people to find out what matters most to them, their strengths and what they want to achieve and build these into their personalised care and support plans.

I am supported by people who listen carefully so they know what matters to me and how to support me to live the life I want



Think family

We will focus on supporting families to enable everyone to be safe, grow and learn and ensure every child has the best start in life

Grow

Safe

Learn

Family are those people who are closest to an individual, they can include relatives, friends or those who provide a temporary but important relationship or network to support a person. By focusing on supporting families we want to create a safe and nurturing environment that raise aspirations and enables every child to grow, learn and thrive.

We will work together with our partners to ensure everyone but particularly our **most vulnerable people are kept safe**, with a specific focus on our children and young people.

We recognise the importance of **clear and early health messages** to allow individuals to understand and prepare to become a family and we will provide practical and appropriate support for those considering becoming parents and families to ensure the best start in life for the child.

Through supporting the development of a child and by **building closer working relationship between health and education**, we will focus on key milestones of development in child's life, ensuring they are ready for school, have an ambition to learn and are prepared for employment.

Mental health and wellbeing will be a thread through all that we do, as we aim to reduce the difference in healthy life expectancy between those with mental health and learning disabilities and those without with a specific focus on improving access to children and adolescent mental health support.

We will ensure that support is put in place for **carers** who can often over look their own needs, and in many cases can be young people who experience multiple issues not just health, if not supported well.

We are committed to **mitigating the effects of poverty and the cost-of-living crisis** for families in Humber and North Yorkshire by undertaking actions that will have a positive impact on the quality of life, prevention of ill health and timely access to health and care services.

I am safe.
My family has what they need to look after me.

I am supported to plan ahead for important changes in life that I can anticipate

I can tell a grown-up if I feel sad or worried.

I know what I can do to stay healthy.

I am in control of planning my care and support. If I need help with this, people who know and care about me are involved

I can get information and advice that helps me think about and plan my life



Think community

We will focus on an all-inclusive community approach to ensure the next generation are healthier than the last and have the opportunity to thrive

Healthy

Play

Work

Our communities are as unique and as individual as the people that live in them. We want to harness this strength to help inform the way we plan, design and implement health and care services for people living across Humber and North Yorkshire. We will focus on all our communities, however we will place specific emphasis on working with those with the greatest need, such as our coastal and rural communities

We will create opportunities that give people **purpose in all stages of their life** through access to good quality play and work (including volunteering) providing the chance to reduce social isolation and support people to thrive.

Proactive prevention will be at the heart of everything we do. We will **connect our communities** to the resources that are available to them in their neighbourhood or Place, to enable them to reduce their reliance on professional help and prevent ill-health through services that provide them with opportunities to keep their mind, body and spirit healthy.

We value and recognise the **diversity** of our communities and we are focused on making all groups feel included and valued within their communities to improve their health and wellbeing and ensure it is not negatively effected.

We will continue to grow the role of the **voluntary and community sector** which will see greater involvement of the nearly 14,000 organisations across Humber and North Yorkshire in supporting improving health and wellbeing outcomes for our communities and our people.

We keep up to date with local activities, events, groups and learning opportunities and share this knowledge so that people have the chance to be part of the local community.



I feel welcome and safe in my local community and can join in community life and activities that are important to me.



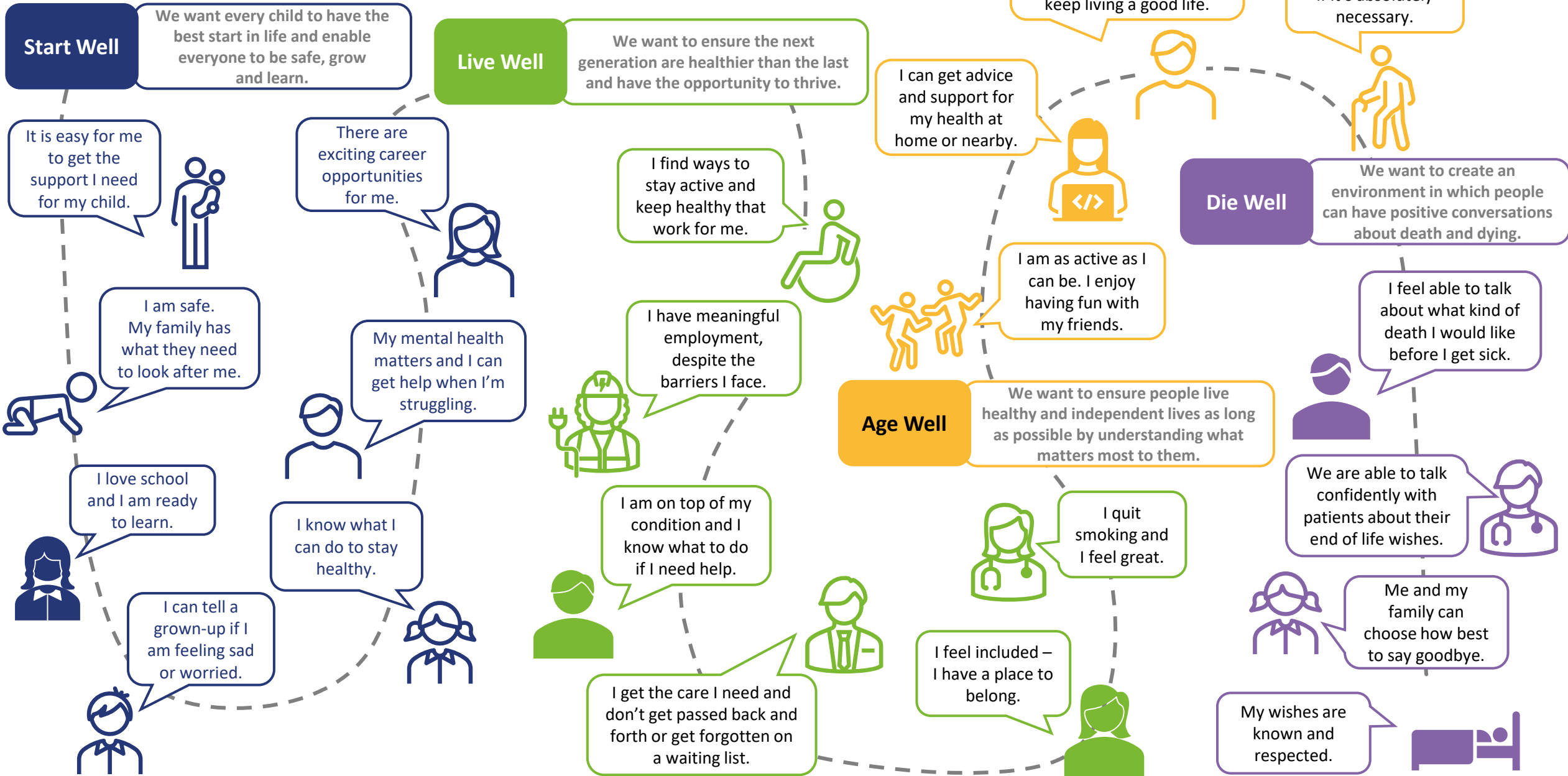
I know about the activities, social groups, leisure and learning opportunities in my community, as well as health and care services



I have opportunities to learn, volunteer and work and can do things that match my interests, skills and abilities



How we will know we have succeeded



What happens next

Whilst the purpose of this strategy is to set the ambition and vision for our people and communities with some description of our intentions of how we will achieve this, it is only the framework from which other specific strategies and plans will be developed and the allocation of our collective resources will be informed.

In addition, we also want to understand the difference that is being made and whether we need to adjust our ambition, vision and intentions by keeping the strategy as a living and breathing document.

Turning strategy into action

The way we prioritise our time, energy and resources will be informed by the ambitions in this strategy and actions will be developed through:

- **Place** engaging with their communities, neighbourhoods and partners building with communities to develop integrated delivery plans – aligned also with local health and wellbeing strategies. An initial plan on a page for each of our six Places is set out in the appendices and these will be developed further during the early part of 2023.
- **Integrated Care Board** engaging with partners to develop a 5 year Joint Forward Plan which will use the strategy as a framework and an annual operational delivery plan
- **Other Strategies, Plans and Programmes** e.g. People Strategy, Digital Strategy, Children and Young People Alliance

Evidencing we are making a difference

- We will develop a population health outcome framework to provide the assurance and evidence that we are making the difference we intended.
- Ensure we have continued engagement with our communities and receive their feedback on the delivery, working closely with Healthwatch.
- Share case studies of our promising practice to promote learning and enable others to adopt and implement new ways of working.

Appendices





Place Strategic Intent



Introduction

This strategy has been developed by working with and building up from each of our six Places in Humber and North Yorkshire.

During the development of the strategy, each of our six Places has been engaging with their communities and partners to describe their initial intent of how they will deliver the ambition and vision set out in the strategy.

The following pages are the initial plans on a page for our six Places of:

- East Riding of Yorkshire
- Kingston Upon Hull
- North East Lincolnshire
- North Lincolnshire
- North Yorkshire
- York



Aspirations

In support of the vision of the ICS to 'Start well, Live well, Age well and End life well' our strategy at East Riding Place is grounded in the aspirations of the Health and Wellbeing Board, its strategy and improving population health in its widest sense, which includes the wider determinants of health (income, crime, education, work/labour market, built and natural environment, vulnerability). Our current Health & Wellbeing Board Strategy is located at: <https://www.eastriding.gov.uk/council/committees/health-and-wellbeing-board/>

Our aspiration is to equalise the opportunity for people to live happy, healthy and fulfilling lives through:

- Joining up things in communities
- Avoiding dependency and reducing escalation
- Raising aspirations
- Creating inter-generational wealth

Across 2022-23, we will be refreshing our Health & Wellbeing Strategy to capture the direct and indirect impacts on our population from events including: the pandemic, cost of living crisis, war in the Ukraine and Brexit. We aspire to develop a focussed response to these in terms of supporting residents of the East Riding of Yorkshire.

Concerns / challenges

Our concerns and challenges include:

- The immediacy of the pandemic and cost of living impact and if we can respond quickly enough.
- A significant cultural shift is required which will take time.
- Managing change when there is already pressure on our collective workforce who are dealing with day-to-day operational challenges. Our workforce may have their own personal challenges that we need to support them with (for example impact of the pandemic / cost of living).
- Ensuring a greater emphasis on the conditions of living / wider determinants of health and engagement of partners outside of Health & Social Care.

Plans

The first steps to achieving our aspirations will be to focus on structural priorities including, but not limited to, the following:

- Support the development of 'a movement' underpinned by loose networks and communities of practise to better meet population health needs
- Engage with and hear the voice of local communities
- Use this insight to inform a live intelligence network (Joint Strategic Needs Analysis - JSNA)
- Develop structural responses to meet short and longer term needs - for example Children & Young People
- Empower communities and people at all levels in our system to affect change.

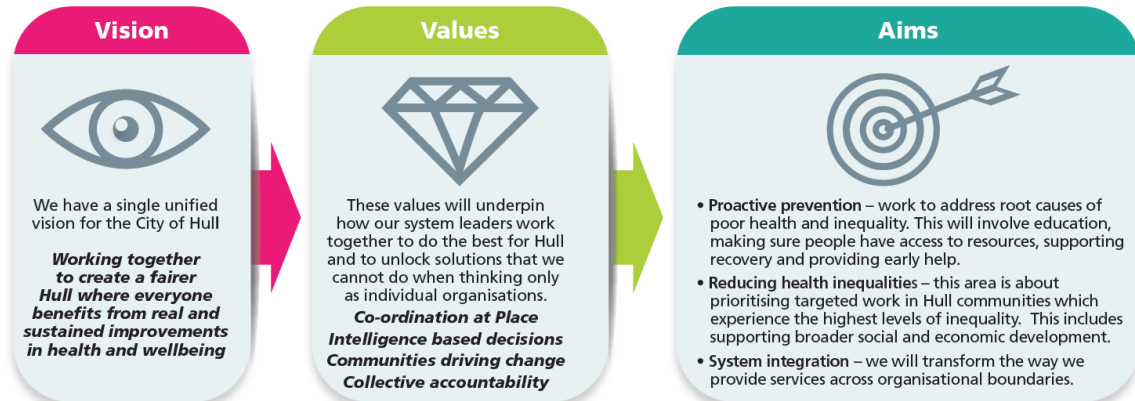
Structural enablers that we have identified as our priorities include:

System Thinking	<ul style="list-style-type: none">• Embedding a population health approach across all partners and all staff groups• Enhancing the voice of people and communities and building their intelligence and insight in-to our refreshed strategies
Operational Practices	<ul style="list-style-type: none">• Developing the quality of relationships• Empowering operational practitioners to affect service and person-level change
Sector and Partner Development	<ul style="list-style-type: none">• Creating 'headspace' / infrastructure for sectors such as Primary Care and the Voluntary, Community and Social Enterprise (VCSE) to be able to equally contribute to system development.• Commitment to a nurturing environment
Enabling Priorities	<ul style="list-style-type: none">• Workforce – take an integrated approach to resolving workforce challenges and move to more integrated ways of working• Communications and engagement – develop an effective approach to resident engagement and gathering of insight

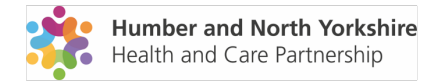
While going through considerable change this will also determine how we organise ourselves locally to understand need, co-design and deliver in an integrated model.

Our ambitions and plans are subject to change as we consult and gain insight into our populations needs through the refresh of the East Riding Health and Wellbeing Strategy.

Kingston Upon Hull Place

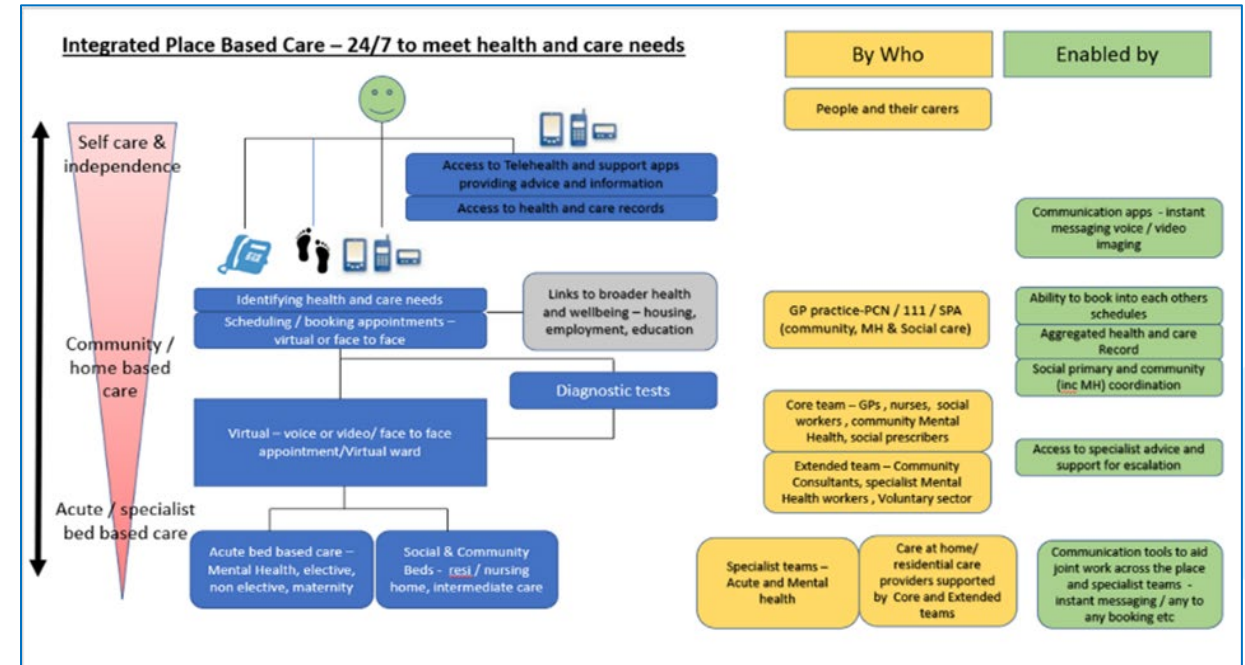


North East Lincolnshire Place



Overall Approach

- North East Lincolnshire – erasing lines in the system
- Our local community, health and care system is currently building on a lengthy, proud and powerful history of collaborative and integrated working ensuring our community, health and care organisations work hand in glove which has benefitted local people for many years. Our Health and Care partnership enables partners to work together where a multi agency approach is required to tackle and deliver local priorities whilst still undertaking their own functions and service delivery
- Our local community, health and care system is becoming more holistic – bringing together and delivering mental, physical and social care together. for both children and adults. We are redesigning prevention and care locally, including reflecting the outcomes of the Acute Services Review and Out of Hospital services. Its ‘all age’ mandate will mirror the ‘start well, live well and age well’ vision of Humber and North Yorkshire ICS.
- We recognise that there is still work to be done to take full advantage of the opportunities presented by the new structures emerging as part of the integrated care system, however we are starting from a place of mature and effective working relationships which have already delivered a range of innovative and integrated solutions which will be scaled to further benefit



Approach to Integrated Care

- Our core model of care will be the Accountable Teams model, embodying teams working together to meet the health and care needs of people, their carers and families. Rolling this model out erases the ‘lines in the system’ created by organisational needs and boundaries, and will be founded upon:
- One referral to the right person at the right time
- “Accountable Care Teams’ – avoiding often complicated and time-consuming transfers between services, professionals and organisations
- Shared data; digitally enabled; capable and empowered staff; and tailored care
- Delivering home first and virtual wards
- We have already successfully delivered the Connected Health model in Cardiology, breaking down barriers between primary and secondary care to eliminate waiting lists for this specialty – we will roll this out for other pathways of care and other specialties.

Our Priorities

- **Smoking** – reducing our smoking in pregnancy rates to ensure children get a better start to life
- **Children** - Improving experience and outcomes for Children and Young People
- **Mental Health** – reducing our life expectancy rate differential between those with MH and those without
- **Skills** – support life long learning / supporting people into H&C roles for the future – increase in no of people with level 3 qualifications

North Lincolnshire Strategic Intent

Our Ambition

Our ambition is for North Lincolnshire to be the best place for all our residents to be safe, well, prosperous and connected; experiencing better health and wellbeing

People will;

- enjoy good health and wellbeing at any age and for their lifetime.
- live fulfilled lives in a secure place they can call home.
- have equality of opportunity to improve their health and play an active part in their community and enjoy purpose within their lives.

Our community first approach

Our transformation approach empowers and facilitates individuals of all ages including children and young people to participate in their own communities, putting people and communities at the heart of health and care. People will have personalised care, be enabled to self care and have control over their lives. People will get the best care closest to home. We will use our collective resources to improve outcomes for people and be informed by the voices of our diverse communities. We will use our Place assets and resources to strengthen prevention and community support, reducing the need for higher levels of care which is safe, effective and high quality in the right place at the right time. We will use the North Lincs £1 wisely and with integrity. We will ensure participation and prevention threads through all that we do. We will foster a culture of one team, enabling our workforce to achieve great outcomes for people and support the workforce to be well. We will ensure we have the most effective systems and enablers of change.

The ICS and Place Partnership will invest locally to deliver this strategic intent ensuring the community health and care system is the right size for the population, is organised to meet levels of need and inequalities; focuses on prevention at every level and opportunity; and is high quality. The Partnership will utilise digitally enabled care to support the individual and integration of the workforce. We will prioritise those most in need. We will enable partners to manage risk effectively, to work together to promote positive risk taking to improve the outcomes we aspire to.

Priorities for Collective Investment



Mental health and wellbeing will thread through all that we do across all age

Asset based community development will identify and work with the strengths of communities to level up North Lincolnshire

Innovation will be supported including digital tools that enable individuals to maximise their health and wellbeing

The health inequalities gap will reduce across our wards

Access to health and care will take account of rural challenges

Healthy life expectancy will improve for our population

There will be a single workforce strategy covering; leadership and management, recruitment and retention, reward and recognition, career pathways, and talent development

The integrated practise model will be person centred

People with long term conditions such as lung and heart disease, will improve experience proportionately good health

North Yorkshire Place – Our Strategic Priorities

A comprehensive and integrated health and social care model

WHAT DOES GOOD LOOK LIKE

- Increase in people living independently or managing safely at home/care setting.
- Increased care provided closer to home, with a sufficiency of supply of community health and social care services.
- Reduced need for acute beds for urgent care and for 24/7 residential and nursing beds.
- Significantly reduced delayed discharges into community care (whether nursing, residential or domiciliary care).
- Acute delivery operating much more in the community, coexisting with primary and social care.
- Partnerships that understand and respond jointly to the needs of their communities.
- People are supported to live in a broad range of housing that meets their circumstances.

KEY ACTIONS

- Ensure a greater emphasis on self-help, prevention and population health management (PHM).
- Develop a model for community health and social care which addresses sufficiency, comprehensiveness and skill mix, as well as integration.
- Develop a consistent model for intermediate care.
- NHS, local authority and other partners to develop integrated models of care, e.g. strong multi-disciplinary teams and consistent 'any door' access.
- Develop alternative services in or near Emergency Depts – urgent community response, virtual wards
- Strengthened role for the VCSE.
- Supporting Enhanced Health in care homes and joint work through the Quality Improvement Team to improve responsiveness and quality.

A high quality care sector, with sufficient capacity to meet demand

WHAT DOES GOOD LOOK LIKE

- Increase in people living independently.
- Higher recruitment and retention levels across health and social care.
- A care market sustainable for providers and affordable for commissioners and service users.
- Reduced reliance on acute beds and 24 hour nursing/residential care – Home First approach.
- Enhanced community capacity that can flex to prevent avoidable hospital admissions and facilitate timely hospital discharge.

KEY ACTIONS

- Shaping the care market through the transformation of Approved Provider Lists – consider impact of social care funding levy and cap.
- Recruitment and retention of care staff through attractive pay, training and career development.
- Develop innovative models for domiciliary care.
- Undertake fair cost of care exercises for domiciliary care and implement actual cost of care for residential /nursing care to deliver a sustainable care market.
- Work with care providers to implement the national charging reforms for adult social care and the next phase of the NHS discharge pathway.

A strong workforce

WHAT DOES GOOD LOOK LIKE

- Sufficient trained and motivated staff to meet demand through:
 - Positive narratives about the various different roles and professions.
 - Increasing numbers of people being recruited.
 - Range of innovative, possibly even joint funded, posts to help bridge gaps and/or break down silos (e.g. part primary care / community, or part health / social care).
- High recruitment and retention levels of all care staff.

KEY ACTIONS

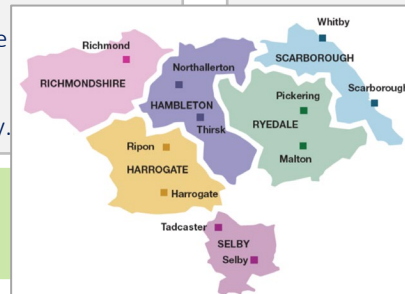
- Develop more balanced/varied roles and better work/life balance, wellbeing support, appropriate rewards.
- Develop innovative approaches to recruitment.
- Develop innovative workforce models.
- Innovative use of technology to support staff.
- Identify opportunities for cross sector working and roles.
- Support international recruitment across sectors.

WHAT DOES GOOD LOOK LIKE

- Narrowing of the gap in health inequalities between the least deprived areas compared with the most deprived areas across North Yorkshire.
- Increase in overall healthy life expectancy across the County.
- Narrowing of the gap in healthy life expectancy between the people in the least deprived areas compared with those in the most deprived areas across North Yorkshire.
- Having a clear, resourced strategic plan with dedicated staff to implement.

KEY ACTIONS

- Commission and provide high quality, accessible prevention and primary care services.
- Support people to maintain good mental health with timely access to effective primary, secondary and specialist services when needed.
- Support people to be physically active across all ages and stages of the life course.
- Influence through the strength of the partnership the wider determinants of health with a particular focus on coastal communities.
- Promote and invest in stronger communities and strategic commissioning of the VCSE.
- Engage with people in a dialogue about self-care, early help, loneliness and using digital tools.



Prevention and public health: adding life to years and years to life

York Place

Our place intention

...is to collaborate better and integrate further, to redesign and deliver services that meet population need. Working with our citizens and stakeholders we have developed a York 'Prospectus' which describes the state of our system in 2022, the changes we are currently putting in place, and what people have told us they would like to see in future years.

Strengths for health and care in York



Improved links between primary care and wider social interventions, e.g. through social prescribing

An emerging aligned set of **prevention services** / practitioner networks

The depth and togetherness of the **voluntary sector**

Many wonderful NHS and care **staff**, and commitment shown in e.g. the vaccination rollout

Research and innovation – the potential from clinical trials and operational insight

The power of **involvement** – seen in several 'coproduced' initiatives

An abundance of **health assets** – green space, access to culture and heritage, community venues

Use of **technology** to enable care and improve ways of getting help (but guard against digital exclusion)

Geography, in terms of our **aligned providers**, VCSE and council

Challenges for health and care in York



An overstretched, tired and burdened **workforce** where morale is low

Limited **resilience** in a number of smaller voluntary sector organisations

Huge **backlogs** in care and long waits, across hospital care but also GP, community and social care.

Demand for healthcare seems to only ever head in one direction (upwards)

The long shadow and collective trauma of **COVID**

A young **people's mental health crisis**, apparent even before the pandemic made it worse

People often report ending up in the **wrong place** for too long, be it a hospital bed or the wrong service

A reversal of **inequality gains** - people in poorer parts of York are dying earlier than they should

A '**crisis management**', system, not a 'preventative' system

A challenging **financial** situation for all providers of care in York

Access issues to several services, including urgent care, primary care and dentistry

Labyrinth **systems** – people feel they bounce from one gatekeeper to another

Our health needs (JSNA)

Preventable ill-health 1 in 10 smoke 2 in 3 adults overweight or obese 1 in 7 live with depression	Widening inequality gaps Healthy Life Expectancy Health of those with a learning disability School readiness	York's 'red flags' Alcohol consumption/admissions, multiple complex needs, drug related death, student health
Economic factors Lower than average income 10% of children living in poverty Housing affordability gap	Changing Demographics Aging & growing population 4% ↑ hospital use (annual), 10% social care, 2.5% ↑ in GP (over 5yrs)	Mental Health u18s admissions for mental health need High prevalence of common MH illness High suicide and self-harm rate

Our priorities

Overarching goal: Delivery of the [York Health and Wellbeing Strategy](#)

- **Quality of services:** quality, safety, experience of care
- **Population health:** health generation, prevention, early intervention
- **Access to services:** general practice, dentistry, planned care
- **Resilient community care:** preventing admissions, in-and-out-of-hospital care, effective discharge
- **Urgent and emergency care:** capacity, resilience, responsiveness

How will we achieve our ambitions?

- Strengthen **foundations**, governance and joint decision making in our place partnership, to demonstrate the behaviours agreed in our 'Charter'.
- **Coproduce** plans with communities, staff groups and partners.
- Develop and embed a **population health** approach using the CORE20PLUS5 framework.
- Lead the health and care sector response to the three [City Strategies](#).
- Join up health and care **research and innovation** potential in York.
- Produce a realistic future **workforce** strategy based on the concept of an integrated York 'health and care team'.

Our framework for a health generating city



GROW

the things which keep us healthy



ACT

early and prevent ill health



CARE

with compassion and quality



CONNECT

things into one York team



Summary of our Patient and Public Involvement and Intelligence



Introduction

This summary has been drawn from engagement activities from across the Humber and North Yorkshire Integrated Care Board, using a broad range of methodologies. Patient and Public involvement is a dynamic process that continually gathers intelligence, and so this summary will continue to be updated.

The engagement exercises have largely focused on service areas and service specific commissioning projects. The findings from these exercises have been align to the following areas:

- All services
- Start Well
- Live Well
- Age Well
- Die Well

Additional engagement with patients, carers and the public, aligned with the life course areas above, will take place to inform the ICP Strategy



All Services – Making Lives Better

Involving people

- More co-production and working together with health professionals to develop personalised care plans.
- Being listened to and involved in decisions about my care (or the person I care for) is important.
- People need easy access to accurate information and support in order for them: To engage in lifestyle change, Access treatment early (prevention, screening and early diagnosis). Effectively manage their condition.
- Better advocacy and support for people going through the continuing healthcare assessment
- Listening to patient feedback on an ongoing basis and using this to improve services provided in the future.

Choice and control

- Person-centred care in end of life services really matters – thinking of the patient and their family and providing care around the needs of the patient.
- Being able to choose who visits postnatal wards is improving peoples' experiences of care.
- Where people have long-term conditions, understanding their condition and being confident enough to manage it improves their overall health and wellbeing.
- Being able to self-refer into services without having to go through a GP has been identified as a positive change to current services (e.g. to see a physiotherapist for muscle problems, or go directly to talking therapies for depression and other mental health problems).
- Including families and carers in a person's treatment, offering extended visiting times to give people more opportunities to choose who supports them, is important.

Caring and compassionate staff

- Having a person-centred approach to care, where staff separate the person from the illness, supports recovery.
- The diversification of roles, within GP surgeries, is having a positive impact according to local people
- Feeling listened to and cared for by non-judgemental, professional staff at all levels.

Community and family support

- Support from voluntary and community sector organisations and/or projects in the local area is important.
- Involving families and carers and considering their needs as well as the needs of those they care for is important.
- Social prescribing has been highlighted as having a positive impact on peoples' health and wellbeing, and is connecting them to their communities and the many activities they can get involved in to improve their health and wellbeing.
- The introduction of alternatives to A&E for those in mental health crisis across the region is enabling people to access support from the right people, at the right time, and in a more appropriate environment.
- Peer support was identified as important by many people we engaged with. Meeting people in similar situations and learning from one another has a positive impact.

Responsive and accessible services

- Care closer to home. Availability of specialist support so that people can recover at home rather than in a hospital bed.
- Easy access to services, using online (preferred about half of people) i.e. being able to access services online at a time and place that suits the individual, and single point of access
- Extended opening hours and reduced waiting times
- Fast referral for life changing diagnosis/treatment.
- The importance of the physical environment where care is provided being appropriate and pleasant has an impact on peoples' experience of the services they access.

In addition to the general insights already outlined, the following slides highlight elements that are specific to the key areas:

Start Well ***Live Well*** ***Age Well*** ***Die Well***

Start Well

- Children and young people want:
 - Positive experiences, positive relationships with family and friends.
 - To feel cared for and safe
- Mainly associate living well with healthy eating and exercise.
- Biggest concern is transition between schools.
- Prefer a variety of ways of accessing services that improve convenience and anonymity
- Experience issues with dual diagnosis of SEND and Mental Health, one can preclude the other

Live Well

- People need easy access to accurate information and support in order for them to engage in lifestyle change. They would like more information about how to lead a healthy lifestyle.
- Increase information about prevention, screening and early signs and symptoms so that people can access treatment early.
- Social prescribing has been highlighted as having a positive impact on peoples' health and wellbeing, and is connecting them to their communities and the many activities they can get involved in to improve their health and wellbeing.
- The introduction of alternatives to A&E for those in mental health crisis across the region is enabling people to access support from the right people, at the right time, and in a more appropriate environment.
- Peer support was identified as important by many people we engaged with. Meeting people in similar situations and learning from one another has a positive impact.

Age Well

- Information leaflets could be provided to patients about how to effectively manage their condition.
- A range of condition-specific support groups were also highlighted in our engagement as having a positive impact on peoples' lives and helping to support them to manage their condition and live fulfilling lives (e.g. Macmillan, MS Society, Alzheimer's Society).
- Care home liaison teams are having a positive impact by helping people to stay in their own home and avoid going into hospital unnecessarily.

Die Well

- Person-centred care in end of life services really matters – thinking of the patient and their family and providing care around the needs of the patient.
- Support carers in all aspects of their life, not just health.
- Carer-friendly education and employment is vital. Access higher-level training about the conditions of those they are caring for so they can support them more effectively. Resilience training for carers to help them to cope with difficult situations.



Humber and North Yorkshire
Health and Care Partnership

Thank You



Agenda Item 18

Title & Date of Meeting:	Trust Board Public Meeting 25 January 2023										
Title of Report:	Collaborative Committee Assurance Report										
Author/s:	Stuart McKinnon-Evans Non-Exec Director - Chair (Chair)										
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To receive & discuss</td> <td></td> </tr> <tr> <td>For information/To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> </table>			To approve		To receive & discuss		For information/To note	✓	To ratify	
To approve		To receive & discuss									
For information/To note	✓	To ratify									
Purpose of Paper:	<p>The Collaborative Committee is one of the sub committees of the Trust Board</p> <p>This paper provides an executive summary of discussions held at the meeting on Monday 19 December 2022 and a summary of key points for the Humber Teaching NHS Foundation Trust Board to note.</p>										
Key Issues within the report:											
Matters of Concern or Key Risks to Escalate:	Key Actions Commissioned/Work Underway:										
<ul style="list-style-type: none"> CAMHS work stream budget is forecasting overspend – this is in part due to high demand for specialised eating disorder provision Clinically Ready for Discharge – adult secure – has reduced but is still at 20 patients PICU at Inspire remains closed, due to reported staff shortages. Concerns have been raised with Inspire and HTFT have been asked to share their Quality Improvement Plan re the current pressures at Inspire and actions taken to address. 	<ul style="list-style-type: none"> Close work with Inspire (HTFT) to address further delay in commencing in-patient eating disorder provision and to address low levels of occupancy at the unit – a contractual Service Development Improvement Plan (SDIP) maybe implemented from January 2023 Preparation for system response to high-profile national patient safety concerns– Edenfield and West Lane Hospital - an update on recommendations for Commissioners following the West Lane enquiry is being progressed 										

<p>Positive Assurance to Provide:</p> <ul style="list-style-type: none"> Schoen Clinic York have been reinspected and have received a provisional rating of 'Good' across all five domains and overall Quarter 2 Contract Meeting held with NHS E Regional team on 16.12.2022 – positive feedback received to the work of the CPaQT NHS E have advised likely the lead provider contract to be extended to March 2026 	<p>Decisions Made:</p> <ul style="list-style-type: none"> Annual review of Terms of Reference - were reviewed and approved Access Assessment and Quality Standards for adult secure - the new enhanced standards were ratified at the Collaborative Committee Co-Production and Involvement - the decision to increase investment into Yorkshire and Humber Involvement Network and new 8B post – was ratified at the committee
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Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	19.12.2022
			Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

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

To demonstrate robust governance in its role as Lead Provider and avoid conflicts of interest with its provision arm, HTFT as Lead Provider has delegated some of its responsibilities to the Collaboration Planning and Quality Team (CP&QT) which is accountable to the Collaborative Committee.

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

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

The meeting on 19 December 2022 was quorate

Insight Report

Report shared with the Collaborative Committee to give a high-level oversight of regional and national work on Specialised Provider Collaborative. The report included an update on:

- Phase 2 of Specialised Provider Collaborative – we are currently in Phase 1
 - Perinatal to be led by West Yorkshire Specialised Provider Collaborative
 - Forensic CAMHS to be led by West Yorkshire Specialised Provider Collaborative
- Stockton Hall estates work
- Bi-Annual reports from each work stream
- Overview of Quality Assurance and Improvement
- New NHS E Cashflow and Contracting SOP – no significant changes

Schoen Clinic

- CQC have revisited Schoen Clinic York and have rated the service as Good Overall
- The work of the CPaQT was commended at the meeting in supporting Schoen Clinic in the progress
- Day Care pilot has commenced – positive feedback to the 2 first patients who have

commenced day care of which 1 is a previous long stay patient

Quality Improvement and Assurance

- All providers have been contacted regarding the industrial action – nursing and ambulance - assurance has been sought regarding business continuity
- National patient safety concerns – assurance is underway working alongside HNY ICB and NHS England
- Quarterly Governance Framework – includes any help and support required by our providers – Routine to Enhanced Plus. This is being discussed and agreed with providers within the Collaborative.
- Stockton Hall – improvement in reporting for incidents. Positive work with Stockton Hall
- An update on recommendations for Commissioners following the West Lane enquiry will be shared at the next Collaborative Committee

Risk Register

- The Risk Register is now live on DATiX it was agreed to review and amend the following risks:
 - CAMHS CC29 – split out Inspire from Mill Lodge due to differential issues and the financial risk and include the work being undertaken to address the risk
 - Review work force risk rating and narrative
 - Overall review gaps in assurance and controls for each risk and add dates to be closed

Work Stream Updates

Data as at December 2022

1 CAMHS

- Total Patients receiving care Inside Natural Clinical Flow - 7
- Total Patients receiving care Outside Natural Clinical Flow – 13
- Occupancy rates for November:
 - Mill Lodge 38%
 - Inspire 46%
- 7 young people on the waiting list
- 2 Clinically Ready for Discharge – delayed discharges

Additional contractual meeting held has been held with Mill Lodge regarding occupancy levels – which have started to improve.

A meeting has also been held with Inspire due to:

- Continued low occupancy levels
- Delays on admitting young people with an eating disorder.
- PICU remains closed to new admissions.

The Committee expressed its concern that the Inspire team is not showing flexibility or innovation is finding ways of tackling the twin problems of lack of system capacity generally and under-occupancy at the unit. A Quality Assurance and Improvement plan is to be shared and if required a contractual SDIP will be implemented. Meetings will be held every 2 weeks from January 2023 to monitor progress.

The financial position of the CAMHS workstream remains under close monitoring and options to

reduce end of year forecast overspend are progressing.

2 Adult Eating Disorder

- Total Patients receiving care Inside Natural Clinical Flow: 11
- Total Patients receiving care Outside Natural Clinical Flow: 3
- November Occupancy rates:
 - Schoen Clinic 20%
 - Rharian Fields 114%

Day care has commenced at Schoen Clinic and 2 people are receiving day care – this is going very well with positive feedback from both patients.

3 Adult Secure

- Case Load Low secure 70 67% receiving care in HNY
Medium secure 79 89% receiving care in HNY
- 3 people waiting a low secure service
- Clinically ready for discharge = 20 of which 16 over 12 weeks delayed

Terms of Reference

- Annual review of Terms of Reference – were discussed and agreed

Access Assessment and Quality Standards

- The new enhanced standards were ratified at the Collaborative Committee – previously reviewed by AS work streams and PCOG

Co-Production and Involvement

- The decision to increase investment into Yorkshire and Humber Involvement Network and new 8B post – was ratified at the committee

CPaQT

- Annual CPaQT structure and costs were shared with the Collaborative Committee and noted

Title & Date of Meeting:	Trust Board Public Meeting – 25 January 2023		
Title of Report:	Finance and Investment Committee Assurance Report - Chair's Log		
Author/s:	Francis Patton, Chair		
Recommendation:	To approve		To receive & discuss
	For information/To note	✓	To ratify
Purpose of Paper:	The aim of this paper is to provide assurance to the Trust board on the financial performance of the Trust and any business development opportunities identified. It is recommending that the Primary care strategy and a strategic review of future potential cost reduction asks are part of the December Board development session.		
Key Issues within the report:			
<p>Matters of Concern or Key Risks to Escalate:</p> <ul style="list-style-type: none"> Both the NHS & ICS deficit position at month 8 and possible implications arising from it. The continued high level of agency spend versus plan. The continued & increasing deficit position of Primary Care. That the liability against IR35 could create financial & workforce pressures. 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> Agency recovery plan being overseen by the Executive. The Primary Care recovery plan being overseen by the Executive. Ongoing development of the Estates plan 		

<p>Positive Assurance to Provide:</p> <ul style="list-style-type: none"> • The Trust continues to deliver against plan and has a positive cash position. • Continued delivery of the 22/23 BRS. • Positive assurance around recruitment plans to tackle the agency overspend. • Positive assurance around the ability to deliver capex spend/commitment by yearend and that planning for 23/24 is well under way. • That the flexible workforce team (FWT) have a good grip of IR35 requirements and have good processes for engagements through framework agencies • That the new approach to the Estates strategy has been updated with feedback and is in final draft form and that work on the Estates plan is underway. • That the Trust is delivering to its existing Green Plan and that work is ongoing for the plan moving forward. • That work is ongoing on the 23/24 financial plan and BRS plan arising from it. 	<p>Decisions Made:</p> <ul style="list-style-type: none"> • That Primary Care should be a discussion topic at the next Board development session.
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<p>Governance: <i>Please indicate which committee or group</i></p>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

The committee is providing assurance that the Trust financial performance remains on plan and that the Trust has a healthy cash position. Good assurance was also provided around the ongoing delivery of the budget reduction strategy, delivery of capital spend to date, the Yorkshire Health Care Records programme, risk 5 on the BAF, the development of the new Estates strategy, the development of the Trust financial plan for 23/24 and the BRS to support it. There was also positive assurance around ongoing business development opportunities.

Concerns were flagged around the NHS & ICS positions at month 8 and possible implications on the Trust, the delivery of both the Agency spend recovery plan and the Primary care recovery plan and finally some of the implications from the investigation into IR35. There was also concern about some of the issues raised in the planning guidance. The committee also felt it prudent to raise the issue that having moved to 6 Board meetings a year there will need to be careful planning of agendas in May and July with the number of year end reports that will need presenting.

Links to Strategic Goals <i>(please indicate which strategic goal/s this paper relates to)</i>	
√ <i>Tick those that apply</i>	
<input type="checkbox"/>	Innovating Quality and Patient Safety
<input type="checkbox"/>	Enhancing prevention, wellbeing and recovery

	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
x	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	

Committee Assurance Report – Key Issues

The key areas of note arising from the Committee meeting held on 11th of January were:

- In terms of the Insight report the key issues raised were: -
 - At month the NHS was reporting a £482m overspend compared to plan with systems overspent by £651m. The current position reported to the NHSE Board reflected several significant risks and uncertainties, including:
 - The impact of winter and COVID, with the potential for flu and COVID pressures to impact at the same time;
 - The impact of additional inflation costs in 2022/23 above the level reflected in plans supplemented by the additional £1.5bn of funding. Whilst there is significant risk in system positions, NHS expect to recover this position to achieve breakeven by year-end.
 - At Month 8 the Humber and North Yorkshire ICB recorded a deficit position of £11.7m, this represents a £12.3m adverse variance to plan. Adverse positions are being reported in all Acute Trusts, with bed pressures and efficiency target shortfalls the main reason for the variance. At month 8 the ICB is forecasting a breakeven position, however place is overspent offset by central funding held for IS elective recovery and ARRS funding. At Month 8 the ICB is forecast to be £11.4m ahead of its agency ceiling.
 - DHSC is consulting on changes to the NHS pension scheme which it argues could encourage some staff to remain in work on a part-time basis rather than retiring completely and would therefore help NHS capacity. This includes
 - Changing provisions around partial retirement and re-employment so they are aligned with what the current scheme offers.
 - Allowing members who partially retire to 'draw down' 100% of their benefits rather than 80%.
 - Stopping an anomaly whereby GPs and other practitioners are at risk of high tax charges for breaching their annual allowance because of high inflation. This is because two different dates have been used in calculations related to aspects of pension values.
 - Changes to ensure continued access to the NHS pension scheme for staff working for primary care networks.
 - The yearend timetable has been released and the unaudited annual accounts deadline for submission is noon on 24 April and the 30 June for the audited accounts. The issue in relation to audit delays for those organisations with Local Government Pension

Scheme (LGPS) liabilities has been recognised nationally, with a technical solution for 2022/23 being proposed to the Financial Reporting and Advisory Board (FRAB). Should the proposal be accepted, the Trust should be able to meet the 30 June deadline for its 2022/23 accounts. In addition to the proposal on LGPS a further proposal on the application of IAS 16 will also be considered by the FRAB and if accepted will reduce the need to have annual revaluations of land and buildings.

- The Trust recorded an overall deficit of £0.169m for Month 8 consistent with the Trust's planning target. Cash balance at the end of Month 8 was £31.440m. Aged debtors stood at £6.584m and creditors at £8.083m. Areas of concern discussed were that agency expenditure was £5.904m, which is £1.162m more than the previous year's equivalent Month 8 position; Primary Care recorded a deficit of £1.169m, primarily due to the increased costs of locums. In response to those concerns work continues with the aim of reducing the level of agency costs and of recruiting to permanent posts within the Trust. A Recovery forecast is in place regarding Primary Care and regular finance accountability meetings are being held with the service. FIC reviewed Primary Care in detail where there are plans to move some of the Trust's surgeries to other providers which will have a positive impact in 2023/24 and this will form part of the discussion at the next Board time out.
- At month 6 Children's and LD reported a £0.576m gross expenditure underspend; Community and Primary Care reported an overspend of £0.729m; Mental Health reported an underspend of £0.712m; Forensic services reported an underspend of £0.060m Corporate Services reported an underspend of £1.2m
- In terms of BRS for 2022/23 the Year to Date (YTD) actual savings are £1.493m. The Mental Health Division is currently forecasting an underachievement of £0.324m which does relate to savings from Unidentified Post Reductions. The Service is reviewing all vacant part posts with the aim of any savings that are identified being used to offset the potential underachievement. The Service is estimating that an in-year underspend of £0.300m will be achieved which would cover the bulk of the underachievement non recurrently and that the underachievement would be carried into 2023/24.
- Again, as discussed at the Board development session and highlighted above in terms of financial concerns the committee received an update on Agency spend and the plans to address it. The Trust is targeted with a 10% reduction in agency spend and at month six is over the target. The action plan developed by the Executive is targeting a 2% reduction between 21-22 and 22-23 leading to a 29% reduction between 22-23 and 23-34 but this is connected to recruitment initiatives for nurses and consultants in a difficult market. FIC will continue to monitor delivery of the recovery plan.
- The committee received a paper is to provide FIC with an update on the Agency Expenditure Trajectories. The Trust has been set an Agency Target for 2022/23 of £7.565m. As at the end of November 2022 the cumulative position on agency was that the Trust was £0.861m ahead of its agency target (£0.839m in October). The paper gave a detailed analysis of all spend on agency in every division. Positive assurance was provided in terms of the fact that Recruitment plans should reduce the agency forecast and a more noticeable impact is modelled for 2023/24. However, areas of concern were that Validation of forecasts at divisional level have worsened the forecast position primarily due to the reduced effect of International Nurse Recruitment. The Trust is currently exceeding the cumulative agency target at Month 8 by £0.861m. Recovery plans will reduce spend but not bring the trust in line with its target for 2022-23. Therefore, a continued focus on Agency reduction is required by Divisions and will be reviewed by FIC.

- The Committee received a Capital Programme update. The capital programme is being managed to take best advantage of the resource available to the Trust. Although progress has been slower than intended, at the end of November 33% of the programme has been delivered. An area of concern is that the 23/24 capital programme is overcommitted, and the Trust is likely to be asked to reprioritise within resource envelope. To address this the 22/23 capital programme has been reprioritised to respond to internal priorities and internal and external factors influencing deliverability. National frontline digitisation funding has been awarded to the Trust (£0.585m) and will be drawn as PDC. Further PDC for the YHCR of £0.360m may be drawn down subject to agreement of the YHCR (now the Interweave Board). In addition, the outline programme for 2023/24 has been drafted and includes existing commitments and priorities identified by the CAPEX committee and EMT. The programme is overcommitted by £0.361m which is just 7% of the overall £5.168m capital allocation. The Trust will be informed in January whether it has been successful in its application for a SALIX grant of £2.44m – the grant will cover a 3 year period of delivery. The Trust will need to submit a capital plan as part of the 2023/24 planning round.
- The Committee received an update report on the YHCR programme (now Interweave Board) showing that CDEL approval from Humber and North York's and South York's ICB's has been provided. FIC were assured in terms of the governance provided.
- The Committee received and noted both the draft BAF and risk register for those applicable to FIC. The Committee recommended that issues around agency costs and Primary care were added to negative assurance on the BAF, agreed with the overall assurance level of yellow and recommended changing risk FII224 – Risk to the Trust's ability to deliver its overarching Financial Position (and regulatory intervention) if agency spend continues to exceed ceiling – be reduced from 16 to 12.
- The Committee received an update report on employment tax issues and issues arising from IR35 and the work undertaken by PS Tax. Positive assurance was provided in terms of control over workers engaged through framework agencies (who manage the bulk of engagements) and implementing the changes recommended by the new financial year will reduce the possibility of challenge by HMRC. In addition, the flexible workforce team (FWT) have a good grip of IR35 requirements and have good processes for engagements through framework agencies. However, several risks were identified being that following the independent review several workers have been identified as being inside IR35 legislation. The cost of agency workers (particularly GP's and Consultants) may increase as a result. As a result of applying the IR35 legislation there may be an impact on workforce availability. PS Tax have made several recommendations which need to be addressed before the end of the financial year and will require the establishment of a task and finish group and a resource allocation.
- The Committee received the Estates Strategy final draft (there are two parts; the Estate Strategy that is directly aligned with the Trust Strategy and an Estate Plan that will include.
 - locality plans, property disposal, acquisition and consolidation plans, and document scheduled changes in operational requirements.

The team had taken on board feedback given at the October 22 FIC and the committee gained assurance that the Estate Strategy is aligned with the Trusts Strategy. The Estate Strategy will

provide a framework from which estate development and capital investment proposals can be aligned with the Trust's strategic goals. The provision of a distinct Estates Plan can be utilised to establish the workstreams that will be monitored via the Estates Strategy and Capital Delivery Group and the Finance and Investment Committee. Estate Plan that will include locality plans, property disposal, acquisition and consolidation plans, and document scheduled changes in operational requirements. The Estate Plan is in development for issue in draft to FIC in April 2023 following consideration at EMT and ODG and then to come to Board in May. The only risk seems to be of competing interests between Divisions resulting in an inefficient use of estate.

- The committee received an update on the Green Plan focussing on Trust emissions and carbon footprint, energy, gas, water, transport, waste, procurement, carbon offsetting and green champions. Overall, the Trust is performing well against its targets for the first 6 months of 22/23. It should be noted that the last few warm months have helped with our energy consumption and carbon targets, but going forward, the present cold snap and forthcoming winter months will see consumption rates rise. The committee received positive assurance in terms of Carbon reduction targets being ahead of the Green Plan target and a process of increasing awareness of waste management across operational areas. The only risk identified was that of continued energy price increases. Key work underway included the Salix (phase 3b) grant submission being submitted, with outcome anticipated January 2023; a review Gas and Electricity contract renewal post March 2024 to get under way; an increased use of the biomass boiler in development at ERCH; the feasibility of solar farm being in development. Overall the committee were assured on the progress the Trust is making.
- The Committee received an update on the latest planning advice and the Trust's 23/24 BRS plan. On Friday 23 December, NHS England (NHSE) published 2023/24 priorities and operational planning guidance. The guidance sets out three key tasks for the next financial year, which are
 - o to recover core services and improve productivity.
 - o to deliver the key ambitions set out in the NHS long term plan (LTP), and
 - o transforming the NHS for the future.

In terms of the operational planning guidance, the following are the initial headlines, further analysis will be required once allocations are known and technical guidance has been published

- Contracts need to be signed by 31st March 2023
- Cost uplift Factor of 2.9% (included pay award of 3%)
- Efficiency Ask of 1.1%
- COVID Funding reduction nationally from £2.2bn to £0.5bn
- Elective Activity to be paid for on a tariff basis
- SDF for Mental Health simplified but broadly as expected
- Provider Selection Regime not yet in place
- MHIS continues including sign off process (Schedules not yet published)
- NHS Pension top up continues to be funded centrally
- Local Authority uplifts to be negotiated locally
- CNST built into tariffs (potential impact if on block contract?)
- Funding for PPE still to be confirmed
- Salary Support for IAPT to continue
- Agency Target of 3.7% of overall Pay Bill

The Trust have a requirement to formulate 1.5% (£2.122m) Budget Reduction Strategy savings for 2023/24 and indicative savings of 1.5% for 2024/25 and 2025/26. Savings of £1.590m have been proposed to date and the current position shows a gap in savings developed of £0.533m compared to the target. This relates to the Mental Health Division. Work on formulating a financial plan for 2023/24 continues including continued progress to achieving the BRS targets. In terms of the full financial plan for 23/24 we can expect a gap at the beginning versus plan as we work through the issues raised. With us moving to quarterly meetings for committees FIC will hold an extraordinary meeting to review the plan prior to March Board.

Agenda Item 20

Title & Date of Meeting:	Trust Board Public Meeting 25 January 2023											
Title of Report:	Assurance Report from Charitable Funds Committee Part A of December 13 2022											
Author/s:	Stuart McKinnon-Evans, Chair											
Recommendation:	<table border="1" data-bbox="539 660 1524 739"> <tr> <td data-bbox="539 660 938 698">To approve</td> <td data-bbox="938 660 1029 698"></td> <td data-bbox="1029 660 1407 698">To receive & discuss</td> <td data-bbox="1407 660 1524 698"></td> </tr> <tr> <td data-bbox="539 698 938 739">For information/To note</td> <td data-bbox="938 698 1029 739">X</td> <td data-bbox="1029 698 1407 739">To ratify</td> <td data-bbox="1407 698 1524 739"></td> </tr> </table>				To approve		To receive & discuss		For information/To note	X	To ratify	
To approve		To receive & discuss										
For information/To note	X	To ratify										
Purpose of Paper:	Through this report, the Charitable Funds Committee provides information and assurance to the Board from its December Part A meeting.											
Key Issues within the report:												
<p>Matters of Concern or Key Risks to Escalate:</p> <ul style="list-style-type: none"> The fundraising performance of the Charity remains disappointing, with gross income for the year to date only £24K, and a net deficit to December 1 2022 of £127K. The way in which Wishes (to spend money raised) are submitted, approved and executed remains unclear to some Trust staff, and can still take too long 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> Improve internal communications about the Wishes process Streamline/accelerate the decision-making for the Wishes process Application for funding to NHS Charities Together submitted by 31 December 2022 Transition to new leadership underway at Hey Smile Foundation 											
<p>Positive Assurance to Provide:</p> <ul style="list-style-type: none"> The Hey Smile team continue to liaise with operations management about the initiatives to raise funds and utilise existing funds Accounts to March 31 2021 have been audited and were approved by the Committee subject to minor textual amendments £10K funds received from a league of friends for Malton Charitable spending year to date is £105K Total funds available were £273K at December 1 2022 	<p>Decisions Made:</p> <ul style="list-style-type: none"> To ensure Zone Managers (who are responsible to each line of funds raised) provide a status update to each Committee through the finance report To ensure the finance report distinguishes between governance and administration costs To review periodically whether restrictions on funding are still useful in the light of actual activity, and unrestrict/redirect in line with relevant charity governance 											
<p>Governance: <i>Please indicate which</i></p>	<table border="1" data-bbox="539 1966 912 2110"> <tr> <td data-bbox="539 1966 912 2004"></td> <td data-bbox="912 1966 1043 2004">Date</td> </tr> <tr> <td data-bbox="539 2004 912 2110">Audit Committee</td> <td data-bbox="912 2004 1043 2110"></td> </tr> </table>		Date	Audit Committee		<table border="1" data-bbox="1043 1966 1385 2110"> <tr> <td data-bbox="1043 1966 1385 2004"></td> <td data-bbox="1385 1966 1503 2004">Date</td> </tr> <tr> <td data-bbox="1043 2004 1385 2110">Remuneration & Nominations Committee</td> <td data-bbox="1385 2004 1503 2110"></td> </tr> </table>		Date	Remuneration & Nominations Committee			
	Date											
Audit Committee												
	Date											
Remuneration & Nominations Committee												

<i>committee or group this paper has previously been presented to:</i>	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee	X	Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

Following the standard reviews of actions, the Committee's business comprised:

- A review of performance and activities to date, through the Insight Report. On the upside, dialogue continue between the charity and Operations to improve the clarity and speed of the Wishes process, and the develop the list of objects/projects to be fundraised. A £10K donation for Malton was received from a league of Friends, and the application for NHS Charities Together will be submitted by December 31; and individual events succeed (eg Comedy Night). On the downside, we reiterated concerns about fundraising performance to date, and heard once again disquiet from Hey Smile about the slow internal decision-making which converts to excess governance costs. In relation to Whitby, which project has accumulated a net deficit to date of £29K, the focus has switched to submitting grant applications to local corporates. The Committee pressed for action on all front to improve performance, communications and expedite decision-making. We discussed a number of avenues for new fundraising, including a Starbucks initiative. We noted a change of leadership at Hey Smile, welcoming Jamie Lewis as new CEO and thanking Andy Barber for his contribution.
- The Finance report showed that net funds have declined year to date, reflecting poor new gross income compared to target, but continued utilisation of funds raised overall. So far, new funds of only £24K have been raised, against charitable expenditure of £105K. With operating expenditure at £46K, the net deficit for the year to date is £127K. As a result, totals funds stood at £273K. A review of the funds led the Committee to ask for each Zone Manage to provide a status update for their Zone as standard, and for a periodic review of whether extant fund restrictions still have value (which may involve reverting to the Charity Commission).
- Accounts for the year ended March 31 2021 were reviewed and subject to some textual amendments agreed.

Charitable Funds Committee Part A
Minutes of the Charitable Funds Committee Meeting
Held on Tuesday 06th September 11-1pm

Present: Stuart Mckinnon-Evans, Clare Woodard, Victoria Winterton, Michele Moran (until 12pm), Claire Jenkinson, Cheryl Beal, Dean Royles, Peter Beckwith, Steve McGowan, Rachel Kirby, Robert Atkinson (until 11:22am), Lucy McRae, Sarah Locker (until 11:22am), Sarah Bradshaw (from 11:23am until 11:32)

Apologies: Hanif Malik, Lynn Parkinson, Andy Barber

26/22	<p>Declarations of Interest</p> <p>None disclosed.</p>
27/22	<p>Minutes of the Meeting held in August 2023</p> <p>Minutes of the meeting were accepted as an accurate record.</p>
28/22	<p>Action List, Matters Arising and Work Plan 2022-2023</p> <p>In relation to 19/22 on the action log a paper was provided by CJ in relation to these actions. SMcE raised concerns the paper was provided too late, and the committee has not had sufficient time to read it. SMcE asked the team to distinguish between the proposals which can be funded from existing funds, the rest are on the basis of what we have seen within the paper provided. SMcE asked the committee if they were happy to agree the items within section 2 of the paper (projects to be funded from existing funds, a cardio wall, all for inpatient mental health units, Bridlington acute community services and children's therapy enhancements. SMcE asked the committee if they are happy to agree in principle, subject to more development of the proposals.</p> <p>PB stated he is unsure about what is being approved for the Bridlington one. PB understands the cardio wall wish and this need approving as it is a wish which has been waiting for a significant period of time. PB supports the children's therapy enhancements but does not believe for Bridlington anything needs approving. MM stated that she does not appreciate late papers being sent, she has not had chance to fully read the paper due to this. MM stated there is not a lot of detail within the paper and more work is needed. There are areas we could work up more like the sensory wall, cardio wall, and gym equipment which we should already be providing. MM stated the paper needs more work; we do want to spend the funds however do not want to do this on a knee jerk basis. MM stated if the paper is not on the original agenda, it should not be accepted. SMcE suggested the items within section 3 of the paper which include the list of 8 which need development can be discussed in more detail within part B of the meeting as the committee is not comfortable saying yes to something which is unclear.</p>
29/22	<p>Charitable Funds requests that require Committee Approval (over £5,000 up to £100,000)</p> <p>SMcG stated he has not had chance to review the paper. However, we need to be clear about where we are in governance and what we ask for. It is not for the committee to sign these things</p>

off at this stage. LP gave a verbal update on some of the projects which we found really helpful in August about some of the things we are going to be fundraising. LP stated this would come to the next meeting in September as a written document, which is the one CJ has provided. This document should only be for information and assurance because we have financial sign off written into the process for the governance and the terms of reference for this committee. It is important to have a paper provided to this committee which provides assurance on projects which we are looking to implement. Signing off the paper is outside of the committee remit unless it reaches a financial amount which is over £5000 which will then allow us to bring it through the approval channel.

CJ apologised to the committee for the late paper. The paper attempts to capture the detail that LP provided at the last meeting to demonstrate we want to work on those schemes more and that opportunities are in the pipeline where there could be some real significant fundraising opportunities and ideas. PB stated he thinks we need to go back to the applicants who made these wishes which were above £5000 as the cardio wall wish was implemented in January and our next committee is December, therefore it will be a year before we approve that wish and fulfil it, so careful communication is needed with who raised this wish. SMcE asked who the communication should come from, PB confirmed health stars govern the wishes.

VW stated she is happy to take on the responsibility to communicate with the applicants regarding the wish. There have been changes over time which has caused some delay. At the start there was one specific area which didn't have enough funds in the pot, over time this has come of something which can be tweaked. This is why now we can fund this from multiple pots and progress. This action will be taken on by VW and come back as a paper to the next December committee. SMcG echoed PB's nervousness around the delay of wish, we need to get them approved. When the business case is provided it may be beneficial to hold a separate meeting prior to the committee to move things along with the wish and avoid an unnecessary three-month delay. SMcE supported this and stated it would be possible to discuss outside this committee.

30/22

CFC Finance Report

VW feedback on this item. Still awaiting the Smiles goldie money £4400. Yesterday (05/09) confirmation was received that we are going to receive the NHS stage 3 grant through for the health trainer role. This is £66,000 worth of income. This will be detailed within the next finance report.

In relation to the Whitby fund, when the Whitby appeal was launched CFC agreed after the detail of fundraising was finalised, we would fundraise for approximately £85,000 worth of items for Whitby. VW is conscious that there is a balance in the fund for Whitby, which is overcommitted, this has been outlined within the finance report. There is still a balance we need to cover, it has been suggested this is taken from the 'big thank you' fund, this is for the committee to agree. It appears there is £57,000 available in the fund but this money is already committed. As agreed at the previous committee the movement of funds has been included in the paper at appendix B.

SMcE thanked VW for her paper and enquired whether the 'big thank you' fund has any specific allocation or notion attached to it, as it is listed as unrestricted. VW stated the 'big thank you' is labelled as a general fund not for any particular purpose so is perfect for this occasion. SMcE asked the committee if they were happy to agree the allocation of the 'big thank you' fund to support Whitby. PB stated he does approve, however in the paper it is stated that any future fund raising for Whitby would go into the fund zone and if we have grant applications which are successful this should then reduce the monies allocated from 'big thank you'.

SMcE stated the cover sheet on the paper is designed to give an executive summary of the key issues rather than being blank. Need to ensure authors of the paper are aware of this to allow members to receive better detail of the report.

SMcG stated he does not agree with taking funds from the 'big thank you' as he is fund zone manager. This is specifically for staff engagement activities, the small budget allocation for the 'big thank you' is £23,000. Therefore, it is not the right decision to take this for Whitby when it already has its own allocation of monies. Whitby needs to stand on its own two feet and if the fund for Whitby is struggling, we should not be spending it as it is a small area of what we do at Humber whereas the 'big thank you' covers everything right across staff engagement and this was particularly important through the pandemic. MM agreed with SMcG, it is not appropriate to take funds from the 'big thank you' as it is specifically for staff engagement and health and wellbeing. There have been occasions where the 'big thank you' funds have contributed slightly to patient care but the majority is spent and allocated on staff.

VW clarified that the 'big thank you' is separate to MM's fund for staff engagement. MM's fund is a subgroup under the 'big thank you' and funds for Whitby would not come from this. SMcG stated he still believes that the money for Whitby should not come from the 'big thank you' as it is such a small fund and Whitby has its own allocation of monies.

SMcE stated that we have options of, using the funds from the 'big thank you' fund to assist Whitby or decline VW's proposal and advise to raise more funds. SMcE asked the committee if they are aware of any areas of unrestricted funds which could be utilised to assist Whitby or if more work is needed to fundraise further. SMcG stated that this needs to be fundraised by health stars have specific targets have been set around fundraising. If we cannot fundraise for Whitby, we should not be spending funds for it. £23,000 out of £35,000 is too great an amount to take out of the fund which we use specifically to help and support our staff.

PB stated he agrees with SMcG and MM. Taking funds from the 'big thank you' fund is not the most appropriate. We have already committed the expenditure and we agreed 3-4 years ago to the £80,000 and we would use a language underwriter as a committee, so it is committed. However, it may be possible to put the funding to negative balance. Therefore, if we place the £80,000 commitment against the Whitby fund, however this negative balance would decrease as VW fundraised for health stars. There are also £67,000 unrestricted funds in Bridlington, some residents from Whitby may be from Bridlington. PB recommends at present we put Whitby into negative balance so we do not take monies from any other fund zone. This then commits the £80,000 stops the £67,000 fund being run down and enables the fundraising target which SMcG adequately put forward.

MM agreed with PB. The idea of Whitby was that the hospital was being regenerated and there would be a large fundraising campaign to raise money for this, similar to what was done for Inspire. We must fundraise for Whitby. We need to spend money within other zones, a discussion has been had regarding this. The whole idea from a Whitby point of view is to generate funds to fund the extra wishes after the rejuvenation work. MM stated it is not easy having a negative fund however this is more favourable than using other funds as this defeats the object of what we are trying to do.

SMcE asked VW what the prospects for fundraising are. VW stated the appeal has been live since the beginning of 2021. One year of the appeal was predominately through the pandemic which caused us to struggle. There have been various grant applications submitted, some of which we have not received responses. Some things we are fundraising for are already in place within hospitals which makes fundraising difficult as there are questions to why we are fundraising for things which are already in place. The bricks appeal is ongoing, we can continue to submit grant applications and continue to fundraise for Whitby. Conscious it will become harder once the new hospital is opened and the public perception is based on the works being finished and complete. The aim is to draw a line under the fundraising for the hospital and focus on the next appeal where we may have more success starting afresh.

SMcG stated he was confused about when the decision was made to underwrite. VW stated to her knowledge the underwriting was made within this committee by the Trust. PB stated that previously the decision was made to underwrite the garden, £60,000 was funded by the Trust and health stars funded £30,000. It was agreed we would proceed at risk because of the

	<p>unrestricted funds in the charity as it was felt the £80,000 was an achievable fundraising target. If buying the equipment upfront wasn't a sensible decision this conversation was never had within this committee.</p> <p>SMcE stated it appears there is not a consensus at this stage to use the 'big thank you' fund to fill the gap. As VW stated money has been allocated and spent and the physical assets have materialised, which may make fundraising harder. However, the campaign can still continue. SMcE stated he feels uncomfortable allocating a negative position from this kind of charitable activity. SMcE proposed that we do not agree with VW's request of using the 'big thank you' fund. We accept, for now a negative against that line but we need a way in the next six months to fill the gap, being to continue to fundraise for Whitby itself.</p>
31/22	<p>Agree KPI's for Health Stars 2022/2023</p> <p>SMcG stated he was confused as to why this item was included on the agenda. He was under the impression that last time it was agreed to take a report to September board to update them and we would state we are proposing to keep the KPI's the same but acknowledge all of the comments. Therefore, are going to build some stretch targets and work was going to take place with VW drawing up proposals with SMcG. Therefore, the committee was expected to close this action off with a board report in September. Subsequently, bring back a more aspirational set of KPI's which would be included in any future work going forward.</p> <p>SMcE stated he recognises what SMcG is doing in relation to a proposal about KPI's for the future to the Trust Board. SMcE stated it would be helpful during each CFC committee to get an update on the KPI's as they stand as in the current report there is only data up until May, not August.</p> <p>VW stated she thought the report needed to come back to the committee. As there was a tight turnaround between the committees it was agreed to not provide the insight report and only provide the finance report which is why figures are not up to date for the KPI's as they would be updated usually within the insight report.</p> <p>SMcE stated he wishes to encourage report writers to get their papers in on time and ensure that everyone is doing what they are supposed to be in terms of cover papers, reports and that the full quadrant report is used to give a quick insight into the detailed report themselves. SMcE summarised this item and confirmed PB and SMcG are going to produce a paper which is the result of this committee agreeing the proposal for future KPI's. VM and CW will continue to update the committee each meeting in regarding to the KPI's.</p>
32/22	<p>Charitable Funds Independently Examined Accounts</p> <p>VM stated normally the accounts would be received for this meeting however they have not yet been received from the accountant. They have been chased up and they informed VM that they are drafting and then being checked over by more senior accountants prior to being sent to us. VM will attempt to investigate why there has been a delay as this does not usually happen.</p> <p>SMcE asked what the timeline for approving is for reporting and submitting these accounts. PB stated January 2023 is the deadline. PB asked VW if when the draft accounts are received these can be sent through then these can be looked into and any queries answered, then hopefully we can sign these off in December and take them to January Board. We are acting as trustees; we can then sign them off and submit.</p>
33/22	<p>Fund Managers Update</p> <p>SMcE asked RA, SL and SB to give an update on this item in reference to managing funds and how they are spent.</p>

RA feedback that the largest project he has worked on within the Estates department in reference to the capital scheme was Inspire, Walker Street. A significant piece of work was done to campaign and raise funds and which supported enhancements to the scheme provided on site. The new capital scheme was constructed in late 2019. There were a number of wishes which ran alongside this project which related to improvements, most relating to equipment. The equipment was provided and established via health stars who ran the campaign. There were funds set aside for targeted improvements. One of which was an aspiration for a music studio which is still in debate, one element is associated with garden improvements specifically a garden between Sunshine House and the children's centre in Walker Street. At present there is an established budget for this specific scheme, and this has taken a significant period of time for this to come anywhere near fruition. At the time there was a discussion which included CHCP as their tenant in an adjacent building, discussions took place in relation to improving the gardens at Sunshine House. It has taken a significant amount of time to determine a negotiation as to what we can provide, originally the scheme was massively over budget.

RA explained in terms of his role, he is responsible for managing the funds for this particular scheme, a budget has been allocated and the budget is being worked towards. A design has been recommissioned and recosted. There is a quantitative area that has put an estimate on this, it is still over budget and at present costs are being reviewed. Once this scheme is within budget RA wishes to bring the scheme back to this group for discussion and final sign off. The intention is for this to be progressed early in 2023. RA stated it is important in terms of the scheme to understand and determine how far we can go. The charitable funds were designed specifically in relation to the Inspire development. The intention was to be a 'good neighbour' to the Sunshine House site, we do own this but do not yet provided services within the site. This is specifically causing disruption in terms of charitable funds as it is delaying conversations, we could be having with CHCP as a provider in Sunshine House in relation to charitable funds.

To bring the scheme back within budget, we could do some work within the garden for Sunshine House and make it a more serviceable area. The major enhancement would be focused on the Walker Street site. A new development at Whitby has been provided by NHS property services, there was a separate campaign which ran alongside the Whitby project and any additional enhancements which could be ran alongside this. At present we are trying to conclude enhancements regarding glazing to create private environments for patients on UTC.

RA explained the above are the larger ticket items which estates and facilities are involved in, they work with health stars to implement and fulfil wishes.

SMcE asked RA if the £31,000 which is currently unspent would be fully utilised in future. PB stated this is separate to RA's role as he is the fund zone manager for ERCH (East Riding Community Hospital) and he was invited to the meeting today to give an update on this specific fund zone. PBe asked RA to give an update on his specific role and future plans. RA stated in terms of the ERCH site specifically, there is a fair amount of work to be undertaken and historically a more dementia friendly environment is being investigated. RA stated latterly there has been little movement with this and what needs to be done to improve this and it is important to determine what needs to be done in reference to this.

SMcE stated he apologies for the confusion on why RA was attending the meeting. However, we need to understand and determine areas of where funds are set aside and are not being utilised actively, we need to ensure the money is working hard for us in the right way. It is important to determine a plan at each stage to utilise funds appropriately which have been raised and also complete campaigns and appeals to raise more funds. There is a gap identified here at the moment. SMcE asked RA to look into this in view of the fact there is £31,000 unspent at present. SMcG agreed with SMcE about needing to be aware of the reasons why the £31,000 is unspent, due to lack of time or because there is nothing sufficient to spend the money on. The committee can then determine if the money can be allocated to a different fund zone. RA stated there are works which can be completed using the £31,000 fund. Some improvement works are planning to be undertaken, as part of ERCH capital scheme. It is important to overlay what is needed at each site and ensure this is kept on top of.

SL fed back to the group and introduced herself as service manager for Scarborough Community Services and interim general manager for community overarching with primary care. There is a new general manager commencing in October, Matthew Handley, he will be the fund zone manager for this area. In reference to the paper, the dementia friendly ward, digital equipment would help particularly with virtual ward delivery later in the year and next year. SL explained there are designated funds for specific areas. There is a significant amount of funds for community nursing and there is a struggle to spend this. This is due to nursing being an integrated team with other professionals, it is difficult to just spend funds on nursing alone.

SMcE explained the community nursing funds are unrestricted, therefore these could be used more flexibility, in other areas not just on community nursing. SMcG explained SL is acting up for Helen Cammish who was the previous zone manager for Alfred Bean. There is previous concern around £42,000 being assigned to this zone and not a lot of funds being spent for a number of months. SMcG asked SL if she is aware of any future plans for Alfred Bean in regard to spending the funds, however SMcG explained to SL he appreciates if she is unaware of the outcome due to temporarily acting up until the new zone manager commences in October. SL stated she is unaware of specific plans around Alfred Bean but stated CJ may know due to supporting primary care.

CJ stated our services with Alfred Bean are relatively limited. However, there is a big healthy town meeting taking place which has a large focus on Alfred Bean and its future usage. HC acts as a caretaker and custodian but in respect we as an organisation are the landlord of the building. There is no reason why we cannot reach out to those people who provide services there from a Humber perspective to allow us to gain inspiration on ideas to spend the funds. CJ stated she is happy to take this away and work on this as an action. SMcE stated that a fair proportion of the funds for Alfred Bean are restricted, there is specific designations for those funds.

SMcG stated it is helpful to have the above updates from RA and SL however feels that we are no clearer on plans for spending on both those two areas (ERCH and Alfred Bean). It would be helpful to add an item to a future agenda in reference to an update on where the funds are and overall progression. SMcE agreed this was a good idea. Other fund zone areas have a sizable amount of funds. SMcG stated in reference to Whitby, Sonia, the fund zone manager, was going to attend but as PB always provides a detailed update on Whitby and the working group it was suggested Sonia not attend to ensure nothing is repeated throughout the meeting, enabling a clear update. There is a demonstration of money being spent in Whitby, it is other zone areas where they have been noted to underspend for months at a time which raise concerns.

DR fed back that it is the role of the fund managers to determine future plans and progression in their particular zones. Potentially requesting two or three bullet points from managers of their thoughts and ideas about their fund zone, to allow us to determine future plans and whether or not funds need reallocating etc. SMcE asked for SMcG's opinion on this and whether or not he could challenge the fund managers to this generic action of keeping their on eye this. SMcG stated he will do this. VW stated that all funds for Whitby are allocated, and this is shown within the finance report which is why Sonia was not invited to the meeting. PB stated Whitby isn't dormant if anything it is oversubscribed.

SB, fund zone manager for Bridlington gave an update to the group. There have been some wishes raised for Bridlington in July and August, this was confirmed this morning with Cheryl Beal (CB). SB stated she was unsure whether RA had provided an update in terms of where we are looking to work to extend our delivery of services in the Bridlington area, over winter. Negotiations are being had at present and Jayne Tatterson is supporting this, no plans are confirmed as yet. Hoping to have plans confirmed within the next two to four weeks following a meeting with Jayne. SMcE asked SB if the allocated funds £123,000 are being prospectively used effectively. SB stated not all the funds, due to it being a significant amount of money. However, we can look at extending what we have asked for in terms of estate work as this is fairly limited in Bridlington. Therefore, the opportunity is limited, we can extend our services but

	<p>would require the estate to do this which is fairly limited in this specific zone. We have got services looking at how they can support environments in Bridlington, wishes have been placed in relation to this for July and August. SB is aware there is an unrestricted amount and restricted amount and she will ensure these are used as effectively as possible.</p> <p>PB asked SB if she is linking in with other divisions. The funds are restricted to Bridlington but they are not restricted to the mental health group, we have other services in Bridlington which could benefit. SB stated she discussed this last week with CB, just because SB is the fund manager this does not necessarily mean all the funds need allocating to mental health, CB will support with this. SMcE gave SB encouragement to work through the proposal. If all options are exhausted, now the funds are unrestricted they can be deployed for other purposes. Knowing this is very helpful for the committee whilst looking at the totality of funding. SB stated opportunities are being looked at for inpatients who use a vase number of services, however this would not have to be based within Bridlington. We need to determine where we can use the funds to devolve over the organisation in terms of the Bridlington population benefitting.</p>
34/22	<p>To Review of the Meeting and Agree Content for Assurance Report</p> <p>SMcE explained how LM pulled together the minutes and assurance report for the previous meeting. There will be two assurance reports going to the next trust board, one for part A and one for part B. The main paper is SMcG's which was outlined within the meeting. SMcE stated it is clear we are starting to get momentum regarding the fund zone managers and some of the accumulated monies being spent. There is more confidence now about the emerging list of campaign possibilities in comparison to a few weeks ago. The big concern is regarding the Whitby funds being over exceeded. There is quite a bit of work involved to ensure performance is raised up to the mark against our KPI's.</p>
35/22	<p>Items for Escalation or Inclusion on the Risk Register</p> <p>Nothing to disclose.</p>
36/22	<p>Any Other Business</p> <p>In relation to 19/22 on the action log a paper was provided by CJ in relation to these actions. SMcE raised concerns the paper was provided too late and the committee has not had sufficient time to read it.</p>
37/22	<p>Date and Time of Next Meeting</p> <p>Tuesday 13th December 9:30 – 11:30</p>

Signed: Chair: Stuart McKinnon-Evans

Date:

Agenda Item 21

Title & Date of Meeting:	Trust Board Public Meeting– 25 th January 2023			
Title of Report:	Charitable Funds Accounts			
Author/s:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve	<input checked="" type="checkbox"/>	To receive & discuss	
	For information/To note		To ratify	
Purpose of Paper:	<p>The purpose of this paper is for the Trust Board in its role as corporate Trustee to approve the annual accounts for the year ended 31st March 2022.</p> <p>The unaudited accounts consist of 3 key components, namely:</p> <ul style="list-style-type: none"> • Trustee Annual Report 2021/22 • Independent Examiners Report • Annual Accounts 2021/22 			
Key Issues within the report:				
Matters of Concern or Key Risks to Escalate:		Key Actions Commissioned/Work Underway:		
<ul style="list-style-type: none"> • None 		<ul style="list-style-type: none"> • Once approved by the Board (as corporate Trustee) the accounts will need to be submitted by the 31st January 2023. 		
Positive Assurances to Provide:		Decisions Made:		
<ul style="list-style-type: none"> • The accounts were reviewed and recommended for approval (<i>subject to minor amendments which have now been incorporated</i>) by the Charitable Funds Committee on the 13th December 2022. 		<ul style="list-style-type: none"> • None (report is 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	13.12.22	Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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

	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
✓	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			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	

Report of the Trustees and
Unaudited Financial Statements for the Year Ended 31 March 2022
for
Humber Teaching NHS Foundation Trust
Charitable Funds

360 Accountants Limited
18-19 Albion Street
Hull
East Yorkshire
HU1 3TG

Humber Teaching NHS Foundation Trust
Charitable Funds

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for the Year Ended 31 March 2022

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Humber Teaching NHS Foundation Trust
Charitable Funds

Report of the Trustees
for the Year Ended 31 March 2022

The trustees present their report with the financial statements of the charity for the year ended 31 March 2022. The trustees have adopted the provisions of Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019).

Throughout 2021/2022 The Humber Teaching NHS Foundation Trust Charitable Funds working name Health Stars gathered real pace as a proactive charity.

Our Corporate Trustee continues to take positive steps forward across the Humber Teaching NHS Foundation Trust, with the CQC rating remaining at good through a global pandemic, partnership work between Trust staff teams and the charity enable care to go over and above what the core NHS can provide, enabling patient and carers journeys to be a comfortable and memorable one. The Charity is in a position to partner and support both capital projects and small changes which make a big difference to our patients, carers and employees.

The transparent and easy access to charitable funds has encouraged services to maximise charitable funds, with 176 wishes (grant requests) in 2021/2022, this is over a hundred more than the previous year. This shows that as we moved out of the pandemic, we did see wish numbers return and can give thanks to patient experience for their support in generating more wishes. The wishes funded items in year such as resources to support those living with dementia and their family members. We provided funding for allotments and gardens including equipment for patients to get involved themselves in the maintaining the garden as a therapeutic activity. Elements of the pandemic continued to impact the trust in the warmer months we provided seating and gazebos for patients and family to meet outside. We supported Christmas activity with gifts for patients and decorations for the sites. We also continued to fund the Dost Wellbeing project throughout the year, thanks to the NHS Charities Together grant and in partnership with Health Tree Foundation.

We have continued with the Whitby Hospital Appeal, securing grants and through event fundraising. This appeal will continue to run in 2022 until the Hospital officially reopens.

The Charitable Fund's Committee carries out the responsibilities of the Trustees (The Board of Directors of the Humber Teaching NHS Foundation Trust) working closely with our commissioned charity services (HEY Smile Foundation) and their seconded team members.

In the operational year, the charity's strategy and operations plan continued to be delivered enabling the Charity to move to be a strategic partner of the Humber Teaching NHS Foundation Trust.

The Humber Teaching NHS Foundation Trust and its executive team remain committed and passionate about charitable funds within the Humber Teaching NHS Foundation Trust and look forward to reporting on successes over the next three years and beyond.

Finally, we'd like to say a huge thank you to all of our supporters who have helped us to have such a fantastic year. This Charity represents true partnership working to have the best possible resources available for the ever-changing needs of health care across the Humber Teaching NHS Foundation Trust service area.

Our Vision

Health Stars contributes to a thriving healthcare environment for NHS teams and their patients by embracing generosity and investing in innovation.

Our Mission

We promote the development of exceptional healthcare, which goes above and beyond NHS core services, through the investment in people, environments, resources, training and research.

Humber Teaching NHS Foundation Trust
Charitable Funds

Report of the Trustees
for the Year Ended 31 March 2022

OBJECTIVES AND ACTIVITIES

Significant activities

In the reporting year, Health Stars continued to develop and operate a clear and transparent system to access charitable funds across the Humber Teaching NHS Foundation Trust services The Circle of Wishes, for patient, carer and employee benefit in line with the objects of the charity and special purpose funds.

The central fund has NHS wide objectives and shall hold the trust fund upon Humber Teaching NHS Foundation Trust to apply the income at their discretion so far as permissible, the capital, for any charitable purpose relating to the NHS.

As highlighted in the reporting year, 176 requests for enhancements were delivered by the Charity. Work is underway to refresh the charity and grow staff awareness of the charity and how charitable funds can be accessed in order to make a difference to service areas within Humber Teaching NHS Foundation Trust. A close working relationship has been established with the Trust communications team and we anticipate that 2021/2022 will see further growth and involvement for Health Stars.

Public benefit

Public benefit

The public benefit is further tested through the Wish process by carrying out the following asks of each wishee;

- Is the Wish an enhancement of the current statutory provision
- Explain how the patient or patients will see a benefit
- Finally, would you put a pound in a collection box for this ask (Public perception).

ACHIEVEMENT AND PERFORMANCE

Fundraising activities

In the reporting year, the Trustees continued to commission the HEY Smile Foundation to deliver the operations of the charity and provide additional strategic leadership.

Along with the supportive leadership of the Corporate Trustee, principal advisor and patient and carer engagement enables us to decide upon the most beneficial way to use the charitable funds held and donated within the year.

The Charity also continues to receive communication from our investment bankers CCLA Investment Management Ltd (COIF Charitable Funds), the Charity Commission and Health Stars is an active member of the Association of NHS Charities.

Health Stars has expanded its fundraising efforts to match the ambition of the Trustees to provide greater access to charitable funds to its beneficiaries across the Humber Teaching NHS Foundation Trust service area. Therefore our income now derives from individuals, corporate supporters, grant-giving trusts, direct donations from grateful families and our range of fundraising activities.

FINANCIAL REVIEW

Investment policy and objectives

The Charity has a deposit account with CCLA Investment Management Ltd (COIF Charitable Funds). Dividends are paid into a high-interest deposit account which remains greater than a standard current account.

The Charity also has 510 COIF Charities Investment fund income units with a value of £9,931.49 at the end of March 2022.

The Charity has endeavoured to maximise the return from the resources in the COIF Deposit Funds as we have no fixed commitments on these funds to require any significant movement in the next six months.

The Charitable Fund's Committee reviews the investments and banking arrangements taking advice from our professional advisors each year. There were no additional investments or realised investments during 2021/2022

Reserves policy

Our reserve policy states to have a minimum of six months of operating costs in the bank.

Humber Teaching NHS Foundation Trust
Charitable Funds

Report of the Trustees
for the Year Ended 31 March 2022

FUTURE PLANS

As the financial year drew to a close we were finally starting to see the end of the impact of the pandemic on the charity and fundraising ability. We were able to start to plan events, this included making plans for the CEO challenge in June 2022 and a golf day which was planned to take place later in Summer. With the Whitby Hospital due to formally reopen later in the year we are working with Charitable Funds Committee to establish the next appeal for Health Stars to enable successful fundraising. We also hope to make the most of a development grant opportunity from NHS Charities Together to develop the core function of Health Stars further.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Charity structure

The Charity was incorporated by a declaration of trust deed dated 15th January 1996 and all funds held on Trust as at the date of registration was either part of the unrestricted funds, designated or restricted funds. These funds are allocated under an Umbrella charity.

The Corporate Trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objects of each fund. By designating funds, the Charity respects the wishes of our generous donors to benefit patient care and advance the good health and welfare of patients, carers and staff. Where funds have been received which have specific restrictions set by the donor, the donation will be ring-fenced for a specific area within the broader relevant fund.

The charitable funds available for spending are allocated to specialities within the Humber Teaching NHS Foundation Trust's Directorate management structure. Each allocation is managed by use of a designated fund within the general unrestricted funds.

The Trust Board are the Corporate Trustee, The Trust Board consists of Executive and Non-Executive Directors. Executive Directors are subject to the Trust's recruitment policies.

The Chair gives new members of both the Humber Teaching NHS Foundation Trust Board and the Charitable Funds Committee a briefing on the current policies and priorities for the charitable funds. A guided tour of the beneficiary Humber Teaching NHS Foundation Trust's facilities and any additional training that their role(s) may require is also offered.

Acting for the Corporate Trustee, the Charitable Funds' Committee is responsible for the overall management of the Charitable Funds. The Committee is required to:

- Provide support, guidance and encouragement for all its income-raising activities while managing and monitoring the receipt of all income. Control, manage and monitor the use of the fund's resources.
- Ensure that "best practice" is followed in the conduct of all its affairs and fulfilling all of its legal responsibilities.
- Ensure that the Investment Policy approved by the Foundation Trust Board, as Corporate Trustee, is adhered to and that performance is continually reviewed while being aware of ethical considerations. Keep the Humber Teaching NHS Foundation Trust Board fully informed on the activity, performance and risks of the Charity.

The accounting records and the day-to-day administration of the funds are dealt with by the Finance Department and the Health Stars Charity manager, based at Humber Teaching NHS Foundation Trust, Beverley Road, Willerby, East Yorkshire.

The fundraising, grant-making and other administration of funds is dealt with by The Health Stars at the same address.

Humber Teaching NHS Foundation Trust
Charitable Funds

Report of the Trustees
for the Year Ended 31 March 2022

STRUCTURE, GOVERNANCE AND MANAGEMENT

Principal charitable fund advisor to the board

Under a scheme of delegated authority approved by the Corporate Trustee, the principle charitable fund advisor has overall responsibility for the management of the Charitable Funds. The arrangements for approval of charitable fund expenditure under the scheme of delegation of the Corporate Trustee, are as follows:

Delegation limits

Up to £1,000 Authorisation from Health Stars Fundraising Manager and Fund Guardian

£1,001 - £4,999 Further authorisation from Director of Finance and Service Lead

£5,000 - £25,000 Further authorisation from Charitable Funds Committee

£25,001 and above To be noted by Humber Teaching NHS Foundation Trust Board via assurance report

The finance officer acts as the principal officer overseeing the day-to-day financial management and accounting for the charitable funds during the year. Operational support to the financial administration continues to be provided by HEY Smile Foundation. The Independent Examiners are 360, Chartered Accountants based in Hull. All the financial procedures are operated through the XERO finance system.

Key personnel

The Humber Teaching NHS Foundation Trust Chief Executive and Chair take an active interest in the Charity aiding its delivery and priority alongside the following;

Executive Lead for Health Stars

Director of Finance for Humber Teaching NHS Foundation Trust

Chair of Charitable Funds Committee

CEO of Hull and East Yorkshire Smile Foundation Head of Smile Health

Fundraising manager

Working in partnership

We are delighted to work with a range of community partners including the range of League of Friends across our service area. Likewise, we look to work with funders not just request investment whether they are corporate, community partners or individual donors.

Risk management

The Corporate Trustee is responsible for managing risk issues for the Charity, which is underpinned by the internal policies and procedures of the Humber Teaching NHS Foundation Trust, including;

Code of Conduct; Standing Orders;

Standing Financial Instructions and Scheme of Delegation;

Charitable procedures

fundraising

grant management;

and Fraud Policy.

In the reported year, no major risks to which the Charity is exposed have been identified and considered. They have been reviewed and systems established to mitigate those risks. The most significant risk identified is the challenge to fundraising in the pandemic environment, whilst we saw us begin to exit the pandemic, events did not go ahead as planned and had to be cancelled resulting in lost income. All risks are carefully considered, and there are procedures in place to review the reserves policy and to ensure both spending and firm financial commitments remain in line with income.

Income and expenditure are regularly monitored. Listings of income and expenditure and the balance on individual funds are examined on a monthly basis to detect trends as part of the risk management process to avoid unforeseen calls on reserves.

REFERENCE AND ADMINISTRATIVE DETAILS

Registered Charity number

1052727

Humber Teaching NHS Foundation Trust
Charitable Funds

Report of the Trustees
for the Year Ended 31 March 2022

Principal address

Finance Department
Mary Seacole Building
Beverley Road, Willerby
Hull
East Yorkshire
HU10 6ED

Trustees

Charitable funds received by the Charity are accepted, held and administered as Funds and Property Held on Trust for purposes relating to the health service in accordance with the National Health Service Act 1977 and the National Health Service and Community Care Act 1990. These funds are held in Trust by the corporate body.

The Humber Teaching NHS Foundation Trust is the Corporate Trustee of the Charitable Funds governed by the law applicable to Trusts, principally the Trustee Act 2000 and the Charities Act 2011.

The Humber Teaching NHS Foundation Trust Board devolved responsibility for the on-going management of funds to the Charitable Funds Committee that administers the funds on behalf of the Corporate Trustee.

The names of those people who serve as agents for the corporate Trustee, as permitted under regulation 16 of the NHS Trusts (Membership and Procedures) Regulations 1990, is as follows as at 31st March 2021;

Mrs S Mays Chair, Non-Executive Director left 15 September 2021
Ms Caroline Flint Chair, Non-Executive Director started 16 September 2021
Mrs M Moran Chief Executive
Mrs H Gledhill Director of Nursing, Allied Health and Social Care
Mr P Beckwith Director of Finance

Prof M Cooke Non-Executive Director left 31 August 2021
Mr M Smith Non-Executive Director
Mr P Baren Non-Executive Director left 31 March 2022
Mr F Patton Non Executive Director
Mr D Royles Non-Executive Director
Mr Hanif Malik Non-Executive Director started 1 July 2021
Mr Stuart McKinnon-Evans Non-Executive Director started 1 February 2022

Mr S McGowan Director of Workforce and Organisational Development
Mrs L Parkinson Chief Operating officer
Dr J Byrne Medical Director
The Directors do not receive remuneration or expenses from the Charity.

Independent Examiner

360 Accountants Limited
18-19 Albion Street
Hull
East Yorkshire
HU1 3TG

Bankers

National Westminster Bank Plc
34 King Edward Street
Hull
East Yorkshire
HU1 3SS

Humber Teaching NHS Foundation Trust
Charitable Funds

Report of the Trustees
for the Year Ended 31 March 2022

Approved by order of the board of trustees on and signed on its behalf by:

.....
Mr P Beckwith - Trustee

**Independent Examiner's Report to the Trustees of
Humber Teaching NHS Foundation Trust
Charitable Funds**

Independent examiner's report to the trustees of Humber Teaching NHS Foundation Trust Charitable Funds

I report to the charity trustees on my examination of the accounts of Humber Teaching NHS Foundation Trust Charitable Funds (the Trust) for the year ended 31 March 2022.

Responsibilities and basis of report

As the charity trustees of the Trust you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ('the Act').

I report in respect of my examination of the Trust's accounts carried out under section 145 of the Act and in carrying out my examination I have followed all applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

Independent examiner's statement

I have completed my examination. I confirm that no material matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

1. accounting records were not kept in respect of the Trust as required by section 130 of the Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a true and fair view which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

Andrew Mark Steele FCA FCCA
ICAEW
360 Accountants Limited
18-19 Albion Street
Hull
East Yorkshire
HU1 3TG

Date:

Humber Teaching NHS Foundation Trust
Charitable Funds

Statement of Financial Activities
for the Year Ended 31 March 2022

	Notes	Unrestricted fund £	Restricted fund £	Endowment fund £	31/3/22 Total funds £	31/3/21 Total funds £
INCOME AND ENDOWMENTS FROM						
Donations and legacies		52,988	-	-	52,988	79,453
Charitable activities						
Patient Education, Welfare & Amenities		-	10,064	-	10,064	159,037
Investment income	2	434	-	-	434	561
Total		53,422	10,064	-	63,486	239,051
EXPENDITURE ON						
Charitable activities						
Patient Education, Welfare & Amenities	3	366,646	-	-	366,646	104,648
Staff Education, Welfare & Amenities		-	-	-	-	28,532
Contribution to Healthcare		-	-	-	-	83,987
Total		366,646	-	-	366,646	217,167
Net gains on investments		-	-	774	774	1,582
NET INCOME/(EXPENDITURE)		(313,224)	10,064	774	(302,386)	23,466
RECONCILIATION OF FUNDS						
Total funds brought forward		319,320	374,685	9,142	703,147	679,681
TOTAL FUNDS CARRIED FORWARD		6,096	384,749	9,916	400,761	703,147

The notes form part of these financial statements

Humber Teaching NHS Foundation Trust
Charitable Funds

Balance Sheet
31 March 2022

	Notes	Unrestricted fund £	Restricted fund £	Endowment fund £	31/3/22 Total funds £	31/3/21 Total funds £
FIXED ASSETS						
Investments	7	-	-	9,916	9,916	9,142
CURRENT ASSETS						
Debtors	8	142,480	-	-	142,480	144,830
Cash at bank		15,441	384,749	-	400,190	604,662
		<u>157,921</u>	<u>384,749</u>	-	<u>542,670</u>	<u>749,492</u>
CREDITORS						
Amounts falling due within one year	9	(151,825)	-	-	(151,825)	(55,487)
NET CURRENT ASSETS		<u>6,096</u>	<u>384,749</u>	-	<u>390,845</u>	<u>694,005</u>
TOTAL ASSETS LESS CURRENT LIABILITIES		<u>6,096</u>	<u>384,749</u>	<u>9,916</u>	<u>400,761</u>	<u>703,147</u>
NET ASSETS		<u>6,096</u>	<u>384,749</u>	<u>9,916</u>	<u>400,761</u>	<u>703,147</u>
FUNDS						
Unrestricted funds	10				6,096	319,320
Restricted funds					384,749	374,685
Endowment funds					9,916	9,142
TOTAL FUNDS					<u>400,761</u>	<u>703,147</u>

The financial statements were approved by the Board of Trustees and authorised for issue on and were signed on its behalf by:

.....
Mr P Beckwith - Trustee

The notes form part of these financial statements

Humber Teaching NHS Foundation Trust
Charitable Funds

Cash Flow Statement
for the Year Ended 31 March 2022

	Notes	31/3/22 £	31/3/21 £
Cash flows from operating activities			
Cash generated from operations	1	(204,906)	59,792
Net cash (used in)/provided by operating activities		(204,906)	59,792
Cash flows from investing activities			
Sale of fixed asset investments		774	(1,582)
Revaluation of investments		(774)	1,582
Interest received		434	561
Net cash provided by investing activities		434	561
Change in cash and cash equivalents in the reporting period			
Cash and cash equivalents at the beginning of the reporting period		604,662	544,309
Cash and cash equivalents at the end of the reporting period		400,190	604,662

The notes form part of these financial statements

Humber Teaching NHS Foundation Trust
Charitable Funds

Notes to the Cash Flow Statement
for the Year Ended 31 March 2022

1. RECONCILIATION OF NET (EXPENDITURE)/INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES

	31/3/22	31/3/21
	£	£
Net (expenditure)/income for the reporting period (as per the Statement of Financial Activities)	(302,386)	23,466
Adjustments for:		
Gain on investments	(774)	(1,582)
Interest received	(434)	(561)
Decrease/(increase) in debtors	2,350	(12,205)
Increase in creditors	96,338	50,674
	<hr/>	<hr/>
Net cash (used in)/provided by operations	(204,906)	59,792
	<hr/> <hr/>	<hr/> <hr/>

2. ANALYSIS OF CHANGES IN NET FUNDS

	At 1/4/21	Cash flow	At 31/3/22
	£	£	£
Net cash			
Cash at bank	604,662	(204,472)	400,190
	<hr/>	<hr/>	<hr/>
	604,662	(204,472)	400,190
	<hr/>	<hr/>	<hr/>
Total	604,662	(204,472)	400,190
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

The notes form part of these financial statements

Humber Teaching NHS Foundation Trust
Charitable Funds

Notes to the Financial Statements
for the Year Ended 31 March 2022

1. ACCOUNTING POLICIES

Basis of preparing the financial statements

The financial statements of the charity, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Charities Act 2011. The financial statements have been prepared under the historical cost convention, with the exception of investments which are included at market value, as modified by the revaluation of certain assets.

Income

All income is recognised in the Statement of Financial Activities once the charity has entitlement to the funds, it is probable that the income will be received and the amount can be measured reliably.

Expenditure

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

Taxation

The charity is exempt from tax on its charitable activities.

Fund accounting

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

Pension costs and other post-retirement benefits

The charity operates a defined contribution pension scheme. Contributions payable to the charity's pension scheme are charged to the Statement of Financial Activities in the period to which they relate.

2. INVESTMENT INCOME

	31/3/22	31/3/21
	£	£
Deposit account interest	434	561
	<u> </u>	<u> </u>

Humber Teaching NHS Foundation Trust
Charitable Funds

Notes to the Financial Statements - continued
for the Year Ended 31 March 2022

3. CHARITABLE ACTIVITIES COSTS

	Direct Costs £	Support costs (see note 4) £	Totals £
Patient Education, Welfare & Amenities	<u>325,494</u>	<u>41,152</u>	<u>366,646</u>

4. SUPPORT COSTS

	Management £	Finance £	Governance costs £	Totals £
Patient Education, Welfare & Amenities	<u>39,868</u>	<u>84</u>	<u>1,200</u>	<u>41,152</u>

5. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 31 March 2022 nor for the year ended 31 March 2021.

Trustees' expenses

There were no trustees' expenses paid for the year ended 31 March 2022 nor for the year ended 31 March 2021.

6. STAFF COSTS

	31/3/22 £	31/3/21 £
Wages and salaries	32,631	35,535
Social security costs	2,442	1,325
Other pension costs	704	338
	<u>35,777</u>	<u>37,198</u>

The average monthly number of employees during the year was as follows:

	31/3/22	31/3/21
Employed staff	<u>2</u>	<u>3</u>

No employees received emoluments in excess of £60,000.

Employed Staff are employed by The HEY Smile Foundation on behalf of the Charity.

Humber Teaching NHS Foundation Trust
Charitable Funds

Notes to the Financial Statements - continued
for the Year Ended 31 March 2022

7. FIXED ASSET INVESTMENTS

	Listed investments £
MARKET VALUE	
At 1 April 2021	9,142
Revaluations	774
	9,916
At 31 March 2022	9,916
NET BOOK VALUE	
At 31 March 2022	9,916
At 31 March 2021	9,142

There were no investment assets outside the UK.

Cost or valuation at 31 March 2022 is represented by:

	Listed investments £
Valuation in 2022	9,916

8. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	31/3/22 £	31/3/21 £
Trade debtors	142,480	143,705
Prepayments	-	1,125
	142,480	144,830

9. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	31/3/22 £	31/3/21 £
Trade creditors	150,625	54,287
Other creditors	1,200	1,200
	151,825	55,487

Humber Teaching NHS Foundation Trust
Charitable Funds

Notes to the Financial Statements - continued
for the Year Ended 31 March 2022

10. MOVEMENT IN FUNDS

	At 1/4/21 £	Net movement in funds £	At 31/3/22 £
Unrestricted funds			
General fund	319,320	(313,224)	6,096
Restricted funds			
Restricted	374,685	10,064	384,749
Endowment funds			
Endowment Fund	9,142	774	9,916
TOTAL FUNDS	<u>703,147</u>	<u>(302,386)</u>	<u>400,761</u>

Net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Gains and losses £	Movement in funds £
Unrestricted funds				
General fund	53,422	(366,646)	-	(313,224)
Restricted funds				
Restricted	10,064	-	-	10,064
Endowment funds				
Endowment Fund	-	-	774	774
TOTAL FUNDS	<u>63,486</u>	<u>(366,646)</u>	<u>774</u>	<u>(302,386)</u>

Comparatives for movement in funds

	At 1/4/20 £	Net movement in funds £	At 31/3/21 £
Unrestricted funds			
General fund	281,931	37,389	319,320
Restricted funds			
Restricted	390,190	(15,505)	374,685
Endowment funds			
Endowment Fund	7,560	1,582	9,142
TOTAL FUNDS	<u>679,681</u>	<u>23,466</u>	<u>703,147</u>

Humber Teaching NHS Foundation Trust
Charitable Funds

Notes to the Financial Statements - continued
for the Year Ended 31 March 2022

10. MOVEMENT IN FUNDS - continued

Comparative net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Gains and losses £	Movement in funds £
Unrestricted funds				
General fund	231,464	(194,075)	-	37,389
Restricted funds				
Restricted	7,587	(23,092)	-	(15,505)
Endowment funds				
Endowment Fund	-	-	1,582	1,582
TOTAL FUNDS	<u>239,051</u>	<u>(217,167)</u>	<u>1,582</u>	<u>23,466</u>

A current year 12 months and prior year 12 months combined position is as follows:

	At 1/4/20 £	Net movement in funds £	At 31/3/22 £
Unrestricted funds			
General fund	281,931	(275,835)	6,096
Restricted funds			
Restricted	390,190	(5,441)	384,749
Endowment funds			
Endowment Fund	7,560	2,356	9,916
TOTAL FUNDS	<u>679,681</u>	<u>(278,920)</u>	<u>400,761</u>

A current year 12 months and prior year 12 months combined net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Gains and losses £	Movement in funds £
Unrestricted funds				
General fund	284,886	(560,721)	-	(275,835)
Restricted funds				
Restricted	17,651	(23,092)	-	(5,441)
Endowment funds				
Endowment Fund	-	-	2,356	2,356
TOTAL FUNDS	<u>302,537</u>	<u>(583,813)</u>	<u>2,356</u>	<u>(278,920)</u>

Humber Teaching NHS Foundation Trust
Charitable Funds

Notes to the Financial Statements - continued
for the Year Ended 31 March 2022

11. RELATED PARTY DISCLOSURES

During the year transactions undertaken with the HEY Smile Foundation, the commissioned supplier of charitable services to Humber Teaching NHS Foundation Trust, totalled £40,339. Andrew Barber, CEO of Smile, is a governor of Humber Teaching NHS Foundation Trust.

As at 31 March 2022, the charity owed The HEY Smile Foundation £625 (2021 - £53,100).

As at 31 March 2022 the charity was owed £NIL (2021 - £100) by The HEY Smile Foundation.

Humber Teaching NHS Foundation Trust
Charitable Funds

Detailed Statement of Financial Activities
for the Year Ended 31 March 2022

	31/3/22 £	31/3/21 £
INCOME AND ENDOWMENTS		
Donations and legacies		
Donations	52,688	38,464
Gifts in kind income	300	40,989
	52,988	79,453
Investment income		
Deposit account interest	434	561
Charitable activities		
Grants	10,064	159,037
Total incoming resources	63,486	239,051
EXPENDITURE		
Charitable activities		
Grant funding of activities	284,721	96,274
Governance costs	40,473	38,616
Gift in kind expenses	300	40,989
	325,494	175,879
Support costs		
Management		
Wages	32,631	35,535
Social security	2,442	1,325
Pensions	704	338
Advertising	619	218
Sundries	2,093	2,515
Travel	1,379	75
	39,868	40,006
Finance		
Bank charges	84	82
Governance costs		
Independent examination	1,200	1,200
Total resources expended	366,646	217,167
Net (expenditure)/income before gains and losses	(303,160)	21,884
Realised recognised gains and losses		
Carried forward	(304,360)	20,684

This page does not form part of the statutory financial statements

Humber Teaching NHS Foundation Trust
Charitable Funds

Detailed Statement of Financial Activities
for the Year Ended 31 March 2022

	31/3/22	31/3/21
	£	£
Realised recognised gains and losses		
Brought forward	(304,360)	20,684
Realised gains/(losses) on fixed asset investments	774	1,582
	<hr/>	<hr/>
Net (expenditure)/income	(302,386)	23,466
	<hr/> <hr/>	<hr/> <hr/>

This page does not form part of the statutory financial statements

Agenda Item 22

Title & Date of Meeting:	Trust Board Public Meeting - Wednesday 25 th January 2023		
Title of Report:	Six-month Review of Safer Staffing – Inpatient units (April 2022-Sept 2022)		
Author/s:	Tracy Flanagan Assistant Director of Nursing & Quality		
Recommendation:	To approve	To receive & discuss	X
	For information/To note	To ratify	
Purpose of Paper:	<p>This report presents the outcomes of the review of safer staffing requirements across our in-patient units using the National Quality Board (NQB) guidance and NHS Improvement ‘Developing Workforce Safeguards’. The requirements state the need for a comprehensive review of staffing at team level which should be reported to the Board twice a year. This report covers the period April 2022- Sept 2022. It provides a current position in relation to existing Care Hours per Patient Day (CHPPD) and key performance indicators (KPI) for each unit and presents the new CHPPD thresholds for each unit as approved by the Executive Management Team in December.</p> <p>The report provides assurance that our levels of staffing are safe and supports the Director of Nursing and the Medical Director in providing a confirmation statement to the Trust board to this effect.</p>		
<p>Key Issues within the report:</p> <ul style="list-style-type: none"> Overall, the majority of units are maintaining good and safe fill rate requirements and performance with the majority of areas seeing an improvement. 			
<p>Matters of Concern or Key Risks to Escalate:</p> <ul style="list-style-type: none"> Sickness remains a challenge across many areas with only MVC and Avondale achieving the trust target. Inspire and Townend Court require further review and improvement in relation to fill rates and sickness. Swale; PICU and MVL require a business case to be developed to look at increasing their budgeted establishment based on continued findings around increased dependency levels. 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> CHPPD targets have been reviewed at a team level to reflect local dependency data. the new CHPPD thresholds for each unit have been agreed by EMT Train the trainer programme to be delivered and cascaded to all charge nurses and deputies 		

<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> • CHPPD in all areas remains above the previous Trust target with the exception of Malton. A revised recommended target for their CHPPD has been calculated based on the Model Health System data (the mSNCT does not make CHPPD recommendations) • The majority of areas have seen a fall in their registered nurse vacancies with the exception of Inspire; TEC; Ullswater; Derwent; PICU; Newbridges; Westlands and Avondale and in these areas the picture is improving with the cohort of newly qualified nurses and the international recruits. • Data shows that some areas with lower fill rates are still providing good CHPPD due to reduced bed occupancy • Incidents reported via Datix show 4 were reported as causing low harm. However no specific patient harm has been identified when these have been reviewed in detail. • Since the last report we have maintained a stable position in terms of training compliance with all units achieving the trust targets. • Strong CHPPD performance maintained (upper quartile) when benchmarked regionally and nationally 	<p>Decisions Made:</p> <p>Matrons identified to undertake Train the Trainer programme which will allow more staff to use the safer staffing tools that are available.</p>
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Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) EMT	12.12.22

Monitoring and assurance framework summary:

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

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

Six-Month Review of Safer Staffing

1. Introduction and Purpose

This report presents the findings of a review of safer staffing across our inpatient units for the period April 2022 to September 2022. It provides a current position in relation to Care Hours per Patient Day (CHPPD) and key performance indicators (KPI) for each unit. The report reflects the latest NHS Improvement reporting requirements outlined in 'Developing Workforce Safeguards' (NHSI Oct 2018). It also acknowledges the 'Delivering and Monitoring Safe Staffing in Mental Health and Learning Disability Services assurance framework for COVID 19' which was circulated by NHS I and E in November 2020 and most recently 'Nursing Workforce Standards: supporting a safe and effective workforce' (Royal College of Nursing 2021)

All of the inpatient teams have undertaken a safer staffing review since the last reporting period. Nearly all of them also collated dependency data which has been used to calculate their recommended CHPPD. The Deputy Director of Nursing met with members of each mental health, learning disability; community and low/medium secure in patient team including service managers; charge nurses (CN), clinical leads, matrons, divisional clinical leads, finance; rostering and unit staff. A review of existing establishments based on available dependency data using recognised evidence based methods i.e Mental Health Optimal Staffing Tool (MHOST) and the modified version of the Safer Nursing Care Tool (mSNCT) was undertaken. Maister Court became operational as an older adult treatment unit in November 2021 and is now included in this report.

2. Findings

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

2.1 Fill Rates

During this reporting period the lower target of 75% registered fill rates on days has been met by all units with the exception of STaRs, MVL, Inspire and Townend Court. All four units did not meet the minimum threshold in the previous reporting period. Overall there has been an improvement in the number of units achieving the minimum target.

Townend Court fill rates have previously been based on separate rosters for both willow and lilac wards and they have now integrated this into one roster for the whole unit. This should result in an improvement in their fill rates and their CHPPD remains high.

Inspire opened their PICU (Nova) in July 2021 however due to clinical acuity and recruitment issues these beds were temporarily closed in September. The demand template for Orion was also amended in September to reflect the agreed staffing model for the unit of two qualified nurses on both days and nights and this should address their low fill rates (previously the roster was looking for 3 qualified nurses on a day). Their CHPPD is good and a further review of their staffing model is currently in progress including plans to include some of the AHP roles on the demand template planned hours.

MVL fill rates have improved since the last reporting period and they have collated their dependency data to support a potential business case to review their current budgeted establishment.

STaRs operate a duty shift and this sits on the demand template. Where this is filled by someone from the community side of the team this is not reflected in the fill rates. This is being changed on the demand template.

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

2.2 Care Hours Per Patient Day

Following agreement at EMT in July the thresholds for Care Hours Per Patient Days (CHPPD) have been revised upwards based on the latest model health system data. We have based this on the national organisational CHPPD median (which was the measure we used initially to set the CHPPD thresholds). As an organisation we have seen an increase in our overall CHPPD in line with regional and national increases and we have remained above both peer and national levels of CHPPD. However, increasing our threshold has led to an increased number of units flagging red on the monthly safer staffing dashboard. It is important to note that there is significant variance in the recommended CHPPD based on the purpose of individual units. Whilst the national CHPPD median provides a useful benchmark it does not reflect this variance. In line with the National Quality Board guidance and as part of the current rounds of safer staffing reviews each unit has been asked to collate daily 'dependency data'. Where this has been available it has been fed into either the Mental Health Optimal Staffing Tool (MHOST); Learning Disability Optimal Staffing Tool (LDOST) and modified Safer Nursing Care Tools (mSNCT) which can then calculate recommended CHPPD at a unit level. Recommended individual CHPPD thresholds for each team have been included in this report and if approved will be adjusted in the monthly safer staffing dashboard that goes to Trust board. For the purposes of this report we have used the original target of 8.9 whilst the above transition to local targets is implemented.

There has been an apparent rise in CHPPD levels reported at an organisational level nationally (8.9 in July 2019 to 10.7 in Sept 2022). The Trust overall has maintained higher than average levels of CHPPD across the same period with 12.2 in Sept 2022. CHPPD at an organisational level in relation to registered nurses has also been benchmarked against the national and peer data and we have remained above both medians throughout.

2.3 Registered Nurse Vacancies

Just over half the units have seen a fall in their RN vacancies. Whitby and Malton are both over established for the reporting period due to recruitment of international nurses.

Work also continues with those wards experiencing recruitment and retention difficulties to develop tailored recruitment and retention plans including targeting campaigns and the use of agency nurses to support in the short term. MVC has seen a reduction in their vacancies from 44% to 34% and many areas have also taken newly qualified nurses in September which are not all reflected in this report as they were still awaiting their PIN numbers.

2.4 Sickness

Sickness remains a challenge across many areas although there has been a slight rise in the number of units achieving the target from 1 last time to 3 comfortably within target and the STaRs team just below the target. Overall, 13 units have seen a drop and 4 have seen an increase. Sickness in the Humber Centre has improved in all areas with the exception of Derwent. TEC has 13.2 % but this is an improvement from 15.2 in the last reporting period and reflects their Covid19 outbreak in staff and patients.

2.5 Training/Appraisal and Supervision

Since the last report we have maintained a relatively stable position in terms of training compliance with the majority of units achieving the trust targets. 2 units are just at the threshold and this relates to compliance with ILS/BLS and safeguarding level 3 training. A full review of ILS and BLS and safeguarding level 3 compliance has been undertaken and progress is reviewed via the Workforce and OD Committee. Additional capacity has been bought in for BLS and the recovery trajectories are being monitored closely.

Appraisal compliance remains above 80% for all units with the exception of Swale whose compliance rate is 78.26%. This has been addressed through the safer staffing review and the accountability review and outstanding appraisals for staff who have been on long term sick have been arranged.

In supervision the majority of units are achieving the target, the exception being Swale whose compliance has dropped from 71% to 66%. This is a significant improvement from the previous reporting period where 7 units were below target. Swale's supervision performance has improved over the reporting period and in September they were at 88% compliance

2.6 Cancelled Leave- Mental Health/Secure and Learning Disability Services

Cancelled section 17 leave has been incorporated into the safer staffing dashboard report for all the Mental Health and Learning Disability teams. 46 episodes have been identified in this period compared to 89 in the previous reporting period. Most episodes relate to the Humber Centre (44) and 2 related to TEC. All Humber Centre units are reporting a reduction in the number of cancelled leave when compared with the previous six months. Ouse have reported 5 incidents; Pine view have reported 19 incidents, Ullswater have reported 9 incidents and Swale have reported 11 incidents.

Cancelled leave is reported for each affected individual via Lorenzo and this is reported and monitored through the MH Legislation Steering Group. The steering group has

identified that some cancelled leave was also being reported via datix and therefore monitor where this is happening and ensure that it is reported on Lorenzo on the individual's record. There have been no incidents of medical/dental appointments being cancelled and if leave is cancelled where possible this is rearranged

2.7 Incidents

Specific incidents where safety concerns have arisen have been reported through Datix and escalated through operational management to action. 96 incidents were reported for this reporting period compared to 159 for the previous reporting period. Incidents were categorised as no/low harm with no incidents reported of moderate harm or above. 6 related to staffing shortages across the whole of the Humber Centre and the need to move staff and deploy AHPs, Band 7s and Modern Matrons onto the units to maintain safety.

The majority were classified as incidents where staff have worked over 50 hours in a week (n=34). This is picked up and reviewed operationally as part of the e-roster rule break reporting. Staffing shortages not affecting patient care directly was reported on 29 occasions all of which were reporting no harm.

24 related to the inability to provide adequate care with 4 reported as causing low harm. The low harm incidents related to staffing levels lower than the minimum number at Willow, Pine view and Malton wards which resulted in care plans not being followed. On Malton this related to falls alarms going off simultaneously and staff not being able to immediately respond. On Pine view this resulted in zonal observations which were in place to safeguard 2 vulnerable individuals not being completed at the required frequency. No specific evidence was cited in relation to harm caused as a result of this. There is evidence from the datix that mitigations were put in place including service managers, matron's; AHPs, community staff supporting the units and a focus on essential nursing care and team work resulting in no harm being reported.

5 incidents related to activities being reduced or cancelled. All of these were reported as no harm as a result of mitigations put in place including staff staying on duty beyond the end of their shifts and activities being rescheduled.

3 incidents related to delayed or cancelled leave. This has been picked up through the reporting in Lorenzo as detailed earlier.

One incident related to delay in medication administration. This related to a delay in discharge medications being prescribed by a doctor.

3. Staffing Establishments Review Methodology

The Deputy Director of Nursing Allied Health and Social Care Professionals (DDNAHSCP) has undertaken a desk top exercise to review the safer staffing data and performance against key safer staffing indicators including fill rates and Care Hours per

Patient Day (CHPPD) data and other quality and productivity outcome measures including sickness, supervision, appraisal compliance and training. Vacancies and use of bank and agency are noted. FFT and reported safer staffing incidents are reviewed. Face to face and MS team safer staffing reviews have subsequently taken place with all teams; service managers; matrons and their finance leads to review their safer staffing data and their establishments The MHOST, LDOST and SNCT have been utilised to allow establishments to be modelled based on national data and dependency data which was collected locally. The LDOST tool has been sourced directly for the author Keith Hurst but does not currently recommend CHPPD.

Where dependency data has been collated this has been used to calculate a recommended CHPPD for individual units following discussion and triangulation with quality and productivity data and professional judgement.

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

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

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

Issues or areas of concern from the previous April 2021–Sept 2022 report have been reviewed to confirm improvement and/or make recommendations where no improvement is noted.

4. Results

Assurance Overview

April 2021-September 2021		
Low assurance	Adequate assurance	Good assurance
0	4 (TEC/Inspire/STARS/MVC)	14
October 2021- March 2022		
Low assurance	Adequate assurance	Good assurance
0	2 (TEC/Inspire)	16
April 2022- September 2022		
Low assurance	Adequate assurance	Good assurance
0	3 TEC/Inspire/ /Swale	16 (Maister Court included for the first time)

Unit	Summary and Action
Granville Court	Since the last reporting period there has been a reduction in sickness from 8.6% to 5.2 %. Performance in relation to appraisals

	<p>has remained at 97.96%. Registered Nurse (RN) fill rates and overall fill rates are comfortably above target. Supervision performance also remains strong above target and training has risen from 83% to 93%. 5 incidents relating to staffing shortages were reported via datix. No patient harm resulted as a consequence of these shortages. Patient safety was prioritised and routine task postponed where appropriate and staff worked extra hours to support colleagues</p> <p>No evidence based tool is currently available that is appropriate for the patient group. The minimum staffing levels are based on the CQC requirements for nursing homes and were reviewed at the last CQC inspection. CHPPD data is now collated manually for in the Trust safer staffing dashboard. The vacancy rate for RNs has dropped from 6% to 0% and the use of bank and agency has remained at 38%. One of the International recruits has been deployed to Granville</p> <p>The fill rates and performance indicators give good assurance that the unit is safely staffed. The recommended CHPPD target remains the current Trust target of 10.3.</p>
Townend Court	<p>Since the last reporting period the bed occupancy has increased to 71% from 65%. The fill rates for RNs on days have dropped slightly from 64% to 58%. Fill rates have previously been based on separate rosters for both willow and lilac wards and they have now integrated into one roster for the whole unit. This should result in an improvement in their fill rates and their CHPPD remains high. The RN fill rates on nights have risen to above target from 66% to 81% The overall fill rates on days have risen from 65% to 71%. On nights the fill rates remain above target at 106%. CHPPD has dropped slightly and remains strong at 29.1. All other quality and productivity targets have been met. Sickness has risen from 15.2% to 13.2% in the current period as a result of significant C19 related absence. 4 incidents relating to staffing shortages were reported via datix compared to 64 in the last reporting period. Non resulted in harm. Vacancies have risen slightly from 22% to 23% and bank and agency use has dropped slightly from 33% to 31%</p> <p>A safer staffing review was undertaken with the team. Dependency data was collated and the LDOST tool was used to calculate indicative minimum staffing levels. The tool does not recommend CHPPD. The tool recommended 9 staff across the 2 units on days and 1 on nights (based on the current 6 patients on both units) . Following discussion and professional judgement it was agreed that existing minimum staffing levels remain unchanged</p> <p>The CHPPD and performance indicators give adequate assurance that the unit is safely staffed but requires improvement in relation to sickness and fill rates. The recommended CHPPD target remains the current Trust target of 10.3. Actions from the previous report completed in relation to</p>

	improvement required in clinical supervision and updates to the demand template required.
Inspire	<p>During the reporting period the fill rates have been below target for RNs on days and have dropped from the last reporting period (from 47% to 45%) and RN fill rates on nights have risen slightly from 69% to 70%. Overall fill rates have risen from 63% to 67% on days and from 83% to 85% on nights. Bed occupancy has dropped from 82% to 67% and has contributed to a rise in CHPPD from 17.8 to 31.9</p> <p>Sickness has risen from 8.6% to 11.5 and the other quality indicators are acceptable with clinical supervision dropping slightly from 89% to 88% and training improving from 80% to 89%. Performance against appraisals remains above target at 100%.</p> <p>14 incidents relating to staffing shortages were reported via datix. None resulted in harm</p> <p>Nova (PICU unit) opened in July 2021 however due to clinical acuity and recruitment issues these beds were temporarily closed in September 2022. The impact of this will be an improvement in the actual hours available on Orion which should significantly improve Orion's fill rates The demand template for Orion was also amended in September to reflect the agreed staffing model for the unit of two qualified nurses on both days and nights and this should similarly address their low fill rates (previously the roster was looking for 3 qualified nurses on a day). Their CHPPD is good and a further review of their staffing model is currently in progress including plans to include some of the AHP roles on the demand template planned hours.</p> <p>The CHPPD and performance indicators give adequate assurance that the unit is safely staffed but requires improvement in relation to RN and overall fill rates and sickness as raised in the last report. The issue with the low fill rates has already resolved in the October dashboard following the closure of Nova. The recommended CHPPD target remains the current Trust target of 10.3 this will be reviewed following the next period of dependency data collection</p>
Ullswater	<p>Since the last reporting period RN fill rates have dropped slightly on days from 88% to 85%. They have increased slightly from 96% on nights to 98%. The overall fill rates have increased on days and nights to 105% and 111% respectively. CHPPD has risen from 15.8 to 17.4 and bed occupancy has risen from 50% to 56%.</p> <p>The quality and productivity outcomes remain above target in this reporting period with the exception of sickness which has dropped from 14.1% in the last reporting period to 10.4%; Supervision has</p>

	<p>risen from 68% to 81%. Appraisal compliance remains above target at 92.3%.</p> <p>6 incidents relating to staffing shortages were reported via datix. None were reported as resulting in any harm. Vacancies have risen slightly from 15% to 18%. Bank and Agency use has fallen from 17% to 16%</p> <p>A safer staffing review was undertaken with the team. Dependency data was collated and the LDOST tool was used to calculate indicative minimum staffing levels. The tool does not recommend CHPPD. The tool recommended 8 staff on days and 4 on nights. The current minimum staffing levels are 5 on days and 4 on night. The Charge Nurse reports that they have been working on 7 on a day and 6 on a night since May and have only recently reduced to 6 on days and 5 on nights. This staffing pattern is NOT supported by the current budgeted establishment and the ward is currently overspent. Following discussion it was agreed that their budgeted establishment needs to be reviewed and business case considered for increasing same. Professional judgement ; supported by the recommended staffing levels calculated from dependency data would suggest a minimum staffing pattern of 6 on days and 5 on nights.</p> <p>The fill rates, CHPPD and performance indicators give good assurance that the unit is safely staffed. However this is being achieved through bank and overtime use. The recommended CHPPD target remains the current Trust target of 10.3</p>
Pine View	<p>During the reporting period fill rates for registered nurses on days have dropped from 88% on days to 84% but have improved from 51% to 64% on nights. The overall fill rates have improved on days from 98% to 102% and for nights have dropped slightly from 92% to 88%. CHPPD has improved from 9.1 to 9.3 which is just within the current Trust wide target</p> <p>Sickness has dropped from 11.8% to 5.6%. Other quality indicators are above target with supervision at 81%; Training has remained at 92%. Appraisal compliance is 90%. 7 incidents relating to staffing shortages were reported via datix. One of these was reported as causing low harm staffing shortages were cited as contributing in failure to complete zonal observations at the required frequency, which were in place to safeguard 2 vulnerable individuals. No specific evidence was cited in relation to harm caused as a result of this.</p> <p>A safer staffing review was undertaken with the team and dependency data was collated using the MHOST tool. The establishment covers their current minimum staffing levels and provision of acceptable CHPPD based on their dependency data. Following the previous reporting period 2 complex patients have moved on and following discussion it was felt that their current</p>

	<p>minimum staffing levels and budgeted establishment are correct. The RN fill rate on nights reflects that they often have only 1 RN on nights due to vacancy and sickness.</p> <p>The fill rates and performance indicators give good assurance that the unit is safely staffed It is recommended that their CHPPD target remains at 6.3 based on the MHOST benchmarked data and the current MHOST recommendation based on their dependency data</p>
Derwent	<p>Since the last reporting period fill rates for registered nurses on days has improved from 86% to 91%. Fill rates for registered nurses on nights has dropped slightly from 101% to 95% Overall fill rates for days have improved from 78% to 84% and dropped on nights from 99% to 96%. CHPPD rates have improved from 12.1 to 12.3. Sickness has increased from 11.3% in the last reporting period to 12.3% and is the highest in the Humber Centre. 3 incidents relating to staffing shortages were reported via datix. None resulted in harm. Other quality indicators remain above target. Performance against appraisals is 100%. Vacancies have risen from 0% to 10% and bank and agency use has increased from 19% to 23%</p> <p>A safer staffing review was undertaken with the team and dependency data was collated using the MHOST tool. The establishment covers their current minimum staffing levels and provision of acceptable CHPPD based on their dependency data.</p> <p>The fill rates, CHPPD and performance indicators give good assurance that the unit is safely staffed. The recommended CHPPD target remains the current Trust target of 10.3</p>
Ouse	<p>Since the last reporting period the registered nurse fill rates have risen from 50% to 78% on days and have increased from 97% to 103% on nights. The second RN on days is often moved to support other areas which is reflected in the fill rates for days. Overall fill rates have risen from 71% to 87% on days and remain above target at 104% on nights. CHPPD has risen from 6.3 to 7.8 which is below the overall Trust target but above the current target for the unit based on the model hospital national average for forensic/rehab services.</p> <p>Sickness has fallen from 12.6% to 7.7% remaining over target. Performance against appraisals is at 100%. Training and supervision performance remain strong at 97% and 90% respectively. 12 incidents relating to staffing shortages were reported via datix. These did not result in any harm. Vacancies have reduced from 27% to 23%. Bank and agency use has increased from 10% to 17%.</p> <p>A safer staffing review was undertaken with the team and dependency data was collated using the MHOST tool (Both the MSU and the mental health rehabilitation versions). The establishment covers their current minimum staffing levels and provision of acceptable CHPPD based on their dependency data.</p>

	<p>They have plans for recruitment to hard to recruit vacancies. The demand templates have been reviewed.</p> <p>The fill rates and performance indicators give good assurance that the unit is safely staffed. It is recommended that their CHPPD target remains at 6.3 based on the MHOST benchmarked data and the current MHOST recommendation based on their dependency data</p>
Swale	<p>Since the last reporting period fill rates for registered nurses on days have improved from 73% to 85%. RN fill rates on nights have risen from 103% to 110%. The overall fill rates on days have risen above target from 91% to 103% and fallen from 106% to 97% on nights. CHPPD has dropped slightly from 9.5 to 9.3 due to increased bed occupancy. This is just within the lower target of the revised trust wide target. Sickness has reduced from 10.7% to 7.5%. All other quality indicators are within target with the exception of supervision which is 66% across the reporting period but has been above target in Q2 and is 88% in Sept. Training is 96%. Performance against appraisals is 78.2 % at the end of the reporting period but the remaining appraisals have been booked</p> <p>4 safer staffing incidents have been reported. None of these resulted in harm. Vacancies have fallen from 21% to 14%. Bank use has dropped from 35% to 30%.</p> <p>A safer staffing review was undertaken with the team and dependency data was collated using the MHOST tool. The establishment covers their previous minimum staffing levels which are in the demand template. However, their dependency levels have increased and therefore they have had to increase their staffing numbers to maintain safe staffing levels resulting in an overspend on their staffing budget. This is not reflected in the demand template or their existing establishment which does not cover the recommended levels of CHPPD provision. This was the same position as the previous two reporting periods and will be escalated to the General Manager for consideration and business case development as the required uplift in the establishment to increase their minimum staffing levels will be 2.6 FTEs. They have plans for recruitment to hard to recruit vacancies.</p> <p>The fill rates; CHPPD and performance indicators give adequate assurance that the unit is safely staff. However, this is being achieved through bank and overtime use. It is recommended that their CHPPD target is revised to 8.0 based on the MHOST benchmarked data and the most recent MHOST recommendation based on their dependency data</p>
PICU	<p>Since the last reporting period registered nurse fill rates on days have risen slightly from 85% to 86% and have improved slightly on nights from 94% to 97% on nights. The overall fill rates are 106% on days and 121% on nights. CHPPD has dropped slightly from 22.5 to 22.1 but is still comfortably above target. Sickness has remained at 6.5 % remaining outside of the target. Performance against</p>

	<p>appraisals is 91%. Supervision and training remain above target at 100% and 78% respectively. Vacancies of registered nurse have increased from 21% to 27% and bank and agency use has risen from 48% to 51% the highest across the Trust. 3 incidents relating to staffing shortages were reported via datix. None resulted in any harm.</p> <p>A safer staffing review was undertaken with the team and dependency data was collated using the MHOST tool. The establishment covers their previous minimum staffing levels which are in the demand template which are 6 on days and 5 on night. The charge nurse reports they frequently run on 8/7 on days and 7/6 on nights due to the number of patients with complex needs requiring significant levels of supportive engagements (2:1 and 3:1) this can be seen in their fill rates. The B7s also frequently get pulled into the numbers but are not reflected in the fill rates. The unit is significantly overspent. This was the same position as the previous reporting period and will be escalated to the General Manager for consideration and business case development as the required uplift in the establishment to increase their minimum staffing levels will be 2.6 FTEs.</p> <p>The fill rates; CHPPD and performance indicators give good assurance that the unit is safely staffed however this is being achieved through bank and overtime use. The recommended CHPPD target based on the dependency data calculation using the MHOST tool is 16.6</p>
Newbridges	<p>Since the last reporting period the registered fill rates on days have dropped to 79 %. The RN fill rates on nights have dropped from to 96% to 94%. Overall fill rates have dropped from 91% to 87% on days and from 109 % to 106% on nights. CHPPD has dropped from 8.8 to 8.2 which is now below the revised CHPPD target based on the Model system organisational median. Sickness has risen to 5.6% from 5.0%. Supervision has risen from 78% to 81%. Training compliance has remained good and above target at 94%. Performance against appraisal remains at 95%. Vacancies have risen from 1% to 12% and bank and agency use has dropped from 22% to 27%. Bed occupancy has also risen slightly from 92% to 93%. Two incidents relating to staffing shortages were reported via datix. Neither of these resulted in any harm</p> <p>A safer staffing review took place with the team. They have addressed some of their long-term vacancy issues. They also have a registered OT, an Associate Practitioner in OT (APOT) and an activity Assistant. All three cover 9-5 seven days a week. They also have a social worker. Dependency data was not collated for the 20 days but a snapshot was provided which suggests that the current establishment is correct to support their existing minimum staffing levels and recommended CHPPD. Dependency data will be collated during January to confirm the recommended CHPPD</p> <p>The fill rates and performance indicators give good assurance that the unit is safely staffed. It is recommended that the CHPPD</p>

	target is revised to 8.0 based on the MHOST recommendations for both MVC and Westlands
Westlands	<p>Since the last reporting period there has been a rise in fill rates for RNs on days from 82% to 88%. The fill rates for RNs on nights has dropped from 100% to 93%. The overall fill rates are above target for days and nights at 81% and 111% respectively. CHPPD have risen from 8.7 to 8.9 which is now below the revised CHPPD target based on the Model system organisational median . Sickness has risen from 6% in the previous reporting period to 8.1%. Supervision compliance has improved from 84% to 88%. Training has risen from 85% to 92%. Compliance with appraisals is 93.1%. Vacancies have risen from 14% to 19% and bank and agency use has risen from 30% to 36%. 4 Incidents relating to staffing shortages were reported via datix. These did not result in any harm.</p> <p>A safer staffing review was undertaken with the team and dependency data was collated using the MHOST tool. The establishment covers their current minimum staffing levels and provision of acceptable CHPPD based on their dependency data. The MHOST recommendation for their CHPPD was 7.6</p> <p>They now have a Nursing Associate who covers the second registered nurse shifts. They also have an APOT and an activity assistant who work 9-5 seven days a week. They also have a pharmacy technician who supports the team.</p> <p>The fill rates and performance indicators give good assurance that the unit is safely staffed It is recommended that the CHPPD target is revised to 8.0 based on the current MHOST recommendation based on recent dependency data</p>
Millview Court	<p>The fill rates for RNs on days have improved from 74% to 78% above target and the fill rates for nights have improved from 89% to 91%. The overall fill rates for days are 80% and for nights 98%. The CHPPD have dropped from 9.6 to 8.2 which is now below the revised CHPPD target based on the Model system organisational median. RN vacancies have dropped from 44% to 34% and bank use remains at 38%. Sickness has dropped to 4.0% from 4.2%. The other performance indicators are above target with Clinical supervision at 82%; Appraisal compliance at 100% and training at 92%. 6 incidents relating to staffing shortages were reported via datix. These did not result in any harm</p> <p>A safer staffing review was undertaken with the team and dependency data was collated using the MHOST tool. The establishment covers their current minimum staffing levels and provision of acceptable CHPPD based on their dependency data. The MHOST recommendation for their CHPPD was 8.1. They have plans for hard to recruit roles.</p> <p>The fill rates and performance indicators give good assurance that the unit is safely staffed. It is recommended that the CHPPD</p>

	target is revised to 8.0 based on the current MHOST recommendation based on recent dependency data
Avondale	<p>Since the last reporting period RN fill rates have remained at 83% on days and remain above target at 96% on nights. Overall fill rates have risen slightly on days from 82% to 83% which is within target. CHPPD have risen from 12.1 to 12.3 and remain above the revised CHPPD target based on the Model system organisational median . All other quality measures are above target including sickness which has dropped from 6.9% to 3.2%. Performance against appraisals was 91.6% for the reporting period. Vacancies have increased from 13% to 26% and bank use has increased from 32% to 35%. Four safer staffing incidents have been reported. None of these are reported to have resulted in harm</p> <p>A safer staffing review was undertaken with the team and dependency data was collated using the MHOST tool. The establishment covers their current minimum staffing levels and provision of acceptable CHPPD based on their dependency data. The MHOST recommendation for their CHPPD was 7.8 .</p> <p>The fill rates, CHPPD and performance indicators give good assurance that the unit is safely staffed. It is recommended that the CHPPD target is revised to 9.0 based on the current MHOST benchmarking data and the recommendation based on recent dependency data</p>
STARS	<p>The RN fill rates for days have improved from 58% to 62% and for nights they remain at 100%. The overall fill rates for days have increased from 57% to 77% and for nights they remain at 100%. STaRs operate a duty shift and this sits on the demand template. Where this is filled by someone from the community side of the team this is not reflected in the fill rates. This is being changed on the demand template.</p> <p>CHPPD has dropped from 25.7 to 23.5 which reflects the small patient population and the nature of the unit.</p> <p>They have no RN vacancies; sickness has improved from 6.4% to 4.7% and bank use is 19%. The other performance indicators are above target with clinical supervision at 83%. Appraisal compliance at 91.4% and training compliance has remained at 94%.</p> <p>A safer staffing review was undertaken with the team and dependency data was collated using the MHOST tool and it was acknowledged that this is a unique service and applying the MHOST tool has limited value as the patient numbers are very low but also staff work across the inpatient unit and the community and the inpatient side will be prioritised if acuity or need increases</p> <p>The fill rates, CHPPD and performance indicators give good assurance that the unit is safely staffed. It is recommended that their CHPPD target is 5.3 based on the MHOST benchmarked data and the current MHOST recommendation based on their dependency data</p>

<p>Maister Lodge</p>	<p>Since the last review period fill rates for registered nurses on days has dropped from 100% to 92%. RN fill rates on nights have remained at 108%</p> <p>The overall fill rates are 98% and 102% respectively for days and nights CHPPD has dropped from 19.7 to 16.1 but remains above the revised CHPPD target based on the Model system organisational median target. Vacancies have fallen slightly to 18% from 19% and bank use has dropped from 26% to 23%. All other quality indicators are above target with the exception of sickness which has risen from 5.7% in the previous reporting period to 6.3%. Appraisals are at 100%; Clinical supervision is at 97% and training has improved from 88% to 93%. 2 safer staffing incidents have been reported. None of these resulted in any harm</p> <p>A safer staffing review was undertaken with the team and dependency data was collated using the MHOST tool. The establishment covers their current minimum staffing levels and provision of acceptable CHPPD based on their dependency data. The RN fill rates on days do not reflect the Nursing Associate and Pharmacy technician roles who are rostered onto shifts but not picked up as registered nurse hours from roster. Maister is being considered for a pilot for the splitting out of minimum staffing requirements to 1 first level registered nurse and a second registered practitioner on the demand template to address this</p> <p>The overall fill rates, CHPPD and performance indicators give good assurance that the unit is safely staffed. The recommended CHPPD target remains the current Trust target of 10.3 based on the MHOST benchmarked data and the current MHOST recommendation based on their dependency data</p>
<p>Mill View lodge</p>	<p>For this reporting period fill rates for RNs have risen from 52% on days to 71% just below target. They have at 102% on nights. Overall fill rates have risen from 76% to 90% on days and increased from 117% to 131% on nights. CHPPD has remained above target at 15.0</p> <p>Supervision has improved from 64% in the last reporting period to 82%. Sickness has fallen from 10.1 % to 7.7%. Performance against appraisals is 96.1%. Compliance with training has risen from 89% to 92%. Vacancies have remained at 18% and bank and agency use has reduced from 41% to 39%. Two safer staffing incidents have been reported. None of these resulted in any harm.</p> <p>A safer staffing review was undertaken with the team and dependency data was collated using the MHOST tool. The current budgeted establishment does not cover their current minimum staffing levels and provision of acceptable CHPPD based on their dependency data. They are rostering additional staff on the early, late and the night shift to maintain safe staffing levels which is not reflected in the demand template and the teams view is that this is</p>

	<p>necessary to manage the acuity of the patients. This is the second period of dependency data collection that has highlighted this issue. It is therefore recommended that a business case is developed to look at increasing their budgeted establishment.</p> <p>The overall fill rates, CHPPD and performance indicators give good assurance that the unit is safely staffed but this is being achieved through the use of bank, agency and overtime. The recommended CHPPD based on their current dependency data is 11.5</p>
Maister Court	<p>Maister Court became operational in November 2021 so there is no previous data to compare. For this reporting period the fill rates for RNs on days was 105% and for nights it was 101%. The overall fill rates were 105% on both days and nights. The CHPPD was 18.6 which is above the revised target based on the model health system organisational median. Supervision compliance is 85% and appraisal compliance is 100% and training compliance is 95%. Sickness is above target at 5.3%. They have 12 % RN vacancies and bank/agency use is at 40%. Three safer staffing incidents have been reported. None of these were reported as resulting in any harm.</p> <p>A safer staffing review was undertaken with the team and dependency data was collated using the MHOST tool. The establishment covers their current minimum staffing levels and provision of acceptable CHPPD based on their dependency data.</p> <p>The overall fill rates, CHPPD and performance indicators give good assurance that the unit is safely staffed. The recommended CHPPD target remains at the Trust target of 10.3</p>
Whitby	<p>Since the last review period RN fill rates have risen from 86% on days to 99% and from 98% on nights to 103%. Overall, the fill rates on days have risen from 83% to 89% and from 98% to 101% on nights. CHPPD has dropped from 8.6 to 8.3. This is higher than the required CHPPD calculated using SNCT for a 20 bedded older adult unit from an acute trust. But is now lower than the revised trust target based on the model health system organisational median.</p> <p>Sickness has dropped from 10.5% to 7.3%. Performance against appraisals is at 96% Supervision compliance has improved from 86% to 92% and training has risen from 82% to 94%. Vacancies have dropped from 21% to -4% and a small amount of bank and agency has been used 3%. Three safer staffing incidents have been reported. None of these were reported as resulting in any harm.</p> <p>A safer staffing review took place with the team. The team collated dependency data which was analysed using the mSNCT. This suggested that their current minimum staffing levels were correct. This was confirmed through a professional judgement discussion with the team and service/clinical leads.</p>

	<p>The fill rates and performance indicators give good assurance that the unit is safely staffed. It is recommended that their CHPPD target is revised to 8.0 based on the latest Model health System benchmarking data and their current dependency data</p>
Malton	<p>Since the last reporting period the RN fill rates have improved from 95% to 105% on days and have dropped slightly from 106% to 104% on nights. The overall fill rates have remained at 90% on days and 100% on nights. The CHPPD have dropped from 8.8. to 7.1. This is lower than the existing CHPPD calculated using SNCT for a 20 bedded older adult unit from an acute trust. And it is now lower than the revised trust target based on the model health system organisational median. Five safer staffing incidents have been reported, 2 of these were reported as resulting in low harm due to falls alarms going off simultaneously and staff not being able to respond immediately. There is no evidence in the datix that harm was caused as a result of this. Sickness has dropped from 5% in the last reporting period to 1.2%. Clinical supervision has improved from 94% to 99% comfortably above target. Performance against appraisals has remained at 96% Training has improved from 74% to 81%. The unit currently has -13% RN vacancies an improvement from 8%. They have taken 5 international recruited RNs and they also have 2 members of the team undertaking the nursing associate and degree apprentice programmes.</p> <p>A safer staffing review took place with the team. The team collated dependency data which was analysed using the SNCT. This suggests that their current minimum staffing levels are correct. This was confirmed through a professional judgement discussion with the team and service/clinical leads.</p> <p>The fill rates and performance give good assurance that the unit is safely staffed It is recommended that their CHPPD target is revised to 8.0 based on the latest Model health System benchmarking data and their current dependency data</p>

5.0 CHPPD (Care Hours per Patient Day) - benchmarking data

CHPPD data provides ward managers, nurse leaders and the executive team with a profile of the effective deployment and productivity of staff across service. It allows comparison of a ward's CHPPD figure with that of other wards in the service, or with similar wards in other services external to the Trust The most recent data was published in Sept 2022 and shows that the Trust continues to perform well against our regional peers* and nationally.

Sept 2022	CHPPD Overall	CHPPD Registered Nurses	CHPPD – Healthcare Support Workers	CHPPD total AHP staff
Trust	12.2	4.1	8.1	0.1
Peer*	12.0	3.1	8.3	0.1

National	10.3	3.3	6.9	0.1
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(*Peer Trusts are RDASH, Leeds & York, South West Yorkshire, Bradford, Sheffield, TEWV, Cumbria and CNTW)

There has been an apparent rise in CHPPD levels reported at an organisational level nationally (8.9 in July 2019 to 10.7 in Sept 2022). The Trust overall has maintained higher than average levels of CHPPD across the same period with 12.2 in Sept 2022. CHPPD at an organisational level in relation to registered nurses has also been benchmarked against the national and peer data and we have remained above both medians throughout.

These figures provide assurance that at an organisational level we are performing well regionally and nationally. In September last year the data site was upgraded and is now called the Model Health System. The CHPPD data is now available at a service and ward level. However, it is difficult to benchmark with confidence at unit level as it does not reflect the specialist nature of some of our wards. For examples our Humber Centre wards can be benchmarked against forensic services, but the model system data does not differentiate between low, medium and high security and acute, treatment and rehabilitation pathways in mental health.

Consistent with the regional and national picture our Allied Health Professional CHPPD reporting remains low.

Following a review of each unit's patient dependency data EMT approved the following changes to CHPPD thresholds at its meeting in December.

Unit	Current CHPPD Threshold	Revised CHPPD Threshold
PICU	10.3	16.6
Newbridges	10.3	8.0
Westlands	10.3	8.0
MVC	10.3	8.0
Avondale	10.3	9.0
STARs	10.3	5.3
MVL	10.3	11.5
Whitby	9.07	8.0
Malton	9.07	8.0

The revised CHPPD for each unit will commence use in the January safer staffing dashboard.

6.0 Review of the roster and demand template.

Members of the roster and Flexible Workforce Team joined the latest round of safer staffing reviews. This has us enabled a review of the demand templates and

consideration of how we can capture the additional hours provided by AHP roles and senior nursing roles in the CHPPD figures.

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

7.0 Summary Findings

- Overall the majority of units are maintaining good and safe fill rate requirements and performance with the majority of areas seeing an improvement.
- Inspire, Townend Court require further review and improvement in relation to fill rates and sickness, recent amendments to the demand template should address this.
- Swale requires further improvement in relation to appraisals and sickness but have recovered their performance in relation to supervision .
- CHPPD in all areas remains above the previous Trust target with the exception of Malton. A revised recommended target for their CHPPD has been calculated based on the Model Health System data (the mSNCT does not make CHPPD recommendations)
- Sickness remains a challenge across many areas with only Avondale and MVC achieving the trust target. Sickness in the Humber Centre has improved since the last reporting period
- The majority of areas have seen a fall in their RN vacancies with the exception of Inspire; TEC; Ullswater; Derwent; PICU; Newbridges; Westlands and Avondale and in these areas the picture is improving with the cohort of newly qualified nurses and the international recruits.
- Data shows that some areas with lower fill rates are still providing good CHPPD due to reduced bed occupancy
- Incidents reported via Datix show 4 were reported as causing low harm. No specific patient harm has been identified when these have been reviewed in detail.
- Since the last report we have maintained a stable position in terms of training compliance with all units achieving the trust targets.
- Strong CHPPD performance (upper quartile) when benchmarked regionally and nationally

- AHP roles and new roles including Nursing Associates continue to not always be captured on roster and do not contribute to fill rates and CHPPD but this is consistent with national and regional reporting. Several options have been identified to address this but would require further investment in the establishments or a change to CHPPD reporting. This work is being progressed.
- CHPPD targets need to be revised at a team level to reflect local dependency data.

8.0 Update on Actions from Previous Report

Continued introduction of new roles and skill mix to support the RN vacancy position, this includes a rolling programme of recruitment to the trainee nurse associates and nurse degree apprenticeship programme and a successful recruitment of 23 international RNs who have been deployed in Malton; Granville; Whitby; MVC; Humber Centre and primary care. Further international recruitment is ongoing

The most recent report was shared with all Clinical leads, matrons and charge nurses and discussed in various forums. The Nursing and Quality and Safety directorate have worked with individual teams to address specific actions required for each unit in line with their key quality; safety and productivity indicators. The Deputy Director of Nursing continues to review the safer staffing dashboards monthly and follow up any exceptions in the reporting with individual teams or service leads.

The 6-month rolling programme of review of establishments across all inpatient units using MHOST and modified SNCT has been undertaken and reviews with all teams have taken place. The collection of dependency data has been utilised in most areas and in other areas the national databases for specialised teams utilising MHOST and SNCT has been used to inform the establishment reviews and discussion including professional judgement. Revised CHPPD targets are included in this report for review and approval. The Trust CHPPD target was revised upward as an interim measure to reflect the national upward trend in CHPPD at an organisational level

The roster and FWT have attended the safer staffing reviews and any identified required changes to the demand template have been actioned.

9.0 Recommendations

- Alternative ways for capturing CHPPD to be trialled including changing the demand template to look for a second registered practitioner rather than a second RN on Maister
- 6 month rolling programme of review of establishments across all inpatient units using MHOST and modified SNCT to continue. This will be supported by a cascade of training on the use of the tools to ensure inter-rater reliability
- Proposed CHPPD targets to be reviewed and approved on a six monthly cycle at team level based on collection of local dependency data
- Focussed review and support by Matrons and Divisional Clinical Leads with additional input as required from Nursing Quality and Safety directorate to address specific actions required for each unit in line with their key quality, safety and productivity indicators.

- Continued work of hard to recruit project and nurse recruitment project lead to support RN vacancy position overall and nurse recruitment project lead to work with prioritised teams to support tailored recruitment plans
- Business plans for increasing the budgeted establishments need to be developed for Swale; Ullswater; MVL and PICU

10. Next steps

1. Implementation of recommendations to be overseen by newly appointed Assistant Director of Nursing and Quality with regular reports of progress to the Executive Management Team and Hard to Recruit task and finish group and the Workforce and OD and Quality Committee for assurance processes.
2. Train the trainer programme to commence with NHS England for MHOST; LDOST and mSNCT and then cascaded to charge nurses and deputies.
3. Work plan for dependency data collection and validation followed by local reviews at team level to be established which will support six monthly reporting and review of budgeted establishments and quality indicators
4. Report to inform and support the development of local action plans including the use of available data from the review of minimum staffing levels to review skill mix and options for introduction of new roles with aligned QIA process.
5. Continue to work with identified teams to look at recruitment plans and improved retention and ongoing international and other recruitment opportunities.
6. Alternative ways for capturing CHPPD to be trialled including changing the demand template to look for a second registered practitioner rather than a second RN and the introduction of planned hours for AHP roles to the demand template for Adult MH.
7. Trust to demonstrate compliance with Developing Workforce Standards and provide assurance through public board reporting and through Single Oversight framework and the annual governance statement for NHS.

Title & Date of Meeting:	Trust Board Public Meeting – 25 January 2023											
Title of Report:	Board Strategic Development Meeting Agenda – February 2023											
Author/s:	Caroline Flint Chair											
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To receive & discuss</td> <td></td> </tr> <tr> <td>For information/To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> </table>				To approve		To receive & discuss		For information/To note	✓	To ratify	
To approve		To receive & discuss										
For information/To note	✓	To ratify										
Purpose of Paper:	To provide, for information the agenda for the 22 February meeting											
Key Issues within the report:												
Matters of Concern or Key Risks to Escalate:		Key Actions Commissioned/Work Underway:										
<ul style="list-style-type: none"> Noting to escalate 		<ul style="list-style-type: none"> .As per agenda 										
Positive Assurances to Provide:		Decisions Made:										
<ul style="list-style-type: none"> Areas of discussion 		<ul style="list-style-type: none"> N/A 										
Governance:		Date		Date								
	Audit Committee		Remuneration & Nominations Committee									
	Quality Committee		Workforce & Organisational Development Committee									
	Finance & Investment Committee		Executive Management Team									
	Mental Health Legislation Committee		Operational Delivery Group									
	Charitable Funds Committee		Collaborative Committee									
			Other (please detail) Board update	✓								

Monitoring and assurance framework summary:

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

✓	Fostering integration, partnership and alliances			
✓	Developing an effective and empowered workforce			
✓	Maximising an efficient and sustainable organisation			
✓	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	✓			To be advised of any future implications 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	

Board Strategic Development Meeting

Agenda

22 February 2023, 9.30am for 10.00am start
The Multi-Use Room, New Trust HQ, Willerby

		Lead	Action	Report format	Timings
1.	Apologies for Absence	CF	Note	verbal	10.00
2.	Notes from 6 December 2022 Meeting	CF	Note	✓	
3.	Primary Care Plan	PB/LP	Discuss		10.05
	Break				12.00
4.	Budget Reduction Strategy/Planning Update	PB	Discuss		12.10
	Lunch				13.15
5.	Board Development – Lumina Spark	MM/ SMcG	Discuss		13.45
6.	Date, Time and Venue of Next Meeting 26 April 2023, 9.30am, Multi-Use Room, New Trust HQ, Willerby				15.30