

**Trust Board Meeting 24 November 2021**  
**Agenda - Public Meeting**

For a meeting to be held at 9.30am Wednesday 24 November 2021, via Microsoft Teams

		Lead	Action	Report Format
<b>Standing Items</b>				
1.	Apologies for Absence	CF	To note	verbal
2.	Declarations of Interest	CF	To receive & note	√
3.	Minutes of the Meeting held on 27 October 2021	CF	To receive & approve	√
4.	Action Log and Matters Arising	CF	To receive & discuss	√
5.	Patient Story – Hayley’s Story: Moving On	JB	To receive & note	√
6.	Chair’s Report	CF	To note	verbal
7.	Chief Executives Report	MM	To receive & note	√
8.	Publications and Highlights Report	MM	To receive & note	√
<b>Performance &amp; Finance</b>				
9.	Performance Report	PBec	To receive & note	√
10.	Finance Report	PBec	To receive & note	√
<b>Assurance Committee Reports</b>				
11.	Humber Coast and Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative Committee Assurance Report 28 October 2021	PB	To receive & note	√
12.	Charitable Funds Assurance Report & 22 September Minutes 2021	PB	To receive & note	√
13.	Quality Committee Assurance Report & 11 August Minutes 2021	MS	To receive & note	√
14.	Workforce & Organisational Development Committee Assurance Report & 15 September 2021 Minutes	DR	To receive & note	√
15.	Mental Health Legislation Committee Assurance Report	MS	To receive & note	√
16.	Audit Committee Assurance Report	PB	To receive & note	√
<b>Quality &amp; Clinical Governance</b>				
17.	Trust Winter Plan (summary) – 2021/2022 Update	LP	To receive & note	√
<b>Corporate</b>				
18.	Health Inequalities and the Humber Approach	JB	To receive & note	√
19.	Council of Governors 8 July 2021 Minutes	CF	To receive & note	√

20.	Board Assurance Framework - Oliver Sims, Corporate Risk & Compliance Manager attending	MM	To receive & note	√
21.	Risk Register Update - Oliver Sims, Corporate Risk & Compliance Manager attending	HG	To receive & note	√
22.	Items for Escalation	All	To note	verbal
23.	<b>Any Other Business</b>			
24.	<b>Exclusion of Members of the Public from the Part II Meeting</b>			
25.	<b>Date, Time and Venue of Next Meeting</b> Wednesday 26 January 2022, 9.30am			



**Agenda Item 2**

Title & Date of Meeting:	Trust Board Public Meeting – 24 November 2021		
Title of Report:	Declarations of Interest		
Author/s:	Name: Caroline Flint Title: Chair		
Recommendation:	To approve		To receive & note <input checked="" type="checkbox"/>
	For information		To ratify
Purpose of Paper:	<p>The report provides the Board with a list of current Executive Directors and Non Executive Directors interests.</p> <p>Changes have been made to following declarations:</p> <ul style="list-style-type: none"> <li>Mr Patton as he is no longer a Director for Fleet Street Communications Limited</li> <li>Mr Malik is no longer a Director at Yorkshire Cricket Club</li> </ul>		
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date	
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee		Workforce & Organisational Development Committee
	Finance & Investment Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Charitable Funds Committee		Collaborative Committee
			Other (please detail) Monthly Board report
Key Issues within the report:	<ul style="list-style-type: none"> <li>Contained within the report</li> </ul>		

**Monitoring and assurance framework summary:**

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

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

## Directors' Declaration of Interests

Name	Declaration of Interest
<b>Executive / Directors</b>	
Ms Michele Moran Chief Executive (Voting Member)	<ul style="list-style-type: none"> <li>• Appointed as a Trustee for the RSPCA Leeds and Wakefield branch</li> <li>• Chair of Yorkshire &amp; Humber Clinical Research Network</li> <li>• SRO Mental Health/Learning Disabilities Collaborative Programme.</li> <li>• HCV CEO lead for Provider Collaboratives</li> </ul>
Mr Peter Beckwith, Director of Finance (Voting Member)	<ul style="list-style-type: none"> <li>• Sister is a Social Worker for East Riding of Yorkshire Council</li> <li>• Son is a Student at Hull York Medical School</li> </ul>
Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals (Voting Member)	No interests declared
Dr John Byrne, Medical Director (Voting Member)	<ul style="list-style-type: none"> <li>• Executive lead for Research and Development in the Trust. No personal involvement in research funding or grants. Funding comes into the Trust and is governed through the Trust's Standing Instructions</li> <li>• Senior Responsible Officer for the Local Health Care Record Exemplar (LHCRE). which is governed through Humber Teaching NHS FT standing orders and procedures</li> </ul>
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
<b>Non Executive Directors</b>	
Rt Hon Caroline Flint – Chair (Voting Member)	<ul style="list-style-type: none"> <li>• Husband is a member of Doncaster MBC Councillor and Cabinet member</li> <li>• 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.</li> </ul>
Mr Peter Baren, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Non Executive Director Beyond Housing Limited</li> <li>• Son is a doctor in Leeds hospitals</li> </ul>
Mr Mike Smith, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Director MJS Business Consultancy Ltd</li> <li>• Director Magna Trust</li> <li>• Director, Magna Enterprises Ltd</li> <li>• Sole Owner MJS Business Consultancy Ltd</li> <li>• Associate Hospital Manager RDaSH</li> <li>• Associate Hospital Manager John Munroe Group, Leek</li> </ul>

	<ul style="list-style-type: none"> <li>• Non Executive Director for The Rotherham NHS Foundation Trust</li> <li>• Chair of Charitable Funds Committee at The Rotherham NHS Foundation Trust</li> <li>• Trustee - The Rotherham Minster Development Trust</li> </ul>
Mr Francis Patton, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Non Executive Chair, The Cask Marque Trust</li> <li>• Treasurer, All Party Parliamentary Beer Group</li> <li>• Industry Advisor The BII (British Institute of Innkeeping)</li> <li>• Managing Director, Patton Consultancy</li> <li>• Non Executive Director of SIBA and Chair of SIBA Commercial, The Society of Independent Brewers</li> </ul>
Mr Dean Royles, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Director Dean Royles Ltd</li> <li>• Owner Dean Royles Ltd</li> <li>• Advisory Board of Sheffield Business School</li> <li>• Strategic Advisor Skills for Health</li> <li>• Associate for KPMG</li> </ul>
Mr Hanif Malik, Associate Non Executive Director (Non Voting Member)	<ul style="list-style-type: none"> <li>• Non Executive Director, Karbon Homes</li> </ul>

Item 3

**Trust Board Meeting**  
**Minutes of the virtual Public Trust Board Meeting held on Wednesday 27 October 2021 via Microsoft Teams**

**Present:**

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

**In Attendance:**

- Mrs Michelle Hughes, Head of Corporate Affairs
- Ms Loren Hakeney, PR Officer
- Mr Rob Atkinson, Deputy Director of Estates and Facilities (for item 200/21)
- Mrs Alison Flack, Freedom to Speak Up Guardian (for item 209/21)
- Ms Nikki Titchener, Deputy Freedom to Speak Up Guardian (for item 209/21)
- Ms Rosie O'Connell, Safeguarding Practitioner (for item 213/21)
- Mrs Jenny Jones, Trust Secretary (minutes)

**Apologies:** None

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

197/21 **Declarations of Interest**  
The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they declare their interest and remove themselves from the meeting for that item.

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

198/21 **Minutes of the Meeting held 29 September 2021**  
The minutes of the meeting held on 29 September 2021 were agreed as a correct record.

199/21 **Matters Arising and Actions Log**  
The action log and work plan were noted.

**133/21 Annual Non Clinical Safety Report 2020-21**  
It was noted that the photo on the front cover of the Annual Non Clinical Safety Report has

been replaced and the action can be closed.

200/21

### **Staff Story**

Mr McGowan introduced the story explaining that 2020 staff survey results highlighted that areas such as recreational areas and food and drink facilities had scored low. To address this investment was identified to improve these areas.

Mr Rob Atkinson, Deputy Director of Estates and Facilities attended to share details of the work that is taking place within the Trust. He explained that an allocation of £500,000 has been identified from the capital programme to improve the facilities. An engagement group was established to look at the standards required and to Staff have been asked for their views on what should be included in areas for example feedback has been that they wanted it to have plants and artwork to differentiate from the working environment. For kitchens, there is a list of what will be included and it includes fridges, microwaves, cold taps and new fittings and furniture.

The presentation showed details of the work that has been completed, work in progress and the work that is still in the planning stages. Responses are still awaited from some teams as to their requirements. Images of the work during various stages was highlighted in the presentation showing before and after pictures. At this stage 30 kitchens and 13 staff rooms have been transformed on sites. Four new staff rooms, a staff locker room and 3 modular buildings have also been provided Work has been completed on 8 sites, 6 sites have work in progress, contracts have been awarded for ten sites and a further 8 sites are going through the tender process. 23 projects are in the design and development phase and it is planned that 31 sites will have been completed by Christmas with remaining sites by the end of March 2022.

Mr Beckwith thanked Mr Atkinson for the presentation. He explained that the capital programme is the biggest he has known and made possible from the hard work in delivering financial targets over the last few years allowing investment to be provided. The 18 sites that have not yet responded are being followed up to identify any requirements. Mr Beckwith highlighted 86% KPIs on reactive maintenance which was impressive. He thanked Mr Atkinson for his leadership and thanked the team for their hard work.

Mr Royles agreed with the comments made acknowledging that other functions such as catering and drivers had been singled out over the last year for their work and felt it appropriate to recognise the work of estates and facilities teams too. As well as providing good working environments for staff where they feel valued, it will also benefit inpatients.

Mr Baren asked if there is a role for Charitable Funds in providing additional equipment and whether suppliers had given discounts for any of the fittings or equipment purchased. Mr Atkinson explained that Charitable Funds can be used to provide the added sparkle for areas and if anything was requested that was not in the standard specification requests would be signposted to the funds. In terms of suppliers the procurement process can be challenging and discounting is considered at this time. Mr McGowan felt that clarity about what the Trust provides is helpful as then any additional items that are not included can be bought through other routes and to enhance the environments further.

The Chief Executive thanked Mr Atkinson for his presentation commenting that staff have said that the work being done is not disruptive and will be worth it. She agreed that the staff and patient benefits from these projects will make a difference. Wobble rooms are also on sites where capacity and space permits. It was noted that the Estates and Facilities team supported the set up of the Vaccination Centre to ensure it was safe and appropriately equipped.

The Board thanked Mr Atkinson for attending.



201/21

### **Chair's Report**

The Chair provided a verbal update on areas she has been involved in since the last meeting including:-

- Meeting with the Chair of the BAME Network, Grace Gava and also took part in the launch of Black History Month. Work continues to support BAME staff and how they can contribute to work ongoing in the organisation including International Recruitment.
- A Meet Caroline session was held which was well attended
- The quarterly staff awards event was held and it was interesting to hear about their backgrounds and changes they have seen over their years of service
- The Chair visited Whitby Hospital and Inspire Unit and virtual visits were held for Mill View and Newbridges. The refurbishment that has taken place at Whitby is amazing and has transformed the site.
- Governor nominations for elections have closed and there has been a good response and an election will take place for East Riding constituency. There are still some vacancies in other constituencies and work will continue to recruit to these seats.
- Non Executive Director recruitment is underway and the process is on track to meet the timescales for ratifying any appointments.
- The Council of Governors meeting in October was well attended and the Chair is meeting with Governors both individually and in groups.
- A meeting was held with the Head of Patient and Carer Experience and Engagement to learn about the work that is taking place especially with the Hull Youth Action Group.
- Attendance at meetings for the Humber Coast and Vale (HCV) Integrated Care Service (ICS)

**Resolved:** The verbal updates were noted

202/21

### **Chief Executive's Report**

The report provided updates from each of the Directors along with a summary of activities undertaken by the Chief Executive. Of particular note were:-

- The great work of the co-production group continues including a co-production stamp
- The Human Resources Team were recognised by the Healthcare People Management Association (HPMA) and won the Locum's Nest Award for HR Analytics. Congratulations!
- It was a pleasure to meet virtually with our 7 international nursing recruits who have started work with us.
- Work has continued with partners in relation to the Right Care, Right Person programme of work. The next stage is the implementation of the S136 (1-3 hour target) for patients requiring S136 or place of safety. This will be implemented from 1 November 2021. Non-recurrent funding has been identified to support this pilot which will be monitored over a 6 month period.
- Humber, Coast and Vale Health and Care Partnership has announced that it has appointed Susan Symington as its designate Integrated Care System (ICS) Chair. The outcome of the Chief Executive recruitment is yet to be announced
- Work continues on the Trust strategy and engagement and consultation with staff is taking place led by the Director of Finance
- It has been a busy month for awareness sessions and the Chief Executive thanked the Communications team for supporting and promoting these events.
- Winter pressures are expected to be high this year. The Chief Operating Officer and her teams have prepared a winter plan which continues to be monitored and updated.

Mrs Hughes drew the Board's attention to the Communication report and the use of the Brand Centre which is encouraging. An ongoing proactive approach is taken to media interest and 37 positive news stories were promoted including tv interest in the international nurses. Mrs Hughes extended her thanks to Ms Hakeney in the team who co-ordinates and

promotes these requests.

Mr McGowan provided an update on the recruitment event which was held in Dublin recently. There has been an excellent response and interest in the organisation. Thanks to Dr Byrne who attended the event and represented the Trust.

Mrs Parkinson commented that operational pressures remained high in September and throughout October for the Trust and the acute hospital due to Covid 19 admissions and high infection rates. Pressure was reported in staffing for home care areas and in primary care across the system. Work is ongoing with system partners to ensure surge work planning is as good as it can be. Short term funding for winter planning has been identified which the Trust has benefitted from and will help to address any workforce issues.

Mr Smith thanked the Executive team for an excellent report. The co production logo and the detail on neuro diversity service gave a framework for good service improvement and forward thinking services.

Mr Patton referred to the Covid update asking how the Trust's GP practices are coping with the pressures. He was informed that there is pressure across primary care services and also in our own GP Practices due to workforce challenges. There is a slightly better position reported this month but the challenge is with GP recruitment. Work on the skill mix across the GP Practices has helped and GP locums are being used where needed. The Primary Care workforce are finding it a very challenging environment to work in and staff are being supported through the Staff health and Wellbeing Group.

In terms of long Covid there are approximately six people suffering with this. Updates are provided to the Workforce & Organisational Development Committee.

Mr Patton referred to the work taking place on the Trust Strategy and the engagement process being followed. He felt it was important that it is easy to understand and well communicated to staff so they can implement it.

There has been significant media interest around care home staff having to be double vaccinated to work in these homes. Mr Baren asked if the Trust had high numbers of staff working in these areas that had not been vaccinated and if so whether they would be redeployed and what the impact would be on services. Mrs Parkinson explained that an assessment of unvaccinated staff has been completed and mainly related to Granville Court which is a residential home. There are one or two staff who are affected however operationally this will not affect services. Discussions are taking place with the staff involved with regards to redeployment. In community services in Scarborough, Ryedale and Whitby the work has also been completed and there is confidence that services will continue to be delivered into care homes. For future recruitment discussions are underway to ensure that the vaccinations requirement is included in job adverts.

Mr Royles commented that despite a comment there were negative aspects in the report around staffing and other areas, he pointed out that it was an honest view showing the Board the pressures that are being faced by the organisation and by the NHS overall. Despite the pressures improvement work continues to take place which is a credit to staff. Flu uptake and staff survey responses are higher than this time last year which is positive and the progress that has been made a year on from the White Ribbon accreditation.

The Chair agreed and was pleased to see the update on the Right Care Right Person in the report.

**Resolved:** The report was noted.

Lead Executives.

**Resolved:** The report was noted.

204/21

### **Performance Report**

Mr Beckwith presented the report relating to the current levels of performance as at the end of September 2021. Information was provided for indicators that fall outside of normal variation including Waiting Times, Out of Area Placements and Staff Sickness absence. The Executive Management Team has reviewed the report and agreed to remove the shaded areas on the graphs, however these areas will remain under review.

Mrs Parkinson provided a verbal update on waiting times where there has been a rise in the overall Child and Adolescent Mental Health Services (CAMHS) waiting list. There is an underlying position where CAMHS referrals and activity plateaued in August and September at a higher rate than usual and the level of complexity and acuity within the new referrals being received is high. The organisation is responding to this demand and need pressures with available staff resources and continues to work on this although there are vacancies which are being recruited to.

Clinical review has been undertaken around Autism diagnosis and assessment of all over 52 week waits and those waiting over 18 weeks. As a result, the number of young people receiving a diagnosis for ADHD rather than ASD has changed and clinical adjustments are reflected in the workstreams. The focus is on reducing the ADHD waiting times. It was important to note the new Neuro diversity service which will come into effect in January across Hull and East Riding which is a different approach which will help services going forward. People will be triaged early and supported through this service which is the important thing.

Mrs Parkinson was disappointed that the waiting times had shown an increase. A number of mechanisms are in place including regular contact with families and young people. If their level of need has increased contact is expedited.

Mr Smith was pleased to hear that contact is maintained with people on the waiting list. He asked if there was a magic wand what would help to rectify the situation. Mrs Parkinson said that as a system the new service coming on line in January has been co-produced. It will take time to embed however she is pleased that the Trust is participating and leading on this. The other area would be around finding staff with the right skills and competencies to diagnose ADHD. This is a particular clinical skill and has to be right. Staff are undertaking the training, but if there were appropriately skilled people available the Trust would employ them, however this is a national problem.

The Chief Executive continues to escalate this issue at a system level in terms of CAMHS waiting lists and elective recovery for all services and looking at what else can be done with the voluntary and 3<sup>rd</sup> sector services. A dashboard is under development for CAMHS and waiting times and when refined will be shared with the Board.

### **Safer Staffing**

Mr Patton referred to the safer staffing dashboard where there appears to be triangulation of fill rates, occupied bed days and sickness absence. Mrs Gledhill was concerned when she saw the picture in August and explained that some levels were due to Covid when staff were being pinged by the app. Full time Occupational Therapists (OTs) are working on the units but are not included in the dashboard. Band 7's and matrons are also covering units to keep them safe. The care hours per patient per day gives good assurance although there are some red areas for clinical supervision. Latest figures have shown that this has increased and work is underway to ensure that plans are in place for during the winter months. Eight more visas have been signed off for international recruitment and the current international nurses are starting at Malton and one in primary care and another at Granville Court. The results show that the dashboard works in identifying any issues and allows for

appropriate mitigation to be put in place. Mr Patton agreed it was a good warning mechanism and suggested that trends could be looked at too.

In relation to referral to treatment Mr Patton noted that this position may have a negative impact on the waiting lists. Mrs Parkinson explained that the increase in CAMHS impacts on referrals to treatment position as they are all inter connected and as previously mentioned.

Mr Baren noted that Westlands had 100% occupancy rate and high sickness rates in August and asked whether there had been any improvement. He also asked if any patients had been sent out of area during this period. Mrs Parkinson said there had been high occupancy on inpatient units overall. However the OPEL level has just been reduced from 3 to 2 as the position is improving but is still very variable. There was a rise in adult out of area placements as two wards were closed due to infection control and Covid 19 related reasons. She was pleased to report that there are no Covid positive patients in inpatient beds. In August staff were also encouraged to take leave, but demand remains high. The priority is to ensure wards are safely staffed and meetings are held three times a week to discuss the situation. Managers and Matrons are working hard around staffing and there is an expectation there will be a rise in demand going forward due to winter pressures.

The Chief Executive explained this relates back to system pressures as there is a very low bed base which is positive as there is a good community infrastructure and processes in place. Bed occupancy looks high but in comparison to other organisations it is relatively stable. Regular data is provided on out of area placements and over the last two months the Trust has seen a reduction. There are pressures in the community which will increase over the winter period which need to be considered.

The Chair suggested that at an appropriate Board meeting, either November or January, it would be beneficial to have a comprehensive overview of the position, pressures and trends relating to service areas. This will give an opportunity to look at areas in more detail and identify any areas where more focus is required.

**Resolved:** The report and verbal updates were noted  
**A comprehensive overview of the position, pressures and trends relating to service areas to come to either November or January Board meeting Action LP**

205/21

### **Finance Report**

Mr Beckwith presented the highlights from the finance paper at the end of September 2021. Highlights included:-

- The Trust recorded an overall operating surplus of £0.311m which is in line with the ICS Months 1-6 expectation.
- Within the reported position at Month 6 is Covid expenditure of £2.449m and income top up of £1.290m.
- Cash balance at the end of Month 6 was £23.906m
- The Year to Date Agency expenditure was £3.660m this is £0.022m more than the previous year's equivalent month 6 position.
- H2 planning guidance has been published

Mr Smith commented there are high vacancies in mental health which are being covered by agency staff which he acknowledged is a national issue. He asked what the scope is for growing our own staff and investing in specialised recruitment for people who are capable of working in this area even if there is a cost to the Trust. Mr McGowan felt there is more scope to do more in this area. The Executive Management Team has discussed the potential to grow staff for these roles and pathways are already in place which may need to be maximised more. Some areas are saying they have too many students and placements and there needs to be an appropriate balance so staff are not overwhelmed.

Mr Royles noted that for the first time the agency spend has gone over compared to last year. Some of this was for clinical support staff and administration staff suggesting that these areas be looked at further. Normally a rise would be expected in September rather than July and August and he suggested it might be helpful if the Finance and Investment Committee to look at this area to see how many can convert to bank or substantive posts in the future.

**Resolved:** The report was noted.

**Suggestion made for the Finance & Investment Committee to review agency spend in more detail Action PBec**

206/21

### **Finance and Investment Committee Assurance Report**

The report provided an executive summary of discussions held at the meeting on 20 October 2021. Mr Patton drew the Board's attention to the following areas:-

- Discussion around workforce from a financial perspective and a deep dive is planned for the next meeting in December. Dr Byrne and Mr McGowan have been invited to attend the meeting.
- Update received on primary care and the merging of practices is working well
- The Budget Reduction Strategy (BRS) continues to go well despite difficult times
- An update was provided on the capital programme. Work is ongoing as demonstrated in the staff story presentation.

At a recent virtual visit with Non Executive Directors to Newbridges it was good to hear about the transformation with Pharmacy services since bringing the service inhouse and the savings that have been made. It was suggested that this would be an appropriate staff story for a future Board meeting.

**Resolved:** The report was noted.

**Pharmacy services proposed to be a future staff story Action SMcG**

207/21

### **Humber Coast and Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative – Collaborative Committee Report**

The report provided an update from the meeting held on 30 September. Mr Baren highlighted the following areas from the report:-

- Approved the appointment of FREED Champion post for Eating Disorders across Humber Coast and Vale
- Update received on the partnership Agreement with only Leeds and York yet to sign as they had some areas that they wanted including.
- Additional Financial allocation for Enhanced Packages of Care £1.23 million.

**Resolved:** The report was noted.

208/21

### **Charitable Funds Accounts**

The unaudited accounts were presented for approval and included:-

- Trustee's Annual Report 2020/21
- Independent Examiners Report
- Annual Accounts 2020/21

The accounts were reviewed and recommended for approval (subject to minor amendments which have now been incorporated) by the Charitable Funds Committee at its meeting on 22 September 2021.

Mr Beckwith highlighted that Board approval is provided as Corporate Trustees for the Charitable Funds. Mr Baren felt that given a difficult year income had been better than expected.

**Resolved:** The Charitable Funds accounts were approved by the Board in their role as Corporate Trustees

209/21

### **Freedom to Speak Up Update**

Mrs Flack joined the meeting to present the report accompanied by Ms Titchener. She explained that the vision and strategy (2019-2022) for speaking up are due to be refreshed and will be presented to the Board following consultation across the Trust.

The policy and procedure for speaking up is due to be refreshed and has been reviewed against the recommendations from the National Guardians Office. This will be presented to the Workforce & Organisational Development Committee for approval.

Speak Up Month in October has seen a variety of events across the Trust to raise awareness of the important of speaking up and the Guardian's role. Ms Titchener held virtual sessions for staff which had been well received

Dr Henrietta Hughes OBE has stepped down as the National Freedom to Speak Up Guardian and recruitment is underway to appoint a successor.

During the period 1 April 2021 – 30 September 2021 15 issues were raised through the Speak Up process which was predominantly in relation to bullying and harassment or HR guidance.

Regular meetings take place with the Chief Executive and quarterly meetings involving the Chair, Chief Executive and Senior Independent Director are also held.

Feed back from staff members is that it would be useful to have a buddy to support them through the process and early discussions are taking place around this area.

Recruitment is underway to replace Alec Saxby who has left the team. Following the success of the virtual sessions Ms Titchener is considering holding regular surgeries around the Trust to raise the profile of the process and the Guardians.

Mr Malik asked if there is a pattern emerging with cases that Non Executive Directors may be able to take into account. Mrs Flack explained that most of the contact concerns are in relation to feeling bullied and harassed and are isolated cases to do with individuals and employment issues. HR and staff side reps are giving support. No real patterns are being seen.

The Chair asked if there have been discussions with the BAME Network as some staff have raised issues during some sessions. Mrs Flack reported that this is integrated into the work and discussion has taken place with the chair of the BAME Network to progress working together. Concerns have been raised in relation to race discrimination from patients and an internal team is being put together to provide support in operational areas.

**Resolved:** The report and verbal updates were noted.

210/21

### **Constitution**

The September 2021 Board approved the 'Go Live' date of the Trust assuming responsibilities as Lead Provider within the Humber Coast and Vale (HCV) Provider Collaborative and to hold the Lead Contract with NHS E/I. As Lead Provider the Trust will sub-contract with a range of healthcare providers in the delivery of:

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

To ensure this is reflected in the Constitution three updates were proposed as detailed below. The Council of Governors approved the changes on 7 October 2021.

- a) Paragraph 2 (Principal Purpose) - 3.1, states that “The principal purpose of the trust is the provision of goods and services for the purposes of the health service in England.” It is recommended that that clause be updated to add that:

The Trust undertakes both provision and commissioning functions, as the Lead Provider for the Humber Cost and Vale Provider Collaboration in the delivery of Child and Adolescent Mental Health In-Patient, Adult Low and Medium Secure and Adult Eating Disorder Services.

- b) Paragraph 4 (Powers) describes how the powers of the Trust shall be exercised by the Board of Directors on behalf of the Trust. It is recommended that a new, additional clause be added to state that:

The Board has a delegated responsibility from NHS England for the commissioning, contractual and quality and safety oversight of the entirety of the contracts awarded to the Trust as the Lead Provider of the Humber Cost and Vale Provider Collaboration in the delivery of Child and Adolescent Mental Health In-Patient, Adult Low and Medium Secure and Adult Eating Disorder Services.

- c) Paragraph 23 (Board of Directors – composition) - 23.5 states that: “One of the Executive Directors shall be the Finance Director.” It is recommended that that clause be updated to state that:

One of the executive directors shall be the Director of Finance. The Executive Director of Finance shall also be the executive lead for the Trust’s commissioning responsibilities through Provider Collaboratives and other contractual mechanisms.

Mr Royles supported the changes, however raised a point in relation to the last point and whether it would be best to leave this open in case the Director lead was to change going forward. Following discussion it was agreed that the proposal would remain as set out and if any changes were required the appropriate process for approval by the Council of Governors and the Board would be followed.

**Resolved:** The Board approved the changes detailed above which were approved by the Council of Governors on 7 October 2021 and will come into effect immediately

11/21

### **External Review of Governance**

Mrs Hughes presented the report. She explained that NHSI guidance requires the Trust to carry out an external review of their governance every three years. However, in keeping with the Single Oversight Framework NHSI use to identify the level of support providers need, it provides extra flexibility based on individual circumstance meaning trusts can agree longer timeframes for review up to a maximum of five years on a ‘comply or explain’ basis.

The Trust’s last review was undertaken in May 2017 and following Board approval in 2020 to extend the timescale, a provider has been confirmed to undertake the review which will start in December. Details of the process for agreeing a provider and the process for the review were detailed in the report.

**Resolved** The report was noted.

212/21

### **Emergency Preparedness Resilience and Response (EPRR) Assurance Process 2021-22**

NHS Trusts are required to undertake an annual self-assessment against the Emergency Preparedness, Resilience and Response (EPRR) core standards, as part of NHSEIs annual assurance process. As a result of events in 2020 the assurance process was not wholly completed, therefore some of the standards are felt to not reflect current best practice and

are under review. Consequently, the number of standards has been reduced this year from 54 core standards down to 36 and the deep dive standards are reduced from 8 to 7. The report set out the Trust's self-assessment of current compliance against the EPRR organisational core standards, the required actions and delivery time frame to address gaps.

The Trust is declaring compliance with 33 of the 36 standards. The three standards partially complied with relate to updates required as a consequence of Covid 19 and changes in the EPRR approach.

Approval is required to submit the self assessment by 29 October 2021. Mr Smith is the Non Executive Lead for emergency planning and felt the organisation bench marked well in the assessment.

**Resolved:** The Board approved the submission of the annual self assessment

213/21

**Board Briefing Safeguarding Adults Review (SAR) published September 2021 by Norfolk Safeguarding Adults Board**

The report provided a summary of findings in relation to the recently published Safeguarding Adults Review commissioned by Norfolk Safeguarding Adults Board concerning the deaths of three Cawston Park Hospital Patients. It also included the outcome from a review of the findings in the report and the Trust position against the findings by senior clinical and safeguarding staff in the Trust. Ms O'Connell, Safeguarding Practitioner joined the meeting to present the report.

Mrs Gledhill explained that the report is on the agenda for the Collaborative Committee. There is evidence from the report that there was a lack of a robust clinical governance framework which the Trust has embedded. Closed culture was another area highlighted in the report and the organisation is working with staff around this and the per review process.

Ms O'Connell explained that the review had been completed with clinical leads from secure, CAMHS and Learning Disability Divisions. The Trust provides care as a provider to similar services outlined in the report.

Mr Smith welcomed Ms O'Connell to the organisation and hoped she would be attending the Mental Health Legislation Committee meetings as her predecessor had. This enables a very proactive approach is taken and sharing of the RRI figures, data and the work that is being done on closed culture will help to take this work further.

Mr Royles referred to safeguarding training where there may be some people whose training has expired. He explained that the Workforce & Organisational Development Committee asked for an update on non compliance and trajectories for it's next meeting. Ms O'Connell said that the level of training is an area of focus as are the reasons for non attendance. It is important that staff are trained to be able to support patients. The Chair asked what could be done to avoid the problem of people dropping out of virtual training leaving no time for replacements to be identified and signed up? It was highlighted that face to face training incentivised people to attend as Level 3 discussions were better held in person.

Dr Byrne thanked Ms O'Connell for the report. He felt that there had been some issues within some services and knowledge around culture of the organisation can be picked up within new services. Townend Court and the Humber Centre care for vulnerable people and if there are early interventions and learning from previous mistakes that can be learned from it is positive. He felt it would be good to hear from clinicians on the units and they are aware of the report and are discussing at their multi-disciplinary meetings already.

The Chief Executive added that the Executive Management Team (EMT) has discussed statutory and mandatory training and asked the Workforce and Organisational Development Committee to look at this area including safeguarding training. A debate around face to face training is ongoing and it would be helpful for Quality Committee to ensure that this



discussion is not lost. Mrs Gledhill said there is a national mandate for the safeguarding training. Some of this is face to face and some is devolved to MS Teams which has mixed results. In her view this training needed to be face to face and to have people together in a room. There are some staff that need level 3 training and there may be questions raised as a result of the training which are best done face to face. The February Quality Committee will be looking at this area.

Mrs Parkinson felt this was a helpful report which is being considered in services. The safeguarding impact of highly complex service users who remain in inpatient beds when another placement is being sought is an issue and a rise is being seen in inpatient service users in this position. Work continues to expedite the patients to appropriate placements and is being raised at a system level and across the Integrated Care System.

**Resolved:** The report and verbal updates were noted

- 214/21 **Items for Escalation**  
No items were raised.
  
- 215/21 **Any Other Business**  
No other business was raised
  
- 216/21 **Exclusion of Members of the Public from the Part II Meeting**  
It was resolved that members of the public would be excluded from the second part of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.
  
- 217/21 **Date and Time of Next Meeting**  
Wednesday 24 November 2021 9.30am via Microsoft Teams

Signed ..... Date .....  
Chair

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

<b>Summary of actions from October 2021 Board meeting and update report on earlier actions due for delivery in November 2021</b>						
<i>Rows greyed out indicate action closed and update provided here</i>						
<b>Date of Board</b>	<b>Minute No</b>	<b>Agenda Item</b>	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Update Report</b>
27.10.21	204/21	Performance Report	A comprehensive overview of the position, pressures and trends relating to service areas to come to either November or January Board meeting	Chief Operating Officer	January 2022	Item not yet due
27.10.21	205/21	Finance Report	Suggestion made for the Finance & Investment Committee to review agency spend in more detail	Director of Finance	December 2021	Item not yet due. Deep dive on Agency spend is programmed for December Finance and Investment Committee
27.10.21	206/21	Finance and Investment Committee Assurance Report	Pharmacy services proposed to be a future staff story	Director of Workforce & Organisational Development	April 2022	Item not yet due. To be included at the April meeting
<b>Outstanding Actions arising from previous Board meetings for feedback to a later meeting</b>						
<b>Date of Board</b>	<b>Minute No</b>	<b>Agenda Item</b>	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Update Report</b>
30.6.21	133/21	Annual Non Clinical Safety Report 2020-2021	It was agreed that the report should also go to the Quality Committee	Director of Finance	October 2021	Report Presented to Quality Committee on 2 <sup>nd</sup> November

		Report				
27.8.21	144/21	Chief Executive's Report	Update on Peer Support Worker to come back to the Board in 6 – 8 Months	Chief Operating Officer	February 2022	Item not yet due
29.9.21	170/21	Chief Executive's Report	Workforce and Organisational Development Committee (W&OD) to review how effective the BAME network is at raising and dealing with health and well being issues of BAME staff	Director of Workforce & Organisational Development/Mr Royles	17 November 2021	On agenda for W&OD Committee on 17 <sup>th</sup> November
29.9.21	172/21	Performance Report	Discussion to take place around providing trend details of agency posts to the Board	Director of Workforce & Organisational Development/Mr Royles/Mr Baren	17 November 2021	This will be included in the Insight report to be considered at the November meeting.

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

**Board Public Workplan 2021/2022 – (no August or December meeting) (v11)**

**Chair of Board:** Caroline Flint  
**Executive Lead:** Michele Moran

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



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

**Agenda Item 5**

Title & Date of Meeting:	Trust Board Public Meeting- 24 November 2021			
Title of Report:	Hayley's Story: Moving On			
Author/s:	Mandy Dawley (Head of Patient and Carer Experience and Engagement)  Hayley Williamson-Escreet (Patient and Carer Experience Co-ordinator; Mental Health Services)			
Recommendation:	To approve		To receive & note	x
	For information		To ratify	
Purpose of Paper:	<p>To inform the Trust Board how Hayley's daughter saved her life. If Hayley hadn't have been pregnant, she doesn't think she would have accessed the support she got from the Trust's Perinatal Mental Health Services. It was her midwife that signposted her into this service and she was unaware that it existed at the time. From this initial referral, four years later and following treatment from the Trust's Specialist Psychotherapy Services, Hayley now feels that she is living the life she always wanted to live.</p> <p>Hayley will share her story by talking to the Board about her lived experience.</p>			
<b>Governance:</b> <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) Patient/Carer Story	x
Key Issues within the report:	<p>The key messages from Hayley's story are:</p> <ul style="list-style-type: none"> <li>• When people are mentally unwell, sometimes they are not able to reach out for support in a conventional way.</li> <li>• Psychology is huge! How the Trust's Psychotherapy service rebuilt Hayley.</li> </ul>			

	<ul style="list-style-type: none"> <li>Don't under estimate the true value of lived experience: How sharing my lived experience with the Perinatal Mental Services led to a paid role in further developing the service through my supporting an engagement project. This led to successful recruitment into my current role of Patient and Carer Experience Co-ordinator for the Community Mental Health Services Transformation Programme.</li> </ul>
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**Monitoring and assurance framework summary:**

<b>Links to Strategic Goals</b> (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 7**

Title & Date of Meeting:	Trust Board Public Meeting – 24 November 2021			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	✓
Purpose of Paper:	To provide the Board with an update on local, regional and national issues.			
<b>Governance:</b> <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) Monthly report to Board	✓
Key Issues within the report:	<ul style="list-style-type: none"> <li>Identified within the report</li> <li>Ratification of policies</li> </ul>			

**Monitoring and assurance framework summary:**

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

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

## Chief Executive's Report

### 1 Around the Trust

#### 1.1 Meetings

It has been another busy month, I continue with my virtual meetings and some now structured face to face visits alongside, Meet Michele and ask the exec sessions. Staff feedback is discussed in the Executive Team Meeting.

#### 1.2 Appointment Panel

I was asked to be part of appointment panel - Deputy Chief Constable Promotion Board in North Yorkshire during the month, the interview was based on skills approach technique.

#### 1.3 Sustainability Agenda

I spoke with the Mental Health Rapid Response service who are in keeping with the recent Glasgow Conference and our own sustainability agenda pressing the removal of plastic bottles, cycling wherever possible, meat free days and plants around the building,

#### 1.4 Conference Speaking

I have spoken at a few regional conferences during the month as well as at a national conference on all things Integrated Care System (ICS) and provider collaboratives.

I was also asked by NHS Providers to a round table debate on Senior Manager Pay.

#### 1.5 Strategy Refresh Update

The strategy refresh process is progressing well. The initial round of engagement with staff and Patient and Carer Engagement Groups has been completed and an analysis of the findings has been carried out. A first draft of the strategy has been produced and presented to the board, The next step will be to review the current draft in detail with NEDs, Execs and key programme leads.

However, due to diary pressures, the timescale for completing this step will be extended by 1 month from timeline presented to board in October (see table). This additional time will be used to ensure that the version of the strategy used in the second round of engagement early next year has been refined with input from senior leaders. The revised timescales will still enable the final refreshed Strategy to be presented for final approval by the Board in July 2022, in line with the original timescales for the process.

Activity	Provisional Timescale at Oct 2021	Revised Timescale
Further engagement session and collation of survey responses	To 5 <sup>th</sup> Nov 2021	Completed
BD team to produce first draft for comment	Mid Oct 2021	Completed
BD team to review draft style and content with service leads, NEDs and execs	Oct-Nov 2021	By <u>21/12/21</u>
Final draft text provided to comms team	By end Nov 2021	By <u>04/01/22</u>
Visual design work commissioned	Dec 2021	Provisionally agreed
Draft version with design work completed	By end Dec 2021	Be end Jan 2022
Further round of engagement with designed draft	Jan-Feb 2022	Feb-Mar 2022

Amends returned to designer	By end Feb 2022	By end Mar 2022
Final draft ready go into governance and sign off process	By end April 2022	By end May 2022
<b>Final strategy, approved by the Board (in line with original timescales)</b>	<b>By end July 2022</b>	<b>By end July</b>

### **1.6 Kite Mark:**

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

### **1.7 Digital**

There was a national press release about the Digital Aspirant Plus programme, which Humber FT are one of the successful Trusts.

### **1.8 Reginal Health Care Support Workers**

Workers throughout the regional submitted nominations for the following awards:

1. Well-being at work award
2. Technology award
3. Rising star award
4. Outstanding contribution award

I am delighted to tell the Board that Dave Ager, who works on the Newbridges Acute Inpatient Treatment Unit and who was nominated by Jonpaul Robinson, won the Rising Star award.

Matt Gossip who works with the Mental Health Crisis Intervention Team and was nominated by Kyle McInnes won the technology award. They were presented with an award certificate, an e-voucher for £200 each

Huge congratulations to Dave and Matt.

### **1.9 Inspire**

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

### **1.10 Champion Role**

We have a new 'champion role' called the Armed Forces Community Navigator (AFCN). This opportunity is open to all staff (hoping to get an AFCN in most teams) during Remembrance Day week.

### **1.11 Lecture Theatre**

After a successful transformation into a Covid Vaccination Centre our Lecture Theatre is being converted back for use as a lecture theatre and will be ready for use on 1<sup>st</sup> December. The vaccination programme delivered:-

Overall, for the Cohort 10+ programme since 20 May – 17,135 doses administered. For the Health and Social Care staff Jan-Apr, plus HTFT boosters in October – 14,090 doses were administered.

Overall, through the lecture theatre this year 31,225 doses.

### **Summary of Recent final Covid Vaccination Session in the Lecture Theatre (delivering to 12-15 year olds).**

**Booked 278** (we were booked to capacity, 300, by Thursday am. The final number of 278 on the morning of the clinic followed cancellation by 22 people the previous day. This was following an email sent to those who had supplied an email address on booking giving directions to the site and

requesting that if they are not attending to go back onto NBS and cancel. Therefore, these would have been an additional 22 DNAs

**Booked and attended 239  
DNA 39. Overall rate 14%**

**Doses delivered 249**, as we vaccinated some staff and booster eligible people who had come along with their children.

## **2 Around the Region**

### **2.1 East Riding of Yorkshire Council**

Following the retirement of John Skidmore as Director of Adults, Health and Customer Services, the council has communicated that Gill Vickers has been appointed as Interim Director of Adult Social Services with immediate effect.

### **3 Covid-19 Summary Update – November 2021**

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

As of the 11<sup>th</sup> November 2021 the confirmed cases of Covid-19 for Yorkshire and the Humber are:

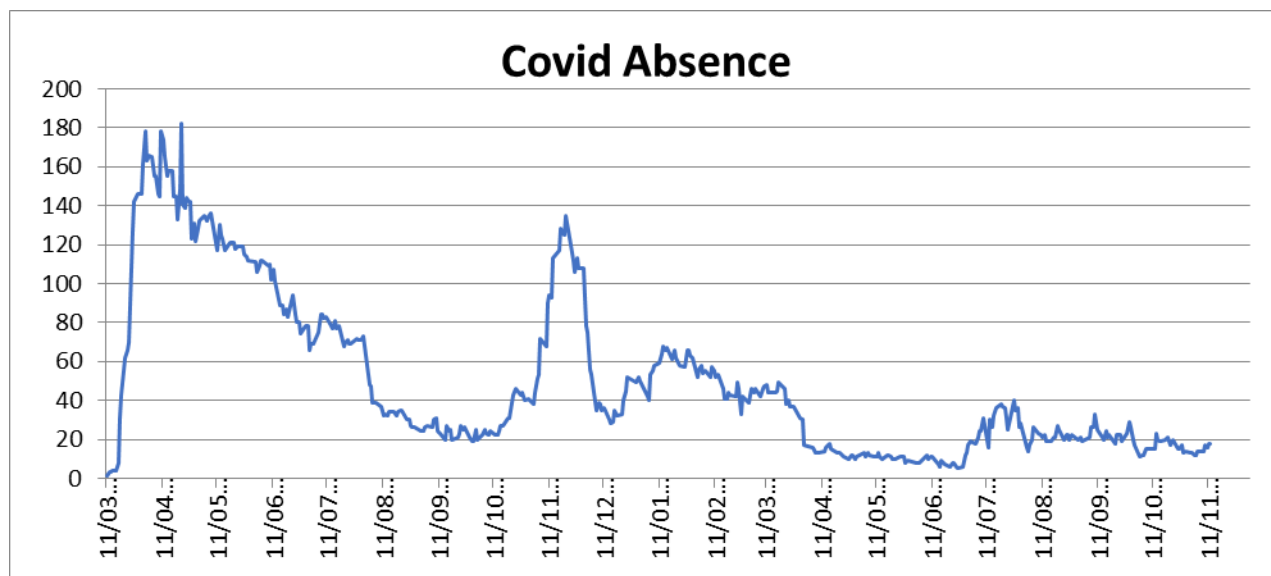
<b>Positive Test and Trace Update – Case increase and latest 7-day rate per 100,000.</b>		
<b>Area</b>	<b>Actual increase in positive tests in latest 7 days (1<sup>st</sup> November – 7<sup>th</sup> November)</b>	<b>7 day rate per 100,000 for 7 days previous* (1<sup>st</sup> November – 7<sup>th</sup> November)</b>
East Riding of Yorkshire	1,402	408.5
Hull	953	371.6
North East Lincolnshire	580	363.9
North Lincolnshire	584	338.1
Yorkshire and Humber	19,110	445.8
England	190,954	337.7
<b>Source:</b> PHE Daily Briefing		
<i>*Test results are updated every day and so rates are liable to change.</i>		

For the same period the 7-day rate per 100,000 population for Scarborough is 462.0, for Ryedale is 385.0 and Hambleton is 337.0. The overall 7- day rate for North Yorkshire is 410.0

As of 10<sup>th</sup> November 2021, there have been 1,507 hospital deaths due to COVID-19 across the Humber area. This includes 959 deaths registered by HUTH, 519 deaths registered by NLAG, 27

deaths registered by CHCP (East Riding Community Hospital) and 2 death registered by HTFT. York Teaching Hospitals NHS Trust recorded 691 deaths over the same period.

The Trust has recorded no new cases of a Covid-19 positive inpatient during the last month. Staff sickness absence related to Covid has remained stable at between 12 and 20 cases daily.



The Covid-19 Task Group continues to coordinate and oversee our response to any ongoing requirements. The group meets fortnightly, is chaired by the Deputy Chief Operating Officer and reports to the Executive Management Team (EMT). Twice weekly Sitrep reporting remains in place to monitor the ongoing impact of the pandemic on our services. The command arrangements will be quickly stood up again if required, this remains under close monitoring particularly as the infection rates have remained high in some areas.

Operational service pressures remained very high in some areas in October and early November with the highest pressures seen in our community services in Scarborough and Ryedale due to high demand from the acute hospitals for discharges to be supported along with ongoing high demand for primary care. This led to the Trust experiencing overall operational pressures escalation levels (OPEL) varying between 2 (moderate) and 3 (severe pressure) predominantly for periods during September and October.

Child and Adolescent Mental Health (CAMHS) services are continuing to experience high demand for both community and inpatient services in line with the nationally anticipated surge due to the direct impact of the pandemic on children, young people and their families. Demand has continued to plateau during October and November at a higher level than typical for this time of year, with presenting needs continuing to be of high levels of acuity and complexity. Break down of placements for young people in residential care continues to lead to urgent and crisis admissions to mental health and acute hospital beds. System and ICS work is ongoing to enhance provision to support out of hospital care and investment has been approved to:

- Reinstatement of a CAMHS crisis place of safety which will be fully integrated with the crisis and home-based treatment team and will be available from November 2021
- Recruit additional experienced CAMHS staff that will be located in the acute hospital to support children and young people presenting and being treated there.

Further work is taking place to develop a proposal for a short stay assessment facility to be based at Inspire alongside ongoing work with children's social care to provide additional emergency placements.

Focus continues on reducing waiting times in these services, particularly in relation to autism diagnosis. Our CAMHS PICU ward (Nova) remains open with two of its four beds available, and

this has supported the clinical management of the very high complexity of patients within our general adolescent ward (Orion). We will open the remaining two PICU beds as soon as our newly recruited staff team are able to safely do that, and this is on plan to be in early December 2021.

We continue to have a contingency plan through a mutual aid arrangement with Navigo to access additional mental health beds when required. The new capital scheme at Maister Lodge has progressed well, the unit has now been handed over to the operational services and it opened on 1<sup>st</sup> November 2021. This provides five new functional older peoples beds. The new day treatment service continues to be effective at avoiding admission for some older people. Our overall bed occupancy has remained above its usual level in October and November with the pressures especially high for mental health, learning disability beds and our community beds at Malton and Whitby Hospitals, it has been between 76.9 - 84.1%. The overall number of available beds remains reduced due to the need to provide isolation/cohort beds for covid symptomatic and positive patients and infection control requirements, beds remain reinstated where alternative provision has been made in some areas for donning and doffing of PPE. To address this shortfall and ensure beds are available when required the Trust has continued to block book independent sector beds and the position is continuing to be monitored very closely. Nationally requirements are in place to eradicate the use of out of area beds and our services are implementing plans to achieve this, this remains a challenge however as covid safe working practice guidelines remain in place across the NHS.

Our primary care practices are also continuing to experience ongoing rise in pressure and activity due to higher than usual demand. System pressures have remained high in North Yorkshire and York in September and October for both health and social care, system command arrangements remain in place. Acute hospital partners in all parts of our area have reported pressures at OPEL 4 for periods of time during the last month.

During October and early November, the position relating to sickness absence was impacted by staff having to isolate due to contact tracing requirements. Ongoing work has been taking place by our recruitment team to increase the number of staff available to us on our bank, whilst this has had success in attracting new unregistered and administrative staff, interest from registered staff remains problematic. Staff availability remains an area of operational priority as we finalise our winter surge plans. Elements of business continuity plans for learning disability services were enacted to support escalating pressures and high acuity in October and O with community staff redirected to support inpatient areas.

### **Testing and Isolation Arrangements**

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

### **Lateral Flow (asymptomatic staff testing)**

The Trust continues to encourage all staff to undertake twice weekly Lateral Flow Antigen Testing. Over 76,000 tests have been reported since December with 102 positive results which have been followed up by PCR tests and infection control procedures.

**LAMP (loop-mediated isothermal amplification) tests are being utilised by NHS Trusts to replace lateral flow testing, this test is considered to be more effective in detecting coronavirus in asymptomatic staff. The Trust is currently working with a local programme supported by NHS England and commenced deployment of this test in a pilot service area in July.**

New self-isolation guidance for NHS staff came into effect on 16 August 2021 allowing fully vaccinated NHS staff and students who are identified as a contact of a positive Covid- 19 case to

no longer be expected to isolate and to return to work if the required safeguards are met and implemented.

### **Covid-19 Vaccine**

Our plan to deliver the booster covid-19 vaccine to staff commenced on 15<sup>th</sup> October 2021. Dr John Byrne, Medical Director remains our senior responsible officer (SRO) for our covid vaccination programme and a task group was established to deliver our plan. The booster programme was delivered from our Lecture Theatre at the Willerby Hill site. We were also asked to support the regional programme to vaccinate 12 – 15-year-olds, our small vaccine team were supported by our Integrated Specialist Public Health Nursing Service (ISPHNs) who are skilled in child immunisation. This programme was extremely successful with very positive feedback received from the young people and their families.

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

- Granville Court which, as it is a residential care facility, all staff working there need to meet the requirement.
- Community services in Scarborough, Ryedale and Whitby
- Other community service areas (including mental health and learning disabilities).

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

The Department of Health and Social Care (DHSC) formally announced, on 9<sup>th</sup> November, that individuals undertaking **CQC regulated activities in England must be fully vaccinated against COVID-19 to protect patients, no later than 1 April 2022.**

These regulations are expected to come into effect from 1 April 2022, subject to parliamentary process. This means that unvaccinated individuals will need to have had their first dose by **3 February 2022**, in order to have received their second dose by the 1 April 2022 deadline. This government policy will have specific exemptions, including those who are:

- medically exempt
- under 18 years of age
- do not have contact with patients
- are a participant in a clinical trial investigating COVID-19 vaccination

We await further details on these exemptions. The policy applies to the first and second dose of the COVID-19 vaccination, and not to boosters or the flu vaccination at this stage. This has been communicated to our staff and managers are asked to undertake supportive conversation with those staff who are unvaccinated in order to encourage uptake.

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

Our established robust systems to ensure that staff have access to the appropriate Personal Protective Equipment (PPE) remain in place. Stock continues to be received via a PUSH delivery system from the NHS Supply chain and SITREPS are used to determine the content and frequency of deliveries. Currently, the supplies of PPE are at good levels and we have not had any shortages of equipment. Whilst the government moved England to its final step (step 4) out of lockdown from 19<sup>th</sup> July. NHS England have instructed that Public Health England's infection prevention control guidelines and hospital visiting guidance remain in place for all staff and visitors.



This means NHS visitor guidance stays in place across all health services including hospitals, GP practices, dental practices, optometrists and pharmacies to ensure patients and staff are protected. Staff, patients and visitors are expected to continue to follow social distancing rules when visiting any care setting as well as using face coverings, masks and other personal protection equipment.

### **Safe Working in our Environments**

In accordance with the Government published guidance 'Working safely during coronavirus (COVID-19)' Covid safe working measures remain in place across the Trust. We continue to reiterate our guidance to staff that remote working is maintained whenever possible, that face to face meetings should be irregular and for a specific purpose such as clinical supervision, colleague contact and support and that social distancing and infection control guidelines need to be maintained.

### **Staff Health and Wellbeing**

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

Our staff have now experienced and worked through the pandemic for 19 months and in some areas service demand and operational pressures remain very high, they are continuing to tell us that they are feeling fatigued. Staff continue to have access to a range of options for wellbeing support and the Trust continues enhance its offer of wellbeing resources via the "ShinyMind" app. The Humber Coast and Vale Resilience Hub to support frontline staff remains operational and providing an increased offer of psychological and emotional wellbeing support for our staff.

Our communications team have continued their efforts to maintain a focus on staff health and wellbeing. Frequent "Ask the Exec" sessions continue and the last one took place on 28<sup>th</sup> October, these are positively received.

Focus has been maintained on those groups of staff that are more vulnerable to Covid-19, such as those with underlying health conditions, older staff, pregnant women, people from Black, Asian and Minority Ethnic (BAME) backgrounds and men. The guidance requires managers to liaise frequently with staff in any of the increased risk groups in order to support them and to consider if adaptations are needed to their roles. Uptake of the use of the risk assessment continues to be monitored closely to ensure that it has been offered to all vulnerable staff. This is a dynamic process and reviews of completed assessments are required to ensure that mitigation being taken to reduce risks and work role adaptations are effective.

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

### **Covid-19 Clinical Advisory Group**

The Covid-19 clinical advisory group continues to meet monthly to consider and address any clinical implications of the impact of the pandemic on our services. In October and November, the group has continued to focus on:

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

## **Operational Planning - Recovery and Restore**

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

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

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

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

The Trust is focussing its work on these areas utilising a range of forums with partners to contribute to place and Integrated Care System (ICS) plans. Submissions are required by the Trust in October and November 2021/2022 to demonstrate how the requirements in the guidance will be met. These priorities need to be supported through the use of data and digital technologies and we continue to make progress and enhance our use of technology.

The Trust continues to effectively manage the impact of Covid-19 within its ongoing arrangements. The current continuing phase of delivery and planning is crucial to ensure that we can sustain our services supported with adequate capacity to manage the ongoing and anticipated increase in demand. Planning is now being finalised for winter, 2021/2022 which incorporates the learning from the pandemic to date.

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

Staff health, wellbeing and engagement continues to be paramount to our successful ability to achieve our plans and continued focus will remain on this. The efforts our staff make to keep our

patients, their colleagues and themselves safe remains exceedingly impressive and we continue to demonstrate our appreciation for that.

#### **4 Winter preparedness: Safer Nursing and Midwifery Staffing Guidance Summary**

Trust Board members are collectively responsible for workforce planning, practice, and safeguards. Key actions and guidance for trust board members have been published in November to support winter preparedness, decision making and escalation processes for safer nursing and midwifery staffing, as well as board assurance. The guidance builds on previous guidance issued in relation to COVID-19 workforce models and the fundamental principles for the nursing and midwifery workforce as set out in the National Quality Board (NQB) Safe Sustainable and Productive staffing guidance.

In summary the guidance covers the following areas of safer staffing:

##### **Planning**

Covering aspects such as ensuring that system wide and local learning from previous staffing deployments in Covid-19 pandemic continue to be incorporated into staffing escalation plans, quality impact assessments are undertaken when there are changes in estate function or staffing configuration and risk assessments are undertaken prior to any redeployment.

*Trust response:*

*Business continuity planning and winter surge plans have been revised and developed predicated on learning from the Covid-19 pandemic. Regular escalation mechanism and operational processes are in place to address staffing pressures. The senior operational team meets at regular points in the week to review emerging staffing shortfalls and agree prioritisation and plans to address them. This approach is integrated with our flexible working team to ensure that the response is timely. Prior to any redeployment risk assessments are undertaken.*

*The Trust's safer staffing six monthly report captures learning from safer staffing deployments. During COVID the Trust has utilised decision making logs and risk registers via Gold and Silver arrangements to assess and mitigate safer staffing risks. Going forward we will be returning to the Trust agreed QIA process.*

##### **Decision Making and Escalation**

Boards are reminded of the fundamental principles set out in the 'NQB Safe Sustainable and Productive staffing guidance' and 'Developing Workforce Safeguards guidance' specifically in relation to escalation plans, decisions regarding skill mix, staffing ratios, and staffing risk assessments and ensuring there are clear mechanisms in place for staff to raise concerns regarding safer staffing.

*Trust response:*

*A safer staffing escalation policy is in place aligned to national guidance to ensure staff know how to escalate immediate concerns and manage risks associated with maintaining safer staffing. Where safer staffing is a concern but does not pose an immediate risk, staff are also encouraged to report via the Trust DATIX system. These are reviewed daily (Monday to Friday) in the corporate safety huddle. Staff can also access Freedom to Speak up to raise any safer staffing concerns. These are reported monthly to the Board. In addition, an overview of all reported safer staffing risks are reported in the six-monthly safer staffing report.*

##### **Staff Training and Well Being**

Boards are reminded to ensure there are well publicised resources in place for staff and that staff well being is embedded at every level. Professional Nurse Advocates who are trained to provide confidential restorative clinical supervision should be readily available.

*Trust response:*

*Resources in respect of publications and access to senior managers 24/7 are readily available to staff to support decision making regarding safer staffing. Staff wellbeing is in place across all services; we have a well-established Health and Wellbeing Group focussing on support for staff.*

*Wobble rooms are in place in some services and there has been a real focus in ensuring all staff have access to staff only areas and catering facilities. We have trained 3 Professional Nurse Advocates with 3 more in training all due to complete by January 2022.*

### **Indemnity and Regulation**

It is recognised that at times staff might need to act outside their normal role or places of work/scope of practice. A risk-based approach should be used to mitigate emerging risks using available resources effectively and responsibly.

*Trust response:*

*NHS Resolution has confirmed additional indemnity arrangements that cover healthcare workers who are supporting the COVID-19 response, including those who have been asked to undertake duties outside of their usual role. The Nursing and Midwifery Council (NMC) UK have also written to all registrants reminding them of the importance of working in partnership with people receiving care and their fellow professionals; and of using professional judgement to assess risk, informed by the values and principles set out in NMC professional standards. The Trust continues to undertake a risk – based approach to mitigate emerging risks in relation to maintaining safer staffing evidenced by the associated risks on the risk register.*

### **Governance and Assurance**

There must be a clear and effective line of sight from point of care delivery to board, in relation to nursing and midwifery staffing decisions and challenges. To help boards understand the quality impact of decisions that have been taken around staffing, boards should be provided with triangulated information linking staffing with wider intelligence, through regular reporting. For example, incidents, complaints, and NICE red flags. Boards should seek assurance that plans are in place to ensure safe nursing and midwifery staffing over the winter period and that these plans are connected to the wider system staffing planning, resourcing, and mutual aid.

*Trust response:*

*In line with national guidance safer staffing data triangulated with quality indicators is reported monthly to the Board for our inpatient services. Plans regarding COVID and winter pressures connected to the wider system are presented monthly to the Board by the Chief Operating Officer. Performance and risks associated with safer staffing are also reported to the Board, sub committees and operational meetings via specific workforce performance reports and the risk registers.*

## **5 Director's Updates**

### **5.1 Chief Operating Officer Update**

#### **5.1.1 Positive Assets/ Individual Placement Support - Hull & East Riding of Yorkshire**

The Trust delivers Individual Placement and Support (IPS) provision across Hull and East Riding through a number of employment support advisors. The service commenced in 2020/21 when the Trust was awarded national funding and it is now fully integrated with our pre-existing employment support service Positive Assets. The Positive Assets/IPS 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.

Our team has a good support network, provided by the national IPS Grow Consultants, who support all the IPS schemes in our area as well as through a regional steering group. There is now a Humber NHS IPS steering group which any interested staff are encouraged to attend, and we have embedded an organisational fidelity steering group to support the localised integration and infrastructure.

Targets are set nationally for the number of service users who access the service, those that start employment and those remaining in employment at 13 and 26 weeks. The year-to-date position as at the 31<sup>st</sup> October 2021 is that our service is at 61% compliance across these requirements (this

compares well with other services and is an improvement on the 2020/21 position). The service is currently working with a caseload of 74 service users which is very close to its full capacity. The team are supporting Community Mental Health Team service users using a patient centred driven approach to ensure their readiness for work, and ultimately finding and securing the right type of employment for them to support their ongoing recovery.

The service is required to participate in external Fidelity Reviews, these previously took place annually but are now now 2 yearly with a guided self-review taking place in the year not subject to external review. The service is currently finalising the self-review for the current year in anticipation of receiving further guidance from IPS Grow. Routine evidence gathering is reinforced to all staff to highlight the need for robust data recording. The next external review will take place in December 2022.

Progress continues to be made against the Fidelity Action Plan established as a result of the fidelity review that took place in 2020/21 and this has been reviewed and agreed with IPS Grow.

A Steering Group is held regularly and is attended by representatives from Community Mental Health Teams (CMHT) in Hull and East Riding along with PSYPHER, our early intervention on psychosis service. Regular attendance by the Positive Assets/IPS service continues in all Hull and East Riding Multidisciplinary Team meetings (MDT's) and CMHT managers meetings. Feedback from CMHTs remains positive with success stories being shared. IPS staff are now also regularly collecting service user feedback via the Friends and Family Test.

Recovery Stories have been submitted to IPS Grow for a National Employment Recovery Booklet for IPS providers. NHSE/I have released an IPS press release which features the recovery stories from IPS clients and includes HTFT service users. NHSE are also looking to offer the case studies to broadcasters for potential filming.

Key to the success of the service is the time spent on engagement with employers, this has been disrupted due to the pandemic, but employers are now more readily engaging. In October the team was in contact with 68 employers across a variety of sectors. Team Leads within the service are actively working on building sustainable relationships with local employers to develop a network of contacts to enable the team to increase access to employment opportunities.

Below are two stories that HTFT clients shared on the IPS Grow website.

#### Client A

*I have been diagnosed with Emotionally Unstable Personality Disorder.*

*Before using the service, I had been unemployed for 4 months. In January 2020, I undertook a Digital Marketing internship but had to come home early because of mental health issues. Since graduating from university in 2018, I have been an ESL Teacher (teaching English) and have also done bartending, event stewarding and market research interviewing. I was referred to the service after receiving mental health care from the community team. I started using the service in June 2020.*

*While using the service I have received weekly phone calls to check up on my job search progress and to inform me of job opportunities. During the phone calls, we were able to map out a career plan which gave me a lot of hope for the future. I was also given feedback on my CV which helped me to tailor it for potential employers. I was given lots of information about opportunities in the local area. I sent forward applications to be checked before submission and I was given timely and generous feedback. We went through a 'Surviving and Thriving at Work Toolkit' which helped me to identify strategies to manage my emotional wellbeing in and outside of the workplace. It also helped me to identify things that my employer can do to help me maintain a healthy work and home life.*

*I have now successfully gained employment in my desired field. I am now a Digital Marketing Assistant for a company which helps women get into business. I also have better knowledge of how to approach my employer when falling ill.*

## Client B

*I have been under the care of the CMHT for a number of years, I have been unemployed for 8 years.*

*At this time, I was living with my parents and sibling in a challenging environment which was not good for my health and wellbeing and on occasion could not fully commit to putting myself out there in the job market as I had no real support at home.*

*Jackie conducted in-depth interviews with me about my likes and dislikes at work, what I enjoyed doing and what skills I had and what would be my ideal job.*

*I trained as a joiner and am adept at using hand and power tools, I also have a lifelong interest in cars and bikes which I can build from scratch. We discussed joinery roles but also delivery driver roles as I did not think I could commit to full-time employment, a driving role would have suited me only for the hours and I also like driving, Jackie engaged with a number of employers for delivery driver roles which if I am truthful after a couple of interviews, I did not feel they were the right sort of job for me.*

*Jackie carried out job searching with me and found a joinery role for a local company. After Jackie had done some finding out from the employer, she asked me about disclosure and disclosing my information to the employer about my mental health (PTSD) I agreed that this could be disclosed and Jackie found out that the company massively invest in mental health and there was already someone in their employ with PTSD, this gave me the confidence to apply for this role.*

*"I cannot express enough how good the support I have received from Jackie; she has picked me up when I am down and encouraged and supported me from the very start of my time with Positive Assets, I would recommend this service to anyone."*

*Jackie and I worked on my CV to fit the essential criteria for the role, and I was given an interview for the 22 March 2021. Jackie and I worked on the interview skills required and I was encouraged and supported throughout the whole process. I was successful at the interview and commenced employment on 29 March 2021.*

### **5.1.2 New Older Peoples Beds Opened – Maister Court**

The capital scheme to deliver additional older people's beds has now in the final stage of completion and the new five beds became available on 1<sup>st</sup> November 2021. These beds are adjacent to Maister Lodge in Hull, our existing 14-bedded inpatient unit for older people that provides a comprehensive, needs-led service to people who are experiencing predominantly organic mental health problems such as dementia.

The new scheme has been delivered by working in collaboration with City Care to transform the unit and provide an additional five bedded ward. These beds are for those experiencing an acute change to their functional mental health, such as severe depression and we have been able to safely take our first patients onto the new ward. They complement the existing beds based at Mill Lodge on the Castle Hill site and brings our total number of functional older people's beds to 14. Modelling work prior to the pandemic demonstrated a need for additional beds for older people for our Hull and East Riding of Yorkshire population and the covid- 19 emergency has subsequently seen demand increase further within this group.

As part of these works, areas previously used by staff and for group activities have been completely refurbished to create 5 additional en-suite bedrooms on the inpatient ward, family rooms, assisted bathrooms, dedicated activity rooms, and new outdoor areas. It comprises a single-story extension to the side of the property and ensures that there is adequate space for visitors, and an Activities of Daily Living (ADL) kitchen to promote independence amongst our patients.

To the front of the building, the outdoor environment has been transformed. This now has a therapeutic secure garden area, where patients can get some fresh air and walk around and enjoy the new seasonal planting and benches. A double story cabin has been placed to the rear of the

site, providing a very welcome bright space for staff welfare facilities including a break room, a staff kitchen and additional meeting space.

This refurbishment not only provides a modern and welcoming space for patients, their families and staff, but also allows the service to continue to safely meet the demands and will reduce the need to seek out of areas beds by providing accessible care locally.

## **5.2 Director of Nursing, Allied Health and Social Care Professionals**

### **5.2.1 Serious Incident Training**

As part of the NHS Patient Safety Strategy (2019) there is a requirement to work towards the Patient Safety Incident Response Framework (PSIRF) which is being introduced in response to calls for a move away from undertaking a root cause analysis approach to incident investigation which can lend itself to blame to one of an approach that focuses on systems, learning and continuous improvement.

NHS England are leading on the changes, with current expectations that Trusts will begin preparing for the change following an evaluation of the early adopter sites.

In preparation we have wanted to ensure practitioners were equipped with the tools and knowledge to start to move towards the introduction of PSIRF. A training provider was sourced who specialises in a 'Systems Based Approach' to investigating patient safety incidents.

So far 67 staff have been trained over 4 sessions. The feedback has been exceptional with 52 people reporting the training as 'excellent' and 8 reporting it as 'good'.

Some of the feedback from staff:

"Just brilliant!!! I loved the anecdotal information that helped us understand some of the more subtle nuances of the recipe. I know at the beginning of the course it was said we can't be perfectionists in all of this, but I want to say the training has made me want to do that little bit more of a perfectionist than I already am and now I have whole array of new tools to use"

"Best training I have had in a long time, really relevant and interesting"

"Very thought provoking and will change the way I work. Although training is aimed at investigations the learning will help in many other aspects of my role"

### **5.2.2 Market Weighton Practice Care Quality Commission (CQC) Inspection**

CQC carried out an announced inspection at Market Weighton Practice on 02 September 2021. The inspection was a comprehensive inspection to follow up on concerns raised by members of the public concerning access to appointments. The Practice was rated Good overall and good for all population groups. CQC found:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm
- Patients received effective care and treatment that met their needs
- Staff dealt with patients with kindness and respect and involved them in decisions about their care
- The practice adjusted how it delivered services to meet the needs of patients during the COVID pandemic
- The way the practice was led and managed promoted the delivery of high – quality person centred care

No breaches of regulations were found. The provider should continue with efforts to engage with patients regarding access.

### **5.2.3 Risk Management Strategy**

The Trust Board workplan has been amended so that the Risk Management Strategy will now be

presented for annual review at the February 2022 Board instead of November. This amended review date is now in line with the strategy's approval by the Board in February 2021.

The Trust has a continued ambition to have excellent systems and processes in place across the organisation to support the delivery of the Trust's Strategic aims through a good understanding of our potential risks and their likely impact. The Trust is committed to maintaining a systematic approach to the identification and management of all risks surrounding our activities, and our risk management strategy is based on achieving an agreed set of risk management ambitions. By means of an update we continue to work towards embedding a risk culture whereby staff can identify risks and make decisions and improvements to ensure risks to the delivery of the trust's ambitions are identified, managed dynamically, and resolved in a timely manner.

Work continues in relation to the development and implementation of Trust-wide risk awareness / training sessions. Session dates have been identified for the next 12 months commencing November 2021 and will be available to all Trust staff. The training package and supporting information resources have been developed and will be available to staff alongside the launch of the refreshed training arrangements. All staff will have access to training, guidance, and support in the delivery of effective risk management systems.

Further work is required regarding the development of 'risk champions' within the Trust directorates and clinical divisions who will champion risk management locally and provide additional guidance and support to staff in relation to risk reviews, changes to risk ratings and completion of identified actions / mitigations.

### **5.3 Medical Director Updates**

#### **5.3.1 Health Education England 'Monitoring the Learning Environment' review**

The Trust has just completed its annual Health Education England 'Monitoring the Learning Environment' review with regard to its trainee medical workforce. Informal feedback from the visit has been very positive with high rankings in trainee experience scores and importantly no conditions. The formal report will be shared through the normal governance process. We have been asked to explore the possibility of taking on additional foundation (FY1/2) doctors as well as an increase in core trainee allocations. This is a positive development for us and allows us to continue with our on growing progress of recruitment through training our own.

#### **5.3.2 5<sup>th</sup> Annual Research Conference**

The 5<sup>th</sup> Annual Research Conference successfully took place using a blended approach of in person and remote learning. Anecdotal feedback has been incredibly positive and a more formal review will be included in the next 6 monthly research uptake. I wish to extend my thanks to the team that have taken our event to the next level despite the pandemic challenges.

#### **5.3.3 QI Improvement Virtual Week**

The QI improvement virtual week was once a gain a considerable success where we were able to share the improvement and transformation that's taken place at a team but also at a divisional if not system level. There was significant external interest from our partners during the events including commissioners and the CQC.

### **5.4 Director of Workforce & Organisational Development Update**

#### **5.4.1 Learning and Development Team**

The Trust was awarded the Healthcare Quality Mark by Skills for Health on 3<sup>rd</sup> November 2021, which means we are demonstrating exceptional, quality assured learning and development.

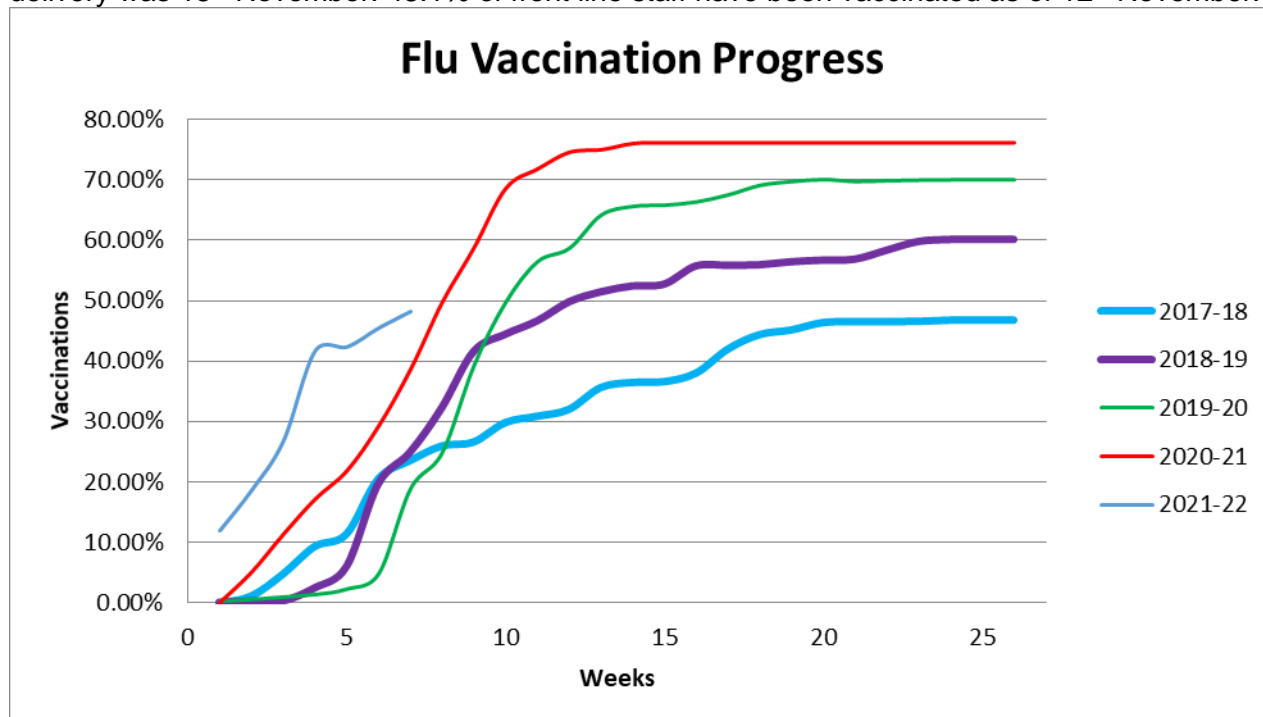
#### **5.4.2 Recruitment pre-employment checks**

As a result of the pandemic, the requirement for candidates to provide face to face ID checks for the purpose of recruitment was paused and moved to a virtual method of capture. NHS Employers have now confirmed the 'live' ID checks will not resume until 2022.



### **5.4.3 Flu**

Due to the success of the flu roll out, the trust ran out of flu vaccines in late October. The next delivery was 15<sup>th</sup> November. 48.1% of front line staff have been vaccinated as of 12<sup>th</sup> November.



### **5.4.4 Black History Month**

Black History Month in October saw a wide range of resources, videos, webinars, and interactive sessions shared with staff through Internal Comms campaign supported by Marketing colleagues, including:

- Michele Moran introduced BHM
- Grace Gava led a BAME Staff Network Drop in Session
- New Chair Caroline Flint discussed overcoming challenges and BAME priorities
- PC Danny Fleming from Humberside Police discussed Challenging Hate Crime
- Faye Jessop discussed Reverse Mentoring
- Bibhash Dash BAME Wellbeing Coordinator for HEYSmile Foundation discussed local projects
- Charlotte Griffiths discussed BAME Allyship
- BAME Staff Network meeting opened to wider Trust
- Pauline Dumble discussed Breastfeeding from a BHM perspective

### **5.4.5 Learning and Development Programmes**

The following training courses have been developed and are now available to staff via ESR:-

- Falls Prevention and Management – Classroom training
- Clinical Audit Training – eLearning package
- Clinical Risk Level 1 – eLearning package
- Chaperone Training - eLearning package
- Personal and environmental search – classroom training

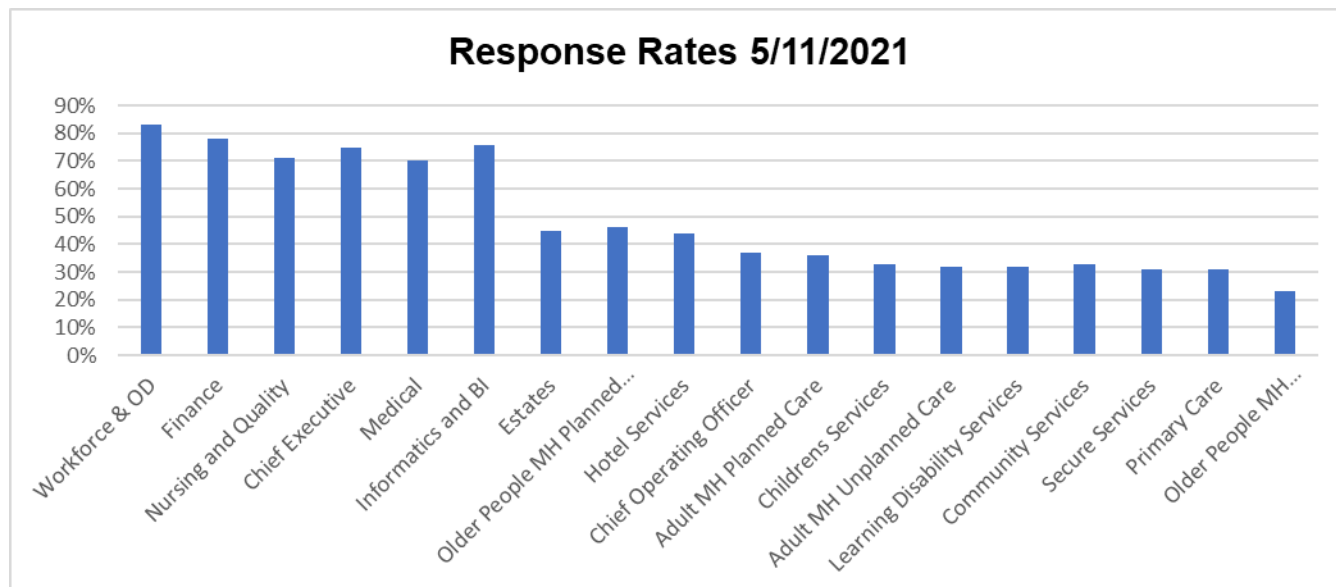
### **5.4.6 Recruitment**

Representatives from the Trust attended the Health Care Jobs Fair in Dublin on Saturday 16<sup>th</sup> October. This event provided a great opportunity for us to promote the Trust and seek to recruit from further afield. The event enabled the team to capture the details of more than 50 individuals interested in relocating and exploring a career at the Trust. These individuals have been contacted since and operational areas charged with implementing communication links with a view to

converting interest into appointments. Following the event, Trust details were shared with a cohort of Nigerian nurses and a number of enquiries (in excess of 100) have since been made. Work is ongoing with the International Nurse Recruitment team to explore the possibilities.

### 5.4.7 Staff Survey 2021

The National Staff Survey 2021 commenced on Monday 27<sup>th</sup> September and closes on Friday 26<sup>th</sup> November 2021. As of 5<sup>th</sup> November, the overall Trust response rate was 38%.



The Trust is currently above the national average for response rates.

### 5.5 Director of Finance Update

#### 5.5.1 Cyber Security Update

There are two types of CareCert notifications,

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

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

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

	Issued	Deployed or no Action required	Awaiting deployment, action or testing	Not Applicable (do not use the system the Care Cert relates to)
High Priority	6	5	0	1

CareCert Bulletins	48	48	0	0
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There were no Distributed Denial of Service (DDoS) attacks against the Trusts internet connections during October 2021.

The Trust IT Servicedesk responded to 115 calls for Out of Hours support during October 2021.

### **5.5.2 Humber Financial Times**

Issue 3 of the Humber Financial Times was released at the beginning of the month. The newsletter aims to inform and educate both Finance and non-Finance staff and promote good practice. The newsletter has been well received around the organisation since its first edition earlier this year.

### **5.5.3 Reviewing the Working Arrangements of Non-clinical Staff**

The proposed new accommodation has been inspected and is in a good state of repair and this is reflected in the revised quote for fitting out. The project has been rebranded to “Blend and Thrive” to reflect the nature of the project being a blended approach to work which will allow staff to thrive. A small number of staff will experience changes in role and/or base location and a formal consultation process will be entered into, other staff will be informally consulted and involved.

Initial discussions have taken place with staff side colleagues so they are sighted on the drivers and timetable for the project. Intranet pages and a full communication and engagement plan has been developed.

### **5.5.4 Financial Planning Update**

The ICS has been formulating the financial planning for the second part of the year – referred to as H2. The final figures for all organisations within the Humber geographical area are not yet agreed but the overarching principle will be that the ICS will not be asking organisations to have a deficit in the year.

Guidance for 2022/23 is expected later in the calendar year

### **5.5.5 Staff Health and Wellbeing Areas**

16 Projects have now completed with a further 5 rooms currently on site. A further tender package is currently being evaluated, this is to address a further 9 spaces.

### **5.5.6 Ward Refurbishments**

Following completion of the ward refurbishment work at Avondale and PICU, contractors are on site at Newbridge’s and Westlands with work expected to complete by the end of the Month. Millview is the last site to be refurbished pre-commencement meetings have taken place.

Tenders have also been assessed for the backup generator at Miranda House in preparation for CEO sign off.

### **5.5.7 Major Tender**

The Trust are awaiting the outcome for 2 tender submissions for the 0-19 service,

- For East Riding the Tender Award is expected on the 29<sup>th</sup> of November
- For Hull City Council, the Tender Award is expected on the 17<sup>th</sup> December

### **5.5.8 Digital Updates**

A number of key developments are progressing in digital which includes:

- The Trust has had its Digital Aspirant plus project innovator kick off meeting with NHS England.
- Lee Rickles supported NHS Digital and NHS England in their TechUK presentation to national system suppliers for the Digital Aspirant plus programme.
- Whitby Community Hospital are now live with patient results being provided electronically.

- The international issue of sourcing smart phones, laptops and PC due to the shortage of microchips is starting to increase the lead time to order new equipment. The IT department are constantly checking usage and redeploying equipment based on operational need.

## **6 Trust Policies**

### **Document Control Policy**

The Document Control Policy was reviewed in October and EMT agreed a key change to the approval process. Since 2017 sub committees have undertaken the role of approval with Board ratification where major changes have been made or new policies introduced. EMT discussed and acknowledged that the role of committees has evolved since 2017 and now that committees have moved to being held quarterly considered the workload of the groups.

EMT has approved the changes to the policy which makes EMT the approving body for all Trust policies.

Sub committees will continue to receive assurance on policies which is reflected in the amended policy – “Sub Committees will have a continued assurance role and will receive a report from the Trust database of policies, at least annually, that details the status of all policies within the scope of that Committee.”

The Document Control Policy is presented as one of the policies for ratification in the table below.

The policies in the table below are presented for ratification. Assurance was provided to the Committee that the correct procedure has been followed and that the policies conform to the required expectations and standards in order for Board to ratify the following policies.

Policy Name	Approving Committee	Date Approved	Lead Director
Tissue Viability Policy, Prevention of Management of Wounds	Quality Committee	2/11/21	Director of Nursing, Allied Health and Social Care Professionals
Document Control Policy	Executive Management Team	8/11/21	Chief Executive

## **7 Communications Update**

### **Key Projects**

- **Brand Centre**

The data demonstrates that the communications around the Trust brand and the templates we have available are still filtering through and we’re receiving engagement from our staff. The Trust Brand Centre has seen a decrease in the number of users over the last month. 105 of the 220 users are first time users. Regular updates and improvements to the websites has provided purpose for staff revisiting the site and ensures that teams use the website as a first point of contact for all things relating to the Trust branding. The average session duration also suggests that people are finding what they’re looking for quickly, as they become more familiar with the brand centre.

We are planning another brand session for staff in the new year to introduce the brand and templates etc to any new starters at the Trust. This may help improve levels of engagement over the coming months.

Brand Centre analytics	Users	Page views	Avg Session Duration	Most viewed page	Most used Templates
February	130	635	1:19 mins	/home/ (327 views)	Corporate
March	223	1,246	1:14 mins	/home/ (632 views)	Corporate
April	181	889	1:12 mins	/home/ (464 views)	Corporate
May	278	1,540	1:15 mins	/home/ (756 views)	Corporate
June	285	1,320	1:09 mins	/home/ (679 views)	Corporate
July	263	1,133	1:04 mins	/home/ (513 views)	Corporate
August	480	2,312	1:09 mins	/home/ (1,100 views)	Corporate
September	474	1,800	0:55s	/home/ (783 views)	Corporate
October	220	1,105	0:58s	/home (557views)	Corporate

## External Communications

- **Service Support**

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

### **Covid-19 Vaccination Clinic 12- 15 year olds**

We supported the promotion of the Covid-19 Vaccination Clinics for 12-15 year olds that took place at Willerby Hill on Saturday 30 October and Saturday 13 November. Content was shared via our external facing social media channels to promote the booking link and Dr John Byrne also appeared on BBC Humberside to discuss the Clinic and the benefits of being vaccinated. See below for further information (Internal Comms section).

### **Hornsea Internationally Recruited Nurses**

Welcoming our first cohort of international nurses was a huge milestone for the Trust, so it was important that there was a comprehensive communications plan in place. This included external and internal communications to celebrate with our staff and local communities. As this project also included using a space previously left unused in the Hornsea Community, we worked with local MPs and Cllrs to spread the positive news as far and wide as possible. This has so far brought positive coverage and media opportunities, including being featured on prime-time local ITV news.

### **Humber Youth Action Group (HYAG)**

We recently developed a brand workshop for the Humber Youth Action Group to help them come up with an identity for their new brand. Lots of young people contributed to the session and it was well received. We also gained valuable insight into the best marketing tools to reach this cohort. We are going to be delivering training for two of the young people to manage the HYAG Instagram account going forwards.

Prior to the workshop we ran a mini campaign on social media to try and boost numbers for the session. We shared a video which was created by HYAG, circulated workshop details and also updated information on the website about the group and upcoming sessions.

- **Media Coverage**

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

We have worked closely with teams to develop stories that attract positive media attention and promote timely Trust and national key messages such as the Whitby Tower Block opening and being selected to pilot the latest NHSX programme.

Positive new stories published		Negative new stories	
Local media	12	Local media	2
Humber website	13		
<b>TOTAL</b>	<b>25</b>		<b>2</b>

Please note, both negative news stories didn't mention the Trust, but rather a Trust site or service name only.

- **Awareness Days**

This is an extremely busy time of year for awareness days. Some of the most well received dates in October and November so far have been World Menopause Day, Befrienders Week, QI Week and Stress Awareness Week.

### **Stress Awareness Week – 1 November**

**International Stress Awareness Week** was created in 2018 to raise awareness about stress prevention, and this year marks 23 years since the establishment of Stress Awareness Day, the highlight of the Week, in 1998.

As a Trust, we dedicate a whole week towards improving awareness for stress amongst our workforce and the public. This includes promoting useful materials, signposting to services and providing mindfulness activities.

### **QI Week – 8 November**

QI Week is an internally developed event here at the Trust, led by Catherine Hunter.

This QI Week is the third of its kind and the second one in 2021. It has been well received by the workforce; staff engagement is hitting target and the information shared by Catherine has been comprehensive and useful, in addition to the MS Teams invites, which have been well attended by staff.

- **Awards**

We have recently won the Building Better Healthcare Award for our Inspire CAMHS Unit. The category was Best Healthcare Development and the ceremony took place on 3 November.

You can read more about this [in our article here](#).

This totals to 10 award wins in 2021 so far, in addition to 6 shortlists.

- **Trust Website Update**

	Target	Performance over period
Bounce Rate	50%	62.46%
Social Referrals	12% (a 10% increase in 2019 position)	3%

- **Social Media**

	Target	Performance over period
Engagement Rate	4%	7%
Reach	+50,000 p/m	81,540
Link Clicks	1500 p/m	2,964

Our reach and link clicks have improved over the last month.

## **Internal Communications**

### **Covid-19 Vaccinations - 12-15 Year Olds Programme**

The Trust recently supported national COVID-19 vaccination programme for 12-15 year olds by holding two clinics at our Willerby Hill vaccination hub on Saturday, 30 October and Saturday, 13 November.

We supported the programme by developing communications to be shared through our internal and external communications channels.

This included arranging a short video to be filmed at the vaccination hub which explained to the children and their parents why it was important to get the vaccination, what the possible side-effects could be and what to expect when they arrived for their appointment. The video also included a message from Daniel, aged 12, who had received his vaccine as part of the national programme and who wanted to share his positive experience.

Information was also included on the ISPNHS website for families interested in finding out more, including an FAQs sheet and a booking link to make an appointment.

During the campaign we also shared a video created by Izzy (15), a member of our Humber Youth Action Group, in which she shared her experience of receiving the vaccine. After this went out on our social media channels, we hit 100% capacity for Saturday 13 November.

### **Flu Vaccination Campaign**

We continue to support the flu vaccination campaign using our internal communications channels. As part of flu marketing campaign we have commissioned JayJay media to create a short animation that encourages staff to get their flu vaccination. It includes testimonials from staff about why they feel it's important to have the flu vaccination. This will launch mid-November.

### **Poppulo – Internal Emails**

Between 14 October and 12 November we issued 26 internal communications to staff. We are pleased to report that Click Through Rates have increased 0.4% above the national average engagement rates. However, our Open Rates have dropped by 1.67% since last month. We will continue to monitor the situation over the next couple of months and look at different ways to display content which may help improve these rates.

	<b>Trust average engagement rates</b>	<b>National Average</b>
Open Rate	64.4%	65%
Click Through Rates	10.8%	10%

### **Intranet**

Our new intranet platform has been visited 187,655 times between 14 October and 12 November

	<b>Target</b>	<b>Performance over period</b>
Bounce Rate	40%	57.95%
Visits	+20% on 2020 average	+14.68%

Second to our home page which had 130,637 visits, our Document Library was the second most visited section with 13,558 visits within this period.

## **8 Health Stars**

### **Events**

This year we have teamed up with Burton Constable Hall to host a fantastic partnership event, set in the Grounds and Hall of Burton Constable, a true Elizabethan gem, in the heart of Yorkshire.

After the global COVID19 pandemic we are joining forces to bring you something special, the pandemic has impacted our lives in so many ways and our mental health is even more important now than ever!

Join us on **Saturday 8th January 2022** for our 'Starlight Seekers' event. This is an evening filled with fun for all the family under the starlit sky. This new revised date has brought much excitement with clearer forecast skies and the hope Orions belt will now also be visible.

Walk with us and 'shine a light' on children's health post-pandemic!

This truly extraordinary event will see us come together to support children's mental health services within our area. We'll be joined by [Hull and East Riding Astronomical Society](#) (HERAS) who'll be sharing their expertise as well as their telescopes! Also, [Evoke Technologies](#) will be demonstrating interactive tech' from another realm alongside a range of guest speakers.

**So together we welcome you to join us to add a 'little sparkle' to the young people's lives who need it most.**

**You can buy your tickets here:** [Buy Tickets for Starlight Seekers \(digitickets.co.uk\)](https://digitickets.co.uk)

Health Stars have been working closely with Pennies from Heaven and Your charity lottery to refresh the campaigns which generate charitable income in support of Health Stars. At present we have 400 employees who donate through the Pennies from Heaven scheme and the team are looking to launch a new initiative supported by the Trust communications team to encourage further employees to follow suit through December and January.

### **Whitby Hospital Appeal**

As a team Health Stars continue to engage with the local community, voluntary sector and local schools around fundraising opportunities and involvement with the enhancements for the Hospital rebuild.

Highlights in the upcoming period include:

- Art display led by the community at the Coliseum 27-28 November 2021
- Art display led by the community at Pannett Art Gallery 1<sup>st</sup>-5<sup>th</sup> December  
*Health Stars will support and have a display at the event to showcase fundraising opportunities including the fundraising bricks.*
- Grape Lane window display for Christmas utilising QR code / Text donation opportunities in support of the appeal

Work continues with planning of future events with thanks to the Fundraising T&F group. The group chaired by Andy Barber will meet again on the 30<sup>th</sup> November at 10:00am to scope and develop future fundraising plans. The team are also currently working with members of the community in order to host a Ghost Walk with thanks to Dr Kranks.

Work continues to publicise the Fundraising Bricks. Health Stars and Trust communications team continue to work together, and meetings are due to take place this month with the CCG Communications team as they are also keen to support with this part of the appeal.

To date the Charity team are working to fundraising £85,559.22 and have successfully raised £39,791.30 so far through events and donations. Earlier this week a kind donation of £2,000 was pledged from the Jack Brunton Charitable Trust fund which will be added to the ongoing total upon receipt.

### **Wishes**

The Health Stars team continue to work hard granting wish requests which span the breadth of



Humber Teaching NHS Foundation Trust. The team are currently processing 116 wish requests which are all currently in progress with more wishes being received on a daily basis.

The highlights of wishes of which have been granted this month include:

- Prizes for the Trust Virgin Competition
- Canva Pro to support the Humber Youth Action Group
- Donation of 10 Pumpkins to the Humber Centre for Halloween Celebrations

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

Together we can make a lasting impact across our Trust.

**Michele Moran**  
**Chief Executive**  
**November 2021**

**Agenda Item 8**

Title & Date of Meeting:	Trust Board Public Meeting – 24 November 2021			
Title of Report:	Publications and Policy Highlights			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	
	For information		To ratify	
Purpose of Paper:	To update the Trust Board on recent publications and policy.			
<b>Governance:</b> <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	10/11
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	
Key Issues within the report:	<ul style="list-style-type: none"> <li>I. State of Care Care</li> <li>II. NHS health and wellbeing framework</li> <li>III. Government to introduce COVID-19 vaccination as a condition of deployment for all frontline health and social care workers</li> <li>IV. UK health services make landmark pledge to achieve net zero</li> <li>V. Transaction Guidance Consultation</li> </ul>			

**Monitoring and assurance framework summary:**

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

√ Tick those that apply

<input type="checkbox"/>	Innovating Quality and Patient Safety
<input type="checkbox"/>	Enhancing prevention, wellbeing, and recovery
<input type="checkbox"/>	Fostering integration, partnership, and alliances
<input type="checkbox"/>	Developing an effective and empowered workforce

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

## Publications and Policy Highlights

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

### 1. **State of Care** Care Quality Commission (CQC) 22 October 2021

The Care Quality Commission's (CQC's) [annual assessment of the state of health and social care in England](#) looks at the quality of care over the past year – the first of these reports to cover a full year of the pandemic.

This year, the success of the vaccination programme has given hope that the virus can be contained. Alongside this hope, however, is the recognition that COVID-19 will continue to cast a long shadow over all aspects of life, especially the health and care system.

The system has not collapsed – but the system is composed of individuals who deliver and receive care, and the toll taken on many of these individuals has been heavy. As we approach winter, the workforce who face the challenges ahead are drained in terms of both resilience and capacity, which has the potential to impact on the quality of care they deliver. Staffing pressures are being felt across all health and care settings. However, the impact is being seen most acutely in adult social care, where providers are competing for staff with the retail and hospitality industries.

The government has made a welcome £5.4 billion investment to help address the challenges faced by social care. If this money is to make a difference, it must be used to enable new ways of working that recognise the interdependency of all health and care settings, not just to prop up existing approaches and to plug demand in acute care. Five hundred million pounds has been committed to support the adult social care workforce, which is urgently needed for improvements on training, career development and terms and conditions in order to attract and retain staff. Work needs to begin now in order to address the immediate problem of rising vacancy rates as well as planning for the future.

Increased stability in social care is the key to unlocking not only improved access and quality of care for the people who use it, but to easing pressure on the NHS by reducing emergency attendances and enabling people to leave hospital in a timely way. There is short-term funding currently in place to help discharge patients who are no longer in need of hospital care but who may still require care services – this has allowed the NHS to treat more patients and has made a crucial difference to the viability of some social care providers.

If this funding were to be committed to for a longer period, care providers could begin to make longer term investments in staffing to provide much-needed step-down care. They could also build more meaningful relationships with primary, secondary and community care services – as well with third sector organisations and with carers, who have too often been the missing piece of the jigsaw. There is

also a need for additional funding to be made available now, rather than next year, to areas that will otherwise struggle to meet people's needs over the coming winter. As the number of people seeking emergency care continues to rise, leading to unacceptable waiting times for ambulances and in emergency departments, measures that improve capacity and patient flow are urgently needed. Close working between providers, commissioners and all other parts of the health and care system will be essential to safely manage risk through the forthcoming winter. Ultimately however, new models of care are necessary to ensure that people receive the care they need where and when they need it. This would mean people are less likely to be inappropriately funnelled into emergency departments – and that primary care services are able to focus on those with complex co-morbidities, rather than patients who could be better treated in other settings and by other allied health professionals. And as waiting lists for investigations and treatment lengthen, ensuring that they are managed well, fairly, and safely will be vital – closer collaboration with primary care services and third sector organisations will be key to this.

In the longer term, the role of Integrated Care Systems (ICSs) will be to ensure that all parts of the health and care system work better together to respond to the needs of their local community – a transformation that may well require fundamental changes to funding, oversight, and commissioning. Designing services around local need must be the priority, ensuring people get the right treatment in the right place at the right time, with good, safe care delivered by a workforce who are valued and supported.

**Lead: Chief Executive**

### **Key points**

**The impact of the pandemic on many who use health and social care services has been intensely damaging. Many people have struggled to get the care they need, and there is also evidence that some people have not sought care and treatment as a result of COVID-19.**

**CQC have previously highlighted the ongoing issues that people from some groups have faced in accessing and receiving high-quality care. Over the last year, the pandemic has further exposed and exacerbated these inequalities.**

**People with a learning disability have faced increased challenges as a result of the pandemic.**

**The need for mental health care has increased, with children and young people particularly badly affected.**

**The strain on carers has intensified. Carers UK estimated in June 2020 that an additional 4.5 million people had become unpaid carers since the pandemic began.**

**Health and social care staff are exhausted and the workforce is depleted. People across all professions, and carers and volunteers, have worked tirelessly to help those who needed care. The negative impact of working under this sustained pressure, including anxiety, stress, and burnout, cannot be underestimated.**

**Despite the widespread disruption caused by the pandemic, surveys have shown that, when people were able to access the care they needed, they were often positive about that care.**

**Senior managers and staff are fully aware of the impact of the pandemic on our services and are actively working with our clinical staff and health and social care partners to develop new models of care and support services to meet the increasing demand.**

## **2. NHS health and wellbeing framework NHS England 4 November 2021**

This framework is a high-level culture change toolkit aimed at health and wellbeing staff, human resources (HR) and organisational development (OD) staff, HR and OD directors, wellbeing guardians, managers and leaders and anyone with an interest in health and wellbeing.

[NHS health and wellbeing framework](#)

It is made up of four documents:

- Strategic overview
- Elements of health and wellbeing
- Diagnostic tool
- Implementation guide

**Lead: Director of Workforce & Organisational Development**

**This is being shared with the Staff Wellbeing Group and will be discussed at the next meeting of the group.**

## **3. Government to introduce COVID-19 vaccination as a condition of deployment for all frontline health and social care workers** Department of Health and Social Care 9 November 2021

Health and social care workers, including volunteers who have face to face contact with service users, will need to provide evidence they have been fully vaccinated against COVID-19 in order to be deployed, under new measures announced.

- Measure aims to ensure patients and staff are protected against infection
- Deadline for care home workers to be double jabbed is Thursday 11 November
- Almost 90% of NHS staff are already double jabbed

Ensuring the maximum number of NHS staff are vaccinated will help ensure the most vulnerable patients gain the greatest possible levels of protection against

infection. Elderly people, those with disabilities and some seriously ill people in hospital face a higher risk from COVID-19 than the wider population and are more likely to use health and care services more often.

The measures will also protect workers, which is important for hospital trusts where extensive unexpected absences can put added pressure on already hardworking clinicians providing patient care.

The regulations will also apply to ancillary staff such as porters or receptionists who may have social contact with patients but are not directly involved in their care. This will apply across the CQC-regulated health and social care sector.

The requirements will come into force in the spring, subject to the passage of the regulations through Parliament. There will be a 12-week grace period between the regulations being made and coming into force to allow those who have not yet been vaccinated to have both doses. Enforcement would begin from 1 April, subject to parliamentary approval. This will allow time for health and social care providers to prepare and encourage workers uptake before the measures are introduced. There is a longstanding precedent for vaccination in NHS roles. Workplace health and safety and occupational health policies are already in place to ensure those undertaking exposure-prone procedures are vaccinated against Hepatitis B – such as surgeons, because of the potential health risk.

**Lead: Director of Workforce & Organisational Development**

**We await the further guidance from NHSI. Provisional plans are in place which will be nudged when the guidance is published.**

#### **4. UK health services make landmark pledge to achieve net zero** Department of Health & Social Care 9 November 2021

All 4 UK health services have united to commit to net zero carbon emissions, and commit to become net zero and build climate resilience through COP26 Health Programme

The impacts of climate change represent the biggest public health challenge of this century, which could be felt around the world through greater water and food insecurity, extreme weather events and increased infectious diseases. These elements all threaten the capacity of health systems to prevent, adapt and respond to increased and new health risks. For countries joining the UK COP26 Presidency's Health Programme, they will ensure their health systems are resilient and able to withstand such environmental shifts to continue to deliver care for patients.

Each of the 4 health systems across the UK have already started work on being greener, with more ambitious plans already underway to be well ahead of the UK government's commitment of the entire country being net zero by 2050.

**Lead: Director of Finance**

**This information is being considered alongside the Green plan guide (produced by the Greener NHS Team) to inform the Trust's Green Plan, which is currently in draft stage and will be finalised via the normal governance route, prior to presentation to Trust Board in January 2022.**

#### **5. Transaction Guidance Consultation NHS England 9 November 2021**

This consultation document proposes changes to the NHS transactions guidance for trusts undertaking transactions, including mergers and acquisitions, last updated in 2017. The guidance governs the way NHS England and NHS Improvement assures proposed transactions involving NHS trusts and/or foundation trusts.  
<https://www.england.nhs.uk/publication/transactions-guidance-consultation/>

**Lead: Chief Executive**

**The contents have been noted and that these will be discussed in the Executive Management Team (EMT) and Finance and Investment Committee (FIC).**



**Agenda Item 9**

Title & Date of Meeting:	Trust Board Public Meeting– 24 <sup>th</sup> November 2021			
Title of Report:	Performance Report - Month 7 (October)			
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	<p>This purpose of this report is to inform the Trust Board on the current levels of performance as at the end of October 2021.</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>			
<b>Governance:</b> <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)	
<b>Key Issues within the report:</b>  <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<p>Commentary for indicators that fall outside of normal variation is included below:</p> <p><b>CPA Reviews -</b> are monitored closely within the Division and recovery plans introduced and monitored for those areas where performance requires improvement.</p> <p>There are 3 areas which require improvement CMHT West Hull, Haltemprice Mental Health Team and Complex Interventions.</p> <p>Hull West have experienced an increase in demand at the same time as challenging staffing levels. Staffing absence in Haltemprice has also affected performance.</p>			

Recovery plans in are in place and performance is expected to be fully restored by mid-December. A recovery plan is also in place for the Complex Intervention Service which will be monitored closely within the Division.

**IAPT (6 Weeks)** - Performance is currently at an access time of 8 weeks because of increased demand and complexity of presentation that has required additional treatment sessions being needed by high volumes of patients.

One of the VCSE sub-contract providers that the service works alongside has also been unable to meet the demand due to staffing pressures.

The service are currently undertaking a procurement exercise to identify a suitable alternative provider to commence in the new financial year 22/23.

Recruitment is also underway to improve capacity in the short-term including the appointment of apprentices, with a view to developing a sustainable workforce to reduce reliance on struggling third party providers. Meanwhile the service has a waiting time recovery plan in place which will be revised as soon as the recruitment process delivers additional staff to restore capacity.

**Waiting Times** - The number of patients waiting in excess of 52 weeks for treatment (excluding ASD) has increased after improvement was being experienced prior to the summer. To address this, weekly performance monitoring is being maintained to focus of effective waiting list management and validation. The area of growth relates to CAMHS which is a direct consequence to the improved performance in long waiting patients in Autism Spectrum Diagnosis (ASD).

As ASD assessments times continue to improve, those patients whose assessments do not result in a positive diagnosis are being transferred for ADHD assessment which is currently held within the CAMHS waiting list. These patients are being added to the top of the ADHD waiting list because of their already long wait. The Division are in the process of creating a separate ADHD waiting list for ease of monitoring.

To address this, a new model of care is being introduced for new neuro-diverse referrals that will enable patients to be jointly assessed for neuro-diverse conditions such as ASD or ADHD to improve efficiency and overall patient experience. For those patients already assigned to a waiting list, a third party provider will triage/initially assess these patients to determine the likely neuro-diverse assessment required to ensure patients are waiting for the correct type of assessment.

	<p>Improvement plans are also in place for Memory Services, Paediatric Therapy, Adult Mental Health and Health Trainers where increased referrals and reduce staffing availability have led to increased waiting list size and an overall reduction in performance against the 18ww target.</p> <p><b><u>Delayed Discharge of Care -</u></b> Delayed Discharge of Care cases fluctuate with an improved position for the number of short DTOCs. However, there are a number of ongoing DTOC for patients who have particularly complex care needs and require specialist community residential placements. Ongoing staffing pressures in local authorities provider market are contributing to this position. The focus remains on these patients at regular system senior operational meetings to determine further actions that can be taken to find suitable accommodation for the patient group.</p>
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**Monitoring and assurance framework summary:**

<b>Links to Strategic Goals</b> <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	

Financial Year  
2021-22

# INTEGRATED BOARD REPORT

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

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

Reporting Month:

Oct-21

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team



# Humber Teaching NHS Foundation Trust

## Integrated Board Report

For the period ending: **Oct 2021**

**Purpose** This paper provides a summary on the progress being made against a basket of NHS performance indicators together with executive summary and underpin the Trust's Strategy 2017-2022. A sample of the strategic goals are represented in this report. Particular attention is drawn to the new format and the use of Statistical Process Control (SPC) in the following charts. SPC charts contain upper and lower control limits which are based on 2 standard deviation points above and below the 2 yearly average.

**What are SPCs?**

Statistical process control (SPC) charts can help us understand the scale of any problem, gather information and identify possible causes when used in conjunction with other investigative tools such as process mapping.  
 SPC tells us about the variation that exists in the systems that we are looking to improve:

S – statistical, because we use some statistical concepts to help us understand processes.  
 P – process, because we deliver our work through processes ie how we do things.  
 C – control, by this we mean predictable.

SPC should be used to help to get a baseline and evaluate how we are currently operating. SPC will also help us to assess whether service changes have made a sustainable difference. They give an indication as to whether there is relatively stable variation over time or whether there are special causes creating exceptional variance. This is done by analysing the chart looking at how the values fall around the average and between or outside the control limits. The average and control limits do not indicate whether the indicator is achieving the target that has been set, but they allow us to better understand how stable the performance is and whether or not it is changing.

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

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

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

# Humber Teaching NHS Foundation Trust

## Integrated Board Report

For the period ending:

**Oct 2021**

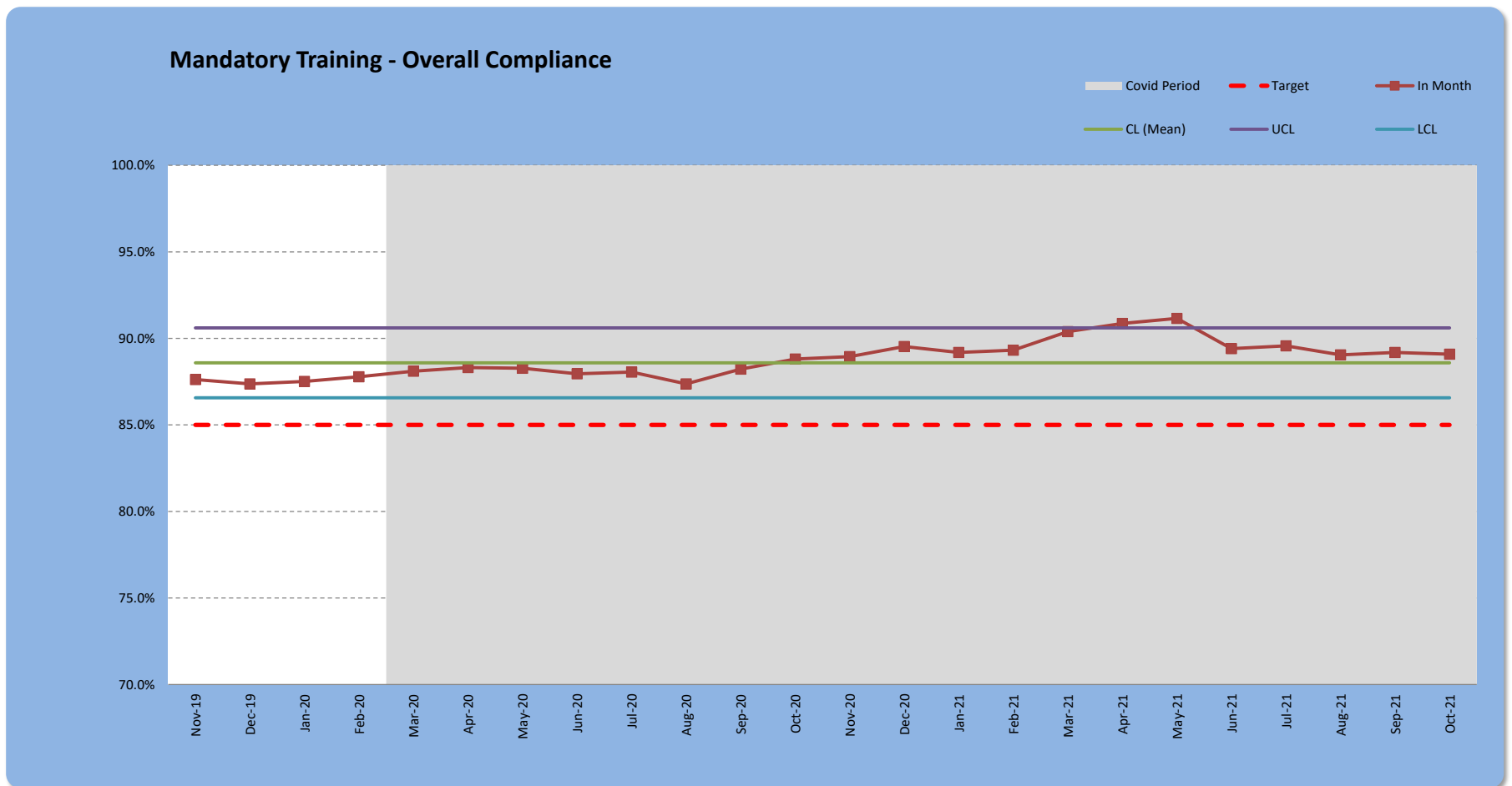
Goal 2	RTT - Completed Pathways	Based on patients who have commenced treatment during the reporting period and seen within 18 weeks of their referral
Goal 2	RTT - Incomplete Pathways	Based on patients who are waiting for assessment and/or treatment and are waiting less than 18 weeks since referral.
Goal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

# PI RETURN FORM 2021-22

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Oct 2021**

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



Target: 85%  
Amber: 80%

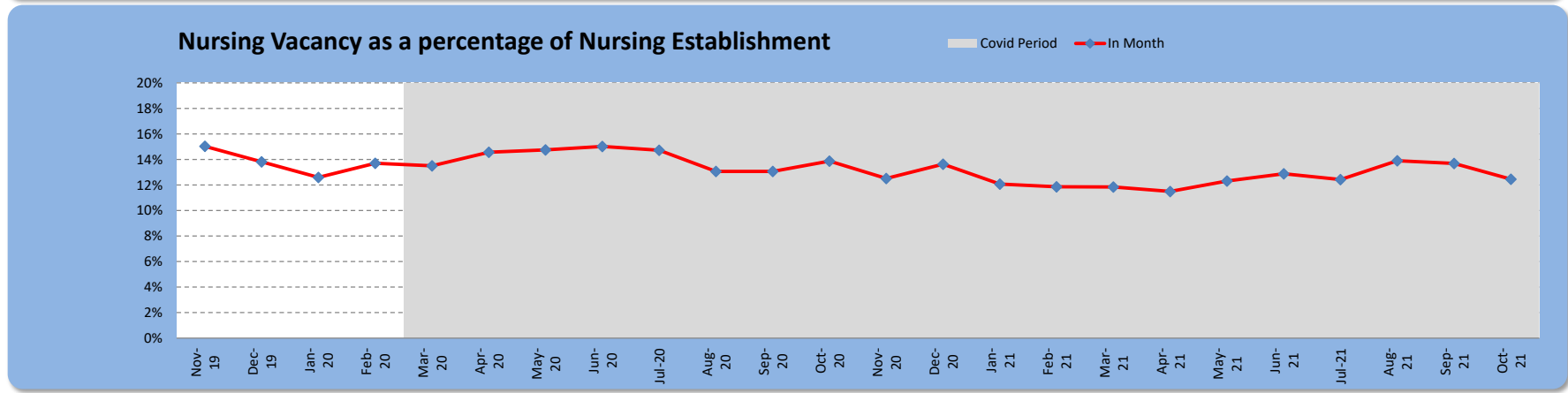
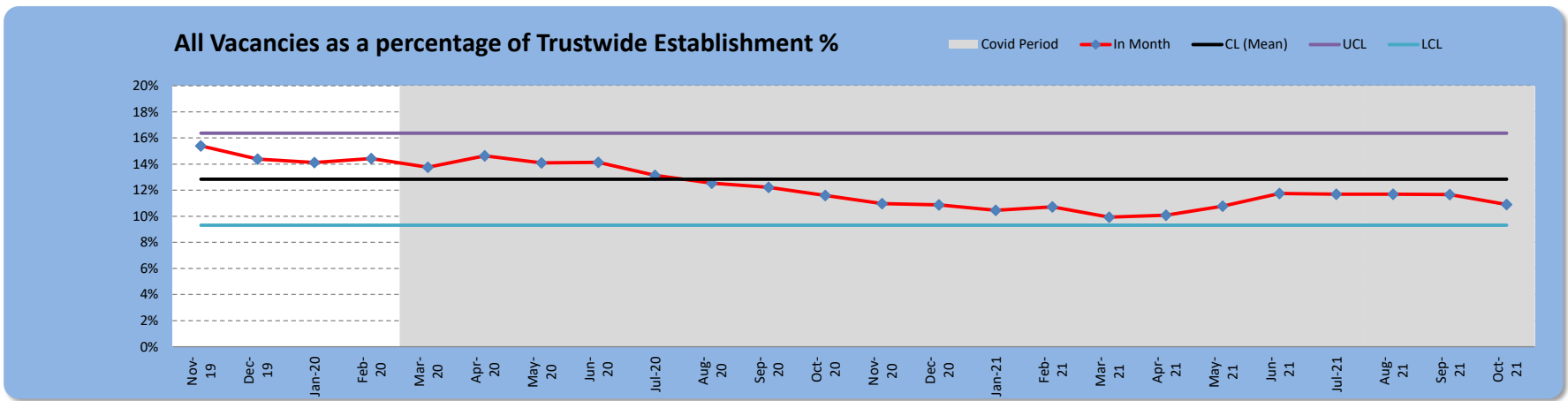
Current month stands at 89.1%

# PI RETURN FORM 2021-22

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Oct 2021**

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



Breakdown for Month		
	Oct	

Current month stands at 10.9%



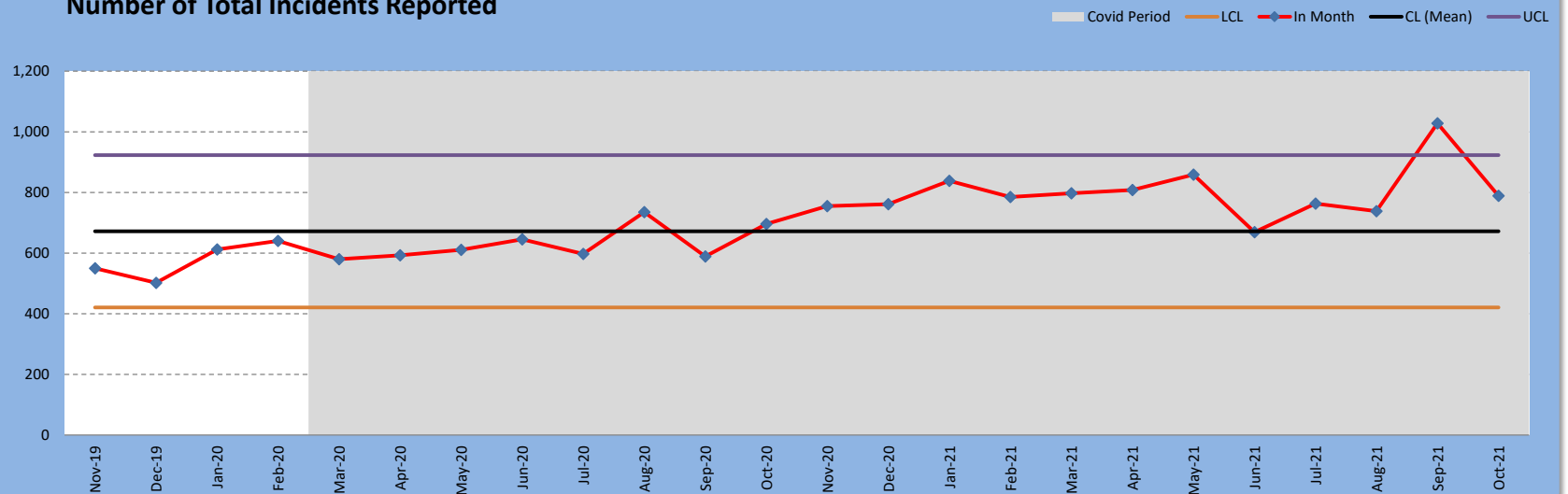
# PI RETURN FORM 2021-22

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Oct 2021**

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

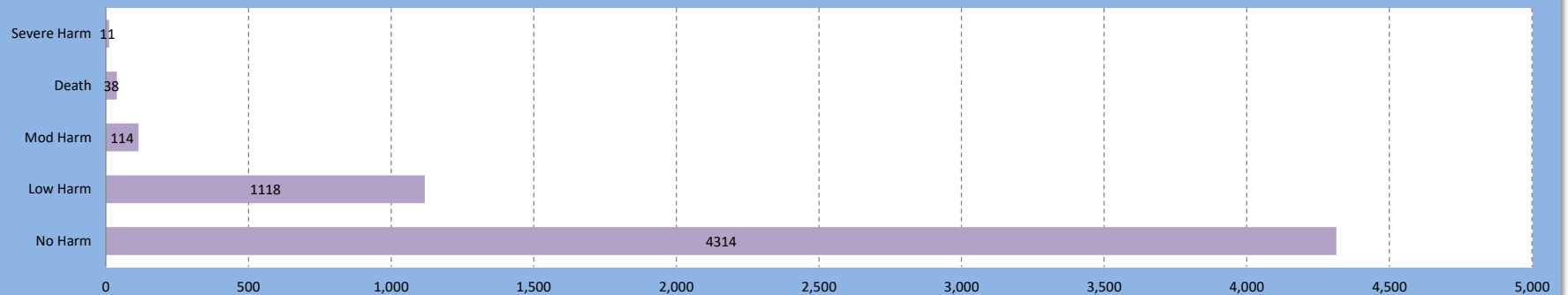
**Number of Total Incidents Reported**



UCL: 923  
LCL: 421

Current month stands at 789

**Severity of Harm (current financial year)**



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

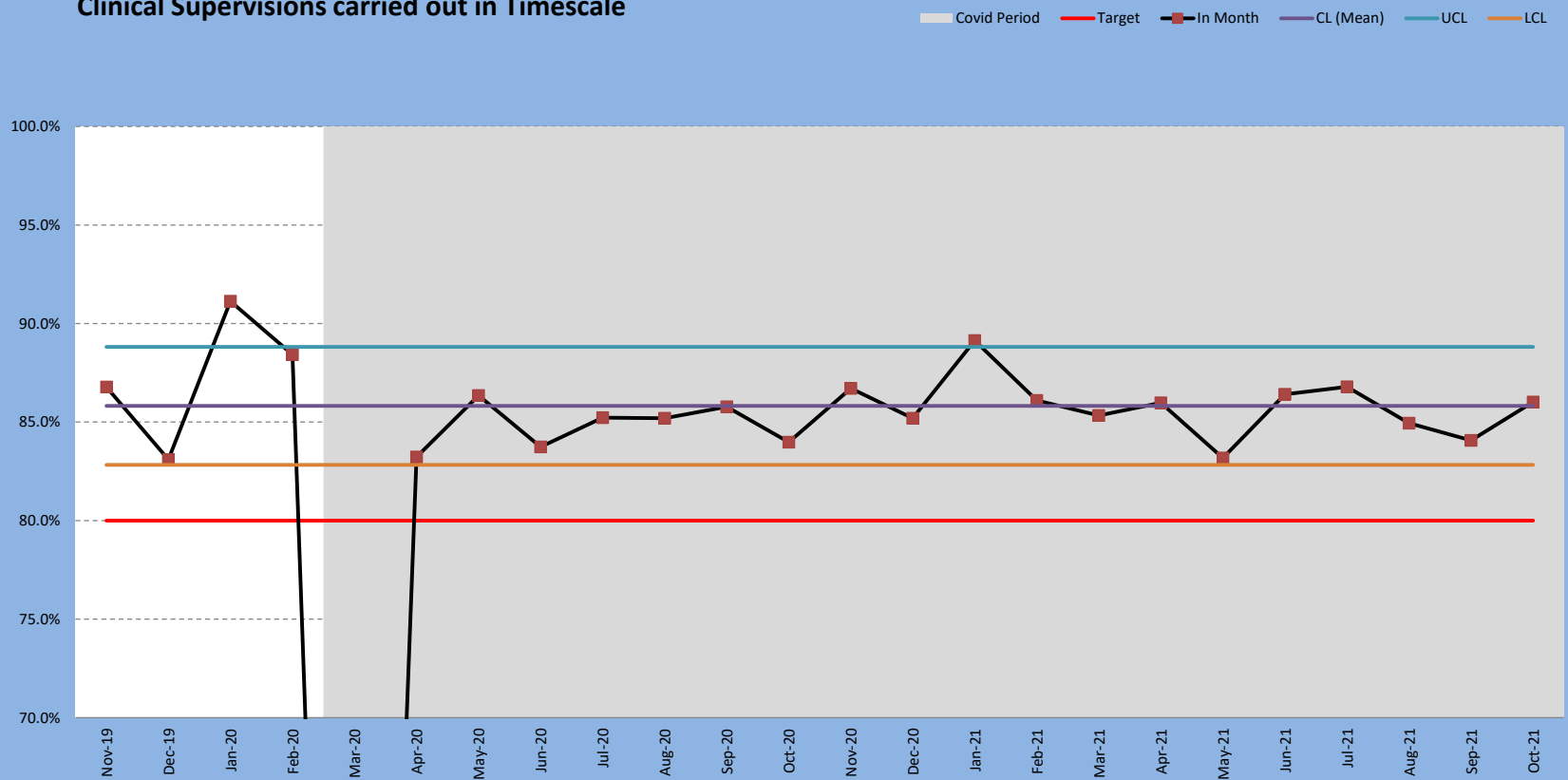
# PI RETURN FORM 2021-22

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Oct 2021**

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

Clinical Supervisions carried out in Timescale



Target: 80%  
 Amber: 75%  
 Current month stands at 86.0%

# HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

Contract Period:	2021-22
Reporting Month:	Sep-21



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)										Aug-21	Sep-21	
										Registered	Un Registered	Registered	Un Registered	Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)			
Adult MH	Avondale	Adult MH Assessment	33.6	71%	13.2	21.6%	↑	1.7%	↓	78%	85%	107%	93%	2	17	4	0	93.1%	92.6%	72.7%	88.9%	0.8%	1.0	1	0	
	New Bridges	Adult MH Treatment (M)	41.5	99%	9.23	14.7%	↑	8.4%	↓	85%	82%	92%	101%	0	35	0	0	89.5%	94.2%	78.6%	82.8%	2.2%	0.9	0	1	
	Westlands	Adult MH Treatment (F)	36.1	70%	12.17	21.9%	↓	13.8%	↑	84%	87%	90%	132%	1	54	4	0	77.4%	82.2%	58.3%	64.0%	8.2%	2.0	4	3	
	Mill View Court	Adult MH Treatment	30.9	106%	11.22	35.5%	↑	13.2%	↓	62%	92%	85%	138%	0	9	1	0	92.3%	94.4%	55.6%	87.5%	7.4%	5.8	3	4	
	STARS	Adult MH Rehabilitation	38.1	90%	27.61	7.3%	↑	2.3%	↓	29%	69%	97%	100%	1	15	0	0	83.8%	95.4%	76.9%	92.3%	11.3%	0.4	4	3	
OP MH	PICU	Adult MH Acute Intensive	31.9	74%	20.89	28.9%	↑	21.9%	↓	91%	101%	83%	144%	0	42	0	0	100.0%	87.0%	69.2%	75.0%	7.7%	3.0	2	1	
	Maister Lodge	Older People Dementia Treatment	32.0	57%	22.05	15.9%	↓	0.0%	→	81%	91%	100%	99%	0	20	0	0	89.5%	94.6%	90.0%	91.3%	8.5%	3.0	1	1	
	Mill View Lodge	Older People Treatment	24.5	93%	13.14	23.6%	↓	2.2%	↓	93%	151%	100%	112%	5	16	0	0	47.8%	94.3%	80.0%	61.5%	1.1%	0.0	3	3	
	Pine View	Forensic Low Secure	27.6	88%	7.31	20.7%	↓	0.0%	→	89%	75%	50%	92%	3	5	1	21	95.8%	94.0%	91.7%	83.3%	14.4%	2.2	4	2	
	Derwent	Forensic Medium Secure	24.4	95%	11.04	34.1%	↓	0.0%	→	64%	91%	100%	100%	0	9	2	0	90.9%	93.9%	62.5%	82.4%	1.9%	1.8	0	3	
	Ouse	Forensic Medium Secure	21.9	97%	5.57	18.3%	↓	0.0%	→	47%	76%	97%	82%	2	4	1	13	95.2%	98.3%	100.0%	93.8%	12.5%	2.8	4	4	
	Swale	Personality Disorder Medium Secure	25.4	87%	10.60	45.2%	↑	0.0%	→	39%	118%	101%	149%	1	6	3	8	70.8%	93.5%	100.0%	83.3%	3.4%	3.0	2	2	
	Ullswater	Learning Disability Medium Secure	33.9	50%	14.39	21.3%	↑	0.0%	→	81%	72%	95%	89%	0	27	3	4	90.9%	92.7%	75.0%	76.5%	13.5%	1.4	1	2	
	Child & LD	Townend Court	Learning Disability	39.6	53%	26.50	29.6%	↓	0.0%	→	48%	71%	50%	127%	6	72	1	0	53.6%	91.7%	80.0%	92.9%	9.4%	4.2	2	5
		Inspire	CAMHS	47.3	54%	24.98	31.0%	↓	14.3%	↓	40%	86%	67%	88%	8	80	0	0	100.0%	81.8%	66.7%	92.9%	7.9%	2.7	2	1
CH	Granville Court	Learning Disability Nursing Treatment	50.3	n/a	n/a	26.2%	↑	6.7%	↑	93%	81%	100%	99%	1	4	0	0	90.7%	83.4%	55.6%	91.7%	6.3%	3.0	1	2	
	Whitby Hospital	Physical Health Community Hospital	42.8	94%	9.72	4.2%	↓	4.4%	↓	77%	71%	98%	100%	3	0	0	0	86.7%	85.1%	88.2%	52.6%	13.4%	3.0	3	3	
	Malton Hospital	Physical Health Community Hospital	30.5	91%	11.32	Not on eRoster	→	Not on eRoster	→	77%	94%	89%	100%	1	0	1	0	100.0%	72.4%	77.8%	48.0%	2.7%	5.0	2	2	

# HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

## Exception Reporting and Operational Commentary

### Safer Staffing Dashboard Narrative : September

Six wards have registered nurse fill rates below the lower threshold (an improvement from 11 wards in the last reporting period). Three wards are above the upper threshold. In most instances this means that shifts are being run with 1 Registered Nurse. However, CHPPD levels remain above the threshold with the exception of Ouse where the B7s are covering shifts to support shortages due to two staff being on long term sickness and vacancies but this is not pulled through into the CHPPD data. On Swale ward managers, DCNs and, at times, matrons are in the numbers to address the low fill rates. Other disciplines assisted at times to cover nursing staff breaks. Morning meetings are held daily in secure services to fairly distribute staffing around the service to mitigate risks.

The low fill rates on STARS are because there is often 1 OT on shift during the day, but this is not reflected in the demand template. This will be addressed in the next safer staffing review.

Despite the low fill rates on TEC due to one registered nurse on duty at times they have good CHPPD levels. They have recruited 2 newly qualified staff who are awaiting their PIN.

Clinical Supervision has improved on MVL from 47.8% in Sept to 95%. On Swale it has improved from 71% to 77% in Oct and on TEC it has improved from 53% to 90%

A full review of ILS and BLS compliance has been undertaken and will be reported to the workforce and OD committee in November including reasons for low compliance and a recovery plan to achieve compliance

The CHPPD RAG ratings are based on the National Average Benchmark of 8.9. More than 8.9 = Green, 8.0 to 8.9 = Amber, Less than 8.0 = Red  
Community Hospitals are NOT RAG rated currently.

Inspire is not fully open therefore the fill rates and CHPPD is not RAG rated until such time the facility is fully operational.

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

OBD RAG ratings for Safer Staffing for Specialist are: Less than 50% = Red and More than 50% = Green

### Staffing and Quality Indicators

Contract Period: 2021-22  
Reporting Month: Sep-21



Humber Teaching  
NHS Foundation Trust

### Registered Nurse Vacancy Rates (Rolling 12 months)

Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
10.60%	10.60%	11.16%	11.90%	10.30%	8.40%	8.80%	10.10%	8.92%	8.70%	11.20%	7.50%

### Slips/Trips and Falls (Rolling 3 months)

	Aug-21	Sep-21	Oct-21
Maister Lodge	8	10	5
Mill View Lodge	2	7	6
Malton IPU	2	5	2
Whitby IPU	3	4	5

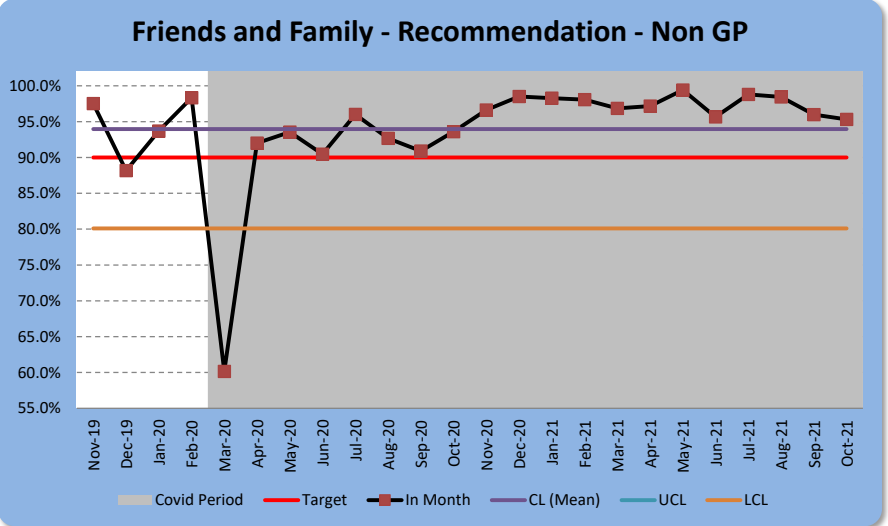
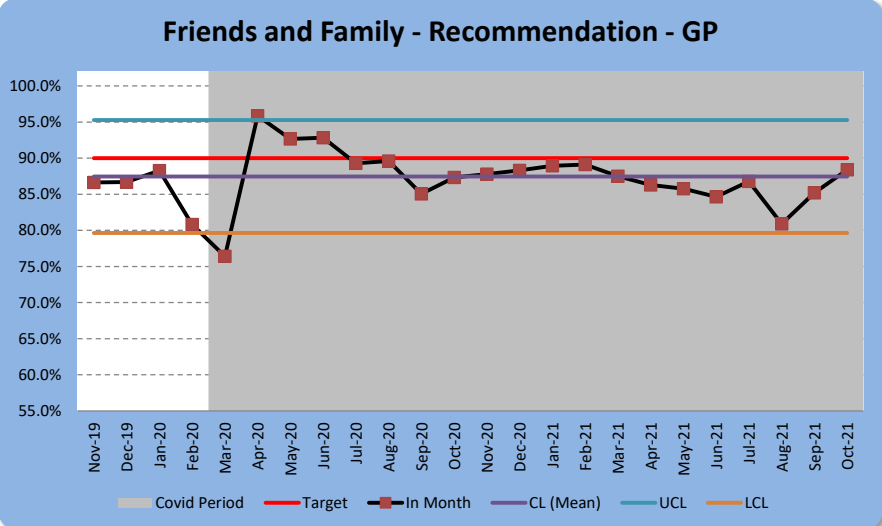
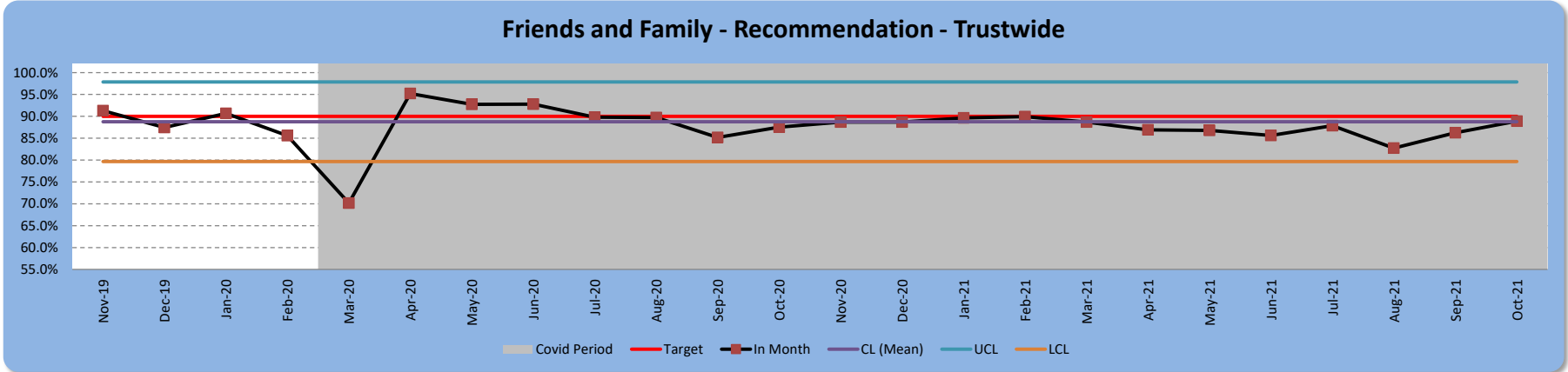
Malton Sickness % is provided from ESR as they are not on Health Roster

# PI RETURN FORM 2021-22

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Oct 2021**

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



Target: 90%  
 Amber: 80%  
 Current month stands at 88.9%

# PI RETURN FORM 2021-22

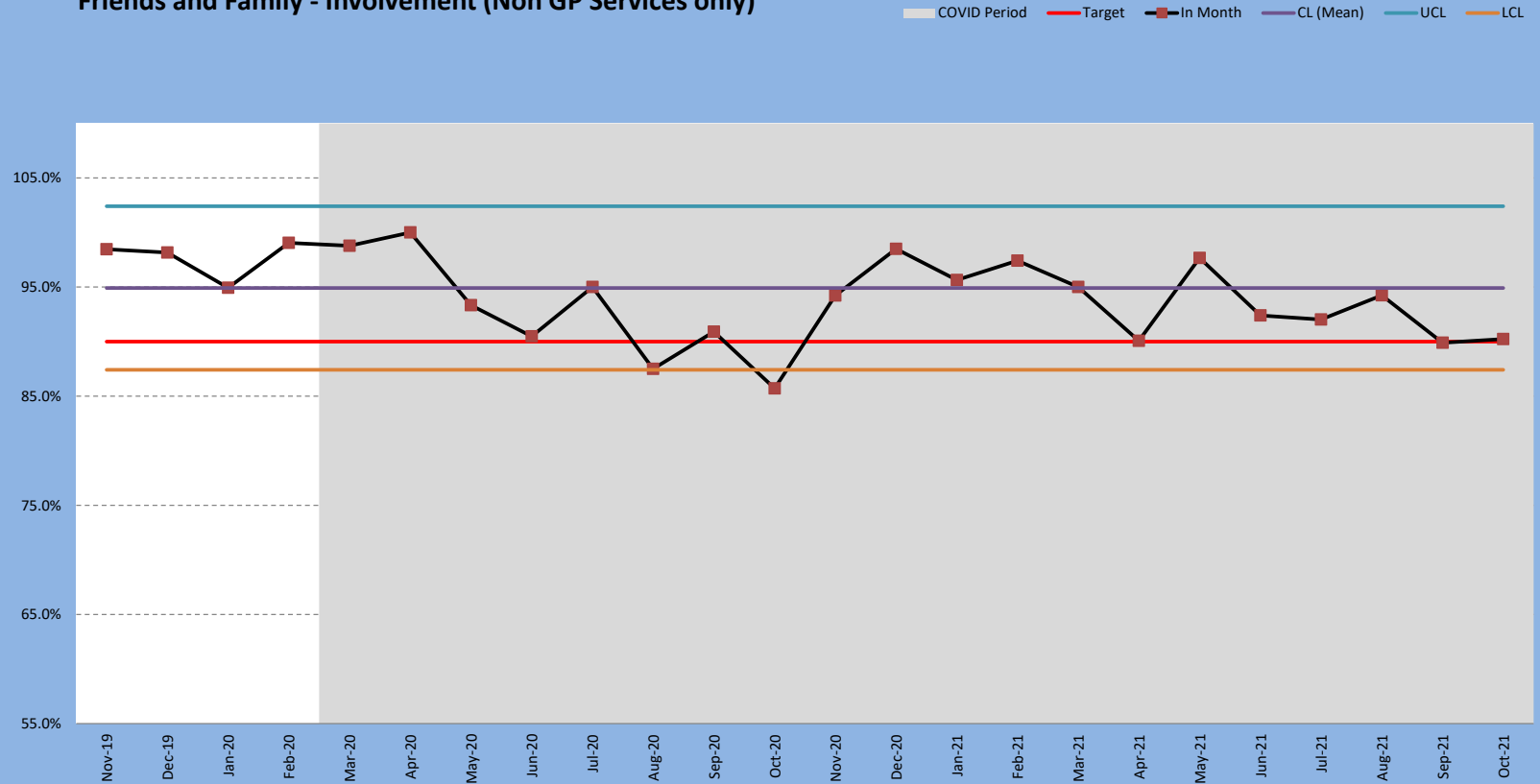
## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2021**

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

KPI Type
CA 3c %

Friends and Family - Involvement (Non GP Services only)



Target: 90%  
Amber: 80%

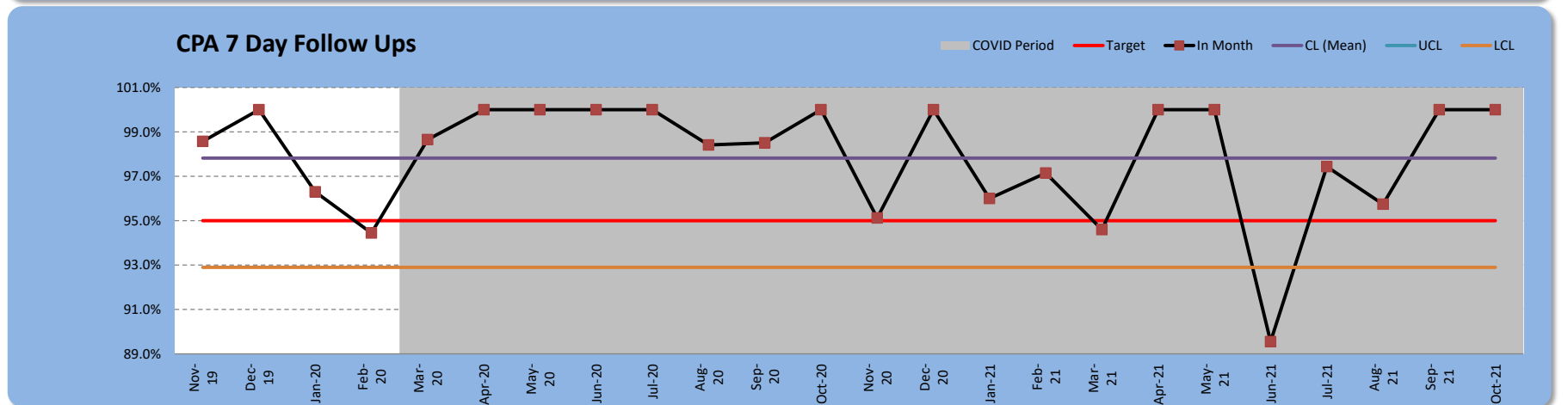
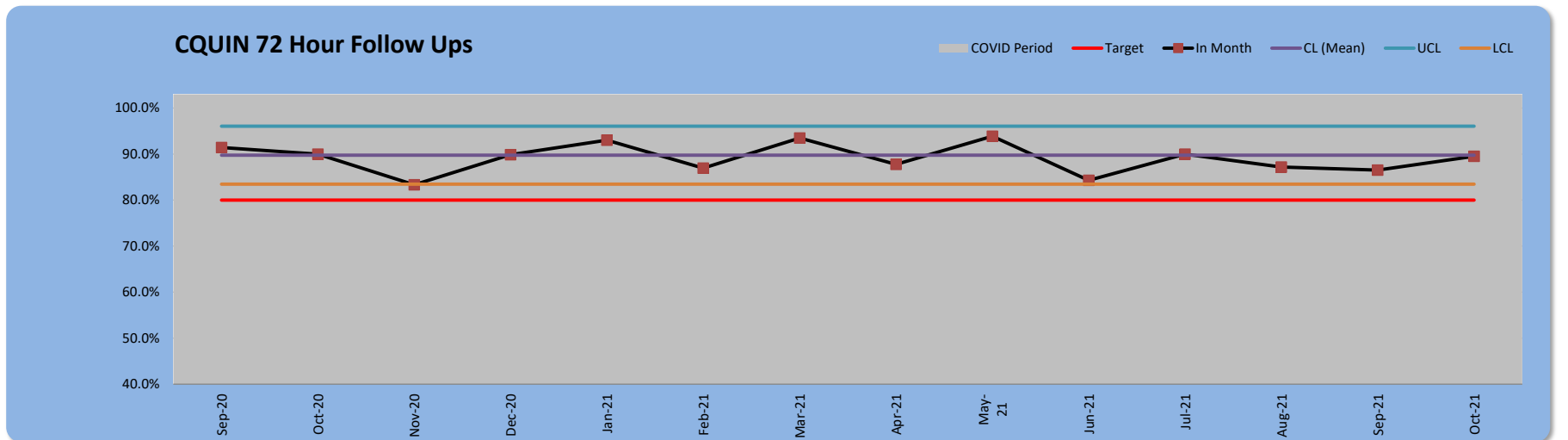
Current month stands at 90.2%

# PI RETURN FORM 2021-22

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2021**

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



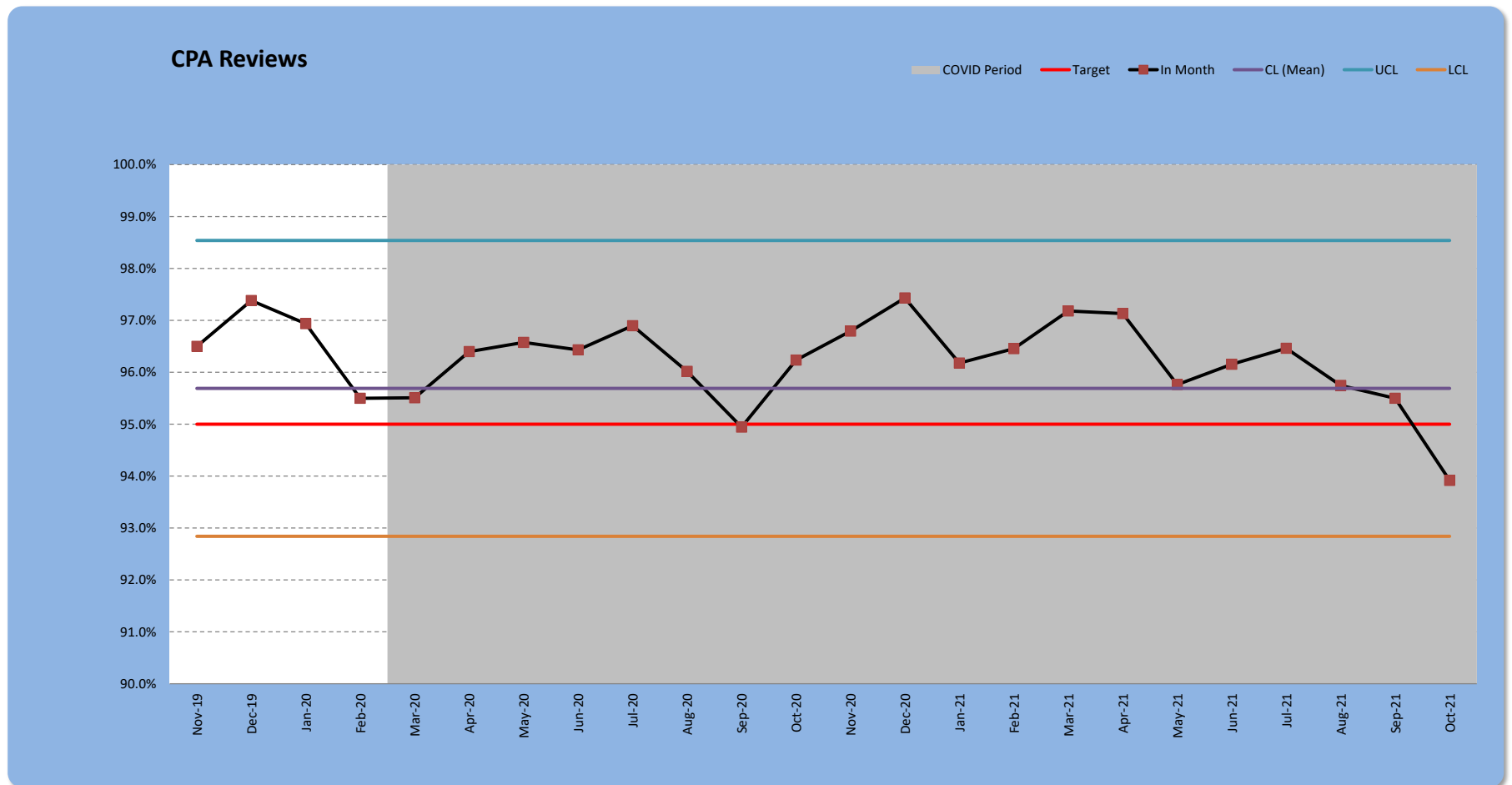
Target: 80%  
 Amber: 60%  
 Current month 72 hr stands at 89.5%

# PI RETURN FORM 2021-22

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2021**

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



Target: 95%  
Amber: 85%

Current month stands at 93.9%

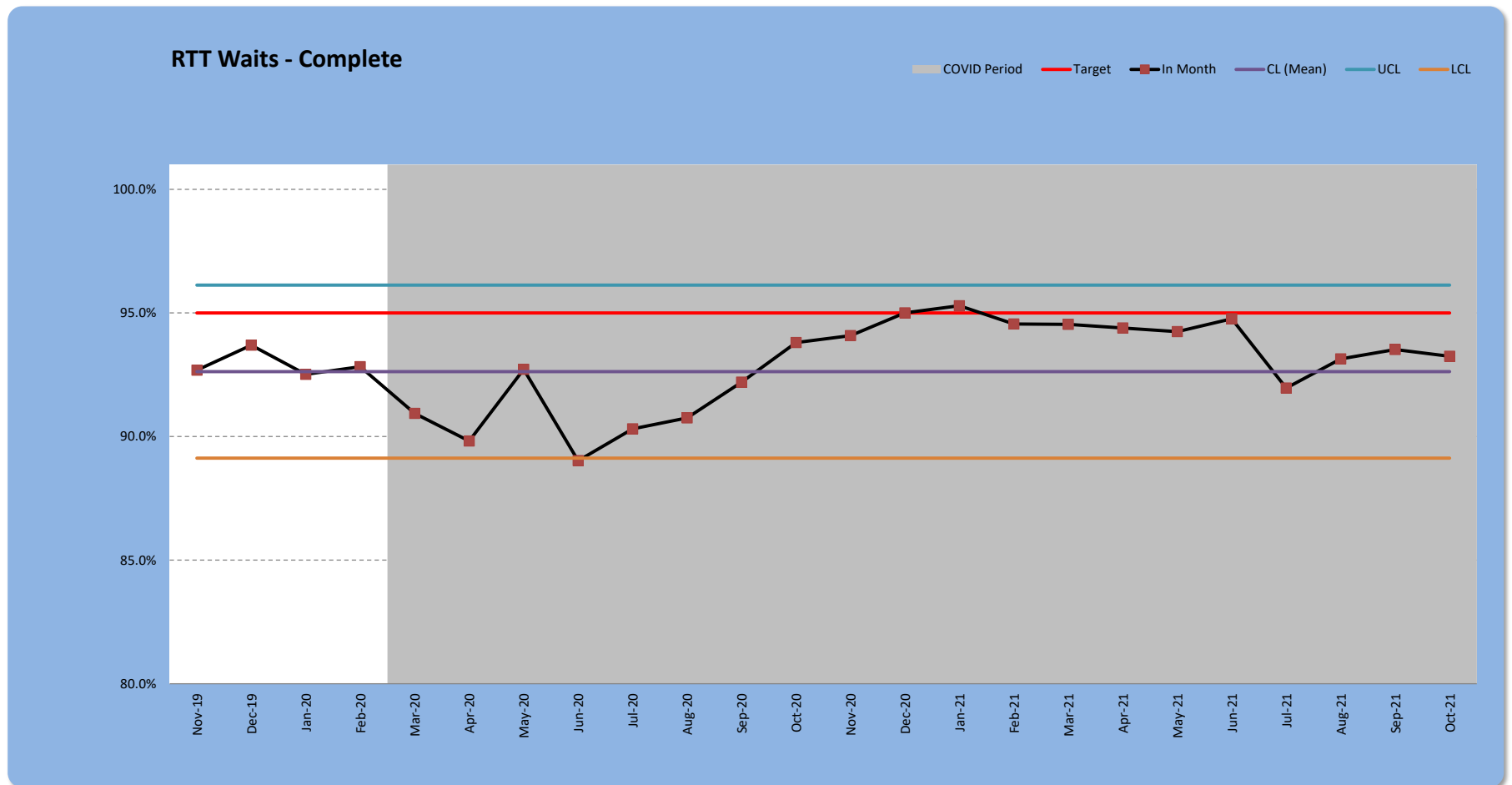


# PI RETURN FORM 2021-22

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2021**

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

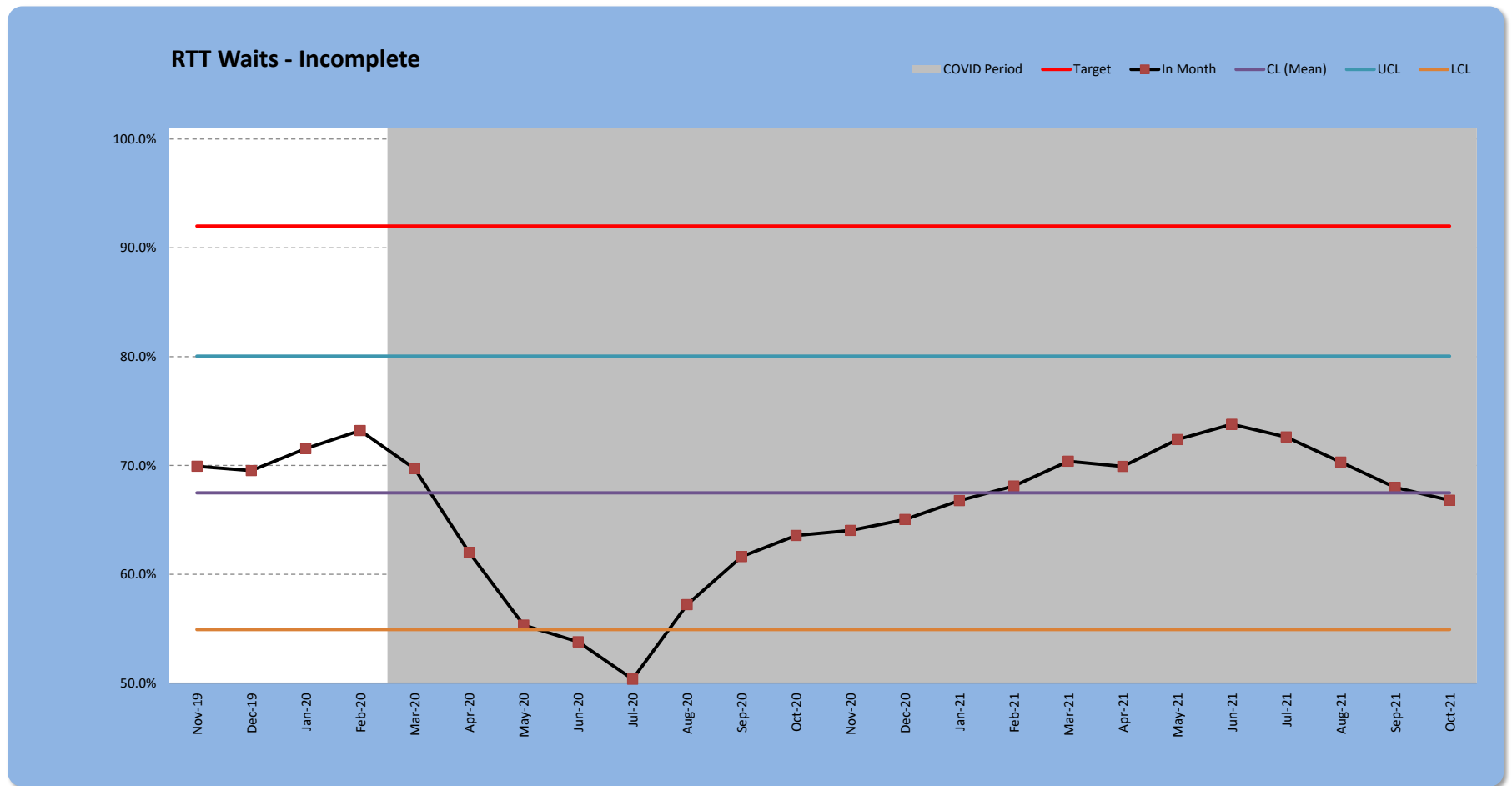


# PI RETURN FORM 2021-22

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2021**

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



Target: 92%  
Amber: 85%

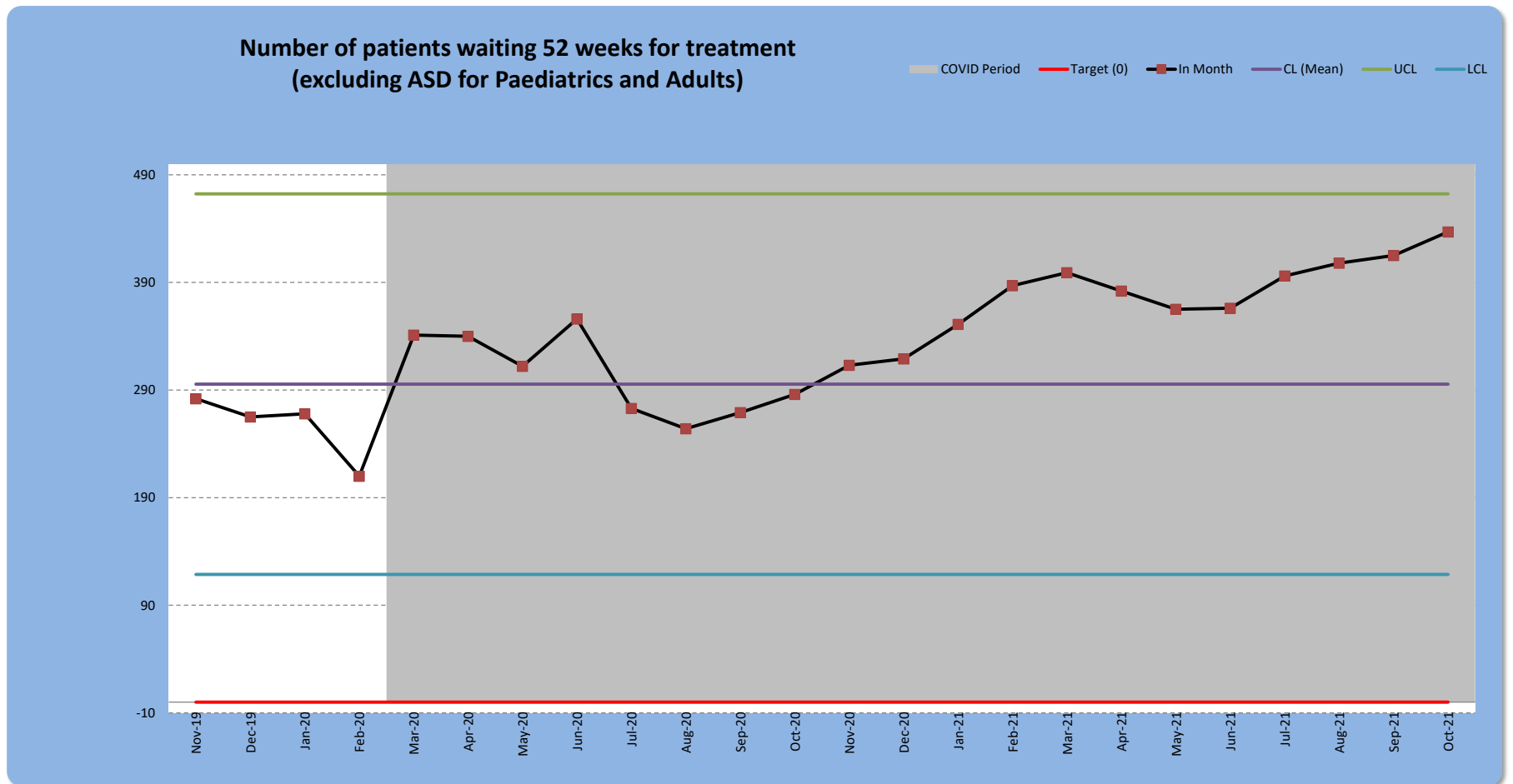
Current month stands at 66.8%

# PI RETURN FORM 2021-22

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2021**

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



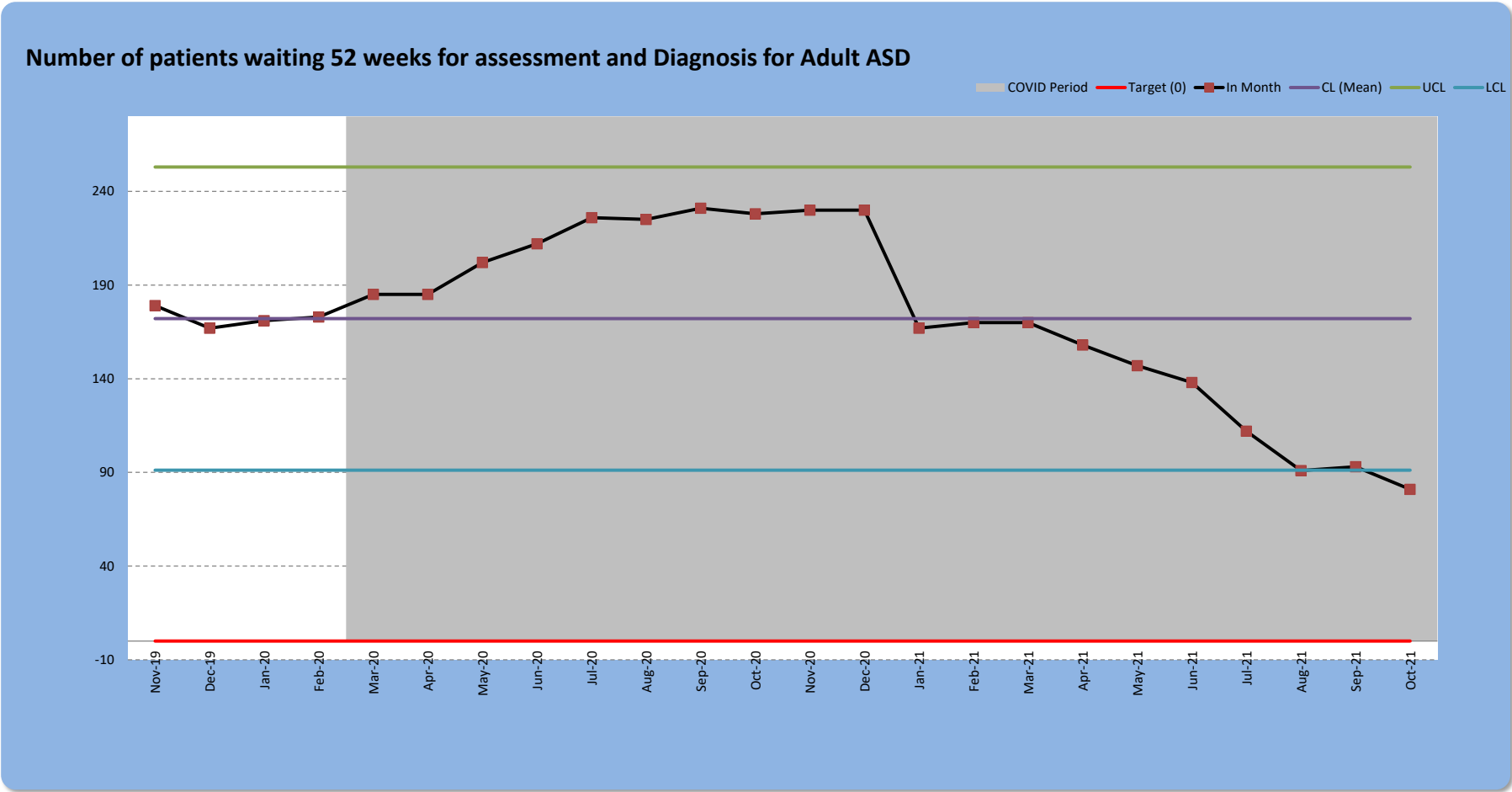
# PI RETURN FORM 2021-22

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2021**

Indicator Title	Description/Rationale	Executive Lead
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

KPI Type
OP 22u



Target: 0  
Amber: 0

Current month stands at 81

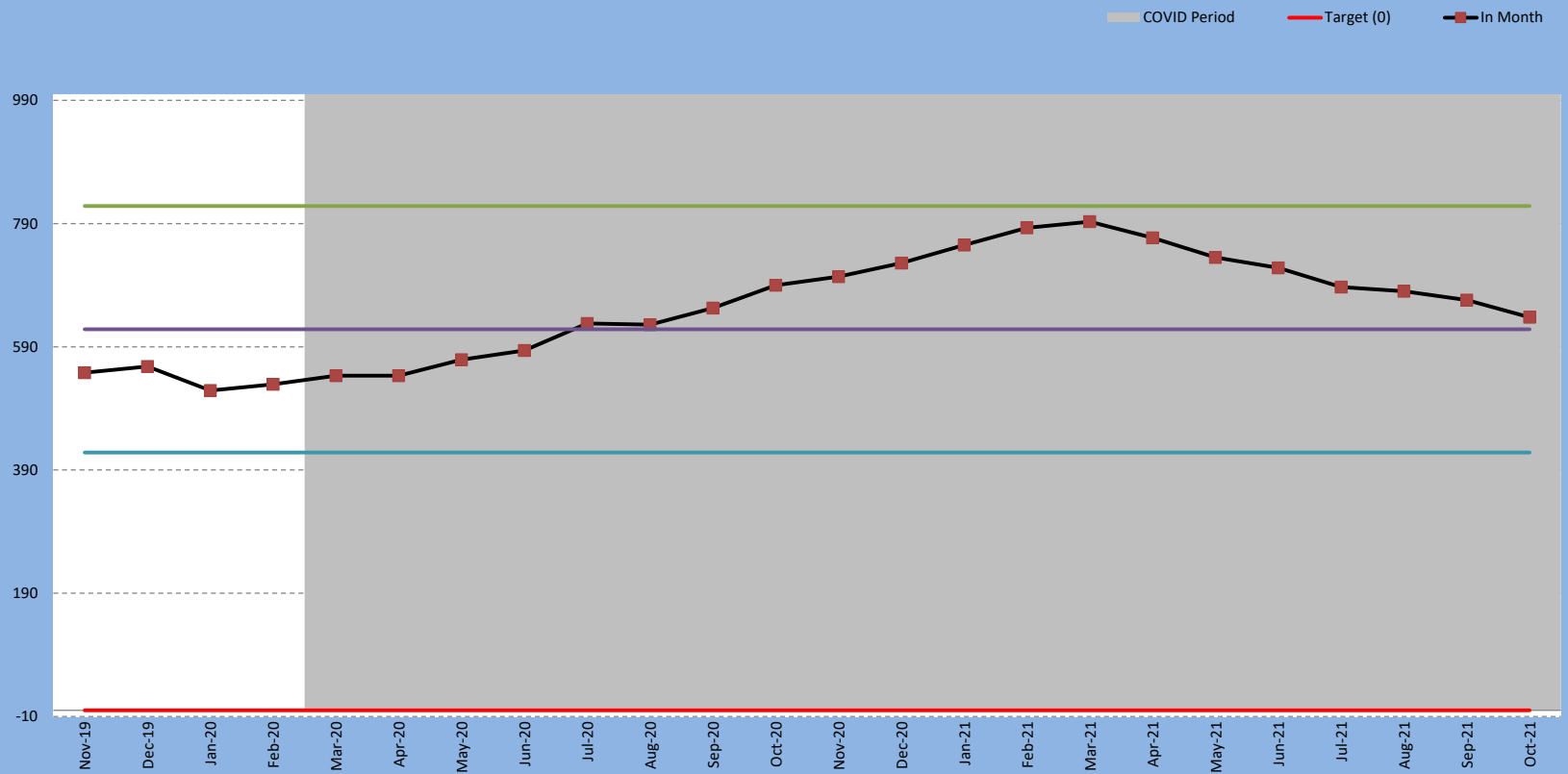
# PI RETURN FORM 2021-22

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2021**

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

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



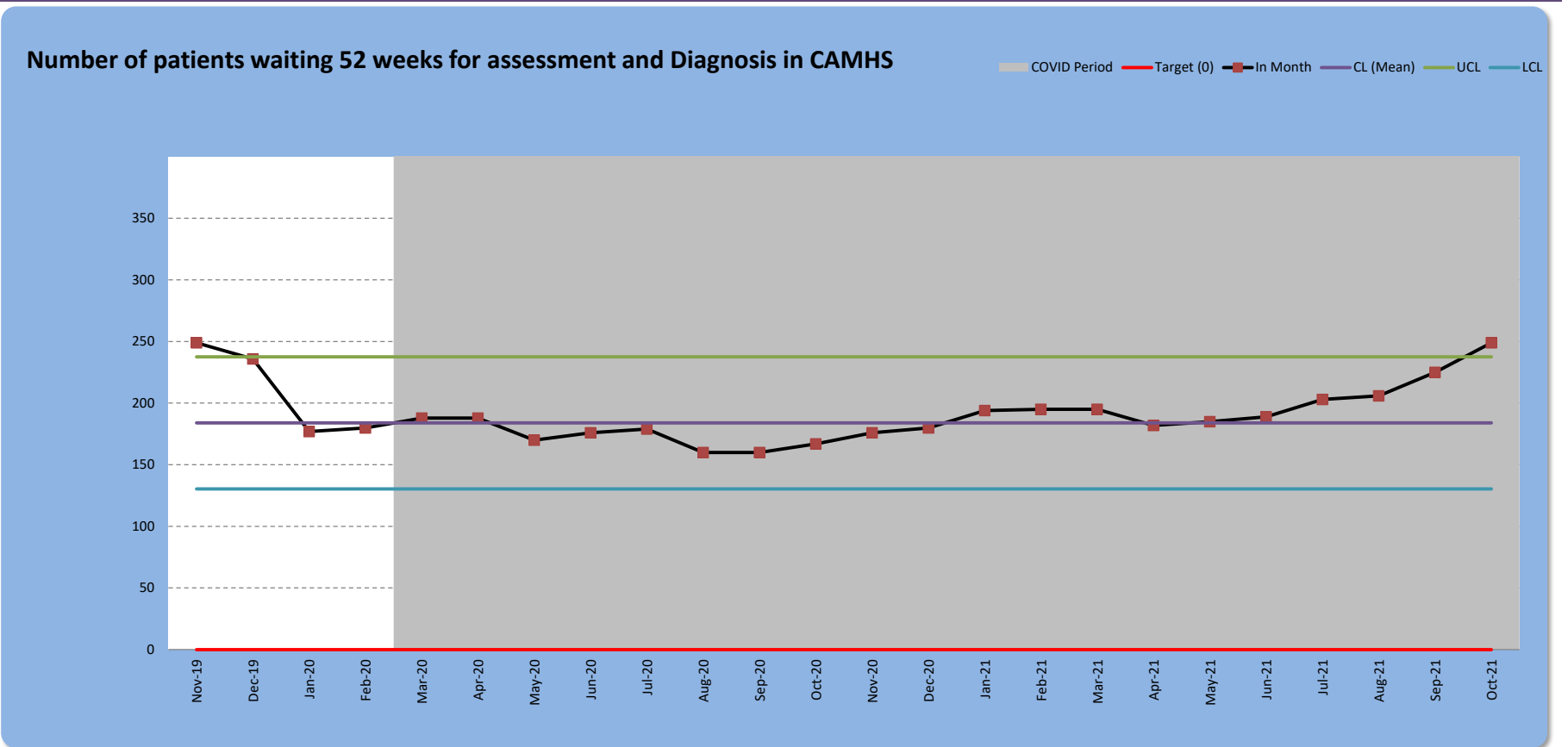
Target: 0  
 Amber: 0  
 Current month stands at 638

# PI RETURN FORM 2021-22

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2021**

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



Target: 0  
 Amber: 0  
 Current month stands at 249

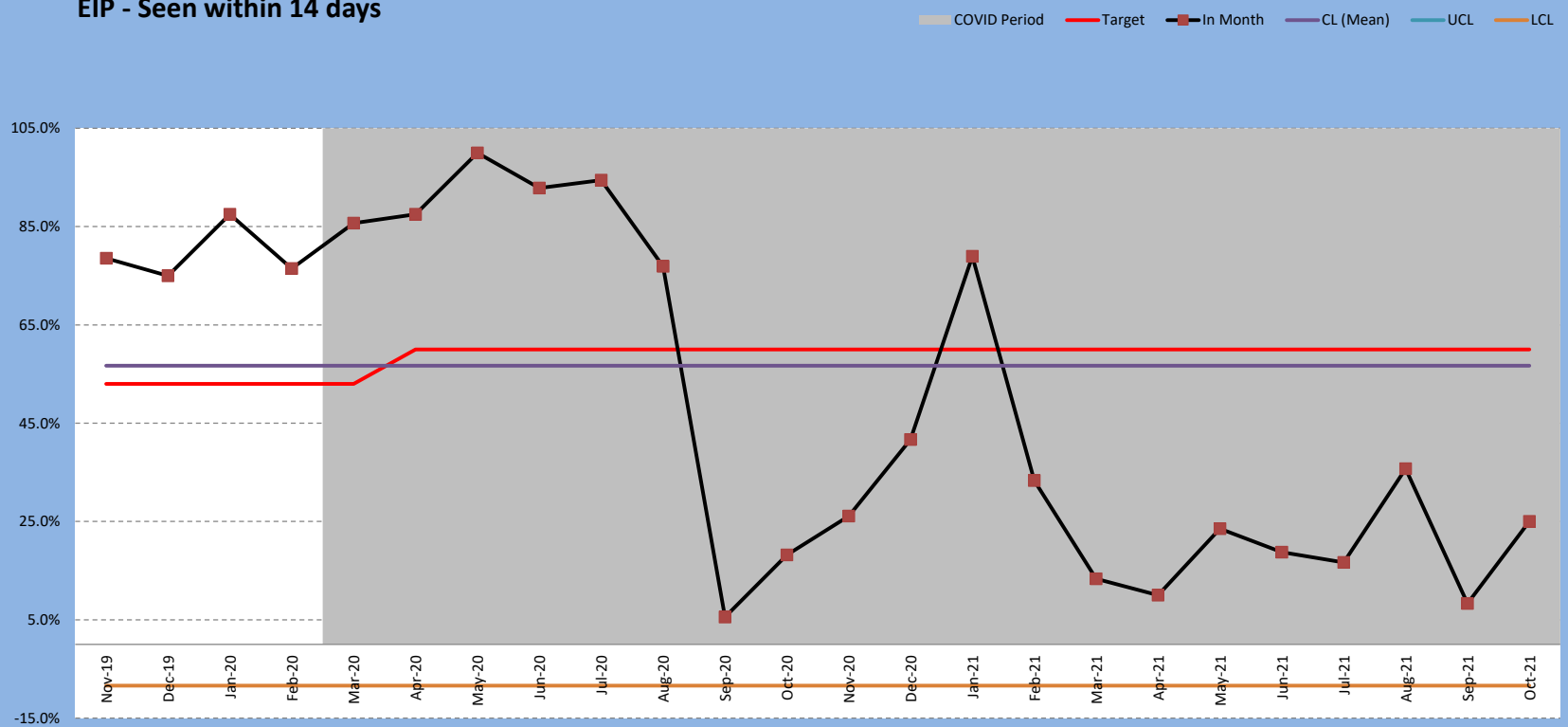
# PI RETURN FORM 2021-22

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2021**

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

**EIP - Seen within 14 days**



Target: 60%  
Amber: 55%

Current month stands at 25.0%

# PI RETURN FORM 2021-22

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2021**

Indicator Title

Description/Rationale

**Improved Access to Psychological Therapies**

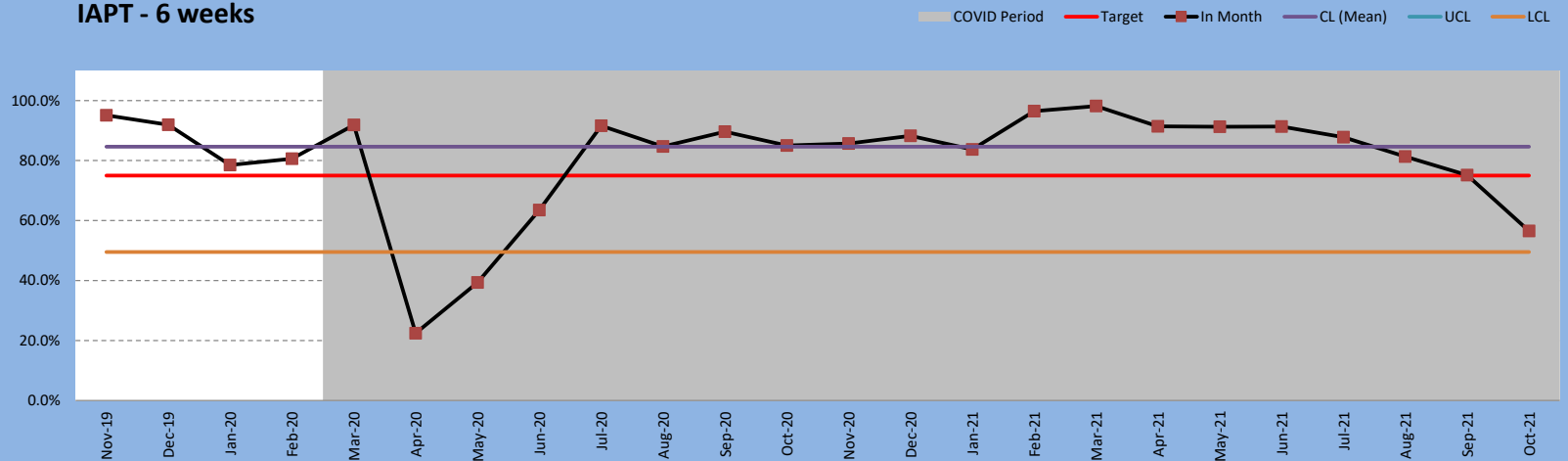
Two graphs to show percentage of patients who were seen within 6 weeks and 18 weeks of referral

Executive Lead  
Lynn Parkinson

KPI Type

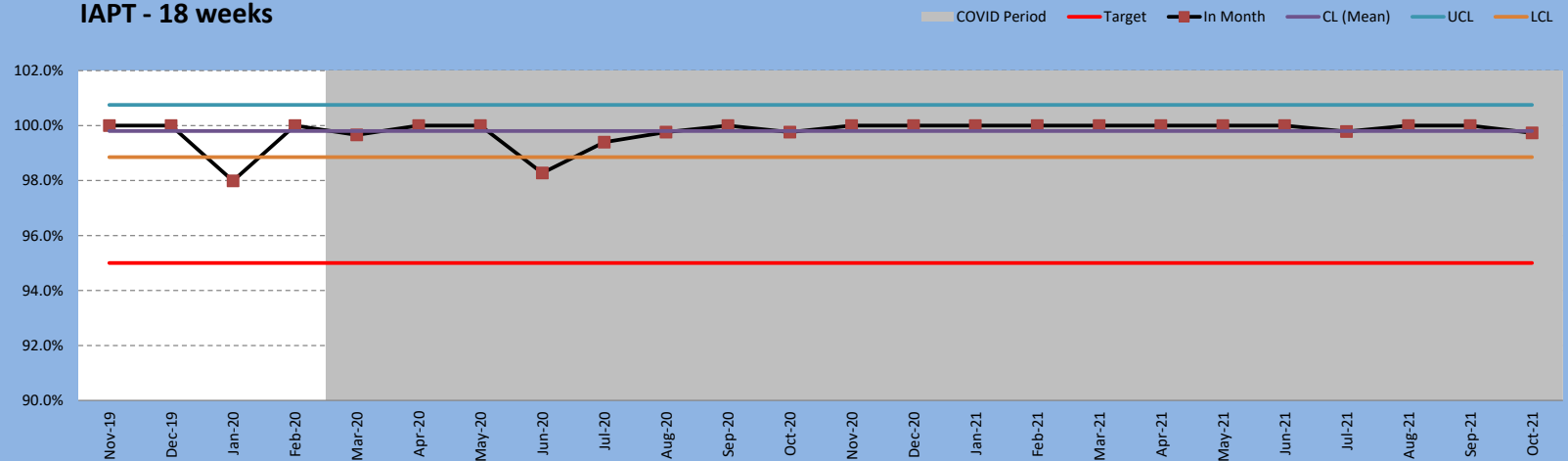
OP 10a

### IAPT - 6 weeks



Target: 75%  
Amber: 70%  
Current month: 56.5%

### IAPT - 18 weeks



Target: 95%  
Amber: 85%  
Current month: 99.7%



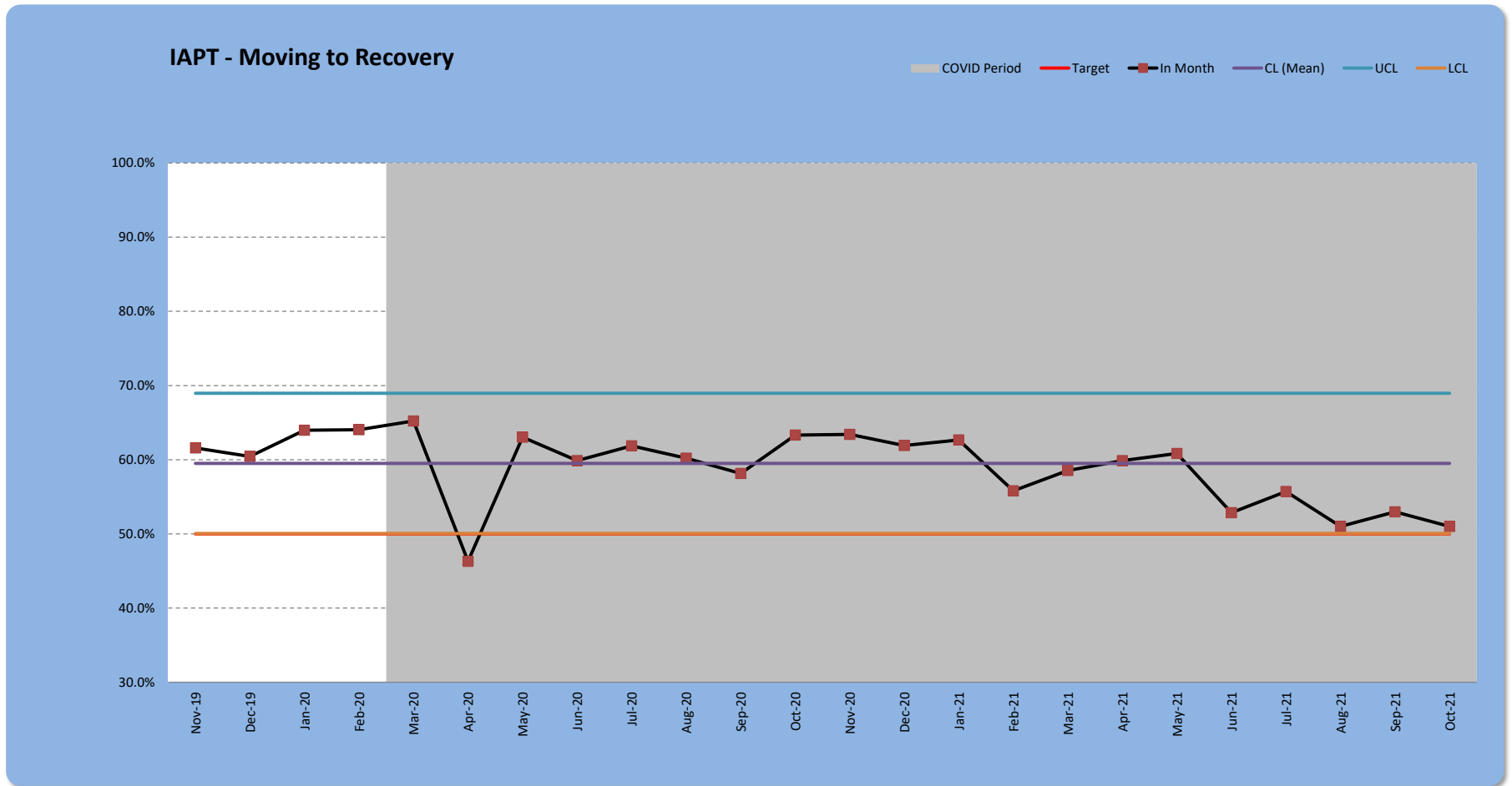
# PI RETURN FORM 2021-22

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2021**

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

KPI Type
OP 11



# PI RETURN FORM 2021-22

## Goal 3 : Fostering Integration, Partnership and Alliances

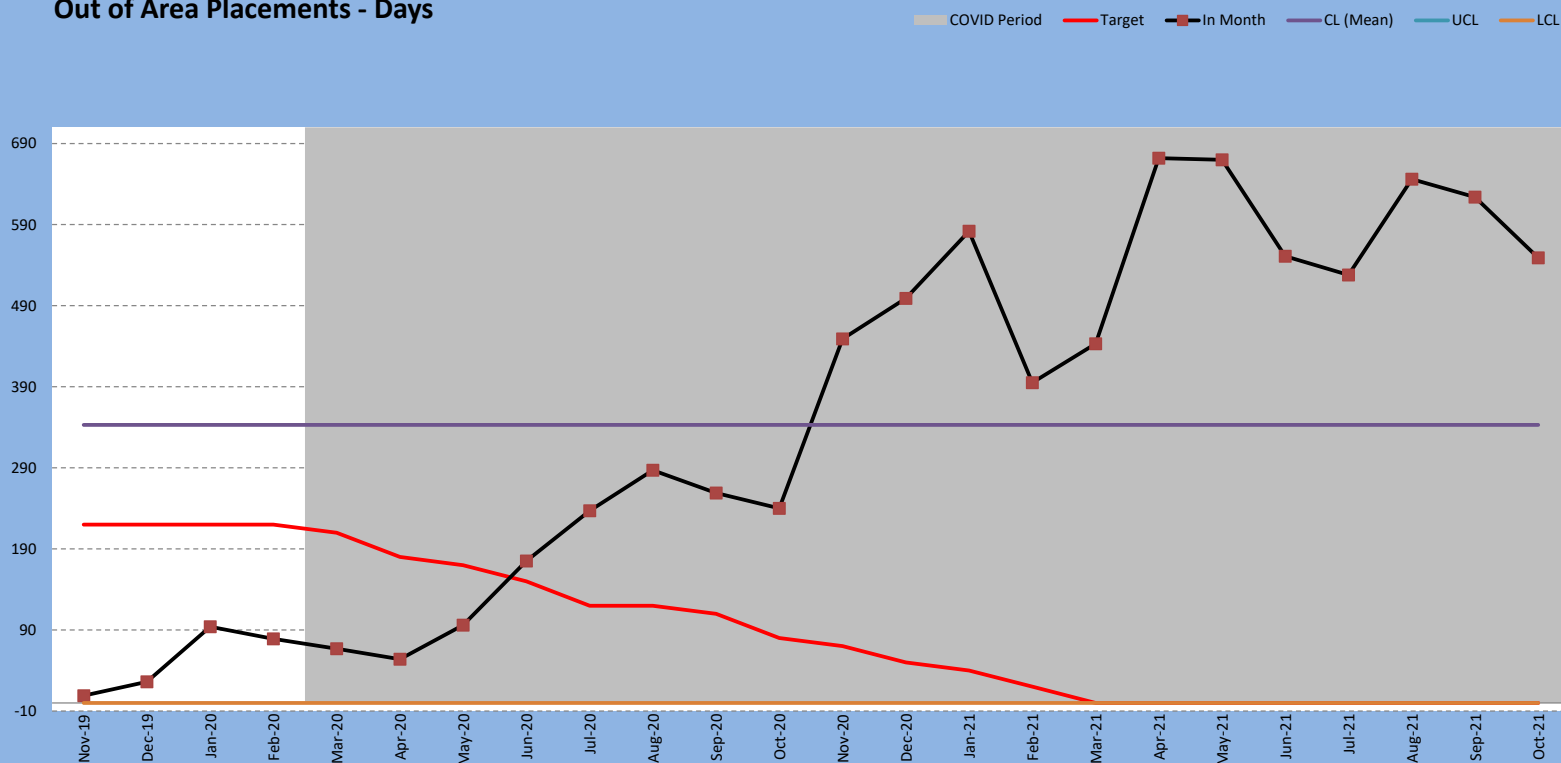
For the period ending: **Oct 2021**

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

KPI Type

ST 4b

### Out of Area Placements - Days



**Total number of patients out of area within month 25**

**Patients OoA - Split**

	# days	# patients
Adult	231	13
OP	236	9
PICU	82	3

Target: 0  
 Amber:  
 Current month stands at 549

# PI RETURN FORM 2021-22

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Oct 2021**

Indicator Title

Description/Rationale

**Out of Area Placements**

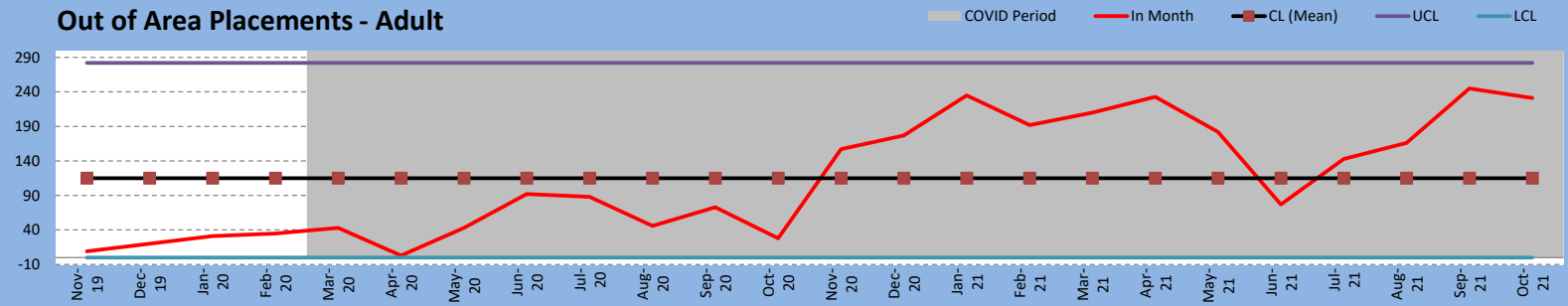
Number of days that Trust patients were placed in out of area wards - split by service

Executive Lead  
Lynn Parkinson

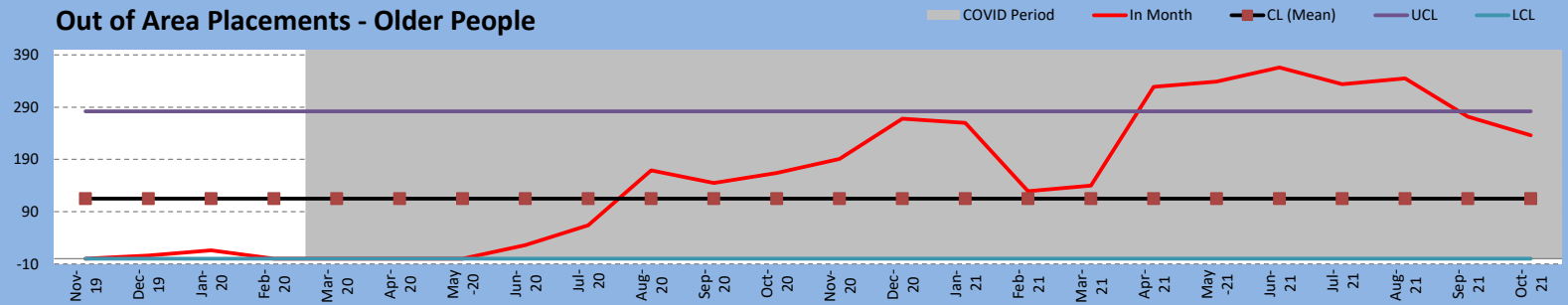
KPI Type

ST 4 split

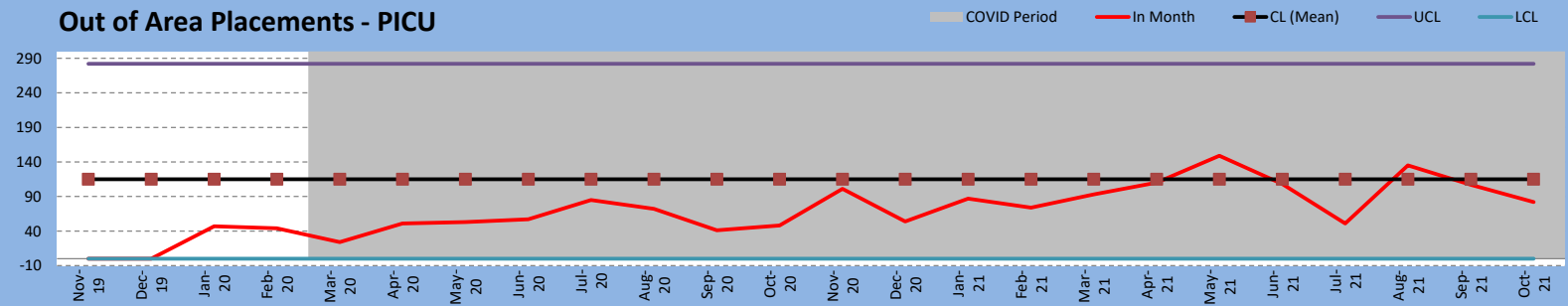
### Out of Area Placements - Adult



### Out of Area Placements - Older People



### Out of Area Placements - PICU



The split for the current month is as follows:

Oct-21	
231	Adult
236	OP
82	PICU
549	Total

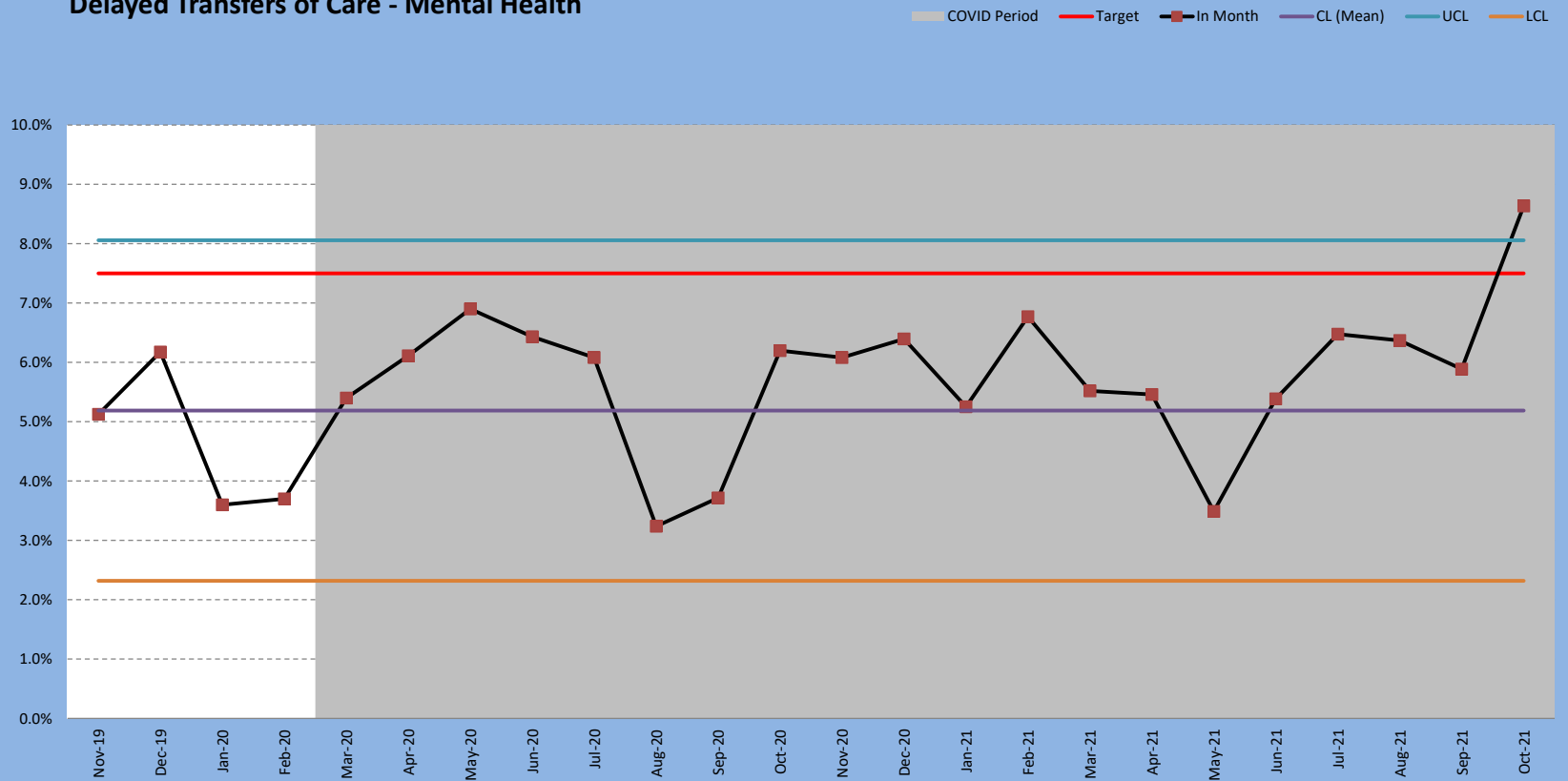
# PI RETURN FORM 2021-22

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Oct 2021**

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

**Delayed Transfers of Care - Mental Health**



Target: 7.5%  
Amber: 7.0%

Current month stands at 8.6%

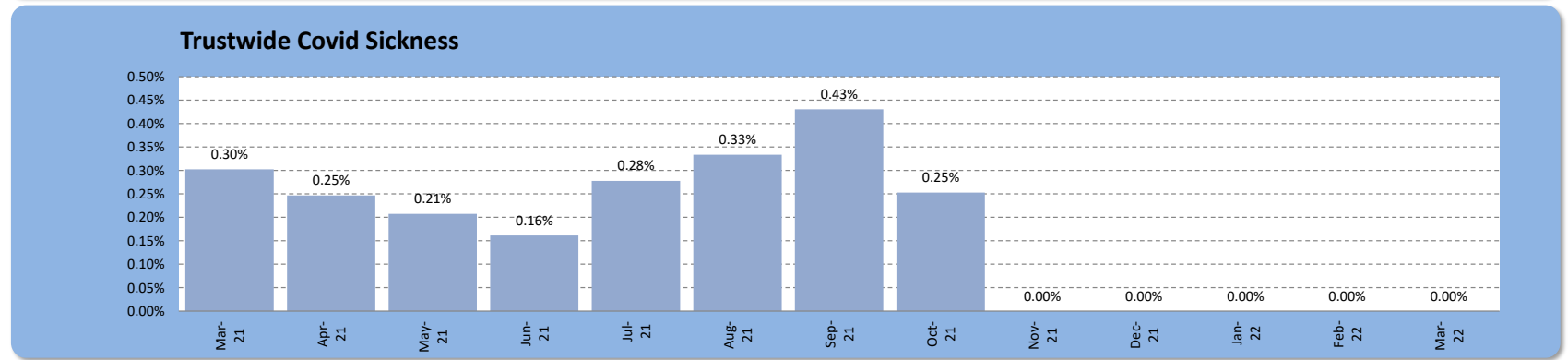
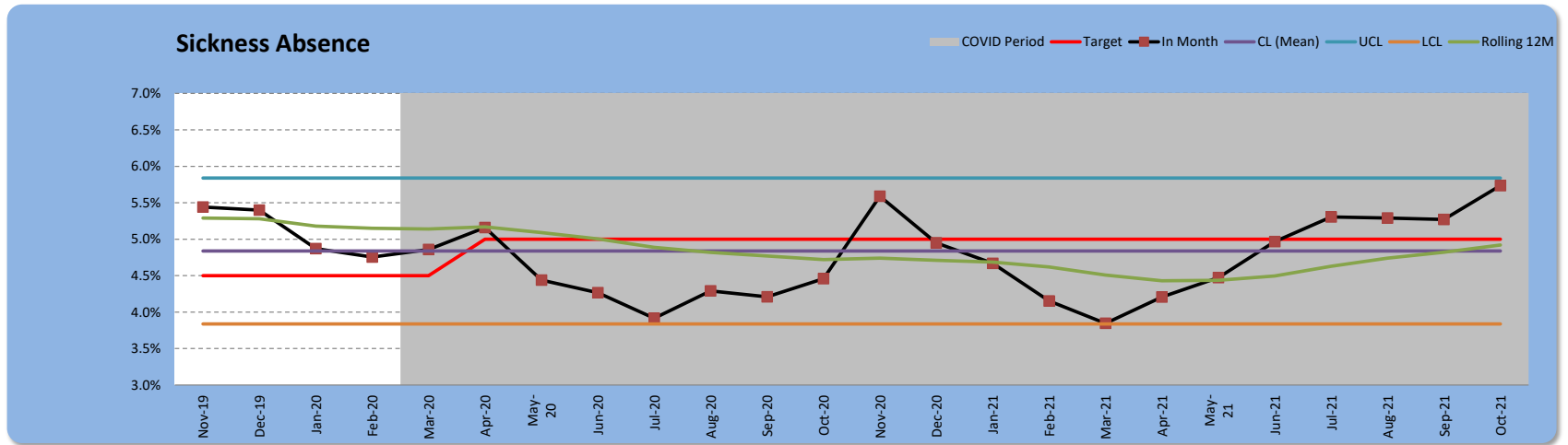
# PI RETURN FORM 2021-22

## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

**Oct 2021**

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	WL 1



Target: 5.0%  
 Amber: 5.2%  
 Current month: 5.17%

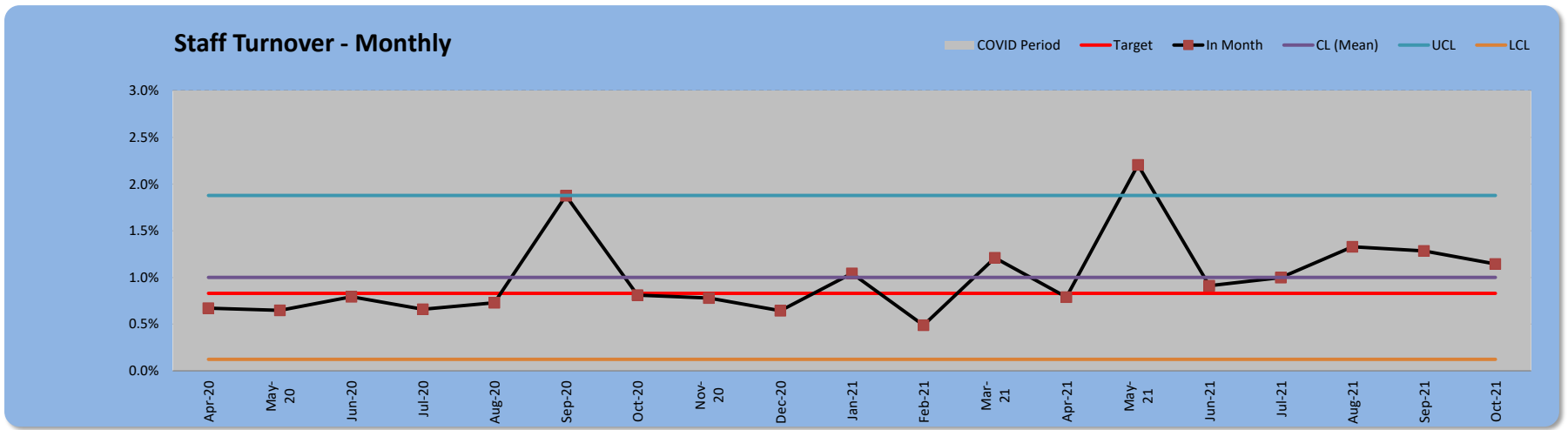
# PI RETURN FORM 2021-22

## Goal 4 : Developing an Effective and Empowered Workforce

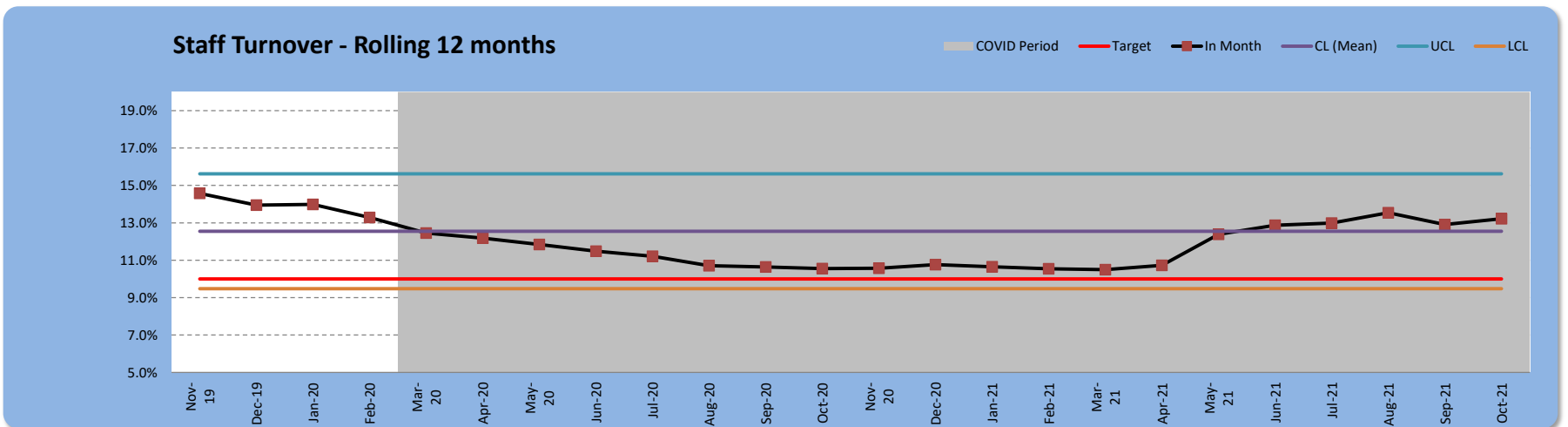
For the period ending: **Oct 2021**

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

Target: 0.83%  
 Amber: 0.70%  
 Current month stands at 1.1%



Target: 10%  
 Amber: 9%  
 Current month stands at 13.2%

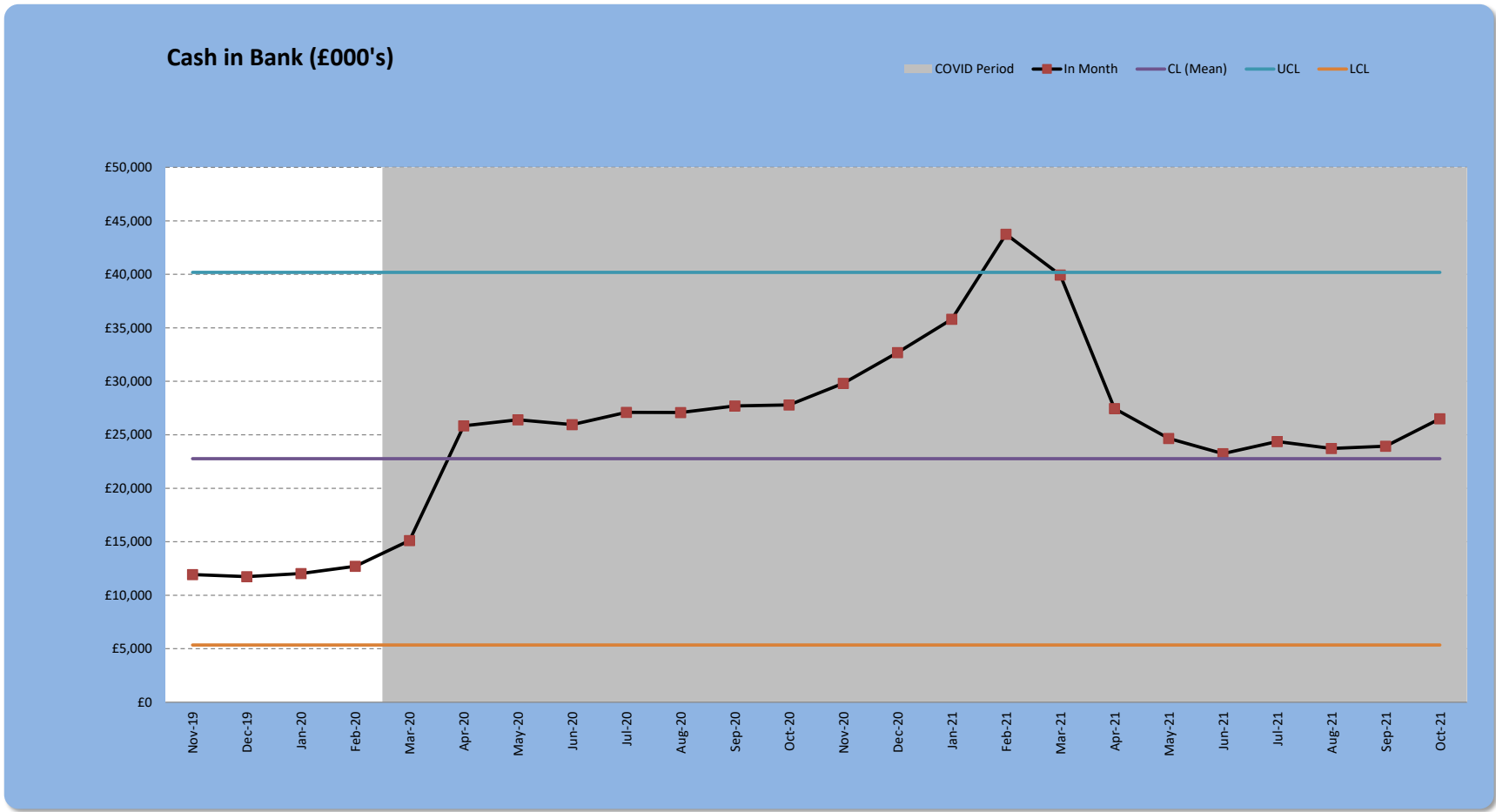


# PI RETURN FORM 2021-22

## Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Oct 2021**

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



Current month stands at £26,507 ,000

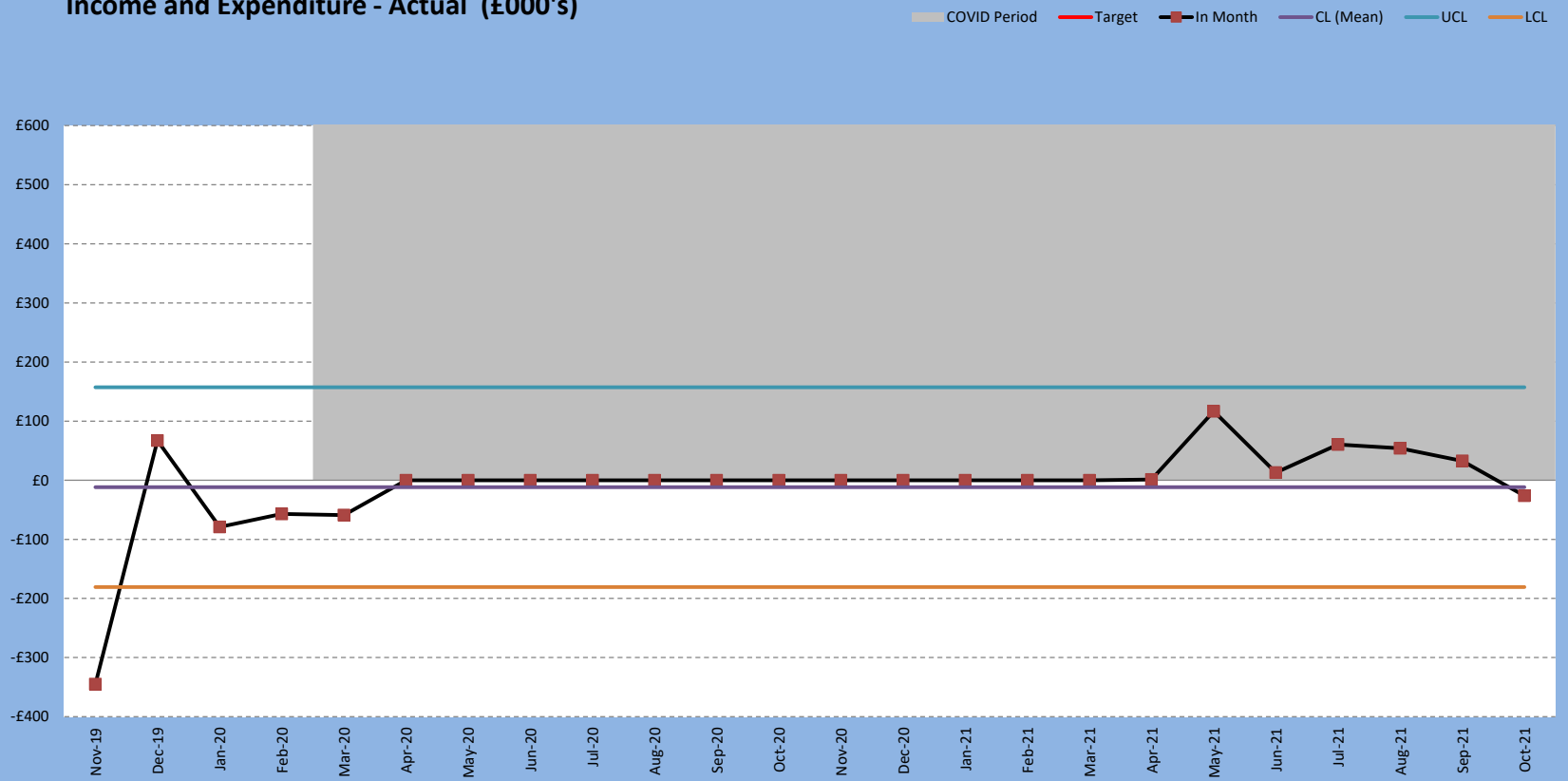
# PI RETURN FORM 2021-22

## Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Oct 2021**

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

**Income and Expenditure - Actual (£000's)**



Target:  
Amber:

Current month stands at -£26 ,000



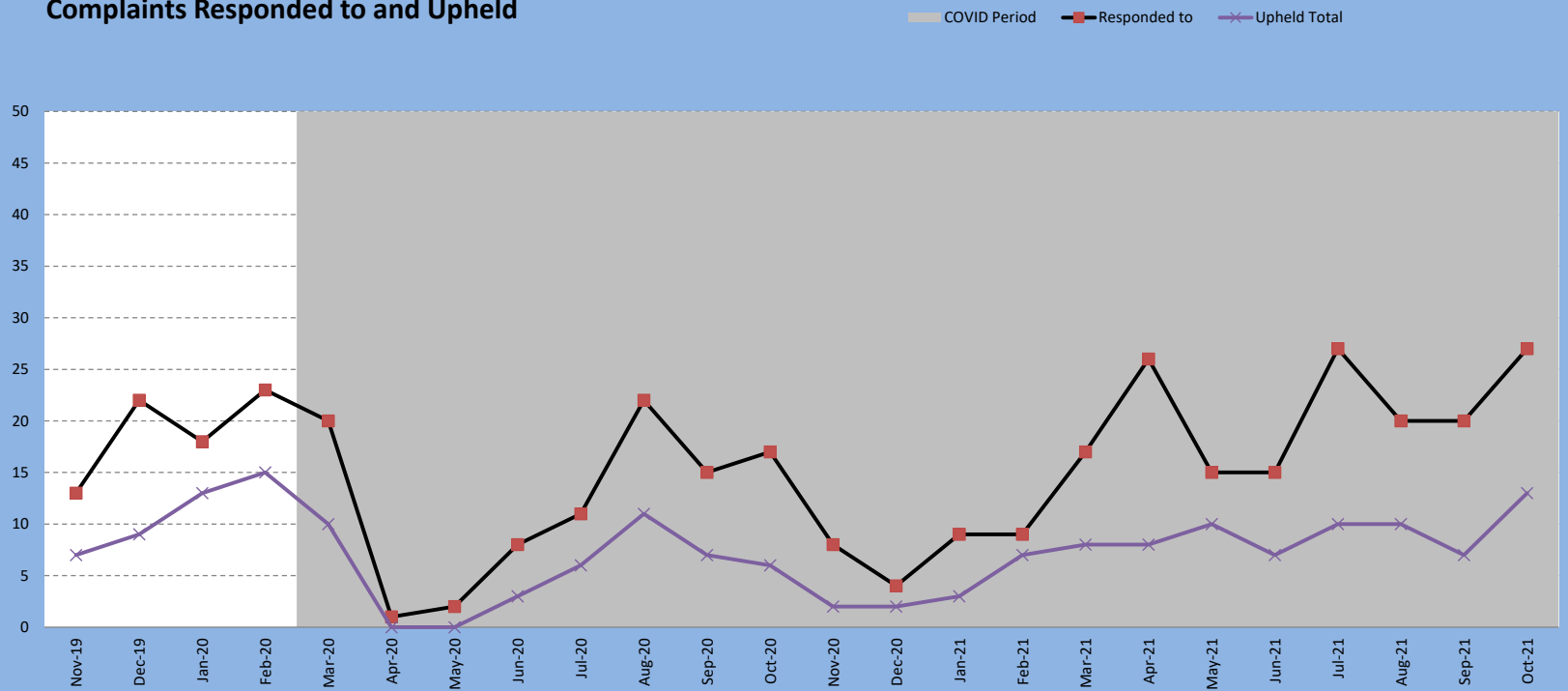
# PI RETURN FORM 2021-22

## Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Oct 2021**

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

**Complaints Responded to and Upheld**



Of the number of complaints responded to in the month 13 were upheld which equates to **48.1%**

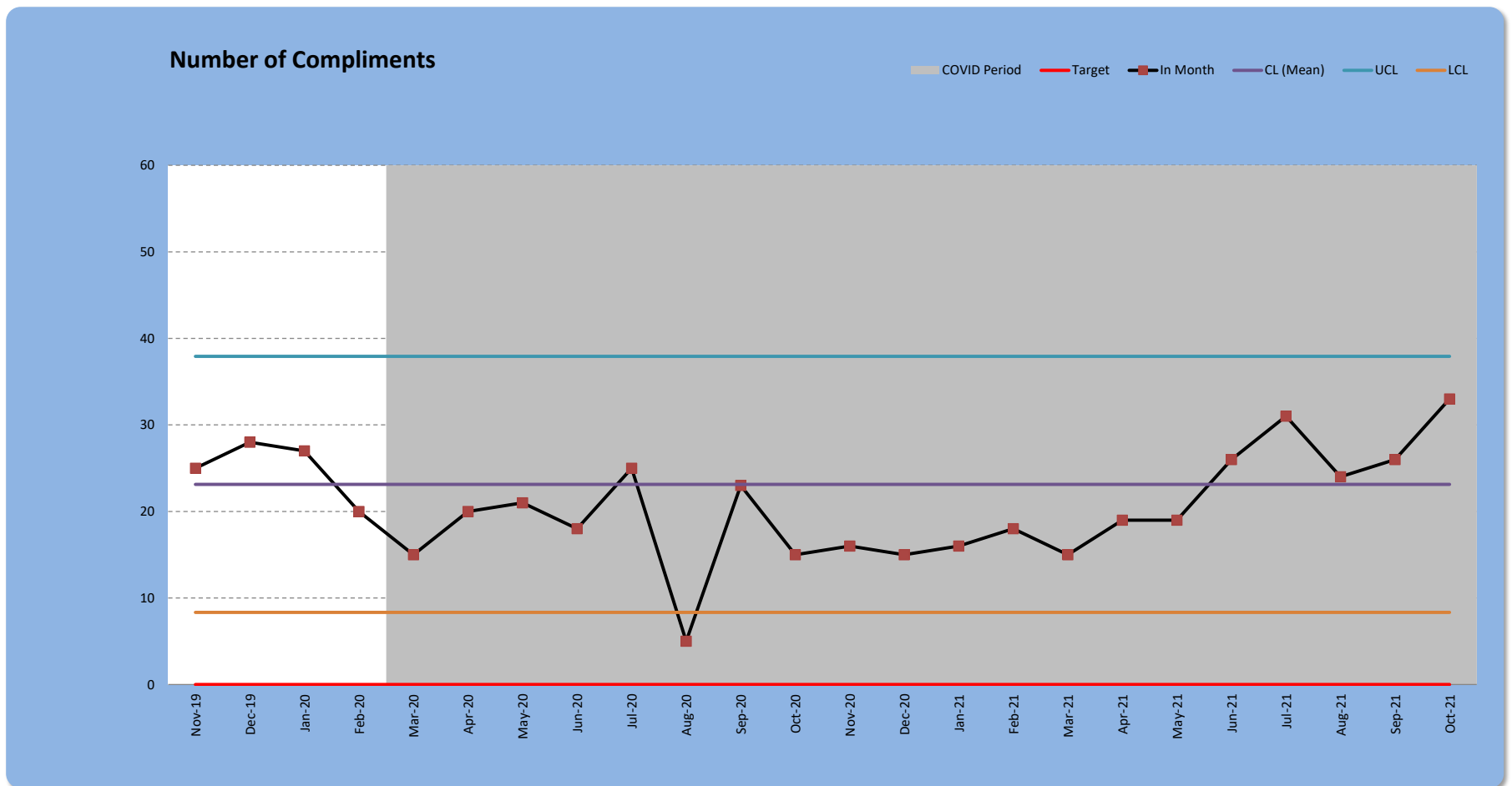
**YTD Upheld**  
**50.0%**

# PI RETURN FORM 2021-22

## Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Oct 2021**

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



Target: 0  
Amber: 0

Current month stands at 33



Executive Team:

Chief Executive: Michele Moran

Chairman: Sharon Mays

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Director of Workforce and Organisational Development: Steve McGowan

Medical Director: John Byrne

Director of Nursing: Hilary Gledhill

Issue Date: 15/11/2021

**Agenda Item: 10**

Title & Date of Meeting:	Trust Board Public Meeting– 24 November 2021		
Title of Report:	Finance Report 2021/22: Month 7 (October)		
Author/s:	Name: Peter Beckwith Title: Director of Finance		
Recommendation:	To approve		To receive & note <input checked="" type="checkbox"/>
	For information		To ratify
	The Trust Board are asked to note the Finance report for October and comment accordingly.		
Purpose of Paper:	This report is being brought to the Board members to provide the financial position for the Trust as at the 31 October 2021 (Month 7).		
	The report provides assurance regarding financial performance, key financial targets and objectives.  The Trust Board are asked to note the financial position for the Trust and raise any queries, concerns or points of clarification.		
Governance: <i>Please indicate which group or committee 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) Monthly Board report <input checked="" type="checkbox"/>
Key Issues within the report:  <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<ul style="list-style-type: none"> <li>The Trust recorded an overall operating surplus of £0.286m</li> <li>Within the reported position at Month 7 is Covid expenditure of £2.848m and income top up of £1.503m.</li> <li>Cash balance at the end of Month 7 was £26.507m</li> <li>The Year to Date Agency expenditure was £4.183m this is £0.048m more than the previous year's equivalent month 7 position.</li> </ul>		

**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 – October 2021**

### **1. Introduction**

This report is being circulated to The Board to present the financial position for the Trust as at the 31st October 2021 (Month 7). 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 October 2021**

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

Confirmation of the required position for the second half of the year (H2) has not been received by the Trust at this stage and will be confirmed for month 8.

Table 1 shows for the period ended 31st October 2021 the Trust recorded an operating surplus of £0.286m, details of which are summarised in the table on the following page.

There are 2 items which don't count against the trusts financial control targets, these are

- i) The Trust has billed Hull City Council for the amount of expenditure undertaken on the Yorkshire and Humber Care Record, this totals £1.219m
- ii) Donated Asset Depreciation (totals £0.035m year to date)

Including the above items, the overall Ledger Position is a £1.381m surplus.

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

	21/22 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
<b>Income</b>							
<b>Trust Income</b>	129,871	10,742	10,725	(17)	75,450	77,271	1,821
<b>Clinical Income</b>	16,264	1,349	1,613	264	9,617	10,329	711
Covid 19 Income	5,415	613	864	251	4,350	4,629	279
<b>Covid 19 Income</b>	5,415	613	864	251	4,350	4,629	279
<b>Total Income</b>	151,551	12,705	13,201	497	89,418	92,229	2,811
<b>Expenditure</b>							
<b>Clinical Services</b>							
Children's & Learning Disability	30,150	2,553	2,561	(8)	17,627	17,674	(47)
Community & Primary Care	29,098	2,461	2,701	(239)	17,001	17,395	(395)
Mental Health	50,380	4,358	4,206	152	30,153	29,543	610
Secure Services	11,864	1,006	942	64	6,854	6,676	178
	121,492	10,378	10,409	(32)	71,634	71,288	346
<b>Corporate Services</b>							
	30,677	2,943	2,363	580	18,543	17,654	888
<b>Total Expenditure</b>	152,168	13,321	12,773	549	90,177	88,943	1,234
<b>EBITDA</b>	(618)	(617)	429	1,046	(759)	3,286	4,045
Depreciation	2,942	245	241	4	1,716	1,687	29
Interest	148	12	16	(4)	86	115	(29)
PDC Dividends Payable	2,341	195	195	0	1,366	1,197	169
<b>Operating Total</b>	(6,048)	(1,069)	(24)	1,045	(3,927)	286	4,214
BRS	(6,363)	(1,069)	-	(1,069)	(4,242)	-	(4,242)
<b>Operating Total</b>	315	(0)	(24)	(24)	315	286	(28)
<b>Excluded from Control Total</b>							
Impairment	-	-	-	-	-	-	-
Local Government Pension Scheme	-	-	-	-	-	-	-
YHCR Section 75 Income	-	-	(1,129)	1,129	-	(1,129)	1,129
Donated Depreciation	70	6	2	4	41	35	6
<b>Ledger Position</b>	245	(6)	1,103	1,109	274	1,381	1,107
<b>EBITDA %</b>	-0.4%	-4.9%	3.2%		-0.8%	3.6%	
<b>Surplus %</b>	-4.0%	-8.4%	-0.2%		-4.4%	0.3%	

## 2.2 Income

Trust Income is overachieving against budget by £1.821m this is due to the Trust being in receipt of the backdated pay award and additional SDF and Spending Review monies which have been transacted by the CCGs in the month.

Due to the H2 position not being confirmed until Month 8 by NHSE/ I the budgets are not reflective of this position and will be updated accordingly.

The additional £0.711m of Clinical Income relates to a number of areas across the Trust and includes:

- i) Non recurrent income from commissioners for Out of Area placements provides £0.330m.
- ii) Additional income in In Community and Primary Care and Addictions of £0.230m

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

## **2.3 Divisional Expenditure**

The overall Operational Divisional Expenditure is showing an underspend of £0.346m.

### **2.3.1 Children's and Learning Disability**

Children's and LD is reporting a £0.047m overspend year to date.

CAMHS Inpatient Service is reporting a significant pressure this financial year with a year to date overspend of £0.488m. The pressure to open the PICU beds and the acuity of the patients has resulted in increased staffing levels and pay is overspent by £0.456m. The cost of the doctors for the ward is £0.239m over spent year to date due to the difficulty recruiting and the use of agency consultants.

Nursing is £0.270m overspent due to the use of agency, maternity cover and the staffing levels required.

Within LD there are pressures particularly at Granville Court with a year to date overspend of £0.274m. The funding mechanism for Granville is being reviewed with Commissioners.

There are a number of compensating underspends in the Division which brings the position back to the £0.047m overspend.

### **2.3.2 Community and Primary Care**

Community and Primary Care is reporting an overspend of £0.395m.

Within Community services the main pressure at Month 7 relates to Scarborough and Ryedale which has experienced increases in staff recruitment and has also incurred Agency staff support which has resulted in an overspend. This is showing an overspend of £0.069m which is being closely monitored and the Commissioners are aware of the current pressure in demand which has increased throughout the Covid period.

Primary Care is showing an overspend of £0.329m which is primarily due to pressures caused by the required increase of Locum Doctors which are significantly more expensive than substantive staff. This is particularly the case at Market Weighton which is showing a deficit against budget of £0.247m.

### **2.3.3 Mental Health**

The Division is showing an underspend of £0.610m. This is primarily due to vacancies across a number of service areas. There are agency staff being employed to fill essential roles and this is being constantly reviewed.



### 2.3.4 Secure (Forensic) Services

The year to date position of Secure Services is an underspend of £0.178m.

### 2.3.5 Corporate Services

Corporate Services are reporting an underspend of £0.888m.

## 3. COVID Expenditure

At the end of October 2021, the Trust recorded £2.848m of Covid related expenditure and £1.503m of Income Top Up, details of which are summarised below:

**Table 2 Covid Costs**

Covid Costs	Total £m
Pay	0.942
Non Pay	1.906
Expenditure	2.848
Income Top Up	1.503
<b>Total</b>	<b>4.351</b>

## 4. Cash

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

**Table 3: Cash Balance**

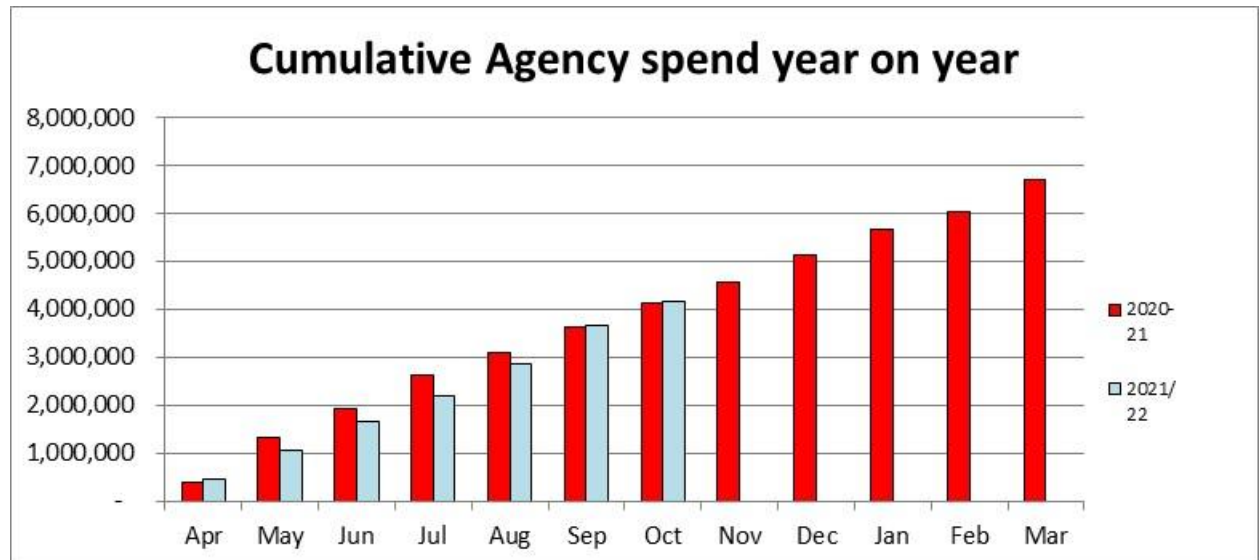
Cash Balances		£000s
Cash with GBS	✔	26,230
Nat West Commercial Account		228
Petty cash	✔	49
<b>Total</b>		<b>26,507</b>

For the 2021/22 year to date the Trust has not been in receipt of any capital allocations in advance however the Income position has improved in month, this is primarily due to timing differences between cash received and expenditure in relation to the Lead Provider Collaborative, this is expected to normalise in the coming months.

## 5. Agency

Actual agency expenditure for September was £0.522m. The year to date spend is £4.183m, which is £0.049m above the same period in the previous year.

**Table 4 Agency Spend v previous year**



**Table 5 Agency spend by staff group**

Staff Type	Apr-21 £000	May-21 £000	Jun-21 £000	Jul-21 £000	Aug-21 £000	Sep-21 £000	Oct-21 £000	Total £000
Consultant	390	342	456	432	505	542	327	2,993
Nursing	27	152	106	81	58	186	123	733
AHPs	10	51	(1)	6	16	(11)	(2)	70
Clinical Support Staff	13	26	18	22	42	64	32	218
Administration & Clerical	17	20	24	17	30	18	43	169
<b>Grand Total</b>	<b>457</b>	<b>592</b>	<b>602</b>	<b>558</b>	<b>652</b>	<b>799</b>	<b>522</b>	<b>4,183</b>

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

## 6. Statement of Financial Position

Appendix 1 shows the statement of Financial Position. Net assets have increased by £1.195m which is primarily due to the addition of the YHCR income and capital expenditure of £1.129m.

The cash balance includes cash received in respect of the Provider Collaborative that hasn't yet been utilised, and £1.117m of Provider Collaborative expenditure is reflected in accrued liabilities.

The increase in other liabilities reflects income received that is expected to be used over the remainder of H2.

**7. Recommendations**

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

Appendix 1

Statement of Finance Position – 31<sup>st</sup> October 2021

	Oct-21 £000	Sep-21 £000	Movement £000	Comments
<b>Non-current assets</b>				
Property, Plant & Equipment	88,580	89,186	-605	Additions less depreciation
Intangible Assets	14,022	11,166	2,856	YHCR brought in for the 1st time / movements between PPE & Intangibles
<b>Total non-current assets</b>	<b>102,602</b>	<b>100,352</b>	<b>2,250</b>	
<b>Current assets</b>				
Cash	26,507	23,927	2,580	Provider Collaborative cash not yet used
Receivables	8,026	7,066	960	YHCR Debtor (settled early Nov)
Inventory	155	155	0	
Assets held for sale	599	599	0	
<b>Total current assets</b>	<b>35,287</b>	<b>31,747</b>	<b>3,540</b>	
<b>Current liabilities</b>				
Payables	5,079	4,052	1,027	Partnerships in Care (Secure Adults) & Deloitte (YHCR)
Accrued liabilities	17,087	15,971	1,117	Provider Collab
Other liabilities	8,833	6,300	2,533	Increase due to HEE, ER CCG (Adult & Key Workers) & Hull CCG (CYP & MHST)
<b>Total current liabilities</b>	<b>31,000</b>	<b>26,323</b>	<b>4,677</b>	
<b>Net current assets</b>	<b>4,287</b>	<b>5,425</b>	<b>-1,137</b>	
<b>Long Term Liabilities</b>				
Non-current borrowings	3,429	3,511	-82	
Non-current- other liabilities	3,899	3,899	0	
<b>Total Long term Liabilities</b>	<b>7,328</b>	<b>7,410</b>	<b>-82</b>	
<b>Total Net Assets</b>	<b>99,561</b>	<b>98,366</b>	<b>1,195</b>	
Revaluation Reserve	16,250	16,250	0	
PDC	69,652	69,652	0	
Retained earnings reserve	15,732	14,537	1,195	In month surplus includes YHCR s75 £1.129m
Other	(2,073)	(2,073)	0	
<b>Total Taxpayers Equity</b>	<b>99,561</b>	<b>98,366</b>	<b>1,195</b>	
<b>Total Liabilities</b>	<b>137,889</b>	<b>132,099</b>	<b>5,790</b>	

**Agenda Item 11**

Title & Date of Meeting:	Trust Board Public Meeting – 24 <sup>th</sup> November 2021			
Title of Report:	Humber Coast and Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative – Collaborative Committee Report			
Author/s:	Peter Baren Non-Executive Director and Chair of the Collaborative Committee			
Recommendation:	To approve		To receive & note	
	For information	√	To ratify	
Purpose of Paper:	<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 Thursday 28 October 2021 and a summary of key points for the Humber Teaching NHS Foundation Trust Board to note.</p>			
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) <i>Collaborative Committee</i>	28 October 2021
Key Issues within the report:	Highlighted in the report			

**Monitoring and assurance framework summary:**

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

### Executive Summary - Assurance Report:

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 Coast and Vale (HCV) Specialised Mental Health, Learning Disability and Autism Provider Collaborative.

To demonstrate robust governance in its role as Lead Provider and avoid conflicts of interest with its provision arm, HTFT as Lead Provider has delegated some of its responsibilities to a new Commissioning Team which is accountable to the 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 commissioning, contractual management and quality assurance of the provision, Specialised Mental Health, Learning Disability and Autism services in the HCV region, and for patient placements outside of natural clinical flow for people who are receiving specialist care for:

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

### Key Issues:

Key areas for noting from the meeting on 28 October 2021:

#### Risk and Gain Share

The Risk and Gain share has been finalised and supported by all 3 Directors of Finance -

- ✓ Humber Teaching NHS FT
- ✓ NAViGO
- ✓ Leeds and York Partnership NHS FT

Additional information was shared with Leeds and York Partnership NHS FT to enable them to review and approved the Partnership Agreement, at 28 October no further queries have been received.

#### Finance

- Paper shared focused on H2 and future years
- Block Funding from NHSE Growth is consistent with revised financial offer from NHSE
- Delegated approval for invoices above £0.5m has been given to Michele Moran, agreed at Trust Board on 27 October 2021

#### Quality Assurance and Improvement

Due to Go Live on 1 October 2021 and our adherence to the Quality Maturity Framework a large section of the meeting reviewed the work which had been undertaken to date on Quality Assurance and Improvement.

The Committee discussed the Quality Assurance Framework and the Serious Incident SOP which have been reviewed and developed by all 3 work streams and will be shared for approval at the Provider Collaborative Oversight Group (PCOG) on Friday 29 October and then returned to the November Collaborative Committee (CC) for ratification.

The Serious Incident Reporting Procedure was shared. The operating procedure outlines the process and procedures in place to ensure that SIs and NEs are identified, investigated, and learned from as set out in the Serious Incident Framework published in March 2015 and the revised Never Event Framework published in

January 2018. This document has been approved by the 3 work stream meetings and the PCOG.

Twice weekly Enhanced Packages of Care, Delayed Transfer of Care and Outside Natural Clinical Flow meetings have commenced. Information will be collated and shared with the work streams, PCOG and CC and enables the Provider Collaborative to audit decisions made regarding packages of care and ensure all placements are rigorously reviewed to ensure all packages of care are outcome focused and provide best use of the financial resources.

Cawston Park - all initial recommendations and findings have been reviewed and the Collaborative Planning and Quality Team (CPACT) continue to monitor all packages of care and implement new recommendations for commissioners.

Initial Quality Dashboard was shared for information. It was agreed that the papers would be developed to include specific actions the Provider Collaborative are taking to address any issues highlighted and to provide assurance.

## **Work Streams**

The work stream reports have been revamped from October 2021 in line with Go Live and the additional information which is now available to the Provider Collaborative post Go Live. The information which is shared at each work stream meeting is Performance and reporting with the supporting narrative developed at the work stream meeting to ensure all partners participate and agree on the overall work stream actions and priorities and the full report is then shared with PCOG and CC.

Key issues to note from each workstream -

### CAMHS

- Commenced weekly bed management meeting, working well with in-patient, community, and case managers to communicate and agree admission and pathways for joint working particularly with high acuity of new referrals.
- Inspire have delayed discharges and this is primarily due to other areas not engaging with discharge planning. Meetings are being held with wider Provider Collaborative CAMHS leads to progress discharge.
- Red Kite View (West Yorkshire) is due to open later this year and Mill Lodge, Inspire and CPaQT are to meet with the operational lead to look at opportunities for joint working across the 3 units and 2 Provider Collaborative.
- Seeking to hold a CAMHS time out in December so all partners can review how things are working at present and how we further enhance partnership and develop a strategic plan.
- Continued high level of referrals from other Provider Collaborative areas and tension between how we respond to HCV increased referrals and wider provider collaborative referrals.
- Key Worker Project – second return submitted to NHS E with initial positive feedback from NHS E in particular positive feedback on how the service is embedded in with both Transforming Care Partnerships all the community teams and 2 in-patient CAMHS units.

### Adult Eating Disorder

- Currently no patients placed outside of natural clinical flow
- Established a weekly bed management meeting, this is working well with in-patient and community providers, starting to trial the new Single Point of Access and review in 1 month to develop learn and develop further
- Visioning and planning event to be held in December/New Year
- Developing Outcomes framework for the FREED champion development
- People with Lived Experience joining our work stream meeting on 28 October 2021

### Adult Secure

- Reduction of out of natural clinical flow from over 50% to 34%
- The impact of the Specialist Community Forensic Teams (SCFT) and the provider partnership overall has been positive.

- NHS E have advised they would like to review our SCFT Service Specification to help inform the new national specification.
- Outbreak of Covid-19 at 3 of the wards at Stockton Hall Hospital (SHH), no patient admissions to acute health care and all patients are being treated and supported at Stockton Hall.
- Humber Centre Peer Advocacy – this has been positive, and NHS E will fund £10k for the continued peer advocacy until March 2022.
- Working with Humberside Transforming Care Partnership on the review of LD Forensic Outreach Liaison Service Specification with the aspiration of aligning SCFT and LD Forensic Outreach and Liaison Service (FOLs).
- SHH estates work commences January 2022. 3 patients will move temporarily out of SHH; none of these are from HCV area.

### **Learning Disability and Autism Pathway Panel**

After discussion with both Transforming Care Partnership Boards and the Humber Coast and Vale ICS Learning Disability Strategic Group it has been decided to utilise the new Humber Coast and Vale Learning Disability and Autism Strategic Steering Group and work stream meetings having a specific agenda item at each meeting for the LD and Autism Pathway.

This approach was agreed to ensure one overall LD and Autism strategic approach across Humber Coast and Vale and to minimise duplication of meetings. The meeting membership includes a mix of health, social care, and experts by experience. We will guarantee the voices of people with lived experience inform investment decisions, guiding how to best support adults with a learning disability or autism to thrive in the community, close to, or in their home.

### **Terms of Reference**

The revised Provider Collaborative Committee Terms of Reference were reviewed and approved at the meeting; the ToR had been updated to amend quoracy and people who are members and in attendance at the Committee meeting.



**Agenda Item 12**

Title & Date of Meeting:	Trust Board Public Meeting – Wednesday 24 November 2021			
Title of Report:	Charitable Funds Committee Assurance Report			
Author/s:	Name: Peter Baren Title: Non-Executive Director and Chair of Charitable Funds Committee			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	<p>The Charitable Funds Committee (CFC) is one of the sub committees of the Trust Board.</p> <p>This paper includes details of the meeting held on 16 November 2021 and provides a summary of key points for the Board to note. The minutes of the meeting held on 22 September 2021 are also attached for information.</p>			
<b>Governance:</b> <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	16.11.21	Collaborative Committee	
		Other (please detail) Assurance Report	√	
Any Issues for Escalation to the Board:	No items were highlighted for escalation to the Board.			

**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	

### Key Issues:

#### Introduction

This summary Assurance Report provides feedback from Charitable Funds Committee (CFC) Meeting on 16 November 2021 and encloses the agreed minutes from 22 September 2021.

#### CFC Summary Points from Chair

1. The minutes of 22 September 2021 were agreed as a true record
2. The September CFC Board Assurance Report was accepted by the October Board.
3. The Work Plan was presented, and the committee made the following amendments to the report: Appeals 21/22 to be brought forward to March 2022 CFC meeting, Annual Accounts to be brought forward to September 2022 CFC meeting so these can be presented to the board for sign off in November 2022.
4. The Committee were updated on the fundraising within the period and commended the efforts of the sponsored walk, in support of the Whitby Hospital Appeal which raised £7,198.00. The Committee agreed they would like to hear about the smaller achievements that go on behind the scenes and the charity achievements should be celebrated more.
5. It was confirmed that the Whitby Hospital Appeal is currently looking to fundraise £85,559.22 this is for the approved items which will go to 'add sparkle' to the hospital rebuild. So far, the team have raised £39,791.30 from events and community support.
6. The Committee were informed of an additional £2,000.00 that had been pledged from the Jack Brunton Charitable Trust Fund in support of the Whitby Hospital Appeal and the team continue to be proactive with grant applications.
7. It was agreed that the Whitby Project Group Assurance report would not be included as a separate agenda item going forward and that any updates would be included within the Insight report.
8. KPI'S: The Committee provided constructive challenge regarding the future fundraising and communications plans. Praising the ongoing efforts but requesting further insight into

how we can mitigate recurring challenges.

- 9 The Committee commended the work on the circle of wishes requests and noted that 149 wishes had been received in the period from April to October, with 138 of these granted or in progress. The committee were informed that additional resources to support the circle of wishes has been implemented to support this delivery.
- 10 Finance: The Committee acknowledged the finance report, and a proactive discussion was had on the direction of future resources for Appeals, but equally areas in which charitable funds could support enhancements for areas of Trust specialisms
- 11 The Committee acknowledged the work that has been delivered by the charity team and is now looking to work with Smile to formulate future resource requirements to fulfil the Trust's charitable ambitions.

#### Minutes of Previous Meeting

The minutes of 22 September 2021 are attached.

Peter Baren  
Chair, Charitable Funds Committee"

**Charitable Funds Committee**  
**Minutes of the Charitable Funds Committee Meeting**  
**Held on 22 September 2021 9.30am via Microsoft Teams**

**Present:** Peter Baren, Non-Executive Director (Chair)  
 Hanif Malik, Associate Non Executive Director  
 Dean Royles, Non Executive Director  
 Peter Beckwith, Director of Finance  
 Steve McGowan, Director of Workforce and Organisational Development

**In Attendance:** Victoria Winterton, Head of Smile Health  
 Kristina Poxon, Fundraising Manager  
 Jenny Jones, Trust Secretary (minutes)

**Apologies:** Michele Moran, Chief Executive  
 Andy Barber, Hey Smile Foundation Chief Executive

56/21	<b>Declarations of Interest</b>
57/21	<b>Minutes of the Meeting held on 19 July 2021</b> The minutes of the meeting held on 19 July 2021 were agreed as a correct record.
58/21	<p><b>Action List, Matters Arising and Work Plan</b> The Committee discussed the actions list.</p> <p><b>45/21 Workplan</b> The Committee discussed the move to quarterly meetings going forward. It was agreed to hold the November meeting and move to quarterly from 2022. The dates will be identified to fit in with the other Sub Committee meeting dates and be shared with the Committee before the next meeting <b>Action JJ/KN</b></p> <p>The workplan to be updated with the new dates and provided for discussion at the next meeting <b>Action JJ/KN</b></p> <p><b>45.01/21 Impact Appeal Charitable Spending List</b> Ms Winterton reported that a consultant has been appointed and a meeting with Mr Laughton is planned in the next few weeks on the site. This is in relation to the garden at Sunshine House as part of the donation from Newby Trust. It was agreed to include a paragraph in the November Insight report to provide an update to the Committee and the figures. <b>Action VW</b></p> <p><b>53/21 Any Other Business – Whitby Appeal</b> This item was closed as it was covered by other agenda items and an update provided in the Insight report</p>
59/21	<p><b>Insight Report</b> The report provided updates on Fundraising Activity, Campaigns/Appeals, Performance against KPI's and Summary of Wishes.</p> <p>Ms Winterton reported that unfortunately the golf day that was planned has had to be postponed</p>

due to a mix up with dates at the golf course. This will be rearranged for 2022. The Chair asked that Non-Executive Directors be informed of the new date at an early stage so they can support it.

In relation to events there was strong support for the Mulgrave 10k run and a Namaste Tattoo event supported Health Stars by providing mental health tattoos. Grant applications for Whitby continue to be submitted.

A full overview of the Wishes was included with the report showing requests that had been received to date. Ms Poxon commented that the engagement from staff has been incredible with 109 Wishes in progress. A short awareness event was held which all staff could attend to find out more about the work of Health Stars. Twenty seven people attended to hear about they could engage more with the charity.

Mr Malik asked if there is an annual budget allocated for Wishes. He was informed that a budget is identified of what is available to spend on Wishes and usually this has been a challenge to spend the funds. Mr Beckwith added that there is £600k in the Charitable Funds bank account. Guardians of fund zones are encouraged to spend these funds for the benefits of staff and patients, some funds are restricted on what they can be spent on. Mr McGowan noted the positive engagement acknowledging there is more work to do to improve this with operational colleagues. Annually approx. £60-70k is spent from the funds so there is scope to do more.

The Chair noted there had been a reduction in spend this year overall. Income received for Whitby was shown as £32,871. Ms Winterton confirmed this is the amount that has been fund raised and more grant applications will be submitted. As an artist has been appointed this will be paid for from this money. EMT's view on the artist is being gained to ensure that appropriate applications can be made to the Arts Council for funding.

It was noted that the income generation ration had reduced to £1.04 in the £. Ms Winterton explained that generally fundraising has been difficult due to Covid. It is hoped that as things start to return to normal that this can be increased to £2.50 per pound. This equation may need to be revisited as Ms Winterton and Ms Poxon do not spend 100% of their time on fund raising. Their time includes preparation for Committee and other meetings and granting Wishes. The NHS Charities grant is taking longer to come through. Projects need to be identified to spend the fund on.

It is important that these keep coming through from staff. Mr McGowan recognised this was an area that needed further work. He suggested that some discussion around a strategy for identifying projects may need to be a Board decision which would give a steer to Health Stars for future planning. There has been a successful CAMHS appeal, Whitby is progressing and there may be a plan around fundraising for the redesign of inpatient mental health services project in the future. Health Stars need to know what they are being asked to fundraise for. The Chair felt this was the way to progress as most people will give to charity if it is for a specific cause and they know where their money is going to.

Mr Malik suggesting spending some time at the November meeting to discuss this further and to look at the key campaigns for 2022. Fund raising is 30% below normal and Mr Malik asked if the change in the income generation ratio was across both of the different categories calculations. It was confirmed that it was. Mr Malik would be interested to see what is constituted as a fundraising cost as it varies from charity to charity and it is not always possible to have a like for like comparison to use as benchmarking. Mr Malik offered his assistance in looking at this. The Chair suggested that Mr Malik and Ms Winterton discuss outside the meeting and provide a summary for the next Committee meeting.

**Resolved:** The report was noted

	<p><u>Time to be spent at the next meeting to look at the Health Stars campaigns for 2022 <b>Action VW/AB</b></u>  <u>Fundraising costs to be discussed outside the meeting and a summary provided at the next Committee meeting <b>Action VW/HM</b></u></p>
60/21	<p><b>Updates from Sub Group – Whitby</b>  Mr Beckwith presented the report highlighting the following areas to the Committee:-</p> <ul style="list-style-type: none"> <li>• Delay with the water occupation certificate – a clear result has been received and an occupation certificate issued.</li> <li>• The hospital was opened by the previous Chair and Chief Executive on 13 September 2021</li> <li>• A preferred artist has been identified for the artwork. A final proposal for the artwork will go to the Task and Finish Group, the Project Group and EMT. A report will then come to the Committee asking for approval to spend Charitable Funds on this.</li> <li>• Fund raising bricks appeal has been launched and is linked to the garden project</li> </ul> <p>The hospital looks fantastic, and the difference can be seen between the old and new buildings. Mr Royles sat in on an art group meeting where there were positive comments made which were passionate and enthusiastic. He thanked everyone involved in this work.</p> <p>Pictures of the garden are available and will be sent to Committee members outside of the meeting. Mr Beckwith clarified about the issues of the wall as there had been some concerns raised. It is a rendered wall and fits in well with the surroundings. Ms Poxon has visited the site and said it is a credit to all who have been involved.</p> <p>The Chair asked that the next report included details of what has been spent, what the balance is in both net and gross figures.</p> <p>Mr Beckwith explained that the artwork proposal is likely to take 3 – 6 months to allow for design and final sign off and to go through the governance processes. It was agreed to add this to the action log for an update in future months. The Committee will be kept updated in between meetings of progress.</p> <p><b><u>Resolved:</u></b> <u>The Committee noted the report</u>  <u>Details on the expenditure to be included in the next report. <b>Action VW</b></u>  <u>An update on the artwork to be provided in 3 – 6 month's time. <b>Action VW</b></u></p>
61/21	<p><b>Charitable Funds Requests that Require Committee Approval</b>  No items to approve at this meeting</p>
62/21	<p><b>CFC Finance Report</b>  The report provided the Committee with an update on finances and fund zones.</p> <p>Income in June included a £1,000 legacy donation. In June, July and August Events &amp; Appeal income included WI events for the Whitby Hospital appeal and income from Pennies from Heaven. Expenditure included NHS Big Tea activity sent out to all staff and wishes granted. In September the expenditure of £4,160 is to support exercise classes for inpatients St Paul's Boxing Club. It was noted that the Pennies from Heaven income was included in the donation line of the finance report. The Chair asked if there are any plans to relaunch this initiative. He was informed that this has been raised with Communications to raise the profile. It was also suggested that this could be the topic of a future staff awareness event to show how the funds make a difference to staff and patients, how they can be accessed and used. The Chair also thought that allocating a specific month for the charity could be helpful, similar to others that are held within the organisation. An opportunity could be given for people to dial in and learn more about the work that Health Stars does.</p>

	<p>Mr Malik asked if there is a reserve budget for the charity. It was confirmed there was none and he felt this was something that could be considered going forward. In his experience grants have been declined as organisations look at the bottom line and if they see a charity has substantial funds this can affect their decisions. Mr Beckwith will look at the options of a reserve account with Mr McGowan and Ms Winterton.</p> <p>Mr McGowan noted that when looking at the information it showed the funds available and for example Bridlington had a significant amount available but only a small amount had been spent. He asked what the plan is going forward to spend the money and whether operational colleagues had suggested any projects. The Chair commented that most of the funds seemed to be aligned to areas where there were hospitals where legacies had been left. It was more unusual for mental health to be left charitable donations due to the nature of the services. Mr Beckwith said that in some cases donations were left in memory of patients to be used in specific areas or hospitals and these were more difficult to use.</p> <p>The Chair suggested keeping this item on the action tracker so the Committee can monitor progress and areas of focus for the coming year could be identified.</p> <p><b><u>Resolved:</u></b> <u>The report and verbal updates were noted.</u>  <u>A reserve account to be reviewed and considered for the charity. Action PBec, VM &amp; SMc</u></p>
63/21	<p><b>Charitable Funds Accounts</b></p> <p>Mr Beckwith presented the annual accounts explaining that amendments have been made to include gifts in kind where the net is zero which is a material change and does not affect the financial statement. Inclusion of the investment income return has been added of £1500 which does affect the bottom line by £1500 meaning there is more cash at the end of the year. Mr Beckwith asked for the Committee's support to submit the accounts to the October Board.</p> <p>The Chair noted the following errors:-</p> <ul style="list-style-type: none"> <li>• Page 67 the first paragraph is repeated</li> <li>• Page 72 there were some alignment issues with the names of the Non-Executive Directors</li> </ul> <p>To enable the accounts to go to the October Board meeting, the Committee agreed for the amendments to be made and an updated document to be circulated by e mail for approval by the Committee.</p> <p><b><u>Resolved:</u></b> <u>Amendments to be made to the accounts and circulated by e mail to the Committee for approval, prior to going to the October Board Action PBec</u></p>
64/21	<p><b>Risk Register</b></p> <p>The Committee looked at the Risk Register in depth at the last meeting and the following change has been made:</p> <p>HS7 – Risk increased to include the potential for October/ November fundraising events to be cancelled if further lockdowns occur.</p> <p>Mr McGowan related to earlier discussions in the meeting around the income generation ratio dropping and difficulties with fund raising. He suggested it may be appropriate to identify in this risk about having specific campaigns for fund raising</p> <p><b><u>Resolved:</u></b> <u>The risk register was noted</u></p>

65/21	<p><b>Review of the Meeting and Agree Content for Assurance Report</b>  Members of the Committee felt the meeting had covered the items appropriately. The content for the assurance report was discussed and agreed. Ms Winterton will prepare the report for the Chair/Executive Directors to review.</p>
66/21	<p><b>Any Other Business</b>  No other business was raised.</p>
67/21	<p><b>Items for Escalation or Inclusion on the Risk Register</b>  There were no items which required escalation.</p>
68/21	<p><b>Date and Time of Next Meeting</b>  Wednesday 16 November 2021, 1.00- 3.00pm, via Microsoft Teams.  Apologies from Victoria Winterton</p>

Signed: .....Chair: Peter Baren

Date: .....



**Agenda Item 13**

Title & Date of Meeting:	Trust Board Public Meeting – 24 November 2021			
Title of Report:	Quality Committee Assurance Report			
Author/s:	Name: Mike Smith Title: Non-Executive Director and Interim Chair of Quality Committee			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	The Quality Committee is one of the sub committees of the Trust Board  This paper provides an executive summary of discussions held at the meeting on 2 <sup>nd</sup> November 2021 with a summary of key issues for the Board to note. The approved minutes of the meeting held on 11 <sup>th</sup> August 2021 are presented for information.			
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) QC Assurance Report prepared for the Board	✓
Key Issues within the report:	The following items were noted for highlighting to the Trust Board <ul style="list-style-type: none"> <li>• The Committee recommended a staff story regarding Patient safety to the Trust Board</li> <li>• The Annual Patient Safety report was approved</li> <li>• The Committee approved that due process has been followed and recommended the Tissue Viability policy for ratification at the Trust Board</li> </ul>			

**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	Yes	If any action required is this detailed	N/A	Comment

presenting this paper to Trust Board?		in the report?		
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	

### Executive Summary - Assurance Report:

#### Key Issues

The key areas of note arising from the Quality Committee meeting held 2<sup>nd</sup> November 2021 are as follows:

Mike Smith welcomed everyone as interim chair following the retirement of Mike Cooke and noted the Trust were currently going through the recruitment process for a further non-executive director who should be in post by the end of the year. The Trust Chair will then assign the positions of chairs for the sub committees.

The minutes of the meeting held 11<sup>th</sup> August 2021 were agreed as a true record with the action log noted having three actions closed and a follow up action for the remaining item. The Quality Committee Assurance report was noted, and the updated work plan reviewed with the suggestion of an extra meeting added around July for all the annual reports to avoid overloading the agenda at the August meeting, and some additional items added to the main workplan.

#### Discussion item – Patient Safety specialist Roles presentation

CC gave an overview of the Patient Safety Specialist role highlighting the national picture and the current status of the Trust's progress. It was agreed that a link to the training which is currently available will be sent out to members for the Quality Committee to try if they wish and give feedback to CC. It was felt it would be beneficial for a presentation on patient safety from a staff perspective to be seen at the Trust Board.

#### Quality Insight Report

The committee was updated on the White Ribbon accreditation, Clinical Supervision including the new role of Professional Nurse Advocates, the international recruitment update showing cohort one have taken their OSCE exams, with two passing and the remaining five just needing to retake certain minor elements. Five nurses are moving to Malton, one into a primary care development post and one joined the team at Granville Court. It was noted the process ensures staff are ethically sourced from areas who are deliberately over producing trained staff to give nurses from those counties the opportunity to benefit from working in other places around the world. The Quality Dashboard from August noted with the dip in clinical supervision rates which had been discussed at Trust Board along with the drop in safeguarding referrals giving confirmation that the safeguarding team are reviewing to ensure they are not missing any referrals from the usual areas they would expect to see them coming through. The CQC inspection report with a Good rating for Market Weighton was discussed along with the need to focus on all areas of primary care and a discussion was held on the CAMHS risks noting the work had good focus and the committee were assured that the response as Board was right and proper.

#### Quality Committee Risk Register Summary

The risk register summary was interrogated and welcomed observing the 10 risks rated nine or above with and four risks which were closed or score reduced to six or under since the last report. It was

noted the risks being mostly workforce related. A discussion on SR15 regarding staffing in Malton was held, confirming the international recruitments will make a positive impact in this area with the quality issues being addressed.

#### **Autism Strategy update (Trish Bailey)**

TB presented the update to the committee who noted the progress against the national autism strategy and the Humber strategic framework, with the focus on transition and movement to the new front door, the addition of the sensory framework and work looking at the physical environment.

#### **Research and Development – Annual Performance review with CRN Yorkshire and Humber (Cathryn Hart)**

CH presented the annual performance report to the committee which was confirmed as good assurance. The review detailed the receipt of approximately £300k in funding from the national funds overseen by CRN (Clinical Research Network) Yorkshire and Humber and the annual report records that we are doing well and included information on an additional £100k of funding based on performance from the previous year and for exploration of research in in GP Practice with the role of a primary care lead GP for research. The refreshed strategy and the annual research conference being held this month was also noted.

#### **Annual Patient Safety Report (Colette Conway)**

The committee approved the annual report, noting the solid governance structure and suggested including Mental Health Legislation into this process. It was agreed there is a definite safety culture including learning from serious incidents and good feedback regarding this approach. It was noted the Trust is high reporting with low harm and in this respect are in the upper quartile with no areas being an outlier. It was agreed to reference in the report that we have done two annual reports into mortality during the Covid pandemic. CC was thanked for a comprehensive report.

#### **Annual Non-Clinical Safety Report (Paul Dent)**

PD presented the report to the committee who agreed it was refreshing to see this information. It was noted this report was suggested to Quality Committee following been discussed in detail at the Finance and Investment Committee as well as being presented at the Trust Board. The highlights of the report included the safety training now being all online with compliance remaining high above 90%. An internal audit undertaken by Audit Yorkshire has reported assurance level of significant. With covid impacting on the team, new systems were put into operation and procedures are constantly being updated. The alarm call filtering system was discussed which prevents unnecessary attendance by the fire service. The team was thanked for their support for the vaccination Centre.

#### **Policies reporting to Quality Committee**

The committee approved the Tissue Viability Policy (the prevention and management of wounds) confirming that due process has been followed and recommended the policy to the Trust Board for ratification.

#### **Minutes from reporting groups**

The latest approved minutes from the Quality and Patient Safety Group (QPAS) the Drugs and Therapeutics Group (DTG) were noted along with summaries of the last meetings, with were no queries raised.

**Committee review** - We held a positive review of four years of Quality Committee progress and its support for patients and front-line staff on quality assurance and quality improvement over time.

The approved minutes from the 11<sup>th</sup> August 2021 are attached below as appendix one

**Quality Committee  
 Minutes**

For a meeting held on Wednesday 11 August 2021  
 9.30 – 12.30 (Virtual meeting via MS Teams)

<b>Present</b>		
<b>Core Members</b>		
Mike Cooke	Non-Executive Director (Chair)	MC
Mike Smith	Non-Executive Director	MS
Dean Royles	Non-Executive Director	DR
Francis Patton	Non-Executive Director	FP
Hanif Malik	Associate Non-Executive Director	HM
Hilary Gledhill	Director of Nursing, Allied Health & Social Care Professionals	HG
Tracy Flanagan	Deputy Director of Nursing, Allied Health & Social Care Professionals	TF
Lynn Parkinson	Chief Operating Officer	LP
Kwame Fofie	Clinical Director and Deputy Medical Director	KF
Sam Jaques-Newton	Head of Allied Health Professionals and Practice Development	SJN
Su Hutchcroft	Compliance Officer (minute taker)	SH
<b>In attendance</b>		
Colette Conway	Assistant Director of Nursing, Patient Safety and Compliance	CC
Mandy Dawley	Head of Patient, Carer Engagement & Experience	MD
Catherine Hunter	Quality Improvement Manager	CH
Kate Yorke	Associate Director of Psychology	KY

67/21	<p><b>Apologies for Absence</b>            Apologies were received from John Byrne.</p> <p>MC welcomed everyone to the meeting, noting this was his final Quality Committee, having chaired the meeting since 2017. HM joined the meeting as a new Associate NED and was invited to introduce himself.</p> <p>KY, RS CC were welcomed to the meeting and it was noted that MD and CH would join later for their items.</p> <p>MC thanked HG for sharing the Zero Events report which has been included as part of the Quality Insight report and noted this had been shared with the NEDs.</p>
68/21	<p><b>Minutes of the Last Meeting</b>            The minutes of the meeting held were accepted as a true record with the following amendments:-</p> <ul style="list-style-type: none"> <li>Item 54/21. First paragraph, third line down, Spelling should be amended to 'piece' not pieced.</li> <li>Item 54/21 – fifth paragraph (fifth bullet point) agreed needs the word 'he' adding to make this read correctly.</li> </ul>
69/21	<p><b>Action List and Matters Arising</b>            The action log was noted and agreed. It was noted that action 50/21 was closed and would be discussed as part of the risk register agenda item.</p>
70/21	<p><b>Quality Committee Board Assurance Report</b>            It was noted the Assurance report and approved minutes were presented to the 30<sup>th</sup> June 2021 Trust Board and it was felt this gave good assurance to the Board.</p>
71/21	<p><b>Work Plan 2020 / 2021</b>            The work plan was noted.</p>

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	<p>A discussion was held on the refreshed work plan which has been amended to quarterly meetings and was agreed that if a fifth meeting should be required this could be added in. DR noted the Workforce Committee was moving to quarterly meetings also. QPaS will hold two meetings between each Quality Committee. Meeting invites will be sent out for the agreed new dates.</p> <p>The work plan was approved with a recommendation to the Board that Quality Committee reserves the right to have an additional meeting if required</p>
72/21	<p><b>Presentation – Safeguarding at Humber Annual Report – successes and challenges</b></p> <p>HG introduced the presentation explaining that Rachael Sharp had been asked to produce a few slides to pick up the key themes of the annual report from the last 12 months following the pandemic period.</p> <p>Rachael took the meeting through the presentation highlighting the following information:-</p> <ul style="list-style-type: none"> <li>• There have been several changes for the team over the last year including new team members along with working from home, which has worked well providing with more flexibility with the use of MS teams and enable building links with areas located further from the Trust HQ which has had fantastic engagement from these areas</li> <li>• Children’s referrals have fluctuated over the year, with issues from the covid lockdown, and moving to virtual technology. Referral numbers have now started to become more steady</li> <li>• Adult referrals have now started to increase following fluctuation and decreasing during the lockdown periods. Part of this is due to a large number of referrals coming from care homes which had closed to visitors during lockdowns and concerns have increased now access is enabled again</li> <li>• Duty contacts have increased significantly over the last year needing two duty workers on a Monday to support staff working across the Trust</li> <li>• Neglect is the area of highest reporting for children so have continued with a focus on this area and starting to increase the graded care profile and raise awareness across the Trust. This will continue to be developed further over the next year</li> <li>• There has been an increase in LADO (Local Authority Designated Officer) cases and PIPOT (people in position of Trust) referrals and although the team has only made one LADO referral, they have been involved in a number concerns in relation to staff, and we are aware this is the impact of the covid pandemic with an increase of concerns in the family home, domestic abuse and substance and alcohol misuse</li> <li>• Moving into the pandemic and due to reduced ability to visit and access wards due to cross infection etc, it was decided to have a focus on closed cultures, being aware of the CQC publication. This has been a significant focus for safeguarding work across the Trust, along with being involved with regional groups. This work includes being involved in the reviews of LTS, CAFO and extended seclusion with visits to the ward, as well as sitting on the clinical advisory and ethics advisory groups</li> <li>• Concerns were highlighted at the beginning of the pandemic around domestic abuse. A safeguarding link was identified around domestic abuse who completed an action plan around the White Ribbon accreditation including champions and ambassadors along with training. There has been an increase of contacts to the duty desk around domestic abuse including the wider context of domestic abuse including financial abuse, coercion and control and gas lighting</li> <li>• Childrens Safeguarding CAMHS has seen an increase in service demand with the impact on both community and inpatient services so the team have tried to support the services as much as possible. Due to national bed pressures, there has been an increase of children on adult wards, so a process is in place for safeguarding to arrange a visit and support that patient where appropriate to do so</li> <li>• Priorities were discussed for the forthcoming year including continuation of the domestic abuse work , increase awareness of neglect in children and support for GP practices in relation to training and integration as well as the continued work on training compliance, promoting recording of safeguarding supervision and work with partners to promote the elimination of individual and institutional discrimination linking with patient and carer experience.</li> </ul> <p>RS noted that although it has been a challenging year it has been very successful with staff working extremely hard throughout. The team had three new members who joined through lockdown last year but everyone has evolved as team and are working well together.</p> <p>Comments and questions were invited as noted below:-</p>

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	<ul style="list-style-type: none"> <li>• Feedback from services and teams around the support received is always very high, with covid raised issues, concerns around safeguarding in its own right and the input into the Clinical Advisory Group in relation to addressing these issues, being very much appreciated. It was stated it feels like a true partnership</li> <li>• KF commented on the amazing work done by the team and felt the presentation brought the report to life. It was noted the insight given on safeguarding and vulnerable patients especially at the start of the pandemic and commended the team for all their hard work</li> <li>• KY wanted to give positive feedback for the team, noting from the psychological point of view it needs a certain type of personality to work in a safeguarding team, who are efficient, get back in a timely manner, calm, mature and will signpost if cannot answer the query, and has always found this to be the case and have enjoyed working with Rachael and the team</li> <li>• An enquiry was raised asking if we are expecting an influx of referrals and if not, should we be worried in terms of the closed culture? RS confirmed we have already seen an increase, and this will continue, noting we have been involved in a number of enquiries in north Yorkshire particularly around closed cultures with several care homes being closed as a result of what has gone on over the last year with risks of organisational abuse for those patients. There have also been a lot of conversations with duty from staff who have not been able to visit care homes as well as presentation of pressure ulcers and patients losing weight which can show underlying safeguarding neglect issues</li> <li>• A query was raised around if there had been any safeguarding issues in relation to exposure to covid. RS noted the main concern was around ensuring vulnerable people had the opportunity to access vaccinations and the application of the MCA along with inappropriate use of the DNA CPR especially with learning disability groups etc, noting calls to the team around patients going into hospital and automatically having a DNR places without discussion or consideration</li> <li>• HM wanted to pick up on the point regarding EDI (equality, diversity and inclusion) and how we embed a culturally appropriate practice within the safeguarding arena and wondered if there is anything we can do to improve how we cascade safeguarding practise in those communities of interest. RS agreed noting one of the priorities is to get links into these groups to have a presence</li> <li>• It was agreed it was a great report and great presentation</li> <li>• HG confirmed the report shows, how during the year we have had, safeguarding is extremely integral to moving forward, having concerns around the hidden harm in lockdown with no face-to-face contact but the safeguarding team have worked proactively and felt they have been at their best. HG noted we have a different approach at the Trust with 'think family' integrating both children and adult perspectives where required which is quite unique across safeguarding but works effectively, noting other trusts are looking to mirror this. This approach has helped through covid when it has been about families, relationships and how people work together</li> <li>• A question was asked if the multi-agency relationships are where they need to be, RS confirmed good relationships with the East Riding, Hull is progressing, with more work to do and great progress has been made with North Yorkshire from where we previously were but again more work to do in this area</li> <li>• An enquiry regarding the support provided around the opening of Inspire. RS noted that Kerry Boughen the named nurse for children is working really closely with Inspire, sitting on the MDT meetings and providing supervision to the social worker on the ward, as well as training.</li> </ul> <p>MC noted this felt a proactive and relevant approach, congratulating RS on the 54 domestic abuse champions. It was agreed there was good assurance from the report and suggestion it would be nice to take the presentation to the Board who could benefit from the safeguarding conversation.</p> <p><b>ACTION –to escalate the Safeguarding presentation to the Trust Board</b></p>
73/21	<p><b>Quality Insight Report</b></p> <p>HG presented the Quality Insight Report noting the following highlights</p> <ul style="list-style-type: none"> <li>• Proposed NHS new mental health standards - giving an update on the proposed standards which are currently out for consultation, with our position statement in italics alongside each standard</li> <li>• HSJ Safety Awards – The award ceremony is in Manchester on the 20<sup>th</sup> September 2021. Three people are attending for each category we have been shortlisted for, along with a couple of execs</li> <li>• Internal Audit actions with updates from Divisions – giving an update on the divisional governance arrangements for the two divisions (Secure Services and Children and LD Services) which received limited assurance with actions that required addressing. It was noted the full audit report has been to Audit Committee. The updates show the actions are progressing well. The two remaining divisions have received significant assurance. The actions are being overseen through</li> </ul>

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	<p>QPaS to ensure the work progresses. An update has also been included from TF around the clinical governance across all four divisions</p> <ul style="list-style-type: none"> <li>• Peer Review Process – giving an update on the current progress on peer reviews through the covid period showing 42 reviews have been completed with only four reviews scoring requires improvement. Action plans are in place for these with monitoring through the Audit and Effectiveness Group</li> <li>• Spotlight on QI – Social Workers – a quality focus was included to give insight to the work of our social workers</li> <li>• Never Event – noting findings following completion of the investigation along with the root cause and recommendations. Action implementation monitoring through QPaS</li> <li>• Zero Events 2021-22 - Noting the five agreed zero events to continue for 2021-22, and information on those stepped down for 2021-22</li> <li>• A summary of the trust quality performance indicators on the quality dashboard noting no areas to flag.</li> </ul> <p>MC noted well done to all teams attending the HSJ awards night.</p> <p>MS confirmed another good insight report, noting the NHS mental health standards. LP responded to the query regarding core 24 compliance explaining this is provided by the mental health liaison service to HUTH at both sites, to both the emergency department along with accepting referrals from any of the hospital wards.</p> <p>DR thanked HG for the report, enquiring regarding the mental health standards, as a Trust how far off these standards we are? LP noted these have been sign posted for a while, although some of the thresholds are not clear at the moment, we already measure ourselves against most standards and are therefore ready for these. This has been supported by the operational changes to services such as the crisis team being focused specifically on crisis work to ensure we are in the best position possible to meet these standards. DR thanks LP for the assurance given.</p> <p>FP confirmed the draft follow up on clinical audit internal audit report came again to Audit Committee which was showing significant assurance.</p> <p>SJN gave an update on the peer reviews for FP to explain how the process works noting the standard template of questions which includes five closed culture questions. Reviews have been done virtually with only one person on site to undertake the reviews, Patients and carers have been contacted to ask for feedback as well. The information is inputted into MyAssurance which then produces a report to show compliance and assurance. This is reviewed at the Peer Review Subgroup noting actions required and good practice. Questions are now being reviewed to make these are more standard throughout and reviews will be restarted in September. It was noted that working remotely has benefited staff enabling cross working to review areas they would not have had the opportunity to meet previously. From all reviews, it was noted there were only two closed culture questions that required more work, with these areas still scoring an overall rating of good. Future reviews will hopefully have a blended approach with two staff attending site and virtual work still being completed such as reviews with carers etc</p> <p>MC thanked everyone for a good discussion.</p>
74/21	<p><b>Psychology review and highlights report - Psychology in Humber, Here when you need us</b></p> <p>MC introduced the item explaining following a conversation with Kate Yorke, Associate Director of Psychology, it was felt it would be good for a report outlining key priorities and activity in relation to Psychology at Quality Committee. KY explained the report was prompted by JB who suggested we should promote the work in psychology. The report contains examples written by staff around their experiences of working in the Trust and contains some inspirational information.</p> <p>The key highlights of the report include</p> <ul style="list-style-type: none"> <li>• MDT working, which shows examples that demonstrate how the team work closely with colleagues in other disciplines</li> <li>• Links with University showing the career structure within the location where people can develop careers and stay with us if they wish to</li> <li>• Information on new roles currently being looked at including the approved clinician and the clinical associate psychologist both of which we have received funding for, as well as support from</li> </ul>

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	<p>medical colleagues for the approved clinician to get this started whilst taking care to ensure where people are training, the role is of use to that team/area. KY noted there is a concern nationally that there are too many roles being developed in psychology and we need to decide which roles we emphasis as a Trust, to ensure people have opportunities for career progression .</p> <ul style="list-style-type: none"> <li>• Throughout the Covid-19 pandemic there has been significant work to support staff as much as possible, including the wellbeing line, and new workstreams to support the equality and Diversity agenda which is detailed in the report.</li> <li>• The research programme has been reviewed recently, teaming with Cathryn Hart as trainees must produce projects as part of their academic endeavour but this can be really useful to the Trust.</li> <li>• There has been an increased ability to connect nationally during Covid through virtual technology</li> <li>• CPD conferences have been held, run jointly with Hull University with attendances such as Professor Richard Bentall giving a keynote speech and a presentation from Emmaus Homelessness project , a local charity showing videos from service users who wanted to tell of their experience</li> <li>• Funding has been secured to enable financial investment in technology</li> <li>• The summary includes how we may be able to support each other to find a balance across the benefits and challenges of home and office working</li> </ul> <p>Questions and comments were invited from the meeting and listed below</p> <ul style="list-style-type: none"> <li>• KY confirmed there were more students than qualified staff currently with 24 trainees this year, giving equivalent of 54 whole time staff with around 15 assistants. MC suggested it would be worth adding this information in an appendix</li> <li>• MC enquired regarding video consultations and KY said we could make assumptions' that certain groups would not take to this but in reality, they are loving the new technology but need to be aware that some may not want a video consultation if others are in the home and may be listening in so need to look at each as an individual</li> <li>• It was suggested that patients stories of hope could make a good topic for the Trust Board and with the new posts could there be an opportunity for staff stories. KY confirmed that regarding patient stories, this was already arranged for attendance in October but felt the staff story would be a great idea.</li> <li>• It was noted that the psychological impact is significant in terms of earlier discharge. KY confirmed we try and ensure discharge planning is commenced at the very start so always embedded</li> <li>• LP commented on our current position, having the partnership with Hull University with training, is a huge asset for the organisation and appreciate the time and effort KY puts into this programme. Felt we have moved on greatly over the last couple of years with the psychological input. Noting the comment from KF regarding trauma informed model, this has come a long way over the last couple of years with lots of services predicated on the trauma informed models and much of this work being led by psychology in the context of MDTs. Although there is more work to do, we are in a strong place overall</li> </ul> <p>It was felt the report should be presented to the Workforce and OD committee and perhaps the Board as they would welcome the wider inter-disciplinary leadership and staff focus within this.</p> <p><b>ACTION – the report was recommended to the Workforce and OD Committee and the Trust Board</b></p>
75/21	<p><b>Quality Committee Risk Register summary</b></p> <p>HG presented the quality risk register noting that this goes as part of the corporate risk register to EMT along with being presented at QPaS every 12 weeks prior to Quality Committee. The following information was highlighted:-</p> <ul style="list-style-type: none"> <li>• 12 risks rated at nine or above</li> <li>• Three CAMHS risks rated significant with a score of 12</li> <li>• Two highest risk are waiting lists (OPS11) and CAMHS inpatient pressures (OPS13)</li> </ul> <p>Further information was requested on OPS11. LP explained this was related to EIP (Early Interventions in Psychosis) services and noted as per the recent reports to the Trust Board, the access target for this service has not been reached for a while, due to unexpected staff absences with them being a small team. This does not relate to many services users but there is a two-week service target and noted services users are being seen very soon after this period. The team have an</p>



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	<p>improvement plan in place and are in the process of recruiting additional staff. Patients are prioritised on clinical need and risk.</p> <p>KF commented on OPS13 (pressure on CAMHS unit) identified as a risk in the Trust, KF fed back that he had attended a recent meeting of Medical Directors and Chief Nurses and the first item on the agenda being CAMHS pressures, showing this is a national issue, especially with the pressure of patients in acute paediatric wards due to lack of CAMHS beds.</p> <p>PF enquired if the actions in the risk register could be made smarter, noting actions on the document but no timeframes. HG noted she would pass this back to Oliver Sims (Corporate Risk Manager) to discuss with divisions/operations teams.</p> <p>The committee was happy to support the paper being presented to the Trust Board based on the above discussions and updates as suggested.</p> <p><b>ACTION – to request OS to discuss with divisions regarding update to actions (HG)</b></p>
76/21	<p><b>National Confidential Inquiry into Suicide and Safety (NCISS)2021</b></p> <p>TF gave a verbal update to the meeting following the publication of the annual report confirming KF had attended the conference this year. The publication had been delayed due to covid.</p> <p>TF highlighted the following points.</p> <ul style="list-style-type: none"> <li>• The data used for the annual report is up to 2018 but noted there are delays in getting the complete data set up to 2018.</li> <li>• There are known issues around some thresholds for reporting through coroners which skew the data available through the ONS (Office of National Statistics)</li> <li>• The report provides some valuable insight into emerging trends – headlines show suicide in general population continuing to increase but this is not mirrored in the mental health population with a continued reduction in inpatient services with only 4% of suicides in inpatient units</li> <li>• Hanging continues to be the most prevalent means, there is acknowledgement around the difficulty in the community around effective intervention to reduce risks, but the report suggests we think about this area</li> <li>• Some of the significant factors in the suicides in 2018 data resonate when looking at the impact of Covid. 48% of patients who completed suicide in 2018 lived alone and the impact of covid will have exacerbated this</li> <li>• 7% of mental health patients who completed suicide were from ethnic minority groups, with an interesting breakdown around particular groups, such as south Asian women who are more likely to suffer from affective disorders. This gives us the means to think about how we tailor interventions and think about specific groups more carefully</li> <li>• Another highlighted trend is the increasing young people committing suicide particularly in young women age 15-17 years. TF noted this is our anecdotal experience locally and an area of concern with pressures on CAMHS inpatient units being flagged along with pressure on the services and the impact of covid</li> <li>• In terms of the Covid impact, some real time surveillance has been set up with ICS submitting data where they are confident there has been a suicide. Reviewing this data from 30 March to 30 September last year has shown there is no apparent increase in suicide during the post lock down period. It is unknown whether this will change with the impact of isolation and the economic period etc</li> <li>• This year NCISH reviewed suicide amongst middle aged men, with data of suicides in 2017 for men aged 45-54. Interestingly this discredits some of the assumptions made that men do not access help as 91% of men had been in contact with health services either primary care or mental health services, suggesting that it is not about men not seeking help but about understanding and identifying risks when they do contact services. 52% had co-morbid physical health symptoms and we need to consider how we use this opportunity to think about any mental health risks in the mix, noting this group was subject to higher risk factors</li> <li>• Self-harm was noted as strongly correlated to suicide with 47% of those completing suicide having self-harmed in the previous 7 days before suicide, showing a strong indicator we need to be aware of</li> </ul>

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	<p>TF explained this information has started to inform the review of our local clinical risk assessment and management policy. JB/KF and TF will be looking at the suicide prevention approach and this will also feed into the review of clinical risk training.</p> <p>KF noted the conference was well attended, with some ex-patient attending for the patients stories, citing a factor to help avoid committing suicide was professionals being there for them. There have been conversations regarding disseminating this information in different forms and KF has a date set to discuss the report with the doctors, also highlighting the need to look at risk assessments and training.</p> <p>LP confirmed the report will go through the divisions clinical network meetings and where necessary translate into their quality improvement plans (QIP) noting a lot of work is already being undertaken particularly around training.</p> <p>TF confirmed last year she brought a presentation but felt it was key to note the report which had only recently been published at Quality Committee and suggested bringing a presentation back which would include the actions and progress of work.</p> <p><b>ACTION – for presentation and update on action to be brought back to Quality Committee (date to be confirmed) TF</b></p>
77/21	<p><b>The QI Approach (strategy)</b></p> <p>Catherine Hunter presented the report, noting this was a refresh of the document previously seen. A consultation was undertaken with staff, patients and carers and co-production was key with this refresh.</p> <p>The strategy updates on work that has been completed so far but also builds on where we are after two to three years of quality improvement (QI) and will work with patients and carers more moving forwards.</p> <p>Reporting will continue through the Organisational Development Group (ODG) and has included in the past the number of charters, training and how PACE Champions and patients and carers have been involved in quality improvement activities. This will be expanded to include the staff survey and patient and carer survey to give a full view of our quality improvement.</p> <p>MS confirmed it was a good report but suggested that Strategic Context section should be reviewed in relation to the impact on the ICS landscape including the new legislation and partnership working with physical healthcare and their impact on the Trust's QI programme and the relevance of the Kings Fund.</p> <p>The group also recommended a review of the measures to ensure they are SMART as possible in relation to where the Trust is on its QI journey including both input and output measures and that the strategy should include number details of where we are at.</p> <p>FP agreed it was a really good read noting the excellent work already completed and suggested there were not a lot of output measures and felt this needs including. MC suggested linking in with Cathryn Hart around this</p> <p>KF commented around celebration and trying to make sure the work already completed is celebrated to inspire others. It was also noted that other organisations seem to have more staff involved in a QI team and if QI is important to us as a Trust we may need to invest more in resources. LP confirmed the resource question for QI has already been noted by EMT and they have committed to review this.</p> <p>MD confirms the PACE informs QI and we know this links very well and noted there is a host of data available which can inform from the various projects being worked on so need to ensure this is utilised to evidence that the work is making a difference, such as Family and Friends Data and surveys.</p> <p>It was agreed the report should be updated following today's suggestions and forwarded to MS for review and comment prior to being presented to the Trust Board.</p>
78/21	<p><b>Infection Control Strategy</b></p>

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	<p>HG presented the updated strategy on behalf of Debbie Davies, highlighting the following information:-</p> <ul style="list-style-type: none"> <li>• The strategy has been refreshed, whilst having another year to run due to Covid-19</li> <li>• The goals have remained the same, but actions now included the covid-19 aspect</li> <li>• The patients section has been refreshed</li> </ul> <p>This policy will now run until its original expiry date and be reviewed once more in 2022.</p> <p>MC noted this strategy remains a significant strength and the achievements made by the IPC team despite the considerable pressure from Covid-19.</p> <p>FP commented that it was a great paper, noting some amendments within the document.</p> <p>Subject the amendments discussed, the committee approved the refreshed strategy including the covid context and recommend this to the Trust Board.</p>
79/21	<p><b>Homicide Action plan – progress update</b></p> <p>KF confirmed the group continues to meet regularly to review the action plan and the update shows many actions have been closed, working towards having all actions closed by the next NICHE meeting. KF confirmed amber actions have been completed but still require audits to be undertaken to show compliance.</p> <p>The committee noted good progress and was pleased to see the external validation from NICHE MC thanked KF for the hard work.</p>
80/21	<p><b>Mortality Report</b></p> <p>MC noted this very interesting report, commissioned by JB from Alex Macnamara, a Public Health Registrar. This report has been to the Board and was found to be very helpful, giving good context against national trends.</p> <p>LP confirmed the report has been through Operations and connects to the conversation around suicide, the use of up-to-date position in terms of indicators and where we are in terms of training. It has been recognised that we have seen excess deaths as set out in the paper and it has been helpful seeing the data around this. As discussed in today's meeting, we are still seeing the ongoing impact of covid, in the safeguarding context, suicide context and operationally people are focused on this area. We are still seeing high levels of acuity in our physical community services with earlier discharges from hospitals and this report gives various implications around consideration of safety and quality. It has been really helpful for staff to see in this context.</p> <p>MC commented the commissioning of public health support was good and suggested a follow up at a later stage.</p> <p>KF noted the message being very clear regarding the covid impact on mortality but stated the covid impact and long covid impact for people delivering services will be with us for a long time.</p> <p>The committee noted and welcomed the report thanking JB for commissioning this.</p>
81/21	<p><b>Annual Infection Control Report</b></p> <p>HG presented the report on behalf of Debbie Davies, noting this report is due to be presented to Trust Board in September, highlighting the following areas:-</p> <ul style="list-style-type: none"> <li>• Despite all the pandemic work the small IPC team has had to dealt with, we still managed to maintain the usual standards such as compliance with hand hygiene, with Infection Control training exceeding compliance levels</li> <li>• There were no hospital onset cases of any of the mandated reportable infections</li> <li>• No inappropriately placed catheters</li> <li>• During the past year the IPC team activity has been stepped up with more contact with staff and more training. The Healthcare Acquired Infection Group (HAIG) meetings were increased and moved to weekly at the height of the pandemic</li> <li>• The team updated local policies and procedures whenever the national guidance was changed</li> </ul>

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	<ul style="list-style-type: none"> <li>• The team was increased by one WTE, this was required as work pressure is not going away with current fit testing for FFP3 masks ongoing</li> <li>• The report includes details of the 14 outbreaks with information on learning</li> </ul> <p>MC thanked HG/DD for the impressive report, showing compliance, responsiveness and relevance</p> <p>FP confirmed a great report and noted a couple of updates</p> <ul style="list-style-type: none"> <li>• A couple of typos were noted which will be corrected prior to the report being presented to the Trust Board.</li> <li>• Page 176 showed a difference in numbers of patients with table six not having a date of the outbreak ending for Swale Unit. HG confirmed table five is number of outbreaks with table six the number of people affected</li> </ul> <p>The Quality Committee approved the annual report and recommended it to the Trust Board.</p>
82/21	<p><b>Annual Ligature Report</b></p> <p>MC requested this report to be taken alongside the earlier discussion on the National Confidential Inquiry 2021 around therapeutic environment along with the safety report from Estates which is presented to FIC but doesn't come to Quality Committee.</p> <p>LP presented the report written by Claire Jenkinson, with apologies for the delay in the report which required some changes following EMT before circulation.</p> <p>Work has continued around ligature anchor points following the updated CQC guidance last year in relation to anchor points and specifically asking trusts to look at a number of areas, which included considering lower-level anchor points in a different way, along with recognition of a number of trusts showing numbers of high-level ligature point risks staying on audit reports for a significant amount of time without appropriate works to address them, as well as the overall Board oversight of ligature anchor point audits and capital works programme in place to mitigate those.</p> <p>The usual round of anchor ligature point audits were undertaken last April and these were repeated in August following the change of guidance from the CQC which were reported at Quality Committee previously. This led to a position of identifying approximately £630,000 for further capital programme works to address the risks. This programme of works commenced, and a review of the risk assessments in April this year showed a small change, with the updated reports attached as an appendix to the paper.</p> <p>LP noted that the ligature policy has undergone review considering the updated CQC guidance with the key changes in requirements being the CQC wanted to move away from the traditional RAG rating (red/amber/green) to using a properly validated risk assessment tool in the same way we do across the organisation for other risks, along with making sure the policy was more sensitised to patients needs and groups/areas. This work was completed, and the policy approved in May this year at QPaS.</p> <p>Focus has continued on the areas identified in the paper to ensure there are safe and appropriate capital programme mitigation for areas such as doors and windows as previously reported. The paper also suggests completing another round of risk assessment audits in Q4 but following a conversation with the team, particularly with Paula Philips who chairs the Clinical Environmental Risk Group (CERG) and is General Manager for Secure Services with a wealth of knowledge and experience around environmental risks including ligature anchor points, it has been agreed to undertake these audits in Q3 to make sure the next round of ligature risk assessments are in line with the new policy and take into account the approach the CQC require us to follow.</p> <p>This work is overseen at the CERG meetings also attended by estates as well as reporting to the Capital Programme Group. The intention is for work to be completed by October this year, including the Q3 risk assessment audits. Some areas are slightly behind schedule and LP has escalated this along with conversations with the estates team and received some assurances and is confident on meeting this deadline.</p> <p>MS enquired regarding the gliders, stating it looks like estates have confirmed the correct number of gliders and was this more about the auditing of this. LP confirmed this was correct and will be completed by September at the latest.</p>

## Appendix 1

	<p>DR noted appendix one regarding the Clinical Environmental Risk Group (CERG) Terms of Reference which reads as though complying with guidance rather than patient safety is the main aim and noted the top five actions are around national guidance, and enquired is the tone right or is there another group focusing on patient safety?</p> <p><b>ACTION – LP to look at the ToR and feed back to DR outside the meeting</b></p>
83/21	<p><b>Patient and Carers (PACE) Annual Report</b></p> <p>MC welcomed MD who had joined the meeting to present the Annual PACE report.</p> <p>MD presented the report highlighting the following information</p> <ul style="list-style-type: none"> <li>• The past 12 months have moved to a virtual platform for engagement and involvement activities including virtual forums, church services, awareness weeks and listening to patient stories at the Trust Board.</li> <li>• Participated in numerous surveys including the mental health inpatient survey, GP practice survey and Friends and Family Test, to enable us to listen to people's experiences when receiving care in our services as well as those who care for people using our services</li> <li>• Changes have been made to the complaints process, so when a complaint is received, it is triaged to either the informal or formal process, and after 30<sup>th</sup> June 2020 PALS (Patient Advice and Liaison Service) change the name to Informal Complaints to make the process easier to understand</li> <li>• It has been agreed to continue with several initiatives started due to covid-19 such as the virtual services ,along with identifying several new initiatives for this year</li> <li>• A new Youth Board called the Humber Youth Action Group is being implemented which will start roll out over the next few months</li> <li>• Roll out of the panel volunteer has started which will standardise involving patients and carers in interviews for all front-line posts where possible as well as senior management posts.</li> <li>• Introduction of a PACE training package on the recovery collage platform consisting of nine modules with the hope of introducing a blended face-to-face and virtual offer when safe to do so</li> <li>• Focus on the role of the Patient Safety Partner with the aim of having two Patient Safety Partners in post by the 1<sup>st</sup> April 2022</li> </ul> <p>MD concluded by noting that ultimately by engaging and involving with patients and families in Trust activities we have many positive outcomes which are highlighted in the digital report and by listening to lived experience it is helping the Trust to experience our services through the eyes of our patients and their loved ones adding value and proving to be beneficial when enhancing or redesigning services. It was noted there is also a 44-page annual report supporting the electronic version shared at today's meeting.</p> <p>Questions and comments were taken from the meeting</p> <ul style="list-style-type: none"> <li>• It was agreed there was a lot of assurance from the report noting the difference the PACE work has made over the last five years with both patient involvement and partnership involvement through networks that have been created</li> <li>• LP confirmed great work and noted this connects really well to the Quality Improvement presentation being supported and underpinned by the service user co-production and really feels this is at the heart of what we do and the way we do it.</li> </ul> <p>MC thanked MD for a great report which was commended strongly and endorsed to the Board</p>
84/21	<p><b>Policies for approval</b></p> <p>There were no policies requiring approval this month. HG confirmed all quality policies were currently in date.</p>
85/21	<p><b>Quality and Patient Safety Group (QPAS) minutes (25 May 2021)</b></p> <p>The minutes of the 27 May and summary of the July meeting were noted with no comments raised. HG highlighted the policies and guidelines approved at the last QPAS meeting for oversight to the committee which included</p> <ul style="list-style-type: none"> <li>• Supportive Engagement Policy</li> <li>• NICE implementation Policy</li> <li>• Nursing Revalidation Policy</li> <li>• Safeguarding Adults Policy</li> </ul>

## Appendix 1

	MC thanked the QPaS group for their support to Quality Committee over the last four and a half years.
86/21	<p><b>Drugs and Therapeutics Group (DTG) minutes (27 May 2021)</b></p> <p>The minutes and summary were noted with no queries raised. The Chair noted the significant advances DTG made including the support for setting up the vaccination hub as well as the innovate work practices of pharmacy assistants and thanked the group for their support.</p>
87/21	<p><b>Items Arising from the meeting requiring Communication, Escalation or Risk Register consideration and any lessons learnt</b></p> <p>The following items were agreed for escalated to the Trust board via the Assurance report:</p> <ul style="list-style-type: none"> <li>• The Safeguarding Annual Report and presentation gave great assurance and felt the presentation would be beneficial at the Trust Board</li> <li>• The Psychology report was recommended to the Workforce and OD committee and the Trust Board</li> <li>• The refreshed Infection Control Strategy was commended to the Trust Board</li> <li>• The Annual Infection Control report was approved and recommended to the Trust Board</li> <li>• The Annual PACE report was commended strongly and endorsed to the Trust Board</li> </ul>
88/21	<p><b>Any Other Business</b></p> <p>There was nil raised at today's meeting.</p>
89/21	<p><b>Date and time of next meeting</b></p> <p>The next meeting has been arranged for Tuesday 2<sup>nd</sup> November 2021 via MS Teams. The meeting invite details will be updated nearer the meeting date.</p> <p>MC was thanked by the committee for his time as Chair. It was felt the committee had matured over the years and demonstrated intelligence in relation to how we think about quality and keeping patients at the heart of what we do. The challenge has been significant, and the growing maturity of the committee has enabled the committee to be supportive, balanced and effective in focussing on the right things and providing good assurance to the board.</p> <p>MC thanked HG and SH for supporting the committee along with thanks to the triumvirate of HG, JB and LP and their work with the teams.</p> <p>MS was confirmed as interim chair for the Quality Committee moving forward and thanked MC for all the work as the outgoing chair.</p>

**Agenda Item: 14**

Title & Date of Meeting:	Trust Board Public Meeting – 24 <sup>th</sup> November 2021			
Title of Report:	Workforce and OD Committee Assurance Report			
Author:	Name: Dean Royles Title: Non-Executive Director and Chair of Workforce and OD Committee			
Recommendation	To approve		To note	√
	To discuss		To ratify	
	For information	√	To endorse	
Purpose of Paper:	<p>The Workforce and Organisational Development 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 held on 17<sup>th</sup> November 2021 and a summary of key points for the board to note. The minutes of the meeting held on 15 September 2021 are attached for information.</p>			
Any Issues for Escalation to the Board:	No issues or items to escalate to Trust Board were raised.			

**Executive Summary - Assurance Report:**

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

A summary of the key areas within the Workforce Insight report and risk register were discussed. The committee received a presentation on the 2020 staff survey recap and changes for 2021 as well as updates from the reporting groups Equality, Diversity and Inclusion, Staff Health and Wellbeing and the Medical Education Committee. Reports were received on the Recruitment Task and Finish Group, Statutory Mandatory training recovery plans, guardian of safe working update and the leavers analysis.

**Key Issues:**

The key areas of note arising from the committee meeting held on 17 November 2021 were:

Minutes of the meeting in September were approved and action log updated.

An overview of the Leaver Deep Dive was presented to the committee. The actions and observations from the report were highlighted. The Committee felt that it was an excellent report with good data and intelligence and agreed that the key next step is in presenting

the data at accountability reviews. The committee requested additional information relating to the leaving reason of fixed term contacts as well as more distinction between natural leavers such as retire and returns, doctors on rotation and psychology trainees rather than leavers who have left through their own choice. The committee also requested future reports to include an action plan and what has been achieved since the previous reporting period. It was noted in the report that work on increasing exit interview returns was continuing, the benefits of which expected to be seen in future reports next year.

The assurance report from the Staff Health and Wellbeing group was received. The committee welcomed the progress and enthusiasm in the group which are exploring areas for the benefit of staff.

The Committee received an update from the Equality Diversity and Inclusion Group. The group is now better aligned with the committee dates to allow more current updates to be brought to the meetings. The committee noted the excellent work on the cleansing of ESR data and that the networks now all have chairs. The committee welcomed the news that there have been some positive progress in terms of this agenda and that the Trust is currently 6<sup>th</sup> best in terms of the staff survey report relating to Equality Diversity and Inclusion and that the group and the Trust continues to work on this ambition.

A verbal update on the Medical Education Committee was provided in relation to training with a formal report on the results of the national trainees survey to be shared once received.

A presentation on the staff survey recap of 2020 and changes for 2021 was given. The committee welcomed the presentation and the positive work that managers are doing as well as the organisation around the survey considering the circumstances of the pandemic. It was noted that the embargoed report for 2021 staff survey results are due before the end of December with the final reports due out in February.

The Workforce Insight report was received and taken as read. The Committee approved of the revised layout and data and intelligence included within the report that assists with decision making. It was stated that agency spend will be picked up by the Finance and Investment Committee in December. It was confirmed that all vacancies covered by agency staff were being actively advertised. The process for DBS checking will be reviewed to ensure increased compliance and it was recommended that the processes in place for third parties be reviewed and monitored. A discussion was undertaken in terms of rule breaks which is driven by service pressures and the committee understood that people are working in difficult circumstances to get the balance right for safe staffing of services and ensuring the health and wellbeing of staff.

The Statutory Mandatory Training Recovery Plan report was taken as read and welcomed. A discussion was held around 'DNAs' and incomplete courses. A revised trajectory on safeguarding courses is to be brought to the next committee meeting.

The changes to the Risk Register were noted. Additional recommendations were given in terms of emerging risk of payments to medics for recruitment and retention, potential for strike action and for the statutory mandatory training risks.

The Hard to Fill Recruitment Task and Finish group update was presented to the Committee with a verbal update on the glidepath for nursing given by Mrs Gledhill showing a positive trajectory.



Guardian of Safe Working Hours Quarterly Report was taken as read and no comments were raised.

**Minutes of the  
Workforce and Organisational Development Committee  
Held on  
Wednesday 15<sup>th</sup> September 2021  
14:00-16:00pm  
Microsoft Teams**

**Present:**

**Members:**

Mr Dean Royles (DR)	Non-Executive Director Chair
Mr Francis Patton (FP)	Non-Executive Director
Mrs Hilary Gledhill (HG)	Director of Nursing
Steve McGowan (SMc)	Director of Workforce and OD
Michele Moran (MM)	Chief Executive (from 15:15pm)

**Other attendees:**

Mrs Karen Phillips (KP)	Deputy Director of Workforce and Organisational Development
Dr John Byrne (JB)	Medical Director
Emma Collins (EC)	Senior HR Business Partner (Until 14:25)
Abbie Hudson (AH)	Senior HR Business Partner (Until 15:00)
Hanif Malik (HM)	Non-Executive Director (Until 15:00)
Miss Jessica Norton (JN)	Personal Assistant (Note taker)

76/21	<p><b>Apologies for Absence</b> Mrs Lynn Parkinson (LP) Chief Operating Officer Peter Baren (PB) Non-Executive Director Oliver Sims (OS) Risk Manager</p>
77/21	<p><b>Declarations of Interest</b> None declared.</p>
78/21	<p><b>Minutes of the meeting held in July 2021</b> The minutes of the meeting held in July were accepted as an accurate record</p>
79/21	<p><b>Action Log</b> Action Log was reviewed and discussed.</p>
80/21	<p><b>2020/21 Absence Deep Dive</b> Mrs Collins presented the leavers deep dive report to the committee. The report which included data from April 2020 to March 2021 was taken as read. The report had been through governance before being presented to the committee and is currently being used to help form action plans in the divisions. Highlights of the report were:</p> <ul style="list-style-type: none"> <li>• The trust met the target to reduce absence to under 5%. This was a reduction of 0.77% from the previous year.</li> <li>• Improved sickness absence rates were seen in eight out of ten divisions/directorates compared to 2019/20.</li> <li>• The trusts sickness absence is slightly below average when benchmarked against all NHS England Trusts (4.6%); provider organisations across Humber, Coast and Vale (4.7%); and NHS England Mental Health Trusts (4.58%).</li> <li>• Anxiety/stress/depression/other psychiatric illness is the predominant reason for sickness absence; accounting for 41% of all full-time equivalent days lost. This is the highest absence reason for nine out of ten divisions/directorates and the highest absence reason for all staff groups.</li> </ul>

- The most common Occupational Health referral reason was 'Mental Health', of these 52% were classed as being 'Work Related'.
- Additional Clinical Services staff lost more sickness absence days than any other staffing group; accounting for 37% of all trust sickness absence. Followed by Registered Nursing at 31% and Administrative and Clerical staff at 14%.
- COVID related sickness absence accounted for 7.1% of sickness absence and disproportionately impacted operational divisions which had 89.26% of COVID sickness absence.

Mrs Collins confirmed that a report on absence is to be ran every 6 months with the next report coming to the committee in November. The information within the report will be cascaded down the Trust through the divisions.

The committee expressed thanks to Mrs Collins on the work done on the deep dive. Those on the committee recognised that this was previously part of the insight report but separating this out gives it more focus.

Mr McGowan stated that, in terms of accountability, the scorecard, and this report forms part of the accountability reviews. The latest round of accountability reviews recently took place, and this report was a focus of conversation. There has been improvement in this area which was expected. The trust sees this as a positive story and shows that the trust has a good grasp of the data. To further help improve sickness rates, there have been some initiatives carried out around health and wellbeing work including increasing the physiologist provision within Occupational Health and introducing wellbeing guardians. Miss Hudson and Mrs Collins continue to take this to the divisional meetings to work with managers and staff to help improve absence.

Mrs Gledhill noted in the report that anxiety and stress was at 41% and queried whether this was an increase and if so, which teams this was more prevalent so that a targeted piece of work could be carried out. Also, Mrs Gledhill queried whether this can be benchmarked. Mrs Collins confirmed that she would look at including that detail in the next report. For this data, Mrs Collins said that she doesn't know the benchmarking for that, nor did she know if it was an increase. In terms of focus areas, anxiety and stress was high in most areas across the trust and impacted all professions and not just front line so would be best as a Trust wide piece of work rather than focused. Mr Royles added that he thinks it is important to encourage divisions to manage their absences and for them to see if there are any outliers as the resolution would be different for each area. Mr McGowan confirmed that the divisions are looking at this and there is support there from HR. Mr McGowan gave assurance that this is monitored, and Mrs Parkinson would support this if she was here.

Dr Byrne added that the report shows low sickness absence rates related to COVID (7% of total sickness absence) however 10% of staff when tested last July had positive antibodies indicative of being infected. Dr Byrne thinks there is an opportunity for Occupational Health to have a look into that and for them to see what's happened since then, especially now that there is clear guidance on PPE, easy access to testing and the vaccinations have taken place. Dr Byrne further added that as the trust is quite good at infection, prevention, and control, it has probably resulted in stress etc being more prominent as a percentage.

Mr Patton said that he would like to see what has been done and what is being done since the data became available. He would also like a breakdown on anxiety and stress reasons to understand the causes more. Dr Byrne said that stress and anxiety will always be a combination of both work and home related as it's never binary. Mrs Collins confirmed they are not reporting the reasons with further breakdowns. The teams do know the hot spots at divisional level, but this is not reported at a Trust/ESR level it is more for the individual area. In terms of stress and anxiety being COVID related, some themselves would struggle to determine if it is related to it or not due to the exceptional circumstances people have faced. Mr McGowan added that the Trust can look at those that we can do something about but anything external would be trickier to tackle.

**Resolved:** The report was noted.

81/21	<p><b>2021 Staff Survey (Medical Director)</b></p> <p>Mrs Gledhill gave a presentation to the committee on the nursing directorate's staff survey results. The presentation provided an overview of the different nursing directorate teams, the overall results showing above trust target, engagement results, improvements from year before, actions taken following 2019 results which resulted in the improvement for the 2020 results, opportunities for improvement on those scored 41-64%, must improve areas of those below 40%, areas of strength which scored 65% and the key actions going forward. The key actions going forward were explained in detail. The committee thanked Mrs Gledhill for her presentation.</p> <p>Mr McGowan confirmed that the next staff survey for 2021 is due to launch on Monday 27<sup>th</sup> September and a communication is due to go out shortly to let staff know.</p> <p>Dr Byrne highlighted the great results from the Nursing Directorate last year and thanked her for sharing her approach. Dr Byrne expressed his concern regarding the leadership courses which he feels won't be as well received nor will have the same impact since being done virtually despite best efforts of all concerned.</p> <p>The committee agreed to pause further presentations on staff survey results until the next results are available in February 2022. The Committee would still like to carry out a reflection piece in the November committee meeting i as a refresh going into the results next year. The committee noted that, due to the meetings moving to quarterly, more than one division will need to present at the committee meeting and as such may need to review timings of meetings going forward.</p> <p><b>Resolved:</b> Presentation was noted.</p>
82/21	<p><b>Chairs logs from any groups reporting to this committee</b></p> <p>a) Miss Hudson updated the committee on the progress of the Staff Health, Wellbeing Engagement Group. The most recent meeting of the group took place last Monday. The committee was updated in terms of the kitchen breakout areas as a result of the staff survey. Significant investment has been made in this area and this is progressing. Estates are chasing those sites that are yet to respond as there are 19 outstanding in terms of their site improvements. In the Workforce team a wellbeing co-ordinator started today. This role is to support the wider health and wellbeing agenda at the Trust. In terms of the workplan, four actions have been closed and progress is being made with the others. In terms of areas of risks, this is now a standing agenda item in terms of those with wellbeing implications. One area was the appraisal window which has now taken place. In terms of workforce performance data, this is reviewed on a health and wellbeing scorecard each month and generates dialogue in group. This links in with the workplan. The group use the data to inform where time and energy is invested. Furthermore, the wellbeing theme increased in the last survey results, so the group is keen to see how the results for this year will look given the continuing focus. Mr Patton asked about whether we will be pulling out details from the conversations at appraisals. Miss Hudson confirmed that this is done with the services and teams to make sure that the data is used, and it informs plans. She agreed that a deep dive on those themes would be helpful also.</p> <p>b) Mrs Phillips updated the committee on the progress of the Equality, Diversity and Inclusion Group. No meeting took place last month with next meeting 27<sup>th</sup> September so will bring update to next committee. In terms of the chair vacancies, John Duncan is working on this.</p> <p>c) Dr Byrne updated the committee on the progress of the Medical Group. The minutes were attached for reference and taken as read. He flagged the training survey data which showed no concerns which is positive, the strong recovery element involved in the meeting with money available from health education England and the focus on delivering training which is all on track. Dr Byrne provided an example of the benefit of spending time on training in terms of two recruits to secure who were higher trainees as, though it takes time, you can see the benefits down the line.</p>

	<p><b>Resolved:</b> Chairs logs were welcomed and noted.</p>
83/21	<p><b>Workforce Insight Report</b>  The Workforce Insight report was taken as read. The report generally shows a positive data set given the challenges faced.</p> <p>In terms of appraisals, the committee was asked to remember that the Trust always understood that it would be three years before we start to see a move from numbers to quality.</p> <p>Mr Patton highlighted the excellent presentation given at the Governors meeting yesterday on training and development. In terms of training compliance, Mr Patton noted that there are still low compliance rates so wonder if there more that could be done around those. Mr McGowan said that anything that can be completed online or blended is being done and in terms of those remaining, that need to be carried out face to face the issues for those is around limited class sizes due to the pandemic restrictions, low turnout, lack of rooms since lecture theatre in use for vaccine drive, sickness rates and capacity to release staff due to vacancies. Mr Royles suggested a deep dive as he is worried that we will set a target we cannot achieve. He is aware that the targets are not externally set, so wondering if this is something we can get a handle on. Dr Byrne stated that to him, a deep dive will reveal multiple factors and nothing that we do not already know. Mr Patton agreed with Mr Royles in that a deep dive may show reasons that may have simple resolutions. Mr Patton would also like to see whether some of the reasons are operational or whether it is financial in terms of needing more investment. Mrs Gledhill added that there are now more venues being used but thinks that it would be good for the Executive Management Team (EMT) to review the current position of training to see if any further changes can be made. Mrs Gledhill further added that some services are extremely short staffed and therefore training is not being completed. Committee agreed that there are trajectories behind some of the training for improvement in the figures but would like assurance that this work is making a difference.</p> <p>Dr Byrne stated that the Trust had very strict Infection, prevention and control and he does not think it is so much an issue with venues but more staffing, hence the trust are on OPEL 3. He further stated that the Trust have been talking about ILS for 4 years and initially it was capacity to train an now it is capacity to release.</p> <p>Mr Royles would still like a piece of work that provides assurance that training improvement is in hand. Mr McGowan agreed that the focus should be on when we would expect to be back on track as that is the important part as the Trust need a balance between being able to release due to pressures and vacancies.</p> <p>Mr Patton asked about the location of the 180 new staff. Mr McGowan will check where these were.</p> <p>Mr Patton asked about turnover in estates. Mr McGowan will check what these were.</p> <p><b>Resolved:</b> The report was noted.</p> <p><b>Focus work on non compliance training areas for next committee</b>  <b>Action: SMc</b></p> <p><b>Location of the 180 new staff to be sent as a post meeting note</b>  <b>Action: SMc</b></p> <p><b>Turnover in estates to be sent as a post meeting note</b>  <b>Action: SMc</b></p>
84/21	<p><b>Risk Register</b>  The risk register was taken as read. Mrs Phillips highlighted that there are twelve rated nine or above. There is a in depth review been done by Mrs Phillips and Mr Sims. Six of the twelve are related to statutory training and the focus will help in that regard.</p>

	<p>Mr Patton raised risk 3 and 4 which seem almost identical. Mrs Phillips confirmed that on is relating to recruitment and the other retention. Mrs Phillips confirmed she will look at re- wording to make risk differences clearer.</p> <p>Dr Byrne queried risk 10 as he thinks that it is more about recruitment than retention. Additionally, risk 25 he is not sure the risk score should have gone up as arguably the position now is better recruited to than it was 6 months ago. Mr McGowan challenged this stating the data shows more consultancy vacancies than before. Mrs Moran thinks that the risk rating should remain due to agency rate but noted that the risk and mitigation risk levels were the same so what we are doing isn't working so need to have a look at this.</p> <p>Mr Patton looked at risk 3 additional action regarding the new roles and he would like an update in terms of where this is. Furthermore, he asked for an update on exit interviews relating to risk 10. He also questioned why risk 14 isn't until March seen as the window has just closed. Mrs Phillips confirmed that the deep dive is due October so will be brought to November committee. Part of this deep dive will be the exit piece. In terms of risk 14, this is part of the external audit which we don't know timescales so until they are known, have put the date as March. Mr McGowan added that I was previously agreed give those that are under pressure some time to get through winter before looking at the data. Mrs Phillips confirmed she will give an update on workforce plan at next committee.</p> <p><b>Resolved:</b> The risk register was noted.</p> <p><b>Leaver report to be added to the agenda with exit intelligence</b>  <b>Action: SMc</b></p>
85/21	<p><b>Policies</b>  No policies presented</p>
86/21	<p><b>Recruitment Task and Finish Group</b>  Mr McGowan presented the updated plan for July. An update on nursing was previously provided by Mrs Gledhill. The group still meet monthly and there have being fantastic changes within the nursing team that is now recruited to. The team are developing a transfer policy and working on moving this forward. Group has good focus, and the finance investment is really helping.</p> <p>Dr Byrne raised that, for consultants, recruitment takes longer so will not see results as quickly as nurses.</p> <p>Mrs Moran said that the Trust is looking at medical staffing strategy and think it should come here after Executive Management Team meeting.</p> <p>Mr Royles said that some staff think we don't recruit because we don't have the money not that it is because no one is out there so would be good to clear that message up.</p> <p>Mr Patton highlighted the good discussions at Governors session about taster sessions so that would be good to spread around the Trust.</p> <p><b>Resolved:</b> The report was noted.</p>
87/21	<p><b>Framework of Quality Assurance for Responsible Officers and Revalidation</b>  Dr Byrne highlighted the report which is on the agenda for Trust board in September. Eight were not appraised as within guidelines and the three that we not done by end of March have now all been done. All is now in order and can move forward. Those that have joined since are appraised when they join. The process has changed this year from previous years and the feedback has been favourable as the process now focuses on the key issues and has a wellbeing element. It is also less onerous. Looking to have the committee agree the report so that Mrs Moran can sign on behalf of board. All committee agreed and note will be taken to board on the approval as part of the assurance report.</p>

	<b>Resolved:</b> The report was noted. Framework was agreed.
88/21	<b>To Review the Meeting</b> Statutory training focus report Mrs Moran would like position statement report on job planning. Dr Byrne will flag to Alison Flack. New leavers and absence deep dive
89/21	<b>Any Other Business</b> No other business raised.
90/21	<b>Date and Time of Meetings in 2021:</b> Wednesday 17 <sup>th</sup> November 2021 2-4pm.  Committee agreed to move meetings in 2022 to quarterly and to avoid August. Committee also agreed to extend meetings two and a half hours with a break.

**Agenda Item 15**

Title & Date of Meeting:	Trust Board Public Meeting – 24 November 2021																															
Title of Report:	Mental Health Legislation Committee (MHLC) Assurance Report following meeting of 04 November 2021.																															
Author/s:	Name: Michael Smith Title: Non Executive Director and Chair of Mental Health Legislation Committee																															
Recommendation:	To approve		To receive & note	✓																												
	For information	✓	To ratify																													
Purpose of Paper:	<p>The Mental Health Legislation 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 held on 04 November 2021 and a summary of key issues for the Board to note.</p>																															
<p><b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i></p>	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Audit Committee</td> <td></td> <td>Remuneration &amp; Nominations Committee</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td></td> <td>Workforce &amp; Organisational Development Committee</td> <td></td> </tr> <tr> <td>Finance &amp; Investment Committee</td> <td></td> <td>Executive Management Team</td> <td></td> </tr> <tr> <td>Mental Health Legislation Committee</td> <td></td> <td>Operational Delivery Group</td> <td></td> </tr> <tr> <td>Charitable Funds Committee</td> <td></td> <td>Collaborative Committee</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Other (please detail) Board Assurance report</td> <td>✓</td> </tr> </tbody> </table>					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 Assurance report	✓
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		Other (please detail) Board Assurance report	✓																													
<p><b>Key Issues within the report:</b> <i>Please ensure you also complete the monitoring and assurance framework summary below:</i></p>	<ul style="list-style-type: none"> <li>Noted Norfolk Safeguarding Adults Review report and assurance received through discussion at board and quality committee.</li> <li>Received IBR report and indicated areas for future focus</li> <li>Received Q2 and approved annual Reducing Restrictive Interventions (RRI) reports. Good assurance with the case studies adding to understanding. Discussed dissemination of the report and frequency of reporting</li> <li>Received Multi Agency Public Protection Arrangements (MAPPA) updates and noted chair's attendance at recent meeting.</li> </ul>																															



	<ul style="list-style-type: none"> <li>Noted all Mental Health Legislation policies up-to-date</li> </ul>
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**Monitoring and assurance framework summary:**

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

√ Tick those that apply

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

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			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	

**Key Issues:**

Committee noted key items and assurances:

- Insight report - The Committee was informed about the Norfolk Safeguarding Adults Review into the deaths of 3 patients at Cawston park Hospital and noted that it had been considered in the RRI Group, Public Board and at QC where it had been added to the future workplan. There were implications for MHLC regarding the RRI work, particularly in one of the reported case studies, but the Trust's response as outlined, gave assurance in this regard.
- Performance report - Tribunal data to be reported back to next committee in terms of accuracy check and definition of how the figures should be interpreted. Use of S4 remains low with zero use in several months. New methods of working had impacted positively in this regard though this would remain an area of focus. Number of direct admissions rising which, anecdotally seems to be a sense of more patients presenting in severely unwell condition. We are, therefore, keeping a focus on this and on s. 136 data. The Trust experience - rising levels of acuity - seems in line with views expressed nationally by other services. Committee considered adding information to performance report concerning under 18 admissions however agreed more appropriate to add in narrative form; more qualitative data is analysed at the MHL steering group in any case.
- Reducing Restrictive Interventions (RRI) Q2 - committee complimented the author on the use of case studies which aided committees understanding. Noted no outliers in figures this quarter. Noted that RRI sits, along with segregation and CAFO in the context of closed cultures.

- RRI Annual Report - approved. Noted impact of COVID on training. Segregation and Care Away from Others (CAFO) figures also impacted by pressure in the system and lack of suitable places for complex cases leading to delayed discharges of such patients. All incidents are reviewed in the daily safety huddle and escalated to the weekly Clinical Risk Management Group (CRMG) where necessary for additional scrutiny. Need to add to the report the utilised work coming through 'My Assurance' audits.
- Discussion about dissemination of RRI work took place to be considered by Exec. Possible board presentation and addition of case studies to be considered by Exec. Possible Annual Report and quarterly reporting to be replaced by bi-annual and annual reporting.
- MAPPA update received and noted that MHLC Chair had attended a MAPPA level 2 meeting and found it very informative and well run in terms of assessing risk; Chair outlined the process by which individual cases are reviewed and managed, reducing risk to individuals and wider society.
- Noted all MH legislation related policies up to date and commended MHA Clinical Manager in this regard.
- Committee considered the work of the MHL steering group and agreed that there is no longer a need for a bespoke report on the meeting, but would going forward receive the meeting minutes.

**Agenda Item 16**

Title & Date of Meeting:	Trust Board Public Meeting – 24 November 2021			
Title of Report:	Audit Committee Assurance Report			
Author/s:	Name: Peter Baren Title: Non Executive Director, Chair of Audit Committee			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	<p>The Audit 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 held on the 9<sup>th</sup> November 2021 and a summary of key issues for the Board to note.</p>			
<b>Governance:</b> <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) Assurance report		✓
Key Issues within the report:	Identified in the report			

**Monitoring and assurance framework summary:**

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

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

### Executive Summary - Assurance Report:

A meeting of the Audit Committee took place via MS Teams on the 9<sup>th</sup> November 2021. It is a requirement of the Terms of Reference and the NHS Audit Handbook for an assurance report to be prepared for the Trust Board as soon as is practical after the meeting takes place and presented at the next Trust Board meeting.

### Key Issues:

The Committee discussed, received for assurance and noted the following reports:-

- Internal Audit Progress Report (Audit Yorkshire)
- Counter Fraud Progress Report
- External Audit Progress Report
- Committee Self Assessment
- Tender Waiver Update
- Board Assurance Framework
- Trustwide Risk Register (RR) and Secure Services RR Deep Dive
- Information Governance Assurance Report and Minutes
- Cyber Security Update and Chairs Log
- Review of non Audit work by Mazars (nil return)
- Update on any changes to Contracts/Agreements
- Actuary Report Update
- Virtual Establishment Visits Update

### Risks and major items discussed

Five Internal Audit Assurance Reports by Audit Yorkshire from the 21/22 workplan were received and discussed:

Clinical Governance (Mental Health and C&PCS Divisions)	<b>Significant Assurance</b>
Health and Safety	<b>Significant Assurance</b>
Business Continuity and Resilience Planning	<b>Significant Assurance</b>
Complaints Management	<b>High Assurance</b>
Management of Contracts	<b>Significant Assurance</b>

The Committee were assured that the reports overall were demonstrating a very satisfactory level of assurance and that the actions were reasonably short dated. On each report where actions had passed their due date, then those had been completed.

Updates were received regards the status of the 21/22 Plan, which was on track subject to a couple of minor timings.

The analysis of outstanding Internal Audit recommendations showed that one was outstanding for 19/20, one for 20/21 (out of 74), with both being low grade actions. For the current year, 6 recommendations had a revised implementation date, and the Committee received and accepted the explanations for these. This was agreed as working very well, and the Auditors commented as such. Work to bring the Counter Fraud proactive review action tracker up to date was noted.

The Internal Auditors also presented a wider NHS report on salary overpayments, which showed an estimated £1.14bn per annum for the NHS as a whole and £30k for the Trust. We were not an outlier but the Committee requested an action plan following on from this report.

The Counter Fraud report contained an update on counter fraud activity and progress against the agreed work plan. Five general fraud alerts had been issued, and an update on investigations received (one new in the period regards working while off sick). Awareness work included various notices during International Fraud Awareness Week. The findings from the Counter Fraud Functional Standard Return for 20/21 were discussed and actions in place for all component to be met this year, with an update next meeting.

The external auditors presented an update which included new national publications. The Audit Plan will be available in February by which time we will have a clearer picture on the yearend timetable and whether the deadline will be May or June. The Quality Account will be included within the Financial Accounts, but there will be no audit work on this element this year.

Eight new single tender waivers have been issued since the last report, 5 of which were classed as general totalling £591k and 3 unavoidable totalling £984k. A new update showed tender contracts expiring by 31 March 2022 was reviewed and considered a useful draft to ensure timely review of upcoming matters. The Whitby Out of Hours contract has been supported by ODG and EMT and will be brought to the board for approval.

The Q3 working version of the 20/21 Board Assurance Framework (BAF) was presented, with progress against each of the six Strategic Goals, and this was discussed and noted.

The eleven risks on the Trustwide risk register were tabled and discussed. It was noted that the risks had not moved since Q2, Risk SR15, relating to staffing at Malton ward, was expected to reduce following successful recent recruitment. A review of actions is to be sent to AC members later this month.

Thirteen risks rated at 10+ were included on the Secure Services risk register, and the systems/plans to manage these explained and discussed in detail with the divisional representatives. The assurance was accepted and it was clear that the register was an active, living document with constant review.

The Committee Self Assessment checklist was reviewed, discussed and noted. This is a version of the HFMA audit committee checklist and forms part of the annual committee effectiveness review. The Committee agreed to have a separate effectiveness session in February with Audit Yorkshire with a survey being issued to members/participants in late January to help inform the review.

The Cyber (SIRO) Group assurance report and minutes were presented and discussed. The remediation plan following on from NHS Digital's review last year was tabled, and good progress made against the plan. A number of areas were noted as amber in the tracking, mostly future dates 6 months plus, and a further update will be available at the next meeting, when more progress is expected to have been made. A communication to highlight cyber

security risks while staff continue to work from home is being drafted.

An update on the Local Government pension schemes membership and funding position showed no financial deficit risk in relation to the Hull City Council Scheme and £34k risk relating the East Riding Scheme, which was a relatively good position. The Executive Management Team (EMT) are to carry out a review to ensure the accounting for our pension liabilities is understood, and this will come back to the Committee once completed.

Actual establishment visits from the Internal Auditors are planned for Inspire and King St GP surgery.

The Information Group Assurance report and minutes were accepted, although the committee effectiveness review is still outstanding.

### **Agreed Actions**

A number of actions were agreed at the meeting which have been included in the action list.

### **Matters deferred for Future Consideration**

While all above reports were received there were a number which require follow up action as noted above

### **Matters to be brought to the Attention of the Trust Board**

The main areas for the Board to note/approve are:

- The high/significant assurance from the internal audit reports
- Uncertainty on timing of year end submissions (May or June)
- The progress on the Cyber Operational Readiness (CORS) remediation plan

**Agenda Item 17**

Title & Date of Meeting:	Trust Board Public Meeting– 24 <sup>th</sup> November 2021			
Title of Report:	Trust Winter Plan (summary) – 2021/2022 Update			
Author/s:	Lynn Parkinson, Deputy Chief Executive & Chief Operating Officer			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	The purpose of this paper is to provide an update to the board of the further work and development that has taken place to finalise our Winter Plan for 2021/2022.			
<b>Governance:</b> <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)	√
Key Issues within the report:	<p>The plan is a summarised version of detailed divisional plans that have been developed and formulated based on what worked well during the winter of 2020/21 and within the context of the ongoing expectation that the Covid-19 pandemic will continue throughout the winter months.</p> <p>Winter 2021/22 is predicted to be very challenging, and all system partners are expected to maximise opportunities to support the NHS recovery programme. Whilst vaccination has proven its effectiveness at reducing deaths, there are still high levels of covid within the community.</p> <p>Critical to our winter plan is the availability of our staff to achieve safe staffing levels. Our ongoing plan to recruit to our hard to fill posts is actively being supported by our “Humbelievable” campaign. Work has also been undertaken to address the demand for flexible/bank staff as part of the winter preparedness process. The Divisions are working closely with the flexible workforce team to enhance bank staffing levels in areas of demand.</p> <p>The health and wellbeing offer to our staff has been significantly enhanced, however, they continue to report that they are fatigued. The risk of staff absence during winter due to Covid-19, seasonal flu and other sickness related absence remains extremely high and this is reflected in our risk register</p>			

	<p>and mitigated by enhancing bank staffing levels where possible. The Trust has maintained agile/remote working where possible to support staff wellbeing by reducing infection risk.</p> <p>Our plan has been shared through system winter preparedness processes and is supported with additional winter pressures funding for some of our new schemes and initiatives. It is monitored and overseen by the Operational Delivery Group chaired by the Chief Operating Officer and items for escalation reported to the Executive Management Team.</p> <p>Further updates will be provided to each board meeting during the winter months as part of the Covid section within the CEO report.</p>
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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>				
√ 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	



# Humber NHS Teaching Foundation Trust Divisional Plans for Winter 2021-22



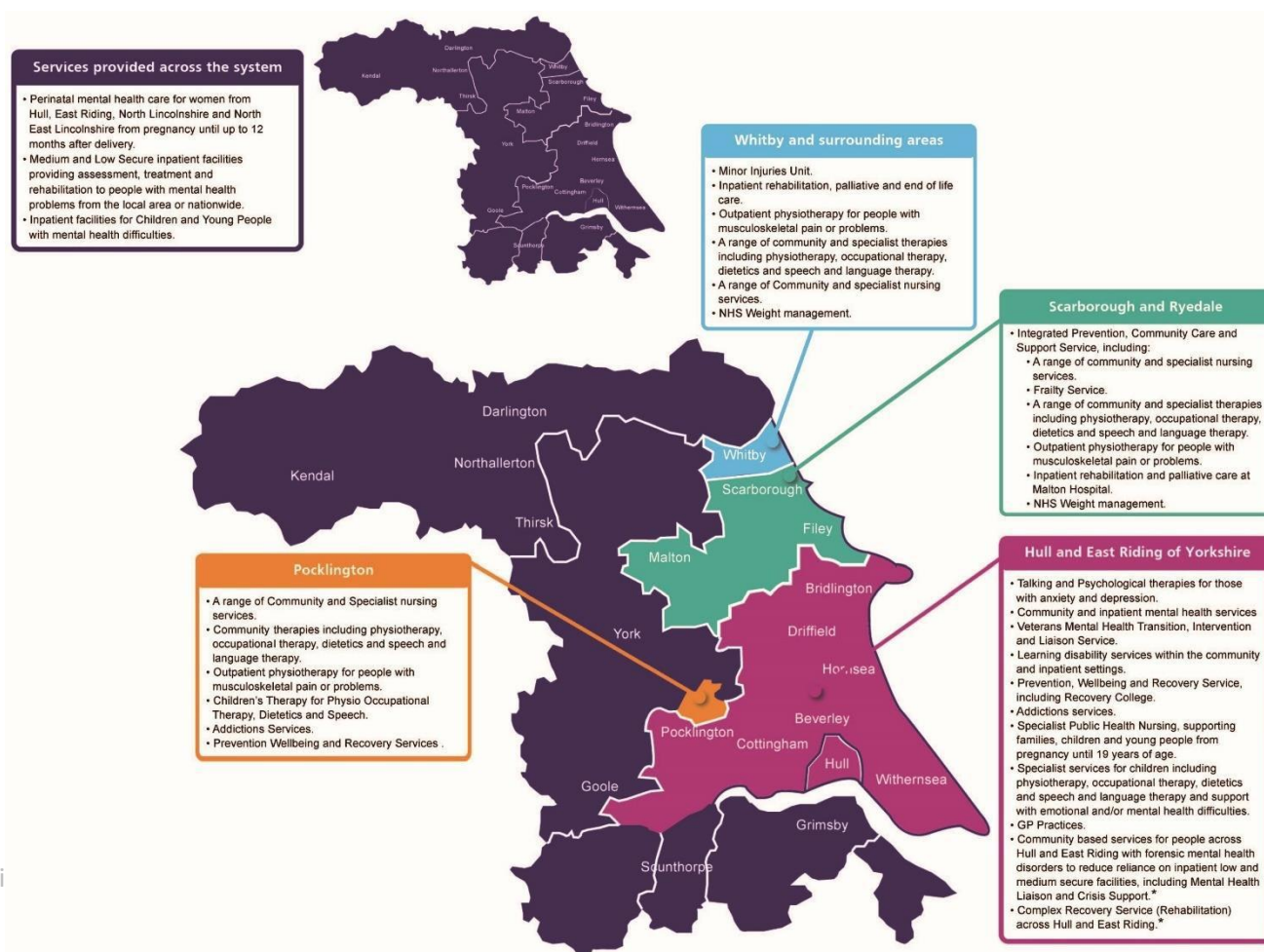
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## 1. Introduction

This year's winter plan has been developed and formulated within the context of the ongoing expectation that we need to continue to work alongside Covid-19 during the winter months. It has been produced to support the Trust's services response to Winter 2021-22 recognising that the period will be challenging with anticipated high demand, pressure on community and hospital capacity, and gaps in local workforce. This plan takes into account normal winter pressures but also the continuing demand placed upon the Trust by our response to the Covid-19 pandemic. This plan should be considered as a standalone plan but is also a significant element of the wider Hull & East Yorkshire System Winter Resilience Plan. It has taken into consideration the Humber Coast and Vale planning principles for winter, lessons learned from the previous winters and our response to the Covid-19 emergency to date.

Humber Teaching NHS Foundation Trust covers a large geographical area including Hull, East Riding of Yorkshire, Whitby, Scarborough and Ryedale. Services within those areas include, community and therapy services, primary care, community and inpatient mental health services for adults and children, learning disability services, healthy lifestyle support and addictions services. We provide specialist services for children including physiotherapy, speech and language therapy and support for children and their families who are experiencing emotional or mental health difficulties.

In addition to the above, the Trust has specialist services, such as forensic and offender mental health, which supports patients from the wider Yorkshire and Humber area and further afield as well as our Children and Adolescent Mental Health inpatient unit 'Inspire' which aims to serve the young people of Hull, East Yorkshire and North Lincolnshire.



This plan will set out a summary of the key elements that have informed our planning and preparedness, that our approach to planning for the coming winter is robust, however, that the complexities of planning for the ongoing pandemic and winter seasonal pressures make this winter likely to be very challenging. The actions within this plan at Appendix A for the divisions have been allocated a priority ranking for completion and operationalisation. This plan will be monitored and overseen through the divisional performance framework as part of the Operational Delivery Group chaired by the Chief Operating Officer.

## 2. Overall plan objectives:

- To manage anticipated operational pressures and provide safe, high quality services for patients including effective management of infection, ensuring patients are seen in the right place and right time, whilst maintaining privacy and dignity.
- To achieve and maintain key areas of service performance
- To provide assurance that robust plans are in place
- To maintain a healthy workforce by reducing risks of sickness and absence and increasing staff attendance at work
- Identify opportunities/actions to respond to system surge throughout the winter months
- To work with system partners to escalate and respond to service and system pressures
- To support the delivery of our restoration plans
- To prepare to respond to future surge in the prevalence of the pandemic
- To respond to national guidance

## 3. Planning Principles

The Humber Coast and Vale (HCV) planning principles have been defined as follows:

- Systems should plan for COVID as part of business-as-usual arrangements
- System resilience is 365 days of the year
- Trusts should review command and control arrangements to support system escalation
- Staff Support and Wellbeing arrangements should be in place to enable a resilient workforce
- Evaluation of system wide learning from the previous winter to inform future planning including Operational Pressures Escalation Levels Framework (OPEL)
- Escalate early in anticipation of demand surges, not in response to them. (Collaboration with ambulance services and primary care to monitor illness, patterns in the local community and weather changes that may affect specific patient cohorts)
- Early identification of winter schemes through winter learning
- Consideration of impact of wider transformational schemes on system plans
- System wide clinical engagement and leadership in the ongoing development of plans and oversight
- Development of communication plans with system partners and the public to influence behaviour
- Health Inequalities integral to all plans

#### 4. Planning considerations following learning from Covid

The HCV has set out considerations for adoption following learning from the first and second waves of the Covid-19 pandemic as follows;

- Infection Prevention & Control management: Plans need to ensure the impact of outbreaks is minimised and managed. Regional learning to be shared with systems; consideration of cohorting and social distancing requirements
- Vaccination: Trusts to build upon success of 2020/21 flu campaign and Covid vaccination roll out and plan for any future Covid booster requirements
- Critical care capacity - Ensure enough critical care capacity is in place to deal with routine winter pressures, potential surge in Covid cases and to maintain recovery and restoration of planned care.
- Robust testing - Including routine staff and inpatient testing, and sufficient rapid point of care testing within ED
- Recovery - Resilience plans need to be aligned with recovery and restoration plans.
- Surge and escalation – Resilience plans must cover organisation, system and feed into ICS plans

#### 5. Risks

The actions within this plan are designed to mitigate against the following identified risks expected to be experienced over 21/22:

- Risk of reduced staffing levels associated with sickness and covid related absence
- Risk of increased demand for inpatient beds for both adults and children
- Risk of increased patient acuity within service areas
- Risk of system pressures which impact on Mental Health services
- The increase in demand for community services
- Increase in demand for paediatric services
- Increased risk of referrals into planned services
- Risk of increased covid cases within inpatient groups
- Risk of severe weather disrupting service provision

#### 6. Managing demand, admission avoidance & optimising patient flow

Our winter planning assumptions this year have needed to take into account the position that our bed occupancy is impacted by a reduction in overall bed numbers due to the need to meet the covid safe working requirements and provision of cohort/isolation beds for covid positive patients. Increased demand for beds has occurred over the last few months and this has resulted in a significant rise in the use of out of area placements. Our winter preparations and commitment to ensuring that the Trust can meet the continuing demand is to:

- Implement Independent Sector bed reduction plan, and continue to review independent sector block booked bed arrangements in line with demand
- Review demand of CAMHS and LD patients admitted to general adult acute wards
- Continue to review the new crisis service and front door pathway
- Promote IAPT pathway to increase number entering treatment

- Continue with the RAIDR (Rapid Actionable Insight Driving Reform) platform development to include community, learning disability and children's
- Work with multi-agency partners to support children presenting with emotional health issues
- Embed hospital discharge service (HDS)
- Increase older age functional bed capacity by 5 beds
- Review utilisation of diversionary pathways, ACS, Home based treatment, Crisis Pad
- Utilisation of step-down beds
- Continue to review DTOCs daily
- Development of MH streaming out of ED
- Continue to work collaboratively with our partner agencies
- Embed frailty pathway
- Embed SAFER patient flow bundle for community wards
- Embed trusted assessor/D2A model
- Introduce complex caseload managers across Scarborough & Ryedale
- Embed e-consultation through upstream across all services

## 7. Workforce

Critical to our winter plans is the availability of our staff in order to achieve safe staffing levels. The Trust is committed to maintaining a healthy workforce and recognises that the last 18 months has been particularly hard for staff therefore we aim to:

- Continue to recruit both to our bank and substantive posts ahead of winter
- Support working from home where possible
- Implement the Staff Recovery Programme
- Work with the flexible workforce team to ensure sufficient capacity to maintain a healthy workforce
- Invest in recruitment personnel to increase recruitment and onboarding processes to maximise staffing levels
- Commence the Flu Vaccination programme in September 2021 and Covid booster in October 2021
- Achieve at least a 90% uptake of covid vaccinations amongst all personnel
- Achieve >80% uptake of flu vaccinations amongst all personnel
- Increase the number of trained peer vaccinators within the Trust
- Continue to promote the use of twice weekly lateral flow testing for all personnel
- Evaluate the trial for LAMP testing and roll out, subject to success, to all Trust personnel
- Ensure wellbeing and recovery remains a primary focus

## 8. Working with partners

The Trust continues to work closely with our system partners across a wide range of forums and the work is now focusing generally on our plans for restoration of services alongside the ongoing Covid19 response and the anticipated winter pressures.

- The Trust has an agreed measure for determining standard OPEL level reporting

- with our ICS mental health partners (Humber 4)
- Humber 4 will work to the agreed escalation protocol developed in 2020, where mutual aid will be explored when agreed triggers have been met
- The Trust will attend and actively support all bronze, silver and gold, system and resilience calls
- The Trust will work closely with ICS partners to agree system plans and strategies to address system pressures and surges.

## 9. Dealing with Surge

The Trust has a surge and escalation plan, and this sits in parallel to the Trust OPELs which would be deployed when surge occurs both internally and externally. Service level OPELs are in use across the Trust and is a robust system of reporting internal or escalating pressures.

These are further reinforced with identified actions specifically being put in place to address additional demand over the winter period. The Trust actively takes part in system calls and is responsive to pressures within the system and proactively supports other organisations as required.

## 10. Dealing with Outbreaks

The Infection Prevention and Control Team proactively manage any outbreaks in the Trust in line with national guidance ensuring transmission of any outbreaks are minimised. Managers are encouraged to make risk assessed decisions when re-deploying staff to other service areas to minimise any risk of transmission. We have dedicated cohort arrangements for patients who test positive with Covid19. A dedicated area on the Trust intranet ensures that up to date IPC policies and guidance and information in relation to Covid19, flu and any other communicable diseases.

## 11. Emergency Preparedness, Resilience and Response

### Command and Control

We have a Covid- 19 task group that is responsible for the oversight of the Trusts recovery programme and the continued efforts to return to business as usual, this group reports to the Executive Management Team. During our response to Covid19 we had robust command and control arrangements in place which can be stood back up at the point of escalation and the need to respond to system surge and the demands of winter.

## Adverse Weather

The Trust has a plan for staff to support them in the event of adverse weather conditions. The aim of the plan is to provide a framework which enables the Trust to prepare, respond and recover from adverse weather. It is recognised that during periods of severe weather staff may face difficulties, not only attending their place of work but also in returning home. Several considerations relating to staff are included in the plan:

- Supporting with working from different bases
- Flexing starting/leaving times
- Utilising Trust 4 x 4 vehicles to support clinical services
- Mountain Rescue services support for our far-reaching services in the North of the Patch
- Providing accommodation for staff who are unable to get home

## Business Continuity Plans

A key element of our winter planning in previous years has always been to ensure that our services business continuity plans are robust and fit for purpose, Covid-19 has already provided significant opportunity to actively test them. These plans are in place for all our clinical and corporate areas. Through our EPRR arrangements these plans are reviewed to ensure that they accurately reflect the learning that has taken place since the pandemic commenced and that they are ready for the anticipated ongoing impact due to Covid-19 and winter pressures.



## Appendix A

### CORPORATE SERVICES

Key Objective	Key Actions	Status
Maintain Healthy Workforce	<ul style="list-style-type: none"> <li>• Complete flu vaccination programme for all front line and corporate staff members</li> <li>• Complete Covid 19 vaccination booster programme for all front line and corporate staff members</li> <li>• Staff Recovery Programme to be implemented</li> <li>• Review bank staff levels with an aim to increase key roles</li> </ul>	<ul style="list-style-type: none"> <li>• Continuing</li> <li>• Completion end October</li> <li>• In progress</li> <li>• In progress</li> </ul>
Maximise bed availability	<ul style="list-style-type: none"> <li>• Work with IPC to maximise local bed capacity</li> </ul>	<ul style="list-style-type: none"> <li>• Continuing</li> </ul>
Ensure EPRR Preparedness	<ul style="list-style-type: none"> <li>• Review of Surge/Escalations Plans</li> </ul>	<ul style="list-style-type: none"> <li>• Complete</li> </ul>

## ADULT AND OLDER PEOPLES MENTAL HEALTH – PLANNED AND UNPLANNED

Key Objective	Key Actions	Status
<p>Admission Avoidance</p> <p>Managing Demand</p> <p>Management of Flu</p>	<ul style="list-style-type: none"> <li>• Review utilisation of diversionary pathways (Acute Community Service ACS, Home-based Treatment, Crisis Pad etc.) – strengthen pathways and rapid access</li>   <li>• Work with two designated care homes to support where care packages have broken down due to challenging complexity.</li> <li>• Enhanced support to the care home hub to support where care packages are at risk of failing</li> <li>• Increased support to recover dementia diagnosis rates and reduce waiting times for assessment</li> <li>• Increase establishment of non-registered staff across community to support with anticipated increase in need over winter</li> <li>• Opportunities for extending opening hours of the Crisis House with our 3<sup>rd</sup> Sector Partner Provider</li>   <li>• Daily Review of DToC patients</li> <li>• Daily Bed management team</li> <li>• Utilisation of step-down beds (MIND)</li> <li>• Development of MH Streaming out of ED</li> <li>• Introduced weekend RC capacity to facilitate weekend discharge</li> <li>• Increased Older Age functional bed capacity (5 beds)</li>   <li>• Division to continue support of vaccination programme</li> <li>• Increase number of staff trained to administer flu vaccination</li> </ul>	<ul style="list-style-type: none"> <li>• New discharge funding supported ACS increased provision (7day access and extended hours)</li>   <li>• Business case developed for MH Streaming – awaiting confirmation of estate</li>   <li>• In progress</li>   <li>• In progress</li>   <li>• In progress</li>   <li>• Daily bed management team in operation</li> <li>• RC capacity enabled 7 days</li>   <li>• Complete</li>   <li>• Training programs in place</li> <li>• Work has commenced in</li> </ul>

<p>Managing Demand</p>	<ul style="list-style-type: none"> <li>• Liaison with primary care to support uptake of vaccinations of patients on SMI register</li> <li>• Promote uptake of flu and covid vaccinations across the divisional workforce</li> </ul>	<p>partnership to support Primary Care with uptake of Covid and Flu Vaccinations as part of the SMI health checks projects</p> <ul style="list-style-type: none"> <li>• Via Divisional Sitrep</li> </ul>
<p>Workforce resilience</p>	<ul style="list-style-type: none"> <li>• Ongoing reviews of independent sector block bed arrangements review demand of CAMHS and LD patients admitted to general adult acute units</li> <li>• Ongoing review of new crisis service and front door pathway</li> <li>• Embed e-consultation through Upstream across all services</li> <li>• Promote IAPT pathway to increase number entering treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Funding agreed with ER CCG for Community Connector role to support increase in uptake of IAPT</li> <li>• HTFT internal work streams in place</li> </ul>
<p>Implement an effective real time view of system pressure</p>	<ul style="list-style-type: none"> <li>• Bank recruitment campaign</li> <li>• Bank/agency use</li> <li>• Ensure wellbeing and recovery remains a focus</li> <li>• Evaluate WFH approach to support frontline services</li> <li>• Development RAIDR</li> <li>• Standardisation of Surge and Escalation plans including response to de-escalation</li> </ul>	<ul style="list-style-type: none"> <li>• HTFT winter workforce action plan – monitored via ops</li> <li>• Now operational</li> </ul>

## CAMHS and LEARNING DISABILITY

Key Objective	Key Actions	Status
Reduce admissions to Tier 4 CAMHS	<p>Bids to prevent admissions into Tier 4 CAMHS with funding from the HCV ICS. Plans for:</p> <ul style="list-style-type: none"> <li>• A safe space to prevent inappropriate admissions</li> <li>• In reach into HUTH to support CYP admitted with physical health needs and who are requiring detention under MHA or mental health support during admission.</li> <li>• Short stay crisis decision unit</li> </ul>	<ul style="list-style-type: none"> <li>• 2 bids confirmed so ready to recruit to vacancies.</li> <li>• Discussion with MIND staffing the safe space area.</li> <li>• Planning for short stay unit or review of beds on Inspire.</li> </ul>
Avoid an increase in waiting lists across Children's and LD services	<ul style="list-style-type: none"> <li>• Work with multi agency partners to support children presenting with emotional health issues. Contact Point, neuro waiting lists, 0-19 services awareness of Eating Disorders</li> <li>• Continue digital approach if unable to see people in venues, digital first through risk stratification.</li> <li>• Ensure message 'we are open' is maintained across all children's services so health issues are not delayed and managed early.</li> <li>• Ensure robust duty systems in place- 0-19 SPOC, neuro duty line and CAMHS duty</li> </ul>	<ul style="list-style-type: none"> <li>• HTFT internal work streams in place.</li> <li>• Risk stratification tool to develop with safeguarding team.</li> <li>• Advertise service return on social media</li> <li>• Duty system in place in all areas</li> </ul>
Management of Flu and Covid 19 absence	<ul style="list-style-type: none"> <li>• Increase number of staff trained to administer flu vaccination</li> <li>• Develop peer vaccinators program and release for training and deliver sessions.</li> <li>• Review staff are double vaccinated and communicate plans/ changes in procedures.</li> </ul>	<ul style="list-style-type: none"> <li>• Training programs in place</li> <li>• Regular reviews.</li> </ul>

<p>Managing Demands in Children's and LD Services</p>	<ul style="list-style-type: none"> <li>• Use of Business Continuity Plan processes and continue work to develop internal integration across Children's services.</li> <li>• Continue communication forums which provide support to Service Managers and Team Leaders on managing demands.</li> <li>• Work with commissioners to understand the demands of the services affecting CYP and LD.</li> <li>• Continue to support home working and online service offers when weather adverse to travel.</li> </ul>	<ul style="list-style-type: none"> <li>• In progress</li> <li>• Shared spaces and work continuing the comms across children's services</li> <li>• HTFT internal work streams in place.</li> <li>• Develop a prioritisation matrix for staff to support increased demands</li> </ul>
<p>Workforce resilience</p>	<ul style="list-style-type: none"> <li>• Bank recruitment campaign</li> <li>• Bank/agency use for supporting HUTH and detained patients</li> <li>• Access to senior support and increase Service Manager role in inpatient unit.</li> <li>• 2nd on call manager support system</li> <li>• Evaluate WFH policy to support frontline services</li> </ul>	<ul style="list-style-type: none"> <li>• HTFT winter workforce action plan – monitored via ops</li> <li>• Recruitment continues</li> <li>• On call consultation completed</li> </ul>
<p>Implement an effective real time view of system pressure</p>	<ul style="list-style-type: none"> <li>• General manager working with Emergency Planning dept to refresh OPEL guidance for C/LD teams and to have clearer trigger points for escalation</li> </ul>	<ul style="list-style-type: none"> <li>• HTFT Internal work streams</li> </ul>

## COMMUNITY and PRIMARY CARE

Key Objective	Key Actions	Status
<p>Admission / Conveyance avoidance</p> <p>Optimise patient flow &amp; discharge</p> <p>Support to Care Homes</p>	<ul style="list-style-type: none"> <li>• Reinstated Hospital Discharge Service (HDS) – 7 days per week</li> <li>• Access to 7-day senior clinical support / triage</li> <li>• Explore reintroduction 7-day therapy (Pocklington/Whitby)</li> <li>• Increase capacity within rapids/ICT/DNs</li>   <li>• Implementation of Urgent Community 2hr response (UCR)</li>   <li>• Review utilisation of diversionary pathways – strengthen pathways and rapid access</li> <li>• Embed frailty pathway following re-launch</li> <li>• Transformation Whitby Minor Injuries Unit to Urgent Treatment Centre (UTC)</li> <li>• Review /proposal for change to care packages for ICT (Pocklington)</li>   <li>• Embedding SAFER patient Flow bundle for community wards</li> <li>• Daily review of DToC patients</li> <li>• Admission/discharge within community ward 7 days per week</li> <li>• Embed Discharge Guidance</li> <li>• Review and further embed Trusted Assessor /D2A (Discharge to assess model)</li> <li>• Further embed HDS</li> <li>• 7-day therapy</li> <li>• Increase capacity within rapids/Intermediate Care Team (ICT)</li> <li>• Embed ESD (stroke) pathway</li> </ul>	<ul style="list-style-type: none"> <li>• Winter pressures money allocated from CCG, recruitment commenced</li>   <li>• ICS, NY and place work groups in place re UCR – funding allocated, and recruitment commenced</li> <li>• T&amp; F groups in place and commenced</li> <li>• Complete</li>   <li>• Vale of York/East Riding of Yorkshire CCG business case to be submitted</li>   <li>• HTFT internal work streams in place</li>   <li>• All actions in progress</li> </ul>

Management of Flu	<ul style="list-style-type: none"> <li>• Alignment of named District Nursing and Therapist to care home - complete</li> <li>• Implementation/embed MDT/virtual ward with primary care</li> <li>• Extend use of Pharmacist into care homes</li> <li>• Continue offer of additional training to care home staff</li> <li>• Implementation – Nourish to Flourish</li> <li>• Increase number of staff trained to administer flu vaccination</li> <li>• Develop peer vaccinators program</li> <li>• Liaison with primary care to support house bound patients active on community district nurse caseload</li> </ul>	<ul style="list-style-type: none"> <li>• Nursing &amp; Specialist therapy business case submitted to CCG</li> <li>• All actions in progress</li> <li>• Training programs in place</li> <li>• PCN meetings in place – notified by CCG support limited in Scarborough</li> </ul>
Managing Demand	<ul style="list-style-type: none"> <li>• Review Malton ward covid safe environment to increase bed base within safer staffing</li> <li>• Complete roll out of VOD training to support primary care/GPOOH-complete</li> <li>• Embed e consultation through Upstream across all services</li> <li>• Evaluate and implement assisted technology to support virtual therapy (Stroke) - complete</li> <li>• Safe transition back into Whitby refurbished tower block and increase beds to 16 - complete</li> <li>• System to review activity and look at how some of it can be reduced, i.e., is there something about reviewing blood requests etc. - completed</li> <li>• Review role of practice nurses re wound care – better utilisation of extended access</li> <li>• Adherence to referral criteria for appropriate services e.g., housebound definitions</li> <li>• Review of caseloads between HTFT and NYCC to identify service duplication / gaps</li> </ul>	<ul style="list-style-type: none"> <li>• HTFT internal work streams in place</li> <li>• Completed</li> <li>• HTFT internal work streams in place</li> <li>• Completed</li> <li>• Proposed within System pressures workshop</li> <li>• In progress</li> <li>• Data shared with North Yorkshire City Council – awaiting analysis</li> </ul>

<p>Workforce Resilience</p> <p>Implement an effective real time view of system pressure</p>	<ul style="list-style-type: none"> <li>• Bank recruitment campaign</li> <li>• International Recruitment – 5 RGNs targeted for Malton Bank/agency use - Completed</li> <li>• Access to senior support 7-day week*</li> <li>• Explore 2nd on call manager support system</li> <li>• Review System 1 templates/documentation to reduce duplication and increase efficiency</li> <li>• Development of band 3 /4 competencies</li> </ul> <ul style="list-style-type: none"> <li>• Development RAIDR – HTFT Mental Health services now live</li> <li>• Standardisation of Surge &amp; Escalation plans inc response to de-escalation - complete</li> </ul>	<ul style="list-style-type: none"> <li>• HTFT winter workforce action plan – monitored via ops</li> <li>• Bespoke NY recruitment campaign in place</li> </ul> <ul style="list-style-type: none"> <li>• Re engagement with RAIDR</li> <li>• Plans refreshed – submitted to CCG</li> </ul>
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## SECURE SERVICES

Key Objective	Key Actions	Status
Support services across the HCV Provider collaborative	<ul style="list-style-type: none"> <li>• Attend /lead and update the HCV operational meetings (discuss winter pressures/ Covid)</li> <li>• Identify potential support across the geography for authorisation by the COO</li> <li>• Escalate HCV issues to COO</li> </ul>	<ul style="list-style-type: none"> <li>• Complete</li> <li>• Process in place</li> <li>• Process in place</li> </ul>
Support physical health and well-being of inpatient population	<ul style="list-style-type: none"> <li>• Provide education and advice about the flu vaccine</li> <li>• Provide education and advice about the Covid vaccine</li> <li>• Offer the flu vaccine</li> <li>• Offer the Covid vaccine</li> <li>• Ensure use of PPE</li> <li>• Offer virtual appointments and telephone contact</li> </ul>	<ul style="list-style-type: none"> <li>• Complete</li> <li>• Complete</li> <li>• Complete</li> <li>• Complete</li> <li>• Complete</li> <li>• Complete</li> </ul>
Support to Prison Population	<ul style="list-style-type: none"> <li>• Maintain partnerships with prison (ensure updates and awareness of prison actions re outbreaks)</li> <li>• Small staff group attending prison: absence will seriously reduce service provision. Support IPC measures and working remotely where possible</li> </ul>	<ul style="list-style-type: none"> <li>• Process in Place</li> <li>• Process in Place</li> </ul>
Adverse weather	<ul style="list-style-type: none"> <li>• Scope potential travel problems for staff</li> <li>• Scope potential travel options: use of vehicles and staff car share</li> <li>• Consider work from home options where this aids continued attendance if cannot be on site.</li> <li>• Short staffing management through business continuity (reallocations on wards, use of community staffing in inpatient, management and senior cover to wards is included)</li> </ul>	<ul style="list-style-type: none"> <li>• Complete</li> <li>• Complete</li> <li>• Process in place through business continuity</li> </ul>

<p>Workforce Resillience</p>	<ul style="list-style-type: none"> <li>• Covid vaccine rollout (high uptake)</li> <li>• Flu vaccine roll out</li> <li>• Develop peer vaccination programme</li> <li>• Bank recruitment campaign</li> <li>• Over-recruitment in division</li> <li>• Bank/agency use</li> <li>• Rule breaks</li> <li>• Working from home</li> <li>• Forensic duty manager cover</li> <li>• Access to senior support 7-day week through on call management roster</li> <li>• 2nd Trust on call manager support system can be in place</li> </ul>	<ul style="list-style-type: none"> <li>• Underway</li> <li>• Underway</li> <li>• Complete</li> <li>• Underway</li> <li>• Authorised/ Underway</li> <li>• Process in place</li> <li>• Process in place</li> <li>• Process in place</li> <li>• Complete</li> <li>• Complete</li> </ul>
<p>Implement an effective real time view of system pressure</p>	<ul style="list-style-type: none"> <li>• Forensic winter workforce plan monitored in Covid recovery and workforce meeting.</li> <li>• Business continuity plans in place</li> </ul>	<ul style="list-style-type: none"> <li>• Complete</li> <li>• Complete</li> </ul>

**Agenda Item 18**

Title & Date of Meeting:	Trust Board Public Meeting – 24 November 2021			
Title of Report:	Health Inequalities and The Humber Approach			
Author/s:	Dr John Byrne			
Recommendation:	To approve		To receive & note	
	For information	x	To ratify	
Purpose of Paper:	This presentation is to update the board on some of work that ongoing at local regional and organisational level with regard to Health Inequalities			
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 report	✓
Key Issues within the report:	<ul style="list-style-type: none"> <li>• Health Inequalities are now increasingly becoming part of the wider agenda at national Level within the context of social inequalities</li> <li>• Humber Coast and Vale have been undertaking work in this area and is a part of their strategic planning for the future. Examples with regard to mental Health would be focussing on Physical Health checks in citizens with severe mental illness</li> <li>• The Trust has traditionally provided services across all communities in which social inequalities are prevalent, particularly in Urban and Coastal areas</li> <li>• The presentation will capture how these services perhaps could be considered with regard to the prism of health inequalities and how we can use our data sets to inform progress.</li> </ul>			

**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 19**

Title & Date of Meeting:	Trust Board Public Meeting – 24 November 2021		
Title of Report:	Council of Governors Meeting Minutes – 8 July 2021		
Author/s:	Name: Caroline Flint Title: Chair		
Recommendation:	To approve		To receive & note
	For information		To ratify
Purpose of Paper:	The minutes of the Council of Governors meeting held on 8 July are presented for information.		
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) Council of Governors
Key Issues within the report:	Identified within the minutes		

**Monitoring and assurance framework summary:**

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

√ Tick those that apply

	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
√	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			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	√			

**Minutes of the Council of Governors Public Meeting held on  
Thursday 8 July 2021 via Microsoft Teams**

**Present:** Sharon Mays, Chair  
Michele Moran, Chief Executive  
Andy Barber, Appointed Governor, Smile Foundation  
Eric Bennett, Hull Public Governor  
Sue Cooper, East Riding Public Governor  
Tim Durkin, Wider Yorkshire & Humber Public Governor  
Craig Enderby, Staff Governor  
Anne Gorman, Staff Governor  
Jean Hart, Service User & Carer Governor  
Huw Jones, East Riding Public Governor  
Gwen Lunn, Appointed Governor, Hull City Council  
Sam Muzaffar, East Riding Public Governor/Lead Governor  
Tom Nicklin, Staff Governor  
Doff Pollard, Whitby Public Governor  
Helena Spencer, Hull Public Governor  
Jacquie White, Appointed Governor, University of Hull

**In Attendance:** Francis Patton, Non Executive Director  
Dean Royles, Non Executive Director  
Mike Smith, Non Executive Director  
Caroline Flint, Incoming Chair  
Peter Beckwith, Director of Finance  
Lynn Parkinson, Chief Operating Officer  
Jenny Jones, Trust Secretary  
Katie Colrein, Membership Officer  
Adam Dennis, Communications Officer

**Apologies:** Jenny Bristow, Appointed Governor Humberside Police  
John Cunnington, East Riding Public Governor  
Mandy Dawley, Staff Governor  
Jack Hudson, Staff Governor  
Paul McCourt, Appointed Governor, Humberside Fire & Rescue  
Fiona Sanders, East Riding Public Governor  
Nigel Wilkinson, Appointed Governor East Riding of Yorkshire  
Council  
Peter Baren, Non Executive Director  
Mike Cooke, Non Executive Director  
Hanif Malik, Associate Non Executive Director

The meeting was held virtually via Microsoft Teams due to the restrictions of Covid 19.  
The meeting was also live streamed.

**33/21 Declarations of Interest**

Any changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest they should declare the interest and remove themselves from

the meeting for that item.

Mr Durkin explained that he had sent through an update for his declarations. Mrs Spencer asked if updates could be e mailed through rather than having to complete an annual form. This will be reviewed with the Head of Corporate Affairs. **Action MH**

34/21 **Minutes of the Meeting held on 15 April 2021**

The minutes of the meeting held on 15 April 2021 were agreed as a correct record.

35/21 **Matters Arising and Actions Log**

The action log was reviewed and noted.

36/21 **Patient /Staff Story- Tom's Story**

Tom Nicklin, Staff Governor was welcomed to the meeting to share his story. Tom is the new Engagement Lead for the Partnerships Learning Disability Service which is hosted by the Trust.

Tom explained that his involvement with the Trust started approximately five years ago. His journey started when he became unwell and was diagnosed with psychosis, acute depression and anxiety. He had wanted to join the Army as an officer but during the recruitment process he was deemed medically unfit due to a childhood illness. Following this Tom did not have a sense of direction or purpose. He was admitted into an inpatient unit as his illness became worse. This was a very difficult time, but staff were empathetic and willing to talk and listen. Tom was referred to PSYPHER where the team helped him and he made the right choices and became motivated to do things. He was provided with opportunities to become involved in activities recruitment panels and coaching football.

Tom also sat on the interviews for the Health Service Journal (HSJ) awards with the Chief Executive and provided feedback. He explained that the opportunities that he was given may not be the same for all service users, but that he found the co-production work helpful. This included working on the Peer Support Worker role which he went on to successfully apply for. He has also become a Staff Governor. There was also the opportunity to apply for the role that he currently is undertaking as the Engagement Lead.

Tom had nothing but praise for the staff who cared for him during his illness and who helped him to get to where he is today.

The Chair thanked Tom for sharing his story and for his contribution to the Trust over recent years.

Dr White thanked Tom for his fantastic story. She recognised that the opportunities that he had been given allowed him to use his skills and competencies in other areas of his life and to help others. She felt this was an area that could be shared and disseminated to help other organisations to take forward co-production. Tom felt that it was captured by celebrating successes and being given the opportunity for people to showcase and make others aware of their successes. This demonstrated that everyone can get involved. He suggested holding awareness sessions and any other opportunities to shine a light and promote as much as it can be.

Mrs Parkinson informed the Council that Tom had also been involved in the quality improvement work around co-production which also connected into the recovery quality improvement work. The Peer Support Worker role gives a conduit for lived experiences to be shared within services. She said that Tom has been inspirational in his role and thanked him for what he has put back into the NHS.

Mr Royles said stories such as Tom's showed how employers can make a difference to people's lives if they can help through equal opportunities and allowing people to take on these opportunities and to grow.

Mrs Hart said that as someone who has also been involved in interviews and initiatives through the Patient and Carer Engagement Team, she had benefited from increased confidence following the loss of her hearing and her job.

The Chief Executive agreed with the comments made and thanked Tom for sharing his experiences.

37/21

### **Chair's Report**

The Chair provided a verbal update on her activities and news since the last meeting. These included:-

- Approval by the Council of Governors of the appointment of Hanif Malik as an Associate Non Executive Director from 1 July 2021.
- Professor Mike Cooke is retiring at the end of August. The Chair thanked Professor Cooke for his contribution to the Trust over the last five years and particularly for his work in championing Patient and Carer Engagement, Recovery and Research. The Chair is liaising with Mrs Flint and the Director of Workforce & Organisational Development regarding recruitment of a new NED
- Regular meetings have been held with Governors including the Lead Governor and public and staff Governors. At the September Development Day staff training will be discussed.
- The Chair continues to meet with the incoming Chair, Mrs Flint to ensure there is a smooth handover. The Chair expressed her gratitude to Mrs Flint for the work she is doing before coming into post.
- An Equality Diversity Inclusion event was held recently. It was a fantastic interactive event and something that will be taken forward for a future Governor Development Day session
- A list of free NHS Providers sessions has been circulated to Governors. Anyone interested in taking part should contact the Membership Officer
- External meetings continue including around the legislation that is going through Parliament for the Integrated Care Service (ICS). It was suggested at the last Council of Governors meeting that a bespoke session be arranged for Governors and this will be taking place on 8 September.
- Work with the system continues and the Chair deputised for Mr Eames at a recent event around the proposed constitution for the ICS

**Resolved:** The verbal update was noted

38/21

### **Chief Executive's Report**

The Chief Executive presented her report which gave an update on the local issues and drew attention to the following areas:-



**Meet Michele** - These sessions continue to be held via Microsoft Teams and are well attended.

**Recovery & Restoration** – The Chief Executive dials into team meetings. Staff morale is still high, but staff are tiring. Staff continue to be supported through the Health and Wellbeing Group and suggestions made for ways to help staff are discussed and encouraged. The You're a Star campaign has launched and replaces the annual staff awards. The campaign gives staff £50 per head to use for a team event or training session. Staff have been asked to take photographs of their events to share around the Trust.

**Staff Health Trainer Post** – The Trust has invested in this post and is one of the first in the country to introduce the role which will help staff with their lifestyles and support other health and wellbeing services across the organisation.

**Covid** – Many staff are self isolating which is causing pressures across services.

**Child and Adolescent Mental Health Services (CAMHS)** – Service demand continues to be high, however the Trust is not an outlier and is working with partners collaboratively to address the pressures. The Chief Executive has called a surge meeting with Local Authority partners to see what else can be done.

**Blended Working** – The blended approach is working well and no changes are expected for the NHS with regards to face coverings and social distancing on 19 July 2021.

**Research** – A positive annual review was held with details provided in the report

**Awards** – the Trust has been shortlisted for four patient safety awards by the Health Service Journal (HSJ).

**NHS Birthday** – The 73<sup>rd</sup> Birthday was celebrated and staff received a tote bag with treats as a token of appreciation.

**Whitby Appeal** – The new site is looking good. The Chief Executive thanked Mrs Pollard for her work on the appeal.

**Integrated Care Service (ICS) /Humber Coast & Vale (HCV)** – A session is planned on the ICS on 8 September. System development continues for the two geographical patches. Foundation Trusts will continue, but have to be part of a Provider Collaborative. There are some technical issues around freedoms particularly around central control. The White paper has been published and considers this.

Mr Jones appreciated the update. He referred to the expectations on 19 July and that the people who he supports as part of the befriender service, are expecting that clubs and gatherings will reopen. He felt that if this is not going to be the case that there should be clear communication about what is going to happen. The Chief Executive acknowledged this explaining that arrangements will differ in areas. Mrs Parkinson reported that operational pressures remain high and a surge in activity resulted in the Operational Escalation Level (OPEL) increasing to 4, however this has reduced back to 3 now. The pressures in mental health services are in relation to acuity of cases not just the volume. Community levels

in Scarborough and Ryedale are higher than normal for this time of the year. Plans are in place to address these before winter when the expectation is that pressures will be increased.

Demand is not abating for the Children and young People's Services across the system. The organisation is doing what it can to assist, but again it is the volume and complexity of cases that are high. Primary Care is also under considerable pressure as a consequence of the acute hospital starting up elective procedures which require support from Primary Care.

**Resolved:** The report and verbal updates were noted.

39/21 **Public Trust Board Minutes March, April and May 2021**

The minutes of the public Board meetings for March, April and May 2021 were provided for information.

Mr Durkin referred to the May minutes which included an update around Malton and issues that were being faced. He was not aware of these issues and felt that as a Governor for this area, he should have been made aware. He understood that he could not be involved in operational issues, but as a public Governor he felt it would be useful to be made aware of any major problems. The Chair suggested it be discussed outside of the meeting.

Mrs Spencer said that previously Governors were informed of any potential media issues or when a press release that may generate media interest was going to be published. She had found this useful, but it had not happened recently. It was agreed that this would be reviewed with a view to reinstating this for any future areas that Governors needed to be aware of.

Mrs Hart felt it would be helpful for Governors to know how the information can be used in an appropriate way

**Resolved:** The minutes were noted.

**Discussion with Mr Durkin to be progressed outside of the meeting in relation to awareness of issues in constituencies Action SM**

**Governors to be made aware of any issues that may attract media attention in the future Action KC**

40/21 **Appointments, Terms and Conditions Committee Effectiveness Review**

The effectiveness review for the Appointments, Terms & Conditions Committee was presented for information. The Terms of Reference for the Committee were provided for approval.

Mr Muzaffar chairs the Committee and explained that meetings had been positive with various areas discussed.

**Resolved:** The report was noted. The Terms of Reference for the Committee were approved

41/21 **Performance Update**

Mr Beckwith presented the performance as at the end of May 2021. Information was provided on the following areas, which had fallen outside the normal variation range:-

- Training

- Waiting Times
- Out of Area Placements
- Early Intervention in Psychosis
- Safer Staffing Dashboard

Variations in income and expenditure were due to a break even positions over the last 12 months and a request made to make a small surplus as part of the Integrated Care Service (ICS).

Mrs Parkinson reported that it is the third consecutive month where improvement has been recorded in over 52 week waits. There is still pressure in this area as demand has not reduced and it remains a key priority for Operations. Out of area beds have been impacted by the work at Maister Lodge and also the reduction in bed capacity due to Covid safe working requirements for infection control.

Mr Durkin referred to the trajectories for Children and Young Peoples with Autistic Spectrum diagnosis where it was shown that zero waiting lists would take until September 2023 to achieve. He felt this was too long a timescale. He recognised that the figures had reduced by 20 and that the Board received the reports and figures. Queries have been raised at the Board and as a consequence more information has been added to supplement the reports. The Chair explained that these matters are also discussed in more detail at the relevant board sub committees and direct with Directors.

Mrs Parkinson reported that more detail has been added to the reports to respond to queries. In East Riding there was unexpected sickness within the team. Diagnosis of autism is a specific level of expertise and it is difficult to replace staff at short notice. It was a temporary situation which has already improved. In terms of trajectories, Non-Executive Directors did pick this up at the last Board and made comments about the rate of change. Further investment was identified that has been applied to support the autism waiting times. This will continue and a revised trajectory is being developed. The issues are connected to complexity of cases as previously stated. Mr Durkin found the explanation helpful.

The Chair emphasised that the Board is concerned about the waiting lists and these are people not just numbers and as a consequence receives detailed reports and does challenge. She felt it would be helpful for Mrs Parkinson to share the more detailed response she sent to Mr Durkin with other Governors

Mr Beckwith reported that additional funding has been identified from commissioners to help address the waiting lists issues. This is a priority for the Executive team who took steps to prioritise this as soon as possible. The Chief Executive added that investment from the organisation has been made into waiting lists as these are people and their families that are affected. There is appropriate challenge at Board meetings and there is a regular report to the Board that is also discussed at the Sub Committees and the Executive Management Team. As pointed out already, the Quality Committee checks that people on the waiting lists are regularly reviewed and that families who are on the waiting lists are receiving offers of support.

Dr White referred to student placements adding that it takes three years to train a Learning Disability nurse. The number of these students has been increased, but she has been informed there are difficulties in placing students in the Trust. Mrs Parkinson was not aware of any issues, but will discuss with the Director of

Nursing, Allied Health and Social Care Professionals to see if anything has been escalated. Dr White will check at the University to see if this has been escalated and respond to Mrs Parkinson.

### **Post Meeting Note**

The Chief Executive sent an e mail to clarify the position and all posts given identify all student placements.

Mrs Gorman asked with the demand in Hull and East Riding if the SMASH programme can be extended into East Riding to help with some of the demand that is coming into the CAMHS teams. Mrs Parkinson explained that SMASH has been adopted in the East Riding and in Hull there is a mental health programme of works into schools to support young people and provide support to children with mental health issues. Hull has put in some additional funding for this. It is also part of the system discussions that continue to have as there are too many young people waiting for a diagnosis and they need to be supported during this time.

Mr Jones said it was good to hear of progress being made in some services with waiting times especially given that young people have had a dreadful two years. He felt that work is still needed to get further faster. Previously Governor groups have asked why more resource from the organisation could not be used to reduce the waiting lists and he was pleased to see this has progressed.

**Resolved:** The report and verbal updates were noted.

**Response sent to Mr Durkin from the Chief Operating Officer to be shared with Governors Action LP**

42/21

### **Finance Report**

The report provided the Council of Governors with a summary of financial performance for the Trust for the 3 month period March to May 2021. Mr Beckwith drew the Council's attention to:-

- The Trust ended the 2020/21 financial year with an operation surplus of £0.029m, this position was consistent with the Trust's planning target.
- Under current planning arrangements the period 1<sup>st</sup> April 2021 to 30 September 2021 is referred to as H1
- For the H1 period the current block funding arrangements continue to be in place.
- As at the end of May 2021, the Trust had recorded a operational breakeven position.
- At Month 2 the Trust reported an overall surplus of £0.129m which is in line with the ICS H1 expectation.
- Cash Balance at the end of May was £25.600m.

**Resolved:** The report was noted.

43/21

### **Governor Groups Feedback and Activity**

The report provided feedback from the Governors Groups that have been held recently.

Mrs Pollard is the Chair Engaging with Members Group and explained that she had attended some training recently on membership. She explained that issues the Trust has faced over the last 15 months are the same with other

organisations. A draft member's bulleting is being produced to communicate with members which will be e mailed to members. Another meeting is planed in July to ensure that arrangements are in place for the Annual Members Meeting in September. Mrs Pollard also thanked the Head of Corporate Affairs for her help and support with the group.

Mr Smith updated Governors on discussions at the last Workforce, Quality and Mental Health Legislation Governor Group where he was the acting Chair. Mrs Cooper will be the Chair going forward. The work undertaken by the Quality Committee was discussed including a deep dive that had been done into a particular area. Details of the deaths in learning disabilities that were Covid related were shared at the Group.

Information from the Mental Health Legislation Committee provided the group with a flavour of the work that is undertaken.

The Chair thanked all of the Governor groups for their work.

Mrs Cooper reported that as a fairly new Governor she has attended various groups and understood that as volunteers, it was not possible for every Governor to attend all meetings. She was disappointed with the attendance at the meeting as she felt the detail provided at the meeting was useful. She suggested that the notes from the meetings circulated quicker may help Governors decide whether or not to attend.

**Resolved:** The report was noted.

44/21 **Responses to Governor Questions**

No questions had been raised since the last meeting.

**Resolved:** The verbal updates were noted.

45/21 **Any Other Business**

**Goodbye and Thank You**

Mr Muzaffar and Mr Jones wished the Chair well in the future and thanked her for everything she has done for the Trust and Governors and will be missed.

The Chair thanked Governors for their kind words adding that it has been her pleasure to work with the Trust and thanked Governors for their support and contribution.

The Chief Executive expressed her thanks on behalf of the Executive Team and Governors for all the work behind the scenes that the Chair has been involved with and endorsed the views of the Governors.

46/21 **Date and Time of Next Meeting**

Thursday 7 October 2021, 2.00pm by Microsoft Teams

Signed..... Date  
Chair

**Agenda Item 20**

Title & Date of Meeting:	Trust Board Public Meeting - 24 <sup>th</sup> November 2021			
Title of Report:	Q3 2021/22 Board Assurance Framework			
Author/s:	Oliver Sims Corporate Risk and Compliance Manager			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	The report provides the Trust Board with the Q3 2021/22 version of the Board Assurance Framework (BAF) allowing for the monitoring of progress against the Trust's six strategic goals.			
Governance:		Date		Date
	Audit Committee	11/2021	Remuneration & Nominations Committee	
	Quality Committee	11/2021	Workforce & Organisational Development Committee	11/2021
	Finance & Investment Committee	11/2021	Executive Management Team	11/2021
	Mental Health Legislation Committee		Operational Delivery Group	10/2021
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	
Key Issues within the report:	<ul style="list-style-type: none"> <li>Progress against the aligned risks is reflected within the framework to highlight the movement of current risk ratings from the previous position at Quarter 2 2021/22. 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.</li> <li>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.</li> <li>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.</li> </ul>			

	<p><b>Overview of Board Assurance Framework from Quarter 2 2021-22 to Quarter 3 2021-22.</b></p> <p><b>Strategic Goal 1 – Innovating Quality and Patient Safety</b></p> <ul style="list-style-type: none"> <li>- Overall rating maintained at Yellow for Quarter 3 2021/22.</li> </ul> <p><b>Strategic Goal 2 – Enhancing prevention, wellbeing and recovery</b></p> <ul style="list-style-type: none"> <li>- Overall rating maintained at Amber for Quarter 3 2021/22.</li> </ul> <p><b>Strategic Goal 3 – Fostering integration, partnerships, and alliances</b></p> <ul style="list-style-type: none"> <li>- Overall rating maintained at Green for Quarter 3 2021/22.</li> </ul> <p><b>Strategic Goal 4 – Developing an effective and empowered workforce</b></p> <ul style="list-style-type: none"> <li>- Overall rating maintained at Yellow for Quarter 3 2021/22.</li> </ul> <p><b>Strategic Goal 5 – Maximising an efficient and sustainable organisation</b></p> <ul style="list-style-type: none"> <li>- Overall rating maintained at Yellow for Quarter 3 2021/22.</li> </ul> <p><b>Strategic Goal 6 – Promoting people, communities, and social values</b></p> <ul style="list-style-type: none"> <li>- Overall rating maintained at Green for Quarter 3 2021/22.</li> </ul>
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**Monitoring and assurance framework summary:**

<b>Links to Strategic Goals</b> <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	√			To be advised of any future implications as and when required by the author
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				24 <sup>th</sup> November 2021							
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 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	OPEN	Y	Y	Y	Y	Y	16
Enhancing prevention, wellbeing, and recovery	A	Robust monitoring arrangements developed through monthly operational delivery group to monitor waiting times. Areas of long waits reviewed and monitored through ODG and Quality Committee. Impact to Trust services and waiting list targets impacted because of COVID-19 national situation.	Chief Operating Officer	Quality Committee	SEEK	A	A	A	A	A	16
Fostering integration, partnership, and alliances	G	Active engagement continues across all stakeholder groups with demonstrable benefits. Trust taking active role in partnership work. Chief Executive involvement in core HCV planning group alongside the North Yorkshire and York (NYY) and Humber system work, as well as participating in a small national working group on Mental Health recovery. Ongoing work will influence and feed into the wider system. HCV has been successful in the application to become an Integrated Care System (ICS) which indicates confidence in the area and its leaders.	Chief Executive	Audit Committee	SEEK	G	G	G	G	G	6
Developing an effective and empowered workforce	Y	Statutory and mandatory training performance remains above target (86.6% at September 2021 against target of 85%). Rolling turnover is improved compared to 12 months previous. Nursing vacancies improved compared to 12 months ago. Consultant vacancies remain above target. All staff survey theme scores improved in 2020 compared to 2021.	Director of Workforce and OD	Workforce and OD Committee	MATURE	Y	Y	Y	Y	Y	16
Maximising an efficient and sustainable organisation	Y	Trust financial position at Month 6 2021/22 reported a surplus of £0.311m which is in line with the ICS H1 control total of £0.315m. Cash position has stabilised with bank balance at £23.927m. Better Payment Practice Code is cumulatively 90% for 21/22 for non-NHS suppliers and plan is in place to improve both NHS and non-NHS performance during 21/22. The Trust has continued to monitor progress against the budget reduction strategy. The Trust has disposed of £1m of surplus estates during the 21/22 financial year.	Director of Finance	Finance and Investment Committee	SEEK	Y	Y	Y	Y	Y	15
Promoting people, communities and social values	G	Place plans and Patient Engagement Strategy implemented, and positive service user surveys received. Social Values Report launched, and a section has been incorporated into the annual report. More work is to be undertaken to promote service users/ care groups. NHS1 videos launched. Co-production work continues with regular meetings. Involvement with local groups.	Chief Executive	Quality Committee	SEEK	G	G	G	G	G	9

ASSURANCE LEVEL KEY		
Green	Significant Assurance	<ul style="list-style-type: none"> <li>- System working effectively / limited further recommendations.</li> <li>- Effective controls in place.</li> <li>- Satisfied that appropriate assurance is available.</li> </ul>
Yellow	Partial Assurance	<ul style="list-style-type: none"> <li>- System well-designed but requires monitoring/ low priority recommendations.</li> <li>- Some effective controls in place.</li> <li>- Some appropriate assurances are available.</li> </ul>
Amber	Limited Assurance	<ul style="list-style-type: none"> <li>- System management needs to be addressed/ numerous actions outstanding.</li> <li>- Controls thought to be in place.</li> <li>- Assurances are uncertain and/or possibly insufficient.</li> </ul>
Red	No Assurance	<ul style="list-style-type: none"> <li>- System not working / actions not addressed.</li> <li>- Effective controls not in place.</li> <li>- Appropriate assurances are not available.</li> </ul>

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

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

Negative Assurance	
Assurance	Source
<ul style="list-style-type: none"> <li>- 'Requires Improvement' rating for Safe domain in CQC report.</li> <li>- Clinical governance arrangements for Secure and LD services.</li> </ul>	Trust Board CQC Report Internal Audit

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

Objective	Key Risk(s)	Q2 21-22 Rating	Q3 21-22 Rating	Target	Movement from prev. Quarter
Embed the characteristics needed to be recognised as a High Reliability Organisation	<b>NQ37 – Inability to meet Regulation 18 HSCA (RA) Regulations 2014 regarding Safer Staffing.</b>	6	6	3	
	<b>NQ38 – Inability to achieve a future rating of 'good' in the safe domain at CQC inspection.</b>	12	9	6	
	<b>NQ48 – Currently the quality of staff supervision is unknown by the Trust which may impact on effective delivery of Trust services</b>	12	9	3	
	<b>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.</b>	16	16	8	
Understanding of our local population's health needs to inform service planning, design and transformation	No risks identified.				
Provide evidence based, innovative models of care that function as part of the integrated care system, developed in collaboration with patients, carers and commissioners that is clearly understood by the teams and improves the safety of patients within the local and wider system					
Our research approach will be maximised through education and teaching initiatives and will support local priorities and influence our service user priorities					

Key Controls	Sources of Assurance – Reporting Mechanisms
<b>(NQ37)</b> Routine monitoring of staffing establishments and daily staffing levels. <b>(NQ37)</b> Validated tool to agree establishments	6-month safer staffing report.
<b>(NQ37)</b> 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
<b>(NQ38)</b> Trust self-assessment against CQC standards. <b>(NQ38)</b> Review undertaken of safety across Trust services.	Quality Committee Trust Board
<b>(NQ38)</b> 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
<b>(OPS11)</b> 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 (31/12/2021)
<b>((OPS11))</b> 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 (31/12/2021)
<b>(NQ38)</b> Outstanding actions from Safe KLOE deep dive.	Safe KLOE actions to be embedded to address identified gaps in practice (31/03/2022).

BOARD ASSURANCE FRAMEWORK				Q3	Q4	Q1	Q2	Q3
STRATEGIC GOAL 2	ENHANCING PREVENTION, WELLBEING AND RECOVERY	Lead Director: Chief Operating Officer	Lead Committee: Quality Committee	Assurance Level				
				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"> <li>- 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.</li> <li>- Proactive contact with patients on waiting list within challenging services.</li> <li>- Collaborative working between Trust and CCGs supportive of additional interventions to reduce waiting times</li> </ul>	Trust Board ODG Quality Ctte ODG / CLD Delivery Group	<ul style="list-style-type: none"> <li>- Increase in demand for Covid-19 aftercare and support in community health services and primary care. Community health services will need to support the increase in patients who have recovered from Covid-19 and who having been discharged from hospital need ongoing health support.</li> <li>- National increase in demand for CAMHs in patient and mental health inpatient beds.</li> </ul>	Trust Board Quality Ctte	Recovery-focussed culture within the Trust.

Objective	Key Risk(s)	Q2 21-22 Rating	Q3 21-22 Rating	Target	Movement from prev. Quarter
<b>Work in partnership with our service users, carers and families to optimise their health and wellbeing</b> <b>Optimise people's recovery and build resilience for those affected by Long Term Conditions</b>	OPS08 – Failure to equip patients and carers with skills and knowledge need via the wider recovery model.	9	6	3	↓
Prevention and Making Every Contact Count will be at the core of our strategy to optimise expertise for physical and mental health across our teams and the people they care for	OPS04 – Patients don't have the right level of physical healthcare support and there is not a cohesive alignment of mental health and physical health services to get parity of esteem.	9	9	6	
	LDC32 – As a result of increased demand for ADHD assessment and limited capacity within the service, there is a significant waiting list which may lead to increased safety risk for patients and others, impacting on the wellbeing of staff as well as reputational harm to the Trust.	12	12	4	↔
	OPS11 – Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	16	16	8	↔
	OPS13 – Due to the increasing complexity of CAMHs inpatients nationally, an increasing demand for CAMHs inpatient beds far exceeding capacity and increased breakdown of residential care placements for looked after children, there is increased use of out of area and inappropriate hospital beds (e.g. adult mental health beds and acute hospital beds) for young people which may lead to delayed discharges, insufficient management of patients in line with complexity and clinical risk and less good outcomes.	16	16	8	↔
	LDC49 – Ongoing pressures within Hull CAMHS Core Team with high acuity of patients and high volumes of referrals resulting in long waiting times.	16	16	4	↔
	LDC50 – Increased number of referrals and high acuity of patients for the Eating Disorder team, as well as young people being referred to the team requiring immediate medical attention which may impact their ability to meet NHS England waiting time standards.	16	16	4	↔
	SR29 – Increased clinical activity - Scarborough Community core service provision, including increase in number, acuity, and complexity of referrals. The risk identified is that we do not have increased resource or capacity to deliver this increase in clinical activity. There is also a risk of negative impact on staff health and wellbeing related to the additional demand, which may also impact on staff recruitment and retention, and training compliance.	15	12	6	↓
<b>Bridlington Health Town to be used as an exemplar to demonstrate model, associated benefits and opportunity for a community-based model of care</b> <b>Enhance prevention of illness and improve health and wellbeing of our staff, both physically and emotionally</b>	No risks identified				

Key Controls	Sources of Assurance – Reporting Mechanisms
<b>(OPS11)</b> Work underway with Divisions to address three areas of challenges currently (Children's ADHD / ASD, Memory Assessment Service, Department of Psychological Medicine) <b>(OPS11)</b> Local Targets and KPIs.	Reports to demonstrate waiting list performance to Trust Board, Quality Committee and Operational Delivery Group. Quality impact on key identified areas monitored via Quality Committee. Weekly divisional meetings with Deputy COO around waiting list performance.

Gaps in Control	Actions
<b>(OPS11)</b> 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 (31/12/2021)
<b>(OPS11)</b> 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 (31/12/2021)

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

Positive Assurance	
Assurance	Source
<ul style="list-style-type: none"> <li>- STP/ ICS partnership events.</li> <li>- Mental Health Partnership Board and MOUs in place.</li> <li>- Health Expo event and Planned Members meeting.</li> <li>- High profile visits to Trust.</li> <li>- Visioning event across Humber Coast and Vale</li> <li>- Lead provider role within STP</li> <li>- Refreshed Operational and Strategic plans shared with stakeholders.</li> <li>- Hull Health and Wellbeing Board.</li> <li>- ICS Accredited Programme</li> <li>- HCV has been successful in the application to become an Integrated Care System (ICS) which indicates confidence in the area and its leaders.</li> </ul>	Board of Directors          HCV Exec Committee

Negative Assurance	
Assurance	Source
<ul style="list-style-type: none"> <li>- Further work needed to take place in engaging with patient, carers and local communities to develop plans.</li> <li>- Continued development of relationships with communities and development of membership and Governors.</li> <li>- Clear Governor links to constitutions.</li> </ul>	Board of Directors

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

Objective	Key Risk(s)	Q2 21-22 Rating	Q3 21-22 Rating	Target	Movement from prev. Quarter
Be a leader in delivering Sustainability and Transformation Partnership plans	FII174 - Lack of Trust involvement or influence in work-stream activity associated with Sustainability and Transformation Programmes (STPs), will in turn impact on our ability to influence and shape local commissioning plans. This may result in a failure to deliver strategic priorities, with an associated risk of developing a poor reputation and reduced business/income opportunities that may challenge future sustainability.	6	6	3	↔
We will be clear about what we offer, who we offer it to and how we work with others					
Continue to provide opportunities for all service users, patients, carers, families, staff and communities to influence service planning and design	FII180 - There is a risk to future sustainability and reputation, arising from a failure to compete effectively because we have not maintained and developed strategic alliances and partnerships and not increased our commercial/market understanding.	6	6	3	↔
Demonstrate increased collaboration with system partners to maximise efficiency and effective use of resources available across health and social care services.	FII185 - Failure to utilise evidence-based practice to inform and influence business decisions, resulting in the delivery of outdated service models, an inability to effectively compete with other providers and a subsequent loss of business/ income and reputation.	6	6	3	↔
	FII222 - Failure to utilise evidence-based practice to inform and influence business decisions, resulting in the delivery of outdated service models, an inability to effectively compete with other providers and a subsequent loss of business/ income and reputation.	12	12	4	↔
Host partner organisations' staff and vice versa, to enable system workforce resilience	No risks identified				

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

Gaps in Control	Actions
(FII222) Lack of movement from NHSE to address gaps identified through due diligence.	Ongoing meetings with NHSE and regional team to seek clarification around funding position - 31/03/2022

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

Positive Assurance	
Assurance	Source
- Turnover improved from 16.5% in June 2018 to 12.94% in September 2021.	Trust Board
- Trust headcount has increased compared to 12 months ago	Workforce and OD Committee
- Overall statutory and mandatory training performance remains above target (86.6% at September 2021 against target of 85%).	Workforce Insight Report
- All staff survey theme scores improved in 2020.	Audit Committee
- Clinical supervision above trust target	Quality Committee

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

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

Objective	Key Risk(s)	Q2 21-22 Rating	Q3 21-22 Rating	Target	Movement from prev. Quarter
Development of a health and engages organisational culture, clinical and support services working together as “One Team” to free up time for patient care.	WF07 – The quality of leaders and managers across the Trust is not at the required level which may impact on ability to deliver safe and effective services.	6	6	3	↔
Enable transformation and organisational development through shared leadership.					
Optimise the staffing profile to ensure delivery of high-quality care. Demonstrate that we are a diverse and inclusive organisation.	WF03 – Level of qualified nursing vacancies may impact on the Trust’s ability to deliver safe services and have an effective and engaged workforce.	15	15	10	↔
	WF04 – Inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	15	15	10	↔
	WF09 – Staff Survey scores for staff with protected characteristics are worse than for staff not declaring a protected characteristic (particularly staff declaring themselves as not heterosexual and/or disabled)	9	9	6	↔
	WF10 – With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	15	15	10	↔
	WF27 – Risk of increased numbers of “rule breaks” due to pressures on staffing which may impact on the resilience of staff and patient care.	12	12	4	↔
	WF25 – Current Consultant vacancies may impact on the Trust’s ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	20	10	5	↓
Increase our service offer to support work in partnerships with the STP/ICS and PCNs to optimise the workforce within the system.	No risks identified				
Ensure a well-trained digital ready workforce.					

Key Controls	Sources of Assurance
(WF03) Detailed Recruitment plan in place (progress against which reported to EMT and Workforce and OD Committee).	Trust Board Workforce and OD Committee ODG Task and Finish Group (hard to recruit posts)
(WF04) Trust Retention Plan.	
(WF05) Trust-wide workforce plan.	

Gaps in Control	Actions
(WF03) Qualified Nurses and Nurse Managers hard to recruit vacancies.	Ongoing review of recommendations implementation from establishment review as part of workforce plan review (“Hard to Recruit” Task and Finish Group) (31/03/2022)
(WF10) Lack of career development opportunities indicated through employee exit interviews/questionnaires.	Programme of 6 monthly deep dives into Leaver data to be undertaken and reported into WFOD Committee (31/03/2022)
(WF04) With current national shortages, the inability to retain GPs may impact on the Trust’s ability to deliver safe services.	Business Partners to develop bespoke action plans at divisional level based on 6 monthly deep-dive programme analysis (31/03/2022)

BOARD ASSURANCE FRAMEWORK				Assurance Level	Q3	Q4	Q1	Q2	Q3
<b>STRATEGIC GOAL 5</b>	<b>MAXIMISING AN EFFICIENT AND SUSTAINABLE ORGANISATION</b>	<b>Lead Director:</b> Dir. Finance	<b>Lead Committee:</b> Finance and Investment Committee		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"> <li>Financial position Month 6 2021/22 – Trust reported a surplus of 0.311m which is in line with the ICS H1 target of 0.315m.</li> <li>Trust cash position has stabilised – bank balance of £23.927</li> <li>BPPC is cumulatively 90% for 21/22 for non-NHS suppliers and plan is in place to improve both NHS and non-NHS performance during 21/22.</li> <li>Budget Reduction Strategy to deliver £2.093m of savings from Divisional and Corporate Services.</li> <li>The Trust has disposed of 1M surplus estates during the 21/22 financial year, work to identify further surplus estate for disposal continues to be progressed.</li> <li>Benefits of using digital technology introduced as a result of COVID-19 now embedded.</li> </ul>	Trust Board  Finance and Investment Committee	<ul style="list-style-type: none"> <li>Funding position for Months 7-12 not known at this point.</li> <li>The return to normal commissioning not known at this point</li> </ul>	Trust Board  Finance and Investment Committee	<ul style="list-style-type: none"> <li>Funding position for the full year 2021/22 not known.</li> <li>Longer term Commissioning Intentions not known.</li> </ul>

Objective	Key Risk(s)	Q2 21-22 Rating	Q3 21-22 Rating	Target	Movement from prev. Quarter
Optimise business opportunities to develop integrated services Effective marketing plan that ensures clear and effective communication pathways and celebrates our successes jointly with our partners	FI180 – There is a risk to future sustainability and reputation, arising from a failure to compete effectively because we have not maintained and developed strategic alliances and partnerships and not increased our commercial/market understanding.	6	6	3	↔
Embrace new technologies to enhance patient care across the health and social care system	FI177– Adverse impact of inadequate IT systems, failing to effectively support management decisions, performance management or contract compliance	8	8	4	↔
Optimise our IT system to improve access for staff and free up time for patient care	FI186 – 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 compromise the IT systems security.	12	12	8	↔
Reduce our reliance on sustainability funding to achieve long term financial balance	FI205 – Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover AFC pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff.	15	15	10	↔
	FI216 – Risk of fraud, bribery and corruption.	9	9	3	↔
	FI221 – If the Trust cannot achieve its Budget Reduction Strategy for 2021-22, it may affect the Trust's ability to achieve its control total which could impact on finances resulting in a loss of funding and reputational harm.	6	6	3	↔
	FI220 – The financial effect of COVID-19 and the risks that the full costs will not be recovered.	8	8	4	↔
Have an efficient estate that provides a safe and cost-effective environment that is conducive to operational delivery	FI158 – Inability to address all risks identified as part of the capital application process due to lack of capital resource.	8	8	4	↔
	FI181 – Inability to improve the overall condition and efficiency of our estate.	8	8	4	↔

Key Controls	Sources of Assurance
(FI205) Budget Reduction Strategy established with MTFP.	Finance & Investment Committee Reports
(FI205) Monthly reporting, monitoring and discussion with budget holders.	<ul style="list-style-type: none"> <li>Cash</li> <li>Financial Position</li> <li>BRS</li> <li>Debtors/ Creditors</li> </ul>
(FI205) Financial plan agreed.	
(FI205) BRS reporting to FIC	Trust Board Reports
	<ul style="list-style-type: none"> <li>Financial Position</li> <li>Cash</li> </ul>
(FI205) Trust Control Total agreed for months 1-6 2021/22.	
(FI220) Recovering the costs of COVID-19 through the ICS.	
(FI220) Accurately recording the costs of COVID-19.	

Gaps in Control	Actions
(FI205) Budget Reduction Strategy 2021/22 implementation.	Budget Reduction Strategy implementation 2021-22 (31/03/2022).
(FI205) Budget reduction strategy plans for 2022/23.	Detailed budget reduction strategy plans for 2022/23 to be developed (31/03/2022).
(FI220) Major Schemes have not been agreed at this stage as funding is from Covid Blocks and Major schemes rely on normal commissioning process returning	Continue to bid for national resource as and when it becomes available (ie Winter monies) (31/03/2022)
(FI220) The effect of COVID-19 in terms of the effect on Operational and Corporate Services which hinders services from making efficiency savings.	Ongoing Accountability review process (31/03/2022)
(FI220) The effect of COVID-19 on Commissioners in terms of the Block Funding arrangements and not being able to fund MHIS and STP Transformation funding.	Continue to work with Commissioners to highlight the requirement for funding through MHIS (31/03/2022).

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

Positive Assurance	
Assurance	Source
<ul style="list-style-type: none"> <li>- Continual development of the Recovery College.</li> <li>- Health Stars developing</li> <li>- Wider community engagement developing through changes to constitution and more work with Governors.</li> <li>- More internal Trust focus on promoting wellness and recovery.</li> <li>- Positive service user survey results.</li> <li>- Trust developed in year social values reporting arrangements</li> <li>- Hull Health and Wellbeing Board</li> <li>- Project Group established to develop wider wellbeing and recovery approach bringing in a focus on both mental and physical elements of recovery.</li> <li>- 'Making Every Contact Count' being led by Trust across ERY</li> <li>- Launch of Social Values Report</li> <li>- NHSI scheme launched</li> </ul>	Board of Directors

Negative Assurance	
Assurance	Source
<ul style="list-style-type: none"> <li>- Negative media outweighs positive media regarding promotion of communities.</li> <li>- Trust membership base is not fully operational and negative assurance around membership involvement.</li> <li>- Limited feedback on how local communities are influencing our Trust Strategy.</li> </ul>	Board of Directors

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

Objective	Key Risk(s)	Q2 21-22 Rating	Q3 21-22 Rating	Target	Movement from prev. Quarter
<b>We will work with our partners to develop voluntary sector led, multi-specialty community hubs that focus on prevention, wellbeing and recovery</b>	<b>OPS08 – Failure to equip patients and carers with skills and knowledge needed via the wider recovery model.</b>	9	6	3	↓
	<b>MD05 - Inability to implement the Trust's Equality and Diversity strategy may impact on the Trust's ability to have a workforce trained and engaged with the equality and diversity agenda, limit accessibility to services and prevent achievement of the Trust's E&amp;D aims.</b>	6	6	3	↔
	<b>MD06 - Reduction in patients likely to recommend Trust services to friends and family may impact on Trust's reputation and stakeholder confidence in services provided.</b>	8	8	4	↔
<b>Increase the utilisation and spread of our charity, Health Stars</b>	No risks identified				
<b>Embrace and expand our use of volunteers</b>					

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

Gaps in Control	Actions
<b>(OPS08)</b> Secured funding for Recovery College with Commissioners	Ongoing communication with commissioners regarding funding - awaiting planning guidance around funding (31/03/2021)
<b>(OPS08)</b> Recovery focussed practice still to be fully embedded across the Trust	Delivery of Recovery Strategy implementation plan (31/03/2021)

RISK SCORING MATRIX

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

RISK TERMINOLOGY DEFINITIONS		RISK APPETITE DEFINITIONS	
<b>Initial Risk Rating</b>	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.	<b>Minimal (Low risk)</b>	Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.
<b>Current Risk Rating</b>	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.	<b>Cautious (Moderate risk)</b>	Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.
<b>Target Risk Rating</b>	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.	<b>Open (High risk)</b>	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.).
<b>Control</b>	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.	<b>Seek (Significant risk)</b>	Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk.
<b>Assurance</b>	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.	<b>Mature (Significant risk)</b>	Consistent in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.



**Agenda Item 21**

Title & Date of Meeting:	Trust Board Public Meeting 24 <sup>th</sup> November 2021															
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:	To approve		To receive & note	√												
	For information		To ratify													
Purpose of Paper:	The report provides the Board with an update on the Trust-wide risk register (15+ risks) including the detail of any additional or closed risks since last reported to Trust Board in September 2021.															
Governance:		Date		Date												
	Audit Committee	11/2021	Remuneration & Nominations Committee													
	Quality Committee	11/2021	Workforce & Organisational Development Committee	11/2021												
	Finance & Investment Committee	11/2021	Executive Management Team	11/2021												
	Mental Health Legislation Committee		Operational Delivery Group	10/2021												
	Charitable Funds Committee		Other (please detail)													
Key Issues within the report:	<ul style="list-style-type: none"> <li>The Trust-wide risk register details the risks facing the organisation scored at a current rating of 15 or higher (significant risks) and agreed by Executive Management Team.</li> <li>There are currently <b>8</b> risks held on the Trust-wide Risk Register. The current risks held on the Trust-wide risk register are summarised below:</li> </ul> <table border="1" data-bbox="612 1563 1417 1957"> <thead> <tr> <th>Risk Description</th> <th>Initial Rating</th> <th>Current Rating</th> </tr> </thead> <tbody> <tr> <td><b>WF03</b> – With current national shortages, the inability to recruit qualified nurses may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.</td> <td>20</td> <td>15</td> </tr> <tr> <td><b>WF04</b> – 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.</td> <td>20</td> <td>15</td> </tr> <tr> <td><b>WF10</b> – With current national shortages, the inability to retain GPs may impact on the Trust's ability to deliver safe services.</td> <td>20</td> <td>15</td> </tr> </tbody> </table>				Risk Description	Initial Rating	Current Rating	<b>WF03</b> – With current national shortages, the inability to recruit qualified nurses may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	20	15	<b>WF04</b> – 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	<b>WF10</b> – With current national shortages, the inability to retain GPs may impact on the Trust's ability to deliver safe services.	20	15
Risk Description	Initial Rating	Current Rating														
<b>WF03</b> – With current national shortages, the inability to recruit qualified nurses may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	20	15														
<b>WF04</b> – 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														
<b>WF10</b> – With current national shortages, the inability to retain GPs may impact on the Trust's ability to deliver safe services.	20	15														

	<b>FII205</b> – Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover a/c pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff.	25	15
	<b>OPS11</b> – 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
	<b>OPS13</b> – 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
	<b>LDC49</b> – Ongoing pressures within Hull CAMHS Core Team with high acuity of patients and high volumes of referrals resulting in long waiting times.	16	16
	<b>LDC50</b> – Increased number of referrals and high acuity of patients for the Eating Disorder team, as well as young people being referred to the team requiring immediate medical attention which may impact their ability to meet NHS England waiting time standards.	16	16

### 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	

## Risk Register Update

### 1. Trust-wide Risk Register

There are currently **8** risks reflected on the Trust-wide risk register which records all risks currently scored at a rating of 15 or above and is reflected in **Table 1** below:

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

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
WF03	With current national shortages, the inability to recruit qualified nurses may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	20	15	10
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
FII205	Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover AFC pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff.	25	15	10
OPS11	Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	20	16	8
OPS13	Due to the increasing complexity of CAMHS inpatients nationally and an increasing demand for CAMHS inpatient beds far exceeding capacity, there is increased use of out of area beds for young people which may lead to delayed discharges, insufficient management of patients in line with complexity and admission to inappropriate settings.	20	16	8
LDC49	Ongoing pressures within Hull CAMHS Core Team with high acuity of patients and high volumes of referrals resulting in long waiting times.	16	16	4
LDC50	Increased number of referrals and high acuity of patients for the Eating Disorder team, as well as young people being referred to the team requiring immediate medical attention which may impact their ability to meet NHS England waiting time standards.	16	16	4

### 2. Closed/ De-escalated Trust-wide Risks

There are **3** risks previously held on the Trust-wide risk register which has been closed / de-escalated since last reported to Trust Board in September 2021.

Risk ID	Description of Risk	Current Status
WF25	Current Consultant vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	<b>Risk re-scoped to capture only the quality / safety impact linked to current Trust consultant vacancy rate. Current risk score captured as 10 High (Unlikely x Catastrophic) and does not meet threshold for inclusion on the Trust wide risk register. Risk continues to be managed via the WFOD Directorate and updates will continue to be provided to the Workforce and OD Committee.</b>

Risk ID	Description of Risk	Current Status
SR29	Increased clinical activity - Scarborough Community core service provision, including increase in number, acuity, and complexity of referrals. The risk identified is that we do not have increased resource or capacity to deliver this increase in clinical activity. There is also a risk of negative impact on staff health and wellbeing related to the additional demand, which may also impact on staff recruitment and retention, and training compliance.	Risk reduced to current risk score of 12 High (Likely x Moderate) to reflect current controls /mitigations in place and no longer meets threshold for inclusion on the Trust wide risk register. Risk continues to be managed via the Community and Primary Care Services Division and updates will continue to be provided to the Operational Delivery Group monthly.
SR15	As a result of current vacancies on Fitzwilliam Ward there may be insufficient qualified staff to manage current patient need, which could result in a delayed response in patient care, reduced quality, and risk to patient safety and reduction in beds to ensure safe patient care.	Risk reduced to current risk score of 12 High (Possible x Severe) to reflect additional controls /mitigations implemented locally. The risk at its reduced current risk score no longer meets threshold for inclusion on the Trust wide risk register. The risk will continue to be managed via the Community and Primary Care Services Division and updates will continue to be provided to the Operational Delivery Group monthly.

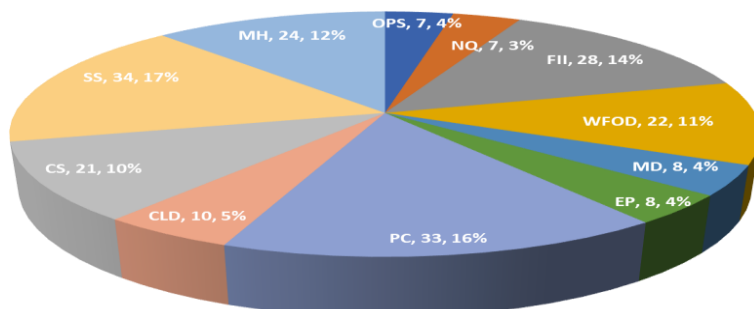
### 3. Wider Risk Register

There are currently **200** risks held across the Trust's risk registers. The current position represents an overall decrease of **21** risks from the **179** reported to Trust Board in September 2021. The table below shows the current number of risks at each risk rating:

**Table 4 - Total Risks by Current Risk level**

Current Risk Level	Number of Risks – September 2021	Number of Risks – November 2021
20	1	0
16	2	4
15	4	4
12	55	62
10	10	9
9	37	52
8	16	19
6	45	43
5	2	2
4	3	2
3	4	1
2	0	0
<b>Total Risks</b>	<b>179</b>	<b>200</b>

**Chart 1 – Total Risks by Division/ Directorate**



**Key:**

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

# Trust-wide Risk Register 15+

Row	Risk ID	Description of Risk	Impact/Consequence Type	Likelihood (Initial)	Impact (Initial)	Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
<b>PROVIDER RISKS 15+ (Identified through Trust Divisional / Directorate Risk Registers)</b>																								
1	WF03	With current national shortages, the inability to recruit qualified nurses may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce	Objectives	Likely	Catastrophic	20	Significant	<ol style="list-style-type: none"> <li>Detailed Recruitment plan in place (progress against which reported to EMT and Workforce and OD Committee).</li> <li>Recruitment task and finish group in place.</li> <li>Launch of 'Humbelievable.'</li> <li>International recruitment programme (20 new nurses per annum)</li> <li>Availability of Nurse Degree Apprenticeship Programme. Workforce planning process and overarching plan to be discussed at WFOD Committee</li> <li>Workforce planning process and overarching plan reviewed by WFOD Committee</li> <li>Successful recruitment of 7 international nurses to the Trust and further international recruitment continues.</li> <li>Plan in place for further attendance at overseas recruitment fairs further expanding the reach of recruitment activities.</li> </ol>	<ol style="list-style-type: none"> <li>Workforce and OD Committee.</li> <li>Divisional ODG Meetings.</li> <li>EMT.</li> <li>Trust Board</li> <li>ODG.</li> </ol>	<ol style="list-style-type: none"> <li>Expansion of new clinical roles needed.</li> <li>Qualified Nurses and Nurse Managers hard to recruit vacancies.</li> </ol>	<ol style="list-style-type: none"> <li>115.6 (FTE) Nursing vacancies as at September 2021 compared with 107.0 (FTE) in September 2020.</li> <li>12.40% Registered Nursing vacancy rate.</li> </ol>	Possible	Catastrophic	15	Significant	<ol style="list-style-type: none"> <li>Ongoing review of recommendations implementation from establishment review as part of workforce plan review ('Hard to Recruit' Task and Finish Group) (31/03/2022)</li> <li>Development and expansion of new roles such as Associate Practitioners and Advanced Clinical Practitioner roles (31/03/2022)</li> </ol>	Julie Taylor	Hilary Gledhill	WFOD / EMT	Trust Board	Rare	Catastrophic	10	High
2	WF04	With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	Objectives	Likely	Catastrophic	20	Significant	<ol style="list-style-type: none"> <li>Appraisal process.</li> <li>Leadership and management development programmes.</li> <li>Staff Health &amp; Wellbeing Group and action plan.</li> <li>PROUD programme.</li> <li>Health and Social Care Professional Strategy.</li> <li>Trust Retention Plan.</li> <li>Review completed for new year staff survey results and development of departmental / divisional action plans monitored through accountability reviews.</li> </ol>	<ol style="list-style-type: none"> <li>Trust Board monthly performance report.</li> <li>Staff surveys.</li> <li>Insight report to Workforce and OD Committee.</li> <li>Workforce and OD Scorecard.</li> <li>Accountability Reviews.</li> </ol>	<ol style="list-style-type: none"> <li>Trust-wide workforce plan delivery.</li> <li>Formalised Band 5 Nurse Career development provision.</li> </ol>	<ol style="list-style-type: none"> <li>Current turnover 9.92% as at September 2021(11.06% August 2021)</li> <li>Lack of career development opportunities indicated through employee exit interviews/questionnaires.</li> </ol>	Possible	Catastrophic	15	Significant	<ol style="list-style-type: none"> <li>Programme of 6 monthly deep-dives into Leaver data to be undertaken and reported into WFOD Committee (31/03/2022)</li> <li>Business Partners to develop bespoke action plans at divisional level based on 6 monthly deep-dive programme analysis (31/03/2022)</li> </ol>	Divisional General Managers	Lynn Parkinson	WFOD / EMT	Trust Board	Rare	Catastrophic	10	High
3	WF10	With current national shortages, the inability to retain GPs may impact on the Trust's ability to deliver safe services.	Objectives	Likely	Catastrophic	20	Significant	<ol style="list-style-type: none"> <li>Staff engagement though TCNC (Trust Consultation and Negotiation Committee).</li> <li>Staff Health &amp; Wellbeing Group and action plan.</li> <li>Trust retention plan as agreed with NHSI.</li> <li>PROUD programme.</li> <li>Recruitment and retention incentives</li> <li>LNC - Positive staff engagement with medical workforce.</li> <li>HRBPs support divisions with WOD scorecard.</li> <li>Transfer of medical workforce team to HR and appointment of new Team Leader and Manager</li> </ol>	<ol style="list-style-type: none"> <li>Workforce and OD Insight Report.</li> <li>Staff surveys.</li> <li>Staff Friends and Family Test.</li> <li>Workforce and OD committee.</li> <li>EMT.</li> <li>Workforce scorecard.</li> </ol>	<ol style="list-style-type: none"> <li>Lack of career development opportunities indicated through employee exit interviews/questionnaires.</li> </ol>	<ol style="list-style-type: none"> <li>Current medical staff turnover 13.27% as at September 2021.</li> <li>Increase of 1.1 WTE vacancy since August 2021.</li> </ol>	Possible	Catastrophic	15	Significant	<ol style="list-style-type: none"> <li>HR Business Partners ongoing review of exit questionnaire results to identify any hot spots (31/03/2022)</li> <li>Ongoing PROUD programme implementation plan - ongoing 3 year programme (Review at 31/03/2022)</li> <li>Programme of 6 monthly deep-dives into Leaver data to be undertaken and reported into WFOD Committee (31/03/2022)</li> <li>Business Partners to develop bespoke action plans at divisional level based on 6 monthly deep-dive programme analysis (31/03/2022)</li> </ol>	Karen Phillips	Steve McGowan	WFOD / EMT	Trust Board	Rare	Catastrophic	10	High

## Trust-wide Risk Register 15+

Row	Risk ID	Description of Risk	Impact/Consequence Type				Key Controls	Sources of Assurance	Gaps in Controls	Gaps in Assurance	Likelihood (Current)				Current Risk Score	Current risk	What additional actions need to be completed?	Target risk						
			Likelihood (Initial)	Impact (Initial)	Initial Risk Score	Initial Risk Rating					Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk				Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score
4	FI1205	Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover a/c pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff.	Objectives	Almost Certain	Catastrophic	25	Significant	<ol style="list-style-type: none"> <li>Budgets agreed.</li> <li>Monthly reporting, monitoring and discussion with budget holders.</li> <li>Small contingency / risk cover provided in plan.</li> <li>MTFP developed to inform plans.</li> <li>Service plans.</li> <li>Regular reviews with NHSE/I and relevant Commissioners</li> <li>Budget Reduction Strategy established with MTFP.</li> <li>Non-recurrent savings.</li> <li>BRS reporting to FIC</li> <li>Trust Control Total agreed for H1 2021-22</li> <li>Financial plan agreed</li> </ol>	<ol style="list-style-type: none"> <li>Monthly reporting to Board and Bi monthly to FIC.</li> <li>Monthly &amp; Quarterly reporting to NHS I and NHS I feedback</li> <li>ODG monitoring progress of BRS plans.</li> <li>Budget Reduction Strategy policy and procedure agreed by Finance and Investment Committee and Trust Board.</li> <li>External / Internal Audit position.</li> <li>Regular input through Humber Coast and Vale ICS</li> </ol>	<ol style="list-style-type: none"> <li>Budget Reduction Strategy 2021/22 implementation</li> <li>Budget reduction strategy plans for 2022/23.</li> </ol>	<ol style="list-style-type: none"> <li>Longer-term plan guidance is awaited.</li> </ol>	Possible	Catastrophic	15	Significant	<ol style="list-style-type: none"> <li>Budget Reduction Strategy implementation 2021-22 (31/03/2022).</li> <li>Detailed budget reduction strategy plans for 2022/23 to be developed (31/03/2022).</li> </ol>	Iain Omand	Peter Beckwith	FIC / EMT	Trust Board	Rare	Catastrophic	10	High
5	OPS11	Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	Objectives	Almost Certain	Severe	20	Significant	<ol style="list-style-type: none"> <li>Work underway with Divisions to address three areas of challenges currently (Children's ADHD / ASD, Memory Assessment Service, Department of Psychological Medicine)</li> <li>Local Targets and KPIs.</li> <li>Close contact being maintained with individual service users affected by ongoing issues.</li> <li>Waiting Times Procedure in place</li> <li>Waiting times review is key element of Divisional performance and accountability reviews.</li> <li>Review completed of all services with high levels of waiting times and service-level recovery plans developed.</li> </ol>	<ol style="list-style-type: none"> <li>Reports to demonstrate waiting list performance to Trust Board, Quality Committee and Operational Delivery Group.</li> <li>Quality impact on key identified areas monitored via Quality Committee.</li> <li>Weekly divisional meetings with Deputy COO around waiting list performance.</li> <li>Areas of positive improvements</li> </ol>	<ol style="list-style-type: none"> <li>Work to understand issues for all services with waiting times issues with some areas breaching 18 weeks and 52 weeks waiting times targets.</li> <li>Process for mitigating risks to individual patients based on length of waits.</li> <li>Waiting times issues for some services have been compounded by Covid-19 situation and associated changes to working arrangements.</li> <li>Issues around monitoring arrangements / governance in terms of performance.</li> </ol>	<ol style="list-style-type: none"> <li>Limited historical monitoring arrangements linked to ensuring chronological treatment of patients.</li> </ol>	Likely	Severe	16	Significant	<ol style="list-style-type: none"> <li>Increase governance arrangements to ensure that there is rigour and governance in place to ensure patients are treated in chronological order and according to level of risk based on use of risk stratification tool (Review at 31/12/2021)</li> <li>Introduce waiting list performance dashboard for review as part of Trust accountability review processes (Review at 31/12/2021)</li> <li>Implementation of method for robust oversight of waiting list and patient risks for all Trust service areas (Review at 31/12/2021)</li> </ol>	Claire Jenkinson	Lynn Parkinson	ODG / EMT	Trust Board	Unlikely	Severe	8	High
6	OPS13	Due to the increasing complexity of CAMHs inpatients nationally, an increasing demand for CAMHs inpatient beds far exceeding capacity and increased breakdown of residential care placements for looked after children, there is increased use of out of area and inappropriate hospital beds (e.g. adult mental health beds and acute hospital beds) for young people which may lead to delayed discharges, insufficient management of patients in line with complexity and clinical risk and less good outcomes.	Objectives	Almost Certain	Severe	20	Significant	<ol style="list-style-type: none"> <li>Staffing levels adjusted to take into account the acuity of patients.</li> <li>Trust beds reduced as appropriate in response to acuity levels and the staffing levels required to support.</li> <li>Recruitment/training plan in place to open PICU capacity in Inspire.</li> <li>System work at ICS level to address the pressures with appropriate partners.</li> </ol>	<ol style="list-style-type: none"> <li>Weekly updates received regarding staffing/capacity</li> <li>Implementation plan in place to demonstrate timeframe for staff recruitment/training to open the CAMHs PICU</li> <li>Local system escalation taking place through OPEL reporting and other system arrangements.</li> </ol>	<ol style="list-style-type: none"> <li>Instances of Under-18 patient being admitted to adult beds due to complexity of patient mix on Inspire.</li> <li>National deficit in CAMHS PICU / general adolescent beds.</li> <li>Children who would meet the threshold for PICU admission nursed in general adolescent beds impacting on staffing and ward safety arrangements.</li> <li>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.</li> </ol>	None identified	Likely	Severe	16	Significant	<ol style="list-style-type: none"> <li>Ongoing communication and escalation to Specialist Commissioning and CCGs. (Review at 31/12/2021)</li> </ol>	Claire Jenkinson	Lynn Parkinson	ODG / EMT	Trust Board	Unlikely	Severe	8	High

## Trust-wide Risk Register 15+

Row	Risk ID	Description of Risk	Impact/Consequence Type		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?	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
			Likelihood	Impact					Likelihood	Impact													
7	LDC49	Ongoing pressures within Hull CAMHS Core Team with high acuity of patients and high volumes of referrals resulting in long waiting times.	Objectives	Severe	<ol style="list-style-type: none"> <li>1. Team are taking on different tasks to support there being no team leader.</li> <li>2. Work completed around data quality and improving the Lorenzo systems in place to make it clear to see which patient is waiting for what treatment which was not previously visible.</li> <li>3. All referrals to the team are going through a weekly allocation meeting.</li> <li>4. Weekly meetings are being held with Deputy COO regarding the waiting list</li> <li>5. Cases waiting to be allocated to be placed in the team task list.</li> <li>6. Waiting List Policy and Waiting List Standard Operating Procedure.</li> </ol>	<ol style="list-style-type: none"> <li>1. Complaints</li> <li>2. FFT</li> <li>3. Waiting Times Report to the Trust Board.</li> </ol>	<ol style="list-style-type: none"> <li>1. Long waiting times with some up to 2 years for routine appointments.</li> <li>2. Staff out on secondment to support other areas of the service during Covid has left the team's staffing depleted.</li> <li>3. Dealing with the increased volume of referrals and high acuity of patients is not happening in a timely manner.</li> <li>4. Routine referrals put on hold to manage the urgent situation at the beginning of Covid has increased the routine waits.</li> <li>5. There is no team leader for service as current team leader is on maternity leave.</li> </ol>	None identified.	Likely	Severe	16	Significant	<ol style="list-style-type: none"> <li>1. Team assessment clinics are being looked at to tackle the waiting list (Review at 31/12/2021)</li> <li>2. Conversations with the early intervention service to see if they are able to support to take some of the lower lever longest waits (Review at 31/12/2021)</li> </ol>	Trish Bailey / Justine Rooke	Lynn Parkinson	Divisional ODG / ODG	Trust Board	Rare	Severe	4	Moderate		
8	LDC50	Increased number of referrals and high acuity of patients for the Eating Disorder team, as well as young people being referred to the team requiring immediate medical attention which may impact their ability to meet NHS England waiting time standards.	Objectives	Severe	<ol style="list-style-type: none"> <li>1. Team leader has picked up a caseload</li> <li>2. Clinical lead has taken on more cases, working an additional day and has paused service development work.</li> <li>3. Training and early intervention work put on hold</li> <li>4. Staff working additional hours / shifts.</li> <li>5. Extra visits put into families where needed</li> </ol>	<ol style="list-style-type: none"> <li>1. Complaints</li> <li>2. FFT</li> <li>3. Waiting Times Report to the Trust Board.</li> </ol>	<ol style="list-style-type: none"> <li>1. 3 months before Christmas 2020 the team received a years' worth of referrals.</li> <li>2. Constant issue of trying to find beds for young people that are acutely ill but national lack of appropriate beds.</li> <li>3. Additional strain on the team as they are having to try to support families and young people that are far too risky to be held in the community.</li> <li>4. Potential to increase staff sickness or potentially lead to staff leaving the team which is already a hard to recruit to area.</li> </ol>	None identified.	Likely	Severe	16	Significant	<ol style="list-style-type: none"> <li>1. Ongoing communication and escalation to Specialist Commissioning and CCGs. (Review at 31/12/2021)</li> </ol>	Trish Bailey / Justine Rooke	Lynn Parkinson	Divisional ODG / ODG	Trust Board	Rare	Severe	4	Moderate		