

**Trust Board Meeting 29 March 2023  
Agenda - Public Meeting**

For a meeting to be held at 9.30am Wednesday 29 March 2023, via Microsoft Teams

		Lead	Action	Report Format
<b>Standing Items</b>				
1.	Apologies for Absence	CF	Note	verbal
2.	Declarations of Interest	CF	Note	√
3.	Minutes of the Meeting held on 25 January 2023	CF	Approve	√
4.	Action Log and Matters Arising	CF	Discuss	√
5.	CMHT Survey – Lynsey Fenwick, Research Consultant, UK&I Healthcare attending	KF	Discuss	√
6.	Chair's Report	CF	Note	√
7.	Chief Executives Report	MM	Note	√
8.	Publications and Highlights Report	MM	Note	√
<b>Performance &amp; Finance</b>				
9.	Performance Report	PB	Discuss	√
10.	Finance Report	PB	Discuss	√
<b>Strategy</b>				
11.	Estates Strategy	PB	Approve	√
12.	Trust Strategy Monitoring Framework - Sarah Clinch Senior Partnerships and Strategy Manager attending	PB	Approve	√
<b>Corporate</b>				
13.	Staff Survey Results – Elaine Potts, Senior Business Development Consultant, UK&I Healthcare attending	SMcG	Discuss	√
Break				
14.	Humber and North Yorkshire Integrated Care Board Collaborative Programme	MM	Note	√

	Update			
15.	Edenfield 'Closed Cultures' Progress Report	HG	Note	√
16.	Appointment of Associate Hospital Managers	KF	Approve	√
17.	Board Assurance Framework - Oliver Sims, Corporate Risk & Compliance Manager attending	MM	Discuss	√
18.	Risk Register Update- Oliver Sims, Corporate Risk & Compliance Manager attending	HG	Discuss	√
<b>Assurance Committee Reports</b>				
19.	Trust Board Sub Committee Chairs and Non-Executive Director Champion Roles	CF	Note	√
20.	Workforce & Organisational Development Committee Assurance Report & 12 October 2022 Minutes	DR	Note	√
21.	Audit Committee Assurance Report	SMcKE	Note	√
22.	Collaborative Committee Report	SMcKE	Note	√
23.	Mental Health Legislation Committee Assurance Report	MS	Note	√
24.	Quality Committee Assurance Report & 24 November 2022 Minutes	PE	Note	√
25.	Charitable Funds Assurance Report & 13 December Minutes*	SMcKE	Note	√
26.	April Board Strategic Development Agenda	CF	Note	√
27.	Items to Escalate including to the High-Level Risk Register & for Communication	CF	Note	verbal
28.	Any Other Urgent Business	CF	Note	verbal
29.	Review of Meeting – Being Humber	CF	Note	verbal
30.	<b>Exclusion of Members of the Public from the Part II Meeting</b>			

31.	<b>Date, Time and Venue of Next Meeting</b> Wednesday 31 May 2023, 9.30am via Microsoft Teams	
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\*Presented to Board as Corporate Trustee

**Agenda Item 2**

Title & Date of Meeting:	Trust Board Public Meeting – 29 March 2023			
Title of Report:	Declarations of Interest			
Author/s:	Caroline Flint Chair			
Recommendation:	To approve		To discuss	
	To note	✓	To ratify	
	For assurance			
Purpose of Paper:	The report provides the Board with a list of current Executive Directors and Non-Executive Directors interests.			
Key Issues within the report:				
<b>Positive Assurances to Provide:</b>		<b>Key Actions Commissioned/Work Underway:</b>		
<ul style="list-style-type: none"> <li>Updated declarations</li> </ul>		<ul style="list-style-type: none"> <li>N/A</li> </ul>		
<b>Matters of Concern or Key Risks to Escalate:</b>		<b>Decisions Made:</b>		
<ul style="list-style-type: none"> <li>No issues to note</li> </ul>		<ul style="list-style-type: none"> <li>N/A</li> </ul>		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Monthly Board report	✓

**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	√			
Inequalities	√			
Collaboration (system working)	√			
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> <li>• IMAS partner</li> <li>• Humber and North Yorkshire ICB Board Member</li> <li>• Non-Executive Director DHU Healthcare (a Social Enterprise organisation) from 2/11/22</li> </ul>
Mr Peter Beckwith, Director of Finance (Voting Member)	<ul style="list-style-type: none"> <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 Kwame Opoku-Fofie, Medical Director (Voting member)	<ul style="list-style-type: none"> <li>• Director of Bluewaters Healthcare Limited, (not actively trading)</li> <li>• Spouse Mrs Marian Opoku-Fofie is the Deputy Chief Pharmacist of Humber Teaching NHS Foundation Trust</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 is a Senior Consultant and Professor for Ophthalmology in the West Midlands</li> <li>• Chair of the Committee on Fuel Poverty which is an advisory non-departmental public body sponsored by the Department for Business, Energy and Industrial Strategy</li> <li>• Member of UK Commission on Covid Commemoration (21.7.22 – 31.3.23)</li> </ul>
Mr Mike Smith, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Director Magna Trust</li> <li>• Director, Magna Enterprises Ltd</li> <li>• Associate Hospital Manager RDaSH</li> <li>• Associate Hospital Manager John Munroe Group, Leek</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</li> </ul>

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

**Trust Board Meeting**  
**Minutes of the Public Trust Board Meeting held on Wednesday 25 January 2023 via**  
**Microsoft Teams**

**Present:**

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

**In Attendance:**

- Mrs Stella Jackson, Head of Corporate Affairs
- Mrs Jenny Jones, Trust Secretary (Minutes)
- Mr Dave Reade Service User & Carer Lead (for item 04/23)
- Craig (for item 04/23)
- Ms Sarah Clinch, Senior Partnerships and Strategy Manager (for item 10/23)
- Mr Oliver Sims, Corporate Risk and Compliance Manager (for items 14/23 and 15/23)
- Ms Cathryn Hart, Assistant Director of Research and Development (for item 16/23)
- Mrs Tracy Flanagan, Assistant Director of Nursing & Quality (for item 21/23)

**Apologies:** None

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

01/23	<p><b>Declarations of Interest</b></p> <p>The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they declare their interest and remove themselves from the meeting for that item.</p>
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	The Chief Executive; Director of Finance; Mike Smith, Non-Executive Director; and Stuart McKinnon-Evans, Non-Executive Director have a standing declaration of interest regarding items relating to the Collaborative Committee.
02/23	<b>Minutes of the Meeting held 30 November 2022</b> The minutes of the meeting held on 30 November were agreed as a correct record.
03/23	<b>Matters Arising and Actions Log</b> The action log and work plan were noted. The Board requested that the work plan for 2023/24 be forwarded to the next meeting.  Hilary Gledhill reported that the Edenfield update would be provided at the March Board and the action plan would be amended to reflect this.
04/23	<b>Patient Story – Addictions Service – Achieving Recovery and the Future</b> Kwame Fofie welcomed Craig and Dave to the meeting. Craig shared his story with the Board telling them of his journey in his mid-teens to the current time. He explained the problems he had overcome and his plans for the future including continuation of volunteering and seeking employment. In preparation for employment, he had completed appropriate training courses. During ensuing discussion, Craig was signposted to the Recovery College as this could provide him with employment opportunities. Other opportunities that could be of interest to Craig would be followed up outside of the meeting.  The Board appreciated Craig sharing his personal experiences and thanked him and Dave for attending.
05/23	<b>Chair’s Report</b> The Chair presented her report which was taken as read. No questions were raised.  <b><u>Resolved:</u></b> The update was noted.
06/23	<b>Chief Executive’s Report</b> The report provided updates from each of the Directors along with a summary of activities undertaken by the Chief Executive. The following key points were highlighted to the Board: -  <ul style="list-style-type: none"> <li>• The Associate Hospital Manager’s (AHM) Policy required Board ratification</li> <li>• The Collaborative Committee Terms of Reference required Board approval</li> <li>• 28 Days of Wellness Campaign supported by the Health and Wellbeing and Communications teams had commenced to promote staff health and wellbeing.</li> <li>• Schoen Clinical Care Quality Commission (CQC) report which had moved from Inadequate to Good overall and Good for all 5 domains in a short space of time and was a positive demonstration of collaborative commissioning work.</li> <li>• Humber Primary Care Ltd had received a good assurance report from the CQC</li> <li>• Humber and North Yorkshire Integrated Care Board (ICB) had been announced as one of 6 areas selected to trial innovative long-term solutions to free up hospital beds, reduce discharge delays and move patients from hospital to home more quickly.</li> <li>• Interviews for the Joint Group Chief Executive for North Lincolnshire and Goole Hospitals (NLAG) and Hull University Teaching Hospitals Trust had been postponed.</li> </ul>

	<ul style="list-style-type: none"> <li>• The Respect campaign was an important piece of work and would build on the work already done in the organisation.</li> <li>• Digital was highlighted as an important area of focus for the Board. It was suggested this be considered in more at the April Strategic Development meeting.</li> <li>• New Headquarters (HQ) facilities were working well. The Chair of the Humber and North Yorkshire Health and Care Partnership visited and was impressed with the arrangements. The Trust would be hosting the next ICB Board meeting.</li> <li>• An update on system pressures was provided by Lynn Parkinson and included industrial action preparations. Business Continuity plans continued to be reviewed and amended as necessary.</li> </ul> <p>Stuart McKinnon-Evans queried whether the supporting of mental health service users into paid employment was cost effective and evaluated. Lynn Parkinson reported that it was part of a national programme which included evaluation. The Trust also undertook evaluations in connection with longer term health inequalities plans.</p> <p>Francis Patton asked how the waiting list surge proposal work was progressing. Lynn Parkinson reported that staff had been mobilised and standard operating procedures (SOPS) were in place, all that was needed was identification of the estate to move into which the acute trust was progressing.</p> <p>In relation to the AHMs policy, Mike Smith suggested that the specific reference to 56p per mile be removed as this could change over time. He noted there were prospective candidates for AHM roles and asked to be involved in the recruitment process. The Board recognised the amount of work that Mike Smith had been involved with and supported his involvement. At the request of Francis Patton clarification was provided on the changes made to the policy for the role of Non-executive Directors (NEDs).</p> <p><b><u>Resolved:</u></b> The report and updates were noted. The AHM policy was ratified, and the Collaborative Committee Terms of Reference approved.  <u>Digital proposed as a topic for discussion at the April Strategic Development Meeting</u>  <b><u>Action PB</u></b></p>
07/23	<p><b>Publications and Highlights Report</b>  The report provided an update on recent publications and policy. Specific reference was made to the Operating Guidance and the Hewitt report.</p> <p><b><u>Resolved:</u></b> The report was noted.</p>
08/23	<p><b>Performance Report</b>  Pete Beckwith presented the report relating to the current levels of performance as at the end of December 2022. The report included detailed waiting time information and mandatory training compliance remained high. It was pointed out that the Red Amber Green (RAG) rating was incorrect on the Safer Staffing dashboard. Delayed Transfers of Care (DTC) continued to be an area of issue and was being discussed at system level.</p> <p>Stuart McKinnon-Evans asked about further provision for the adult ADHD service and whether there was a supply problem. Three providers were used across adult ADHD, children’s ADHD and ASD services. Two providers worked across adults and</p>

	<p>children’s services. The capacity and demand model had been refreshed and closely monitored. Discussions with commissioners continued through the planning rounds.</p> <p>Francis Patton queried why sickness absence compliance had reduced by almost 10% to 85.8% in December. Hilary Gledhill explained that sickness levels had increased and there was also the Bank Holidays over the Christmas period that impacted in this area.</p> <p>Francis Patton noted staff turnover was steadily rising which Steve McGowan reported was anticipated coming out of Covid, despite all the efforts the Trust was making. The reasons for staff leaving were collated as part of exit interviews. The Chief Executive explained that some teams could experience multiple people leaving at the same time due to training programmes ending. The Trust’s workforce was quite mature and some people retired and returned.</p> <p>Phillip Earnshaw asked if there was a data issue for dietetics and paediatric dietetics in the Vale of York. Lynn Parkinson responded that there were vacancies in the service which were difficult to recruit to. Since Covid there had been a backlog and capacity and demand modelling had been applied and skill mix opportunities offered to help improve the position. The organisation was not an outlier in this areas and service users requiring urgent attention were being prioritised.</p> <p><b><u>Resolved:</u></b> The report and verbal updates were noted</p>
09/23	<p><b>Finance Report</b></p> <p>The finance report as at the end of October 2022 was presented to the Board by Pete Beckwith. The Trust remained in a strong financial position at month 9 and was on track to deliver the planned break-even position. Primary care and agency spend were highlighted as areas of concern. The cash position remained strong as did performance with the Better Pay Practice Code.</p> <p><b><u>Resolved:</u></b> The Board noted the Finance report</p>
10/23	<p><b>Social Values Report</b></p> <p>The Social Values 2021/22 report was presented to the Board and taken as read. The work had been led by the Head of Marketing and Communications. Sarah Clinch attended to explain the approach taken, the methodology used and how views had been brought together from across the Trust to form the report.</p> <p>Mike Smith found the report easy to read. His only comment was in relation to font sizes suggesting the accessibility of the document should be reviewed.</p> <p>Stuart McKinnon-Evans would have liked to see more detail on diversity, workforce and supporting service users into employment in the report. Hanif Malik suggested additional information on the not-for-profit sector could be included in the community section. Sarah Clinch reported that diversity and workforce had been considered during the process, alongside environmental factors, but as the organisation already had a Green Plan and an Equality Diversity Inclusion report which covered these areas, it had been deemed best to avoid duplication. The Chair suggested weaving some of the information from these reports into the commentary and narrative to demonstrate they were part of the story.</p> <p><b><u>Resolved:</u></b> The Social Values report was approved by the Board.</p>

11/23	<p><b>Annual Declarations Report</b></p> <p>The report was presented by the Head of Corporate Affairs and taken as read. NHS Providers were required to complete annual self-certifications under the terms of their licence and the report detailed the evidence to support this.</p> <p>The Chair suggested adding reference to the revised Governor induction pack. Stuart McKinnon-Evans highlighted on appendix D the item referring to the Well Led review needed updating as it had been commissioned and completed.</p> <p><b><u>Resolved:</u></b> The report was noted, and the suggested amendments would be made to the report.</p>
12/23	<p><b>External Review of Governance Action Plan Update</b></p> <p>The Chief Executive presented the report which demonstrated the establishment and embeddedness of the actions. The majority of these had been achieved except for Freedom to Speak Up Work which was ongoing in relation to the ambassador role; a rolling advert for this role would be circulated across the organisation</p> <p><b><u>Resolved:</u></b> The report was noted.</p>
13/23	<p><b>Revised Board Assurance Framework</b></p> <p>The report covered the the Quarter 3 2022/23 period and was taken as read. The BAF had been updated to reflect the refreshed strategic objectives and to align existing risks to these.</p> <p>Stuart McKinnon-Evans believed some of the of the principal risks should identify what the risk was. Oliver Sims would review these in conjunction with the executive lead. A discrepancy between the front sheet and the document was queried by Stuart McKinnon-Evans. It related to the `Developing an Effective and Empowered Workforce' rating which was yellow amber on the front sheet, but yellow orange in the document. It was clarified this should be yellow amber and was an error on the front sheet and would be rectified.</p> <p>Steve McGowan asked if it was the assurance committees that set the ratings. Oliver Sims explained that discussions were held at the committees and the Executive Management Team (EMT) meetings to review the ratings.</p> <p><b><u>Resolved:</u></b> The BAF was approved.</p>
14/23	<p><b>Risk Register</b></p> <p>The report was taken as read. Five risks scoring 15 or above were included on the register. Two risks had been de-escalated and no longer met the criteria for inclusion on the Trustwide register. The total number of risks had reduced from 182 in September 2022 to 169. New risks identified were being scoped through the Divisions.</p> <p>Stuart McKinnon-Evans reported that a deep dive into Division risks was undertaken by the Audit Committee on a quarterly basis. He suggested that quantification be applied to some risks and gave an example of including the number of beds and their usage within the risk. He was informed that work was underway in this area to look at performance driven metrics and Key Performance Indicators (KPIs)</p> <p><b><u>Resolved:</u></b> The report was noted.</p>

15/23	<p><b>Six Monthly Research &amp; Development Report</b></p> <p>The report presented was taken as read. The Chief Executive declared an interest in this item as the Chair of the Clinical Research Network (CRN).</p> <p>Cathryn Hart drew the following areas from the report to the Board's attention:</p> <ul style="list-style-type: none"> <li>• GP Practices involved in research target of 45% had been surpassed with 100% being achieved which was excellent compared to 29% regionally.</li> <li>• Good performance reported for the numbers of people recruited for research studies</li> <li>• Positive annual performance review from the Yorkshire and Humber Clinical Research Network (CRN)</li> <li>• Hosting of regional research posts across Yorkshire and Humber Teaching NHS Foundation Trust</li> <li>• Trust's Research Strategy links in with the national strategy. Research was being embedded in clinical practice in the Trust</li> <li>• Research team was now part of the clinical team to help with research and screen patients into studies</li> <li>• Successful business cases for primary care and pharmacy support. Funding awarded to support clinical teams developing grant applications</li> <li>• Positive outcome following the change to the formula for funding excess treatment costs.</li> <li>• Annual conference took place with the highest number registered.</li> <li>• Working with the Jean Bishop Centre to promote involvement in recruitment of patients for research studies.</li> </ul> <p>The Chair commended the team on the innovative and entrepreneurial way it sought out opportunities. She asked how these efforts could be captured to demonstrate the impact on patients and development of staff. The Chief Executive suggested it could be added to the benefit booklet used for recruitment to promote the Trust and attract staff. Cathryn Hart informed the Board that there was also information on the Humberleivable and the medics recruitment sections of the website.</p> <p>Stuart McKinnon-Evans asked how decisions were made on choosing research studies and whether this was based on local or national policy. Most of the research was part of a national research campaign as local programmes often did not have enough interest/take-up to provide meaningful results. National studies allowed access to a wider health population which in turn would impact on the results. As funding was provided to the organisation, there was the expectation that relevant studies were undertaken.</p> <p><b><u>Resolved:</u></b> The report was noted</p>
16/23	<p><b>Humber and North Yorkshire (HNY) Integrated Health and Care Strategy</b></p> <p>The Chief Executive presented the Integrated Care partnerships strategy written on behalf of the Integrated Care System (ICS). The strategy had been presented to the Integrated Care Board (ICB) earlier in the month. It covered areas such as living well and ending life well. It underpinned enhancing and improving productivity and supporting better economic frameworks. The Chief Executive asked the ICB to be mindful of the links with current provider organisations strategies.</p> <p>Francis Patton like the approach to start well, live well and end well. It was</p>

	<p>aspirational and he looked forward to seeing how it would be delivered.</p> <p><b><u>Resolved:</u></b> The Board noted the report.</p>
17/23	<p><b>Collaborative Committee Assurance Report</b> Stuart McKinnon-Evans presented the report as Chair of the Committee. He highlighted the positive work on the Schoen Clinic, the holding to account of units by the commissioning team and the good progress being made in the workstreams</p> <p><b><u>Resolved:</u></b> The report was noted</p>
18/23	<p><b>Finance and Investment Committee Assurance Report</b> The assurance report was presented by the Committee Chair, Francis Patton who drew attention to the following areas:</p> <ul style="list-style-type: none"> <li>• NHS England and Integrated Care System (ICS) deficit financial position at month 8</li> <li>• IR 35 work</li> <li>• Ongoing finance and workforce positions</li> <li>• Good reports and discussions at the meetings</li> <li>• Discussion at the meeting held on the latest planning guidance and Trust 23/24 programme</li> </ul> <p><b><u>Resolved:</u></b> The report was noted</p>
19/23	<p><b>Charitable Funds Committee Assurance Report*</b> The report was presented to the Board as Corporate Trustee and was taken as read. The Committee Chair, Stuart McKinnon-Evans reported that fund raising performance was being reviewed. Funds continued to be spent and a donation had been received from the League of Friends in Malton. Work to improve the process for Wishes was underway.</p> <p><b><u>Resolved:</u></b> The Board noted the report.</p>
20/23	<p><b>Charitable Funds Accounts*</b> The Charitable Funds accounts were presented to the Board as Corporate Trustee. These had been reviewed by the Charitable Funds Committee and independently examined and were due to be filed by 31 January 2023.</p> <p>Mike Smith requested that the reference in the document to Corporate Trustees be amended to Corporate Trustee.</p> <p><b><u>Resolved:</u></b> The accounts were approved by the Board as Corporate Trustee.</p>
21/23	<p><b>Six Month Review of Safer Staffing - Inpatient Units</b> Tracy Flanagan introduced the report and highlighted the following key points.</p> <ul style="list-style-type: none"> <li>• Care hours per patient day (CHPPD) targets reviewed at team level to reflect local dependency data. The new CHPPD thresholds for each unit had been agreed by EMT</li> <li>• CHPPD in all areas remained above the previous Trust target with the exception of Malton.</li> </ul>

	<ul style="list-style-type: none"> <li>• Data showed that some areas with lower fill rates were still providing good CHPPD due to reduced bed occupancy</li> <li>• Strong CHPPD performance maintained (upper quartile) when benchmarked regionally and nationally</li> <li>• Townend Court, Inspire and Swale had adequate assurance, 16 areas had good assurance. (An error was reported in the report as Swale was shown as good assurance and this would be updated)</li> <li>• Sickness remained a challenge across many areas</li> </ul> <p>The Chair noted that bed occupancy had dropped and asked how any increase would be shown on safer staffing. Tracy Flanagan explained that low bed occupancy increased the CHPPD. The tool used to calculate the rate utilised independent data and considered the number of patients on a unit. This could be tailored to include any specific factors.</p> <p>Kwame Fofie asked if there was any comparison between single site organisations and multiple site trusts and whether this made a difference. The tool did not reflect whether it was a stand-alone unit of multiple sites. The Humber Centre was different to other units due to the make-up. The final outcome would be based on a judgement discussion with the staffing team and considered isolation impact and the decision made based on the tool and input from the team.</p> <p>Stuart McKinnon-Evans noted the units that required business cases developing and asked how a decision was made. Pete Beckwith said this would be identified in the financial planning process and the commissioner intentions process. There was a modest level of growth with the Mental Health Investment Standard (MHIS) and if required safer staffing would be prioritised.</p> <p><b><u>Resolved:</u></b> The six-monthly report was noted</p>
22/23	<p><b>February Board Strategic Development Agenda</b> The agenda was presented for information and identified the areas to be discussed at the meeting</p> <p><b><u>Resolved:</u></b> The agenda was noted</p>
23/23	<p><b>Items to Escalate including to the High-Level Risk Register and for Communication</b> No items were raised.</p>
24/23	<p><b>Any Other Urgent Business</b> No other business was raised.</p>
25/23	<p><b>Review of the Meeting – Being Humber</b> Board members reviewed the meeting and found it to be effective with reports of a good quality. The time spent on items had been appropriate and there was good, effective and respectful challenge.</p>
26/23	<p><b>Exclusion of Members of the Public from the Part II Meeting</b> It was resolved that members of the public would be excluded from the second part of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.</p>

27/23	<b>Date and Time of Next Meeting</b> Wednesday 29 March 2023, 9.30am via Microsoft Teams
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Signed ..... Date .....  
Chair

**Agenda Item 4**

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

<b>Summary of actions from January 2023 Board meeting and update report on earlier actions due for delivery in March 2023</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>
25.1.23	06/23	Chief Executive's Report	Digital proposed as a topic for discussion at the April Strategic Development Meeting	Director of Finance	April 2023	Added to the work programme for April
<b>Outstanding Actions Arising from Previous Board meetings for feedback to a later Board 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>
27.4.22	81/22	Freedom to Speak Up (FTSU) Annual Report 2021/22	The next report will break down the data by ethnic group and gender	FTSU Guardian	April 2023 (Date changed to align with next annual report)	Item not yet due
26.10.22	200/22	Chief Executive's Report	Speech and Language Therapists, Ruth Edwards and Siobhan Ward to be invited to a future meeting	Chief Operating Officer	April 2023	Item not yet due - Attendance at the Board Strategic Development meeting

26.10.22	202/22	Performance Report	Discussion to take place at a Strategic Business meeting on performance including waiting times. This will be added to the workplan for the meetings	Chief Operating Officer & Head of Corporate Affairs	June 2023	On Board Strategic Development Meeting Agenda for June 2023
26.10.22	205/22	Quality and Safety of Mental Health, Learning Disability and Autism Inpatient services- Humber Teaching NHSFT response to Panorama Expose on Edenfield Secure Services	An update will be provided at a future Strategic Business meeting. HG to inform SJ when this item should be timetabled for discussion	Director of Nursing, Allied Health and Social Care Professionals	March 2023	Item on March Board agenda
26.10.22	210/22	Finance & Investment Committee Assurance Report	Primary Care Strategy and a strategic review of future potential cost reduction to be considered at Board Development session	Head of Corporate Affairs	December 2022	Strategic review of future potential cost reduction to be discussed at December Time Out.  Primary Care Strategy agreed for February 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 Dates:-	Strategic Headings	LEAD	27 Apr 2022	18 May 2022	22 June 2022	27 Jul 2022	28 Sep 2022	26 Oct 2022	30 Nov 2022	25 Jan 2023	29 Mar 2023
<b>Reports:</b>											
Mental Health Managers Annual Progress Report <b>inc in Assurance Report</b>	Quality & ClinGov	LP		x							
Patient & Carer Experience Enabling Strategy - not due until 2023	Quality & ClinGov	KF			x						
Presentation of Annual Community Survey	Quality & ClinGov	KF									X
Guardian of Safeworking Annual Report	Quality & ClinGov	KF					x				
Patient & Carer Experience (incl Complaints and PALs) Annual Report	Quality & ClinGov	KF					x				
Quality Accounts	Reg.Comp	HG			x						
Risk Management Enabling Strategy Update	Strategy	HG	x								
Infection Control Plan – <b>not due until July 23 moved from Sept 22</b>	Strategy	HG									
Infection Prevention Control Annual Report moved to Oct to go through Quality Committee	Quality & ClinGov	HG					X def	x			
Safeguarding Annual Report	Quality & ClinGov	HG					X				
Annual EPRR Assurance Report	Quality & ClinGov	LP	x								
EPRR Core Standards moved to Oct	Corporate	LP						x			
Patient Led Assessment of the Care Environment (PLACE) Update –	Quality & ClinGov	LP					x				
Health Stars Enabling Strategy Annual Review	Strategy	SMcG		x							
Health Stars Operations Plan Update (moved to May from April)	Perf & Delivery	SMcG		x							
Annual Operating Plan	Strategy	MM									x
Report on the use of the Trust Seal	Corporate	MM	x								
Review of Standing Orders, Scheme of Delegation and Standing Financial Instructions	Corporate	SJ		x							
Annual Non Clinical Safety Report - moved to July for review by FIC	Corporate	PBec			X moved to July	x					
Annual Declarations Report	Corporate	SJ		x							
Charitable Funds Annual Accounts	Corporate	PBec						X moved to Dec		x	
Equality Delivery Scheme Self Assessment moved to June from May	Corporate	SMcG			x						
Gender Pay Gap	Corporate	SMcG				x					
WDES Report — reports into Workforce & Organisational Development Committee , but separate report to the Board <b>moved from July to October to meet Committee requirements</b>	Reg. Compl	SMcG						x			
WRES Report reports into Workforce Committee with report to Board <b>moved from July to October to meet Committee requirements</b>	Corporate	SMcG						x			
Equality Diversity and Inclusion Annual Report moved to Sept to go	Corporate	SMcG				X moved	x				



**Board Public Workplan April 2023/March 2024 (v6g)**

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

Board Dates:-	Strategic Headings	LEAD	31 May 2023	26 Jul 2023	27 Sep 2023	29 Nov 2023	Jan 2024	Mar 2024
<b>Reports:</b>								
<b>Standing Items - monthly</b>								
Minutes of the Last Meeting	Corporate	CF	x	x	x	x	x	x
Actions Log	Corporate	CF	x	x	x	x	x	x
Chair's Report	Corporate	CF	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
Publications and Highlights Report	Corporate	MM	x	x	x	x	x	x
Performance Report	Perf & Fin	PB	x	x	x	x	x	x
Finance Report	Perf & Fin	PB	x	x	x	x	x	x
<b>Quarterly Items</b>								
Finance & Investment Committee Assurance Report	Assur Comm	FP	x	x		x	x	
Charitable Funds Committee Assurance Report	Assur Comm	SMcKE	x		x	x		x
Workforce & Organisational Development Committee	Assur Comm	DR	x	x		x	x	
Quality Committee Assurance Report	Assur Comm	PE	x		x	x		x
Mental Health Legislation Committee Assurance Report	Assur Comm	MS	x		x	x		x
Audit Committee Assurance Report	Assur Comm	SMcKE	x		x	x		x
Collaborative Committee Report	Assur Comm	SMcKE	x	x	x	x	x	x
Board Assurance Framework	Corporate	MM		x	x	x		x
Risk Register	Corporate	HG		x	x	x		x
HNY Update	Corporate	MM	X A/R	x	x	x		x
<b>6 Monthly items</b>								
Trust Strategy Delivery Report	Strategy	PB	x			x		
Freedom to Speak Up Report	Corporate	MM	x			x		
MAPPA Strategic Management Board Report (inc in CE report)	Strategy	LP			x			x
Safer Staffing 6 Monthly Report	Corporate	HG		x			x	
Research & Development Report	Corporate	KF		x			x	
<b>Annual Agenda Items</b>								
Suicide and Self-harm Strategic Plan (next due 2025)	Strategy	KF			x			
Recovery (Enabling) Strategy Update (due 2026)	Strategy	LP		x				
Mental Health Managers Annual Progress Report (inc in Assurance Report)	Assur Comm	LP	x					
Patient and Carer Experience Forward Plan (2023 to 2028 (due 2023)	Strategy	KF			x			
Presentation of Annual Community Survey	Corporate	KF						x
Guardian of Safeworking Annual Report	Corporate	KF			x			
Patient & Carer Experience (incl Complaints and PALs) Annual Report	Corporate	KF			x			
Quality Accounts	Quality	HG	x					

Board Dates:-	Strategic Headings	LEAD	31 May 2023	26 Jul 2023	27 Sep 2023	29 Nov 2023	Jan 2024	Mar 2024
<b>Reports:</b>								
Infection Control (Enabling) Strategy	Strategy	HG		x				
Infection Prevention Control Annual Report	Quality	HG			x			
Safeguarding Annual Report	Quality	HG			x			
Annual EPRR Assurance Report	Quality	LP	x					
EPRR Core Standards	Corporate	LP			x			
Patient Led Assessment of the Care Environment (PLACE) Update	Quality	LP			x			
Health Stars Strategy Annual Review	Assur Comm	SMcG		x				
Health Stars Operations Plan Update	Assur Comm	SMcG		x				
Annual Operating Plan	Strategy	MM						x
Freedom to Speak Up Annual Report	Corporate	MM			x			
Report on the Use of the Trust Seal	Corporate	MM	x					
Review of Standing Orders, Scheme of Delegation and Standing Financial Instructions	Corporate	SJ	x					
Annual Non-Clinical Safety Report	Corporate	PB		x				
Annual Declarations Report	Corporate	SJ	x					
Charitable Funds Annual Accounts	Corporate	PB					x	
A Framework of Quality Assurance for Responsible Officers and Revalidation, Annex D – Annual Board Report and Statement of Compliance	Corporate	KF			x			
Gender Pay Gap	Corporate	SMcG		x				
WDES Report — reports into Workforce & Organisational Development Committee, but separate report to the Board	Corporate	SMcG			x			
WRES Report reports into Workforce Committee with report to Board	Corporate	SMcG			x			
Equality Diversity and Inclusion Annual Report	Corporate	SMcG			x			
Annual National Staff Survey Results	Corporate	SMcG						x
Board Terms of Reference Review	Corporate	CF	x					
Committee Chair Report	Corporate	CF						x
Annual Committee Effectiveness Reviews & Terms of Reference (one paper)	Corporate	SJ	x					
Reaffirmation of Slavery and Human Trafficking Policy Statement in Chief Executive report	Corporate	MM					X	
Fit and Proper Person Compliance	Corporate	CF	x					
Workplan for 2023/24: To agree	Corporate	CF/MM	x					
<b>AD Hoc Items</b>								
Items to Escalate including to the High Level Risk Register	Corporate	CF	x	x	x	x	x	x
Potential Items for Consideration at Future Strategy meetings	Corporate	CF	x	x	x	x	x	x
Estates Strategy – March 23	Corporate	PB						
Edenfield Update	Corporate	HG		x			x	
<b>Deleted /Removed Items</b>								
Review of Disciplinary Policy and Procedure	Corporate	SMcG						

Board Dates:- Reports:	Strategic Headings	LEAD	31 May 2023	26 Jul 2023	27 Sep 2023	29 Nov 2023	Jan 2024	Mar 2024
Risk Management Strategy Update –moved to a Strategic Board item	Strategy	HG						
Equality Delivery Scheme Self Assessment – to go to Workforce Committee	Corporate	SMcG						

**Agenda Item 5**

Title & Date of Meeting:	Trust Board Public Meeting 29 March 2023														
Title of Report:	Community Mental Health Service User Survey 2022: IQVIA Presentation														
Author/s:	Mandy Dawley (Assistant Director of Patient and Carer Experience and Engagement)														
Recommendation:	<table border="1" data-bbox="539 629 1524 745"> <tr> <td data-bbox="539 629 938 667">To approve</td> <td data-bbox="938 629 1031 667"></td> <td data-bbox="1031 629 1410 667">To discuss</td> <td data-bbox="1410 629 1524 667"></td> </tr> <tr> <td data-bbox="539 667 938 705">To note</td> <td data-bbox="938 667 1031 705"></td> <td data-bbox="1031 667 1410 705">To ratify</td> <td data-bbox="1410 667 1524 705"></td> </tr> <tr> <td data-bbox="539 705 938 745">For assurance</td> <td data-bbox="938 705 1031 745">x</td> <td data-bbox="1031 705 1410 745"></td> <td data-bbox="1410 705 1524 745"></td> </tr> </table>			To approve		To discuss		To note		To ratify		For assurance	x		
To approve		To discuss													
To note		To ratify													
For assurance	x														
Purpose of Paper:	IQVIA will provide the Trust Board with a presentation of the findings from the Community Mental Health Service User Survey (2022).														
Key Issues within the report:															
<p><b>Positive Assurances to Provide:</b> Lynsey Fenwick (IQVIA) will be in attendance to share a presentation of the findings from the 2022 Community Mental Health Service User Survey.</p> <p><b>Trust Assurance:</b> The Community Mental Health Service User Survey working group continues to meet on a regular basis to identify and implement actions to address areas where improvements can be made.</p> <p>The action plan is being made a standing agenda item at the Community Care &amp; Liaison Forum.</p> <p>Compliance with Family Inclusive Care Co-ordination training/refresher training can be monitored through ESR.</p> <p>Identification of carers/family members is now monitored through the Carers Dashboard.</p>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <p><b>The Trust is delivering on the following:</b> The Person-Centred Care Planning work is a significant development, which should impact positively on many of the question areas as the new processes are rolled out.</p> <p>Changes to the ways that crisis calls are processed have already occurred but require further monitoring over a longer period of time to give assurances that they have impacted positively on service user experience.</p> <p>A question has been added to the My Assure Audit tool, which will enable monitoring of the use of the 'All About my Medication' document.</p> <p>A new Family Inclusive Care Co-ordination Refresher package has been developed.</p> <p>Focus groups to gain a more detailed understanding of service user experience of crisis care.</p> <p>Work is underway on reporting for the Friends and Family Test, so that themes can be easily identified from the data. This information can be cross-</p>														

	referenced with this work to improve the possibility of targeting the correct service areas and gaining a fuller understanding of issues than the Service User Survey provides.
<p><b>Matters of Concern or Key Risks:</b></p> <p><b>Matters of Concern the Trust would like to raise:</b>  A planned review of the CMH service user survey incorporating a digital first process may result in the risk of a reduced response rate next year and this change in approach is likely to make it difficult to compare results from the previous year's survey.</p> <p>During 2021 a pilot was conducted to analyse the feasibility of transitioning the CMH service user survey to a mixed-mode methodology. Service users were offered the option of completing the questionnaire either online or by paper. Text message (SMS) reminders were sent containing a direct link to the online survey. As a result of the pilot, the 2023 CMH service user survey will be implementing a push-to-web mixed-mode methodology.</p> <p>Responsibility for the coordination of the survey will be transferred to the Coordination Centre for Mixed Methods.</p> <p>Changing the way we ask for patient feedback will change the way people respond and will make results from the 2023 survey incomparable to previous years. Therefore, this is providing an opportunity for the Centre to review all aspects of the way the survey is run and the questionnaire will be undergoing significant revision this year. Timeframes are also changing (and are subject to change). At present, key dates are:</p> <ul style="list-style-type: none"> <li>• Sample period – March to May 2023</li> <li>• Sampling – July to August 2023</li> <li>• Fieldwork – August to November 2023</li> </ul>	<p><b>Decisions Made:</b></p> <p><b>Trust Decisions:</b></p> <p>To review and update the membership of the working group to ensure the work maintains a high priority.</p> <p>To make better use of digital platforms to encourage and empower service users and carers to contribute their expert knowledge to service development initiatives.</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		Collaborative Committee	
			Other (please detail)	

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

**Agenda Item 6**

Title & Date of Meeting:	Trust Board Public Meeting – 29 March 2023			
Title of Report:	Chair's Report			
Author/s:	Rt Hon Caroline Flint Trust Chair			
Recommendation:	To approve		To discuss	
	To note	✓	To ratify	
	For assurance			
Purpose of Paper:	To provide updates on the Chair, Non-Executive Directors and Governor activities since the last Board meeting			
Key Issues within the report:				
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Board Strategic Development Meeting discussions</li> <li>New Governors</li> <li>Chair and Non-Executive Director (NEDS) Visits</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Future elections planning</li> </ul>		
<b>Matters of Concern or Key Risks:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

**Monitoring and assurance framework summary:**

**Links to Strategic Goals** (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	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

## Trust Chair's Board Report – 29 March 2023

### 1. Trust Board Strategic Development Meeting, 22 February 2023

The Board held its first Strategic Development meeting on 22 February 2023. These meetings include a small number of key items on the agenda which enables Board members to have a detailed discussion regarding matters of strategic importance. Time is also allocated, as appropriate, for the Board to work on its own development. The Board focussed its attention on the following areas at the February meeting:

- **Primary Care** – the Board considered the Trust's current Primary Care position and discussed the opportunities and challenges in the Primary Care sector. The Board also considered the Trust's Primary Care Plan and agreed to receive an update regarding progress made in delivering the Plan in six months' time.
- **Financial Planning** – the Board considered the Trust's draft financial plan for 2023-24 and noted this was more challenging than in recent years. The next iteration of the Plan is due to be presented at the March 2023 Board Part II meeting.
- **Board Development** – Board members received the results of their Lumina Spark psychometric profile and considered how the results could impact on Board member interactions. Lumina Spark is designed to help people to develop a better self-understanding and identify how they might improve their working relationships with others.

In summary, the meeting resulted in quality discussions occurring about priority areas and gave Board members an opportunity to work on their own self-development.

### 2. Industrial Action and Pay Negotiations

The Chief Executive has continued to keep myself and NEDs informed about planning and impacts regarding industrial action and operations. Thankfully recent negotiations have led to planned strikes stopped whilst union members consider the offer. There is still action by Junior Doctors which it is hoped can reach resolution too. Thanks to all our staff for their continuing commitment and hard work during this time.

### 3. Chair's Activities Round Up

At the Quarterly Staff Awards on 9 March, which was held virtually (the other three are in person around our area.), we heard from those who have served many years at the Trust and from those nominated for exceptional work. All had inspiring stories and there was very positive feedback on the Trust's support for staff.

As I write this report, I have just heard that the Trust has achieved the Tommy's Pregnancy and Parenting at Work Champion accreditation which the Board I'm sure will hear more about on the 29 March.

Michele Moran and I met with Professor Sir Michael Marmot to discuss the Trust collaborating with his institution on a project focussed on health inequalities. This is now being progressed by staff at Humber and the UCL Institute for Health Equity.

Attended the Workforce and Organisational Development Board Sub Committee in February where alongside other items the deep dives into statutory and mandatory training, leavers and sickness were discussed. The Committee also agreed items for Internal Audit to look at in 23/24.

Met with Susan Cameron Head of Humber's Complaints Service who is retiring. It was a good opportunity to hear her thoughts on complaint handling and the improvements during her tenure. I came away very impressed with Humber's approach to handling complaints, establishing what's happened, finding resolution and saying sorry if we have got something wrong. I wish Susan the best on her retirement.

## **External meetings included:**

East Riding Health and Well Being Board

NHS Confederation Chairs' Group Meeting on Cyber Security

HNY Provider Chairs Catch Ups

Yorkshire and Humber NHS Chairs' Meeting

HNY Chairs and CEOs meeting to discuss financial challenges in 2023/24

NHSE Roundtable to discuss how the Provider Trust Board and the ICS system is working

NHS Providers Mental Health Chairs' network

NHS Provider Chairs and CEO Network Event

## **4. Governors**

I met and welcomed our two new governors Dominic Kelly (Public East Riding) and John Morton (Public Hull). Dominic is newly elected, and John, who came second to Soraya Hutchinson in a former election, was able to take her place in line with our Constitution. Soraya Hutchinson had resigned because of work commitments.

Stella Jackson, Katie Colrein and I met to discuss preparation for the next round of elections. Work is ongoing to update the membership database and encourage people to share their email addresses.

The Appointments, Terms and Conditions Committee met in March where Governor Sue Cooper was reappointed as Chair. The meeting discussed remuneration and terms of service of the Board Chair and NEDs and their time commitments.

An online Governor workshop on "How Humber Trust spends it's money" led by Francis Patton Chair of the Board Finance and Investment Committee and Director of Finance Pete Beckwith took place on 2 February.

At the March Governor Development Day on the 17 we met at the new Trust HQ which had space perfect for the event. NED Chair Dean Royles and Karen Phillips Deputy Director led a session on the work of the Workforce Board Sub Committee. Stella Jackson delivered a training session on the Role of Governors.

At the January Council of Governors, the possibility of holding one in person was raised by Governor Tim Durkin. There are different views amongst governors but having given it some thought we are arranging for the July Council of Governors to meet in person as the days are lighter and warmer for travelling.

## **5. Chair and Non-Executive Director (NEDS) Visits**

### **Chair**

ISPHN Bridlington – Health visiting and school nursing service covering 0-19 ages (25 if SEND). As a service they hold gold status for UNICEF Baby Friendly Initiative.

Addictions Bridlington providing a range of services for those with drug and alcohol misuse disorders including people with prescription medication dependence.

Granville Court in Hornsea which is a specialist nursing home for adults who have profound and multiple learning disabilities alongside complex physical health needs. Above all Granville Court is the residents' home and feels as much.

Market Weighton Practice where I met a clinical team with a range of skills including GPs, Advanced Clinical Practitioners, Practice Nurses, Health Care Assistants and Pharmacists supported by an admin team. I was pleased to meet some patients during my visit and understand both the challenges and the improvements underway. It was good to hear that recruitment of GPs was going well and meet one of those who had just started.

## **NEDs**

Maister Lodge	Francis Patton, Dean Royles
Westlands	Mike Smith

**Trust Chair Caroline Flint 21/03/23**

**Agenda Item 7**

Title & Date of Meeting:	Trust Board Public Meeting – 29 March 2023			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To discuss	
	To note	✓	To ratify	✓
	For assurance			
Purpose of Paper:	<p>To provide the Board with an update on local, regional and national issues.</p> <p>Within the report the Board is asked to ratify the Visiting Policy and the Leave Policy.</p>			
Key Issues within the report:				
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Work contained within the report</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Contained within the paper</li> </ul>		
<b>Matters of Concern or Key Risks to Escalate:</b> <ul style="list-style-type: none"> <li>Nothing to escalate</li> </ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>Ratification of Policies</li> </ul>		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Monthly report to Board	✓

## Monitoring and assurance framework summary:

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

## Chief Executive's Report

### 1 Items for Approval

#### 1.1 Trust Policies

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

Policy Name	Date Approved	Lead Director	Key Changes to the Policy
Visiting Policy	13/2/23	Director of Nursing, Allied Health & Social Care Professionals	This policy combines the existing visiting guidance policy and the 'safeguarding children and young people visiting patients in mental health units and CAMHS inpatient units' policy'. It also contains additional updates to reflect visitor mask wearing relating to local prevalence and additional information regarding exclusion of visitors. The policy is attached at Appendix 1. <a href="V:\Corporate\Quality Governance &amp; Compliance\Public\Policies for Board ratification\Visiting Policy N-071 v1.0 (Feb-23).pdf">V:\Corporate\Quality Governance &amp; Compliance\Public\Policies for Board ratification\Visiting Policy N-071 v1.0 (Feb-23).pdf</a>
Leave Policy	27/2/23	Director of Workforce and Organisational Development	This policy incorporates all relevant leave policies into one Special Leave Policy. A summary of the different types of leave is attached at Appendix 2 and the policy is attached at Appendix 3. <a href="V:\Corporate\Quality Governance &amp; Compliance\Public\Policies for Board ratification\Leave Policy FINAL.pdf">V:\Corporate\Quality Governance &amp; Compliance\Public\Policies for Board ratification\Leave Policy FINAL.pdf</a>

### 2 Around the Organisation

#### 2.1 Strikes

The organisation has coped well with the recent strikes, almost all services have been maintained. Please see the detailed update, later in this report, I would like to express my thanks to all staff in the emergency planning department and to all staff for maintaining services, thank you.

#### 2.2 Collaborative

Jo Harris has been appointed to the position of Head of Lived Experience and Involvement for the Humber and North Yorkshire Specialised Provider Collaborative.

Jo comes with a wealth of experience in service user involvement, and we are all looking forward to working with Jo in her new role, with a provisional start date of 17th April.

### **2.3 Forestry Commission**

We have been allocated 300 Trees to plant across the organisation as part of our Green/Sustainability plan. The first I was honoured to plant on the playing fields behind the Humber Centre.

### **2.6 Kings Fund Engagement Project**

The Humber and North Yorkshire Integrated Care System (ICS) is one of six areas to be chosen to work with NHS England and the Kings Fund on an engagement project. The engagement project aims to bring citizens' voices into integrated care systems. The Kings Fund is supporting our ICS with an approach and methodology drawing on the Kings Fund Understanding Integration roadmap "Understanding integration: How to listen to and learn from people and communities". Five organisations (including our Trust) are leading on this work and will be working with all ICS organisations across Humber and North Yorkshire to develop a shared vision for experience. The five organisations have created a steering group and are in the process of identifying 2 governors/patients from each provider Trust who will co-produce their role in the project. A wider ICS session will take place towards the end of March to share the premise of the project and to begin to co-produce elements. Intelligence gathering will then commence. The next phase (May to July 2023) will see the development of a shared experience Charter for all organisations in the ICS.

### **2.7 The Trust's Patient and Carer Experience Offer**

Over the past few years, the Trust has seen a significant growth in the Patient and Carer Experience (PaCE) agenda. There has been a cultural shift across the Trust whereby the engagement and involvement agenda has become an integral part of the organisation. The Trust's PaCE Team strategically leads the PaCE agenda and all four clinical divisions have invested in an engagement and involvement lead to provide operational PaCE support for their teams. There are regular Peer Supervision meetings in place where the strategic and operational PaCE leads get together to share best practice and provide a support network to colleagues who have an engagement/involvement role.

### **2.8 CQC**

It was a pleasure to host Chris Dzikiti - Director of Mental Health/Regulatory Leadership earlier this month, details can be found later in the report. Feedback both on the day and following from Chris was extremely positive, many thanks to Hilary Gledhill for arranging the day.

### **2.9 100 Days of Being Humber**

Monday 20 March marked 100 days since the launch of our Trust's new behavioural framework guide 'Being Humber'. The 'Being Humber' banner has been on our internet, desktop and social media. Posters are situated around the organisation. The Being Humber merchandise has been positively received by staff.

'Being Humber' guide sets out the values and behaviours we should all expect from one another in a simple framework for us all to use. People from every corner of our Trust contributed to the concept that captures life in our world. Values based recruitment processes will be presented to the workforce committee then board in the next few months

and these build upon the excessive work already taking place. The Behavioural framework unpins all that we do.

### **2.11 Student Nursing Times Awards**

We're delighted to announce that our Children and Young People's Neurodevelopment service has been shortlisted for 2 Student Nursing Times Awards!

These shortlists are in the categories 'Placement of the Year (Community)' and 'Supervisor of the Year'.

The nominations were sent by Sam Kitchen, Trainee Specialist Nurse, who was a final year Learning Disability Nursing student from the University of Hull on placement at our Trust from June to November 2022.

The Student Nursing Times Awards will reveal the award winners at their glittering annual ceremony, celebrating the best of the next generation of nurses and their educators. This year, it will take place on Friday 28 April at the JW Marriott Grosvenor House Hotel in London.

## **3 Around the System**

### **3.1 Tees, Esk and Wear Valleys (TEWV)**

Tees, Esk and Wear Valleys NHS Foundation Trust announced the appointment of Beverley Murphy as their new Chief Nurse. Beverley will join the Trust from Sheffield Health and Social Care NHS Foundation Trust, where she has been their Executive Director of Nursing, Professions and Operations since June 2020. She is currently on secondment with NHS England.

Beverley will formally join the Trust in early May 2023, allowing a comprehensive handover with Director of Nursing, Elizabeth Moody, who is due to retire in the summer.

## **4 National News**

### **4.1 Acute Services**

The Government has announced that it will be commencing a rapid review into patient safety in mental health inpatient settings in England. Dr Geraldine Strathdee will lead the review, which will focus on what data and evidence is available to services, including information provided by patients and families, and how it can be used to identify patient safety risk and failures in care. This review will be separate, but complementary to the non-statutory inquiry currently underway into patient deaths at Essex Partnership University Trust, which is also chaired by Dr Strathdee. We will await the findings of the review with interest.

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### **4.2 York Mental Health Board Chair**

Following interviews earlier this month, Lynne Gabriel and Steve Wright have both been offered the position as co-chairs.

### **4.3 Yorkshire Ambulance Service NHS Trust (YAS) Chair**

Following the formal interviews, Martin Havenhand has been named as the successful candidate. Martin is currently Chair of Rotherham NHS Foundation Trust and will start with YAS from 1 April 2023.

### **4.4 Pay Award**

16<sup>th</sup> March the government announced its offer following the recent strike action - under the offer, over 1 million NHS staff on the Agenda for Change contract would receive two non-consolidated payments for 2022-23. This is on top of an at least £1400 consolidated pay award that they have already received, which was in line with the recommendations of the independent pay review body.

The first is an award worth 2% of an individuals' salary for 2022-23.

The second is a one-off bonus which recognises the sustained pressure facing the NHS following the COVID-19 pandemic and the extraordinary effort these members of staff have been making to support delivery of the backlog recovery targets and meet the Prime Minister's promise to cut waiting lists. This second "Backlog Bonus" is an investment worth an additional 4% of the Agenda for Change paybill and would mean staff would receive an additional payment between £1,250 and £1,600.

For 2023-24, the government has offered an 5% consolidated increase in pay. In addition, the lowest paid staff, such as porters and cleaners will see their pay matched to the top of band 2, resulting in a pay increase of 10.4%.

On top of the pay elements of the package, the offer includes other significant measures including the development of a national, evidence-based policy framework which will build on existing safe staffing arrangements and amendments to terms and conditions to support existing NHS staff develop their careers through apprenticeships. This package, alongside the comprehensive NHS Long Term Workforce Plan NHS England will publish shortly, will help ensure the NHS can recruit and retain the staff it needs to meet the growing and changing health and wellbeing needs of patients.

The offer also includes a commitment to improving support for newly qualified healthcare registrants. It will commission a review into the support those transitioning from training into practice receive.

## **5 Communications Update**

### **Service Change**

The team are managing a high number of service communications plans to support service change and development.

<b>Division</b>	<b>Campaigns/Projects this month</b>
Mental Health (Planned/Unplanned)	<ul style="list-style-type: none"><li>• CAMHS (Clear Project)</li><li>• National Rebrand of Emotional Wellbeing Service</li><li>• Health Trainers exit (East Yorkshire)</li><li>• Operation Courage</li></ul>

Community & Primary Care	<ul style="list-style-type: none"> <li>• Single Point of Access (Whitby)</li> <li>• Hull GP change of provider</li> <li>• Bridlington GP change of provider</li> <li>• Whitby UTC relaunch</li> </ul>
Children's and Learning Disabilities	<ul style="list-style-type: none"> <li>• ISPHNS (Chat Health launch)</li> </ul>

## Theme 1: Promoting people, communities, and social values

### • Brand Updates

The team continue to run our six weekly brand workshops to offer practical support and advice to staff using the brand. The sessions are well attended, with over 50 staff regularly attending with a mix of clinical and corporate staff.

Quarterly reviews of key staff groups are providing more in-depth insight into brand use and understanding. A survey of administrative staff found that 62% of staff surveyed had used the brand centre and 90% either agreed or strongly agreed that the Brand Centre was useful, they could find what they were looking for easily. Following the survey and a workshop, an action plan has been developed and a number of changes have been rolled out across the platform.

Between March 22 and March 23, the Brand Platform has had over 2000 users that visited over 8,000 times. This is up 123% on 21/22, exceeding our target of a 20% increase in traffic.

### • Social Media

Our Week of the Nurse, campaign was the most engaged over the period, celebrating their role and shining a light on it as a career.

Posts to promote our Golden Hello offer for new band five nurses reached over 20,000 potential job seekers resulting in 279 visits to the Join Humber website.

The team also designed a programme of Google adverts which capitalise on search traffic which reached over 5,000 people resulting in 561 clicks.

### • Media coverage

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

1. **Employment events for those struggling to find work in the East Riding**, published in the Scarborough News and the East Riding Council News
2. **What is 'social prescribing' on the NHS and how can it help?** published in the Driffield and Wolds Weekly newspaper



### 3. **Safer Sleep Week**, published in Hull CC News

There have been seven publications in total across local, regional and national media (5 positive, 1 neutral, 1 negative).

- **Awareness Days**

In collaboration with the Workforce Wellbeing Team we are celebrating Nutrition and Hydration Month.

We had social media posts and Global entries to mark:

- Overseas NHS Workers Day
- International Women's Day
- Holi
- No Smoking Day

We worked closely with the Social Prescribing Team to support their work leading up to International Social Prescribing Day on 9 March including a video case study.

13 – 19 March is both Safer Sleep Week and Social Work Week. The Comms Team have worked with both services to put together a comprehensive social media plan to showcase the important messages from both campaigns.

### **Theme 2: Enhancing prevention, wellbeing and recovery**

- **Electronic Patient Record Project**

The team are supporting the project with a communications plan and brand development. A member of the team will be seconded to support the project to ensure it received the resource it requires to launch successfully. The post will be backfilled to ensure the communications team is able to continue to offer the same level of service.

- **Staff Wellbeing Events & Activity**

The next staff wellbeing challenge, 100K Your Way will be launching in April. It is a new take on a previously popular step challenge ran pre-covid and will challenge staff to walk 100km throughout May – the distance between Trust HQ in Willerby and Whitby Hospital.

A review of the 28 Days of Wellbeing Campaign has been completed. Headlines include 353 staff completing a workout, 185 staff attending lunch and learn sessions and 112 referrals to the Workforce Wellbeing team.

*“The 28 days of wellbeing have been fun and challenging in equal measure.*

*Doing the short workouts made me feel energised and it got my afternoons on these days off to a good start.*

*I have enjoyed the lunch and learn sessions and learnt lots from them.*

### **Theme 3: Developing an effective and empowered workforce**

- **Recruitment Marketing Campaign review**

Our annual ‘New Year, New Job’ recruitment marketing campaign ran from November 2022 to February 2023 and comprised of five advertising streams: Facebook, Google,

Billboards, Radio (Viking FM, Yorkshire Coast) and JPi Media Print and Online (Yorkshire Post, Scarborough News, Bridlington Free Press, Whitby Gazette and Pocklington Post).

The creative and digital marketing for this campaign is carried out by the team ensuring the budget is maximised on advertising buying.

- 1,257,628 impressions (this is the number of times an advert was seen or interacted with)
- 6,100 clicks (this is the number of unique visits to our recruitment website)

As the total expenditure for the campaign was £6,401.73, this means that we spent approximately £1.04p per click, and only £0.005p per impression. This is considered excellent value for money and is above average when considering typical benchmarks, particularly when using advertising channels such as those selected for this campaign.

- **Internal communications channels refresh**

Internal communications channels will be rebranded and relaunched in April in line with the objective in the Communications Plan to review our communications cascade.

This work includes introducing an overarching internal communications brand, 'Humber Talks' to act as a parent brand to unify the look of all channels and increase staff awareness of the family of internal.

As part of the relaunch a new Trust wide MS Teams broadcast channel will be introduced with themed channels to encourage two-way conversation including a 'Suggestion Box.

To improve the cascade of key messages from leadership direct to colleagues a new divisional newsletter named 'The Local' was piloted in March. The response to these has been excellent with an average open rate of 97%, showing an early interest in receiving news at this level.

- **Staff Benefits Website**

We are working in partnership with the HR team to launch a standalone website for staff benefits in early April taking our benefits offer from a static booklet to a live and interactive website. Content is now being developed by the team in line with the project plan



- **Intranet Development Works**

Phase two of the intranet development is now complete with a directory of clinical staff added to the site. This resource was developed following feedback from staff who wanted to be able to search for one another more easily to understand referral routes and identify the key contacts/service leader. <https://intranet.humber.nhs.uk/clinical-teams-list.htm>

- **Your Leave Plus – launching the new Leave Policy**

We are working with the HR and Workforce team to launch the new Leave Policy in April. The team have developed a brand, marketing and PR plan to ensure we get the biggest reach across internal and external audiences.

#### **Theme 4: Fostering integration, partnerships, and alliances**

##### **Industrial Action**

Our social media channels have supported national and local messages to support the strike action and routes to care.

#### **Theme 5: Innovating for quality and patient safety**

- **Awards**

We are currently supporting each division to develop entries to the following awards: HSJ Patient Safety, NHS Parliamentary, Innovate and HSJ Awards.

In 2022/23 we met our target of two local and four national shortlistings and were successfully shortlisted in almost 50% of the categories we entered.

- Submitted to 31 different categories over 10 different award organisations
- Shortlisted in 14 categories (5 local, 9 national)
- Won 8 individual awards (4 local, 4 national)

#### **Theme 6: Optimising an efficient and sustainable organisation**

##### **Website Development**

The Trust website currently uses a digital inclusion tool called ReachDeck to provide text-to-speech, reading and translation support to help reduce barriers between our digital content and online audiences. In 2022, the ReachDeck toolbar was used 11,457 times.

A proposal to upgrade the toolbar to the most recent version was approved by the Digital Delivery Group. The upgrade will include an auditor will scan the Trust website at specific intervals, flagging its overall accessibility score and reading age. This will support our regular manual content audits to ensure that it is meeting the highest accessibility standards.

The Editor tool allows anyone to copy and paste content into a programme that will scan it and make suggestions for how to improve the content for plain English and provide a score for reading age. This tool will be available to all staff ensuring that we are communicating in the most accessible way possible with our audiences.

Overall the website performance has improved over 2022/23 with users and sessions both up 24%.

### Measures of Success

<b>Theme 1: Promoting people, communities, and social values</b>			
<b>KPI</b>	<b>Measure of success by 2025</b>	<b>Benchmark</b>	<b>This month</b>
Positive Media Stories published	Positive vs negative coverage maintained at 5:1	5 stories covered by media per month	7 unique stories
			7 publications
Visits to Brand Portal	Up 20% to 696 sessions	580	708
Facebook engagement rate	2%	2%	8.07% - Corporate Facebook
			2.85% - Join Humber Account
Twitter engagement rate	2%	2%	2%
LinkedIn follower growth	+ 4.3%	Target 2872 followers	3197 +104 followers over the period

<b>Theme 2: Enhancing prevention, wellbeing and recovery</b>			
<b>KPI</b>	<b>Measure of success by 2025</b>	<b>Benchmark</b>	<b>This month</b>
Stakeholder newsletter open rate	20%	18%	Feb edition – 33% April edition – 48%

<b>Theme 3: Developing an effective and empowered workforce</b>			
<b>KPI</b>	<b>Measure of</b>	<b>Benchmark</b>	<b>This month</b>

	<b>success by 2025</b>		
Intranet bounce rate reduced	< 50%	57.44%	57.63%
Intranet visits maintain at current level	7,300 visits p/m	8265	9328
Global click through rate (CTR) increase	7%	12.80	11.25%

<b>Theme 5: Innovating for quality and patient safety</b>		
<b>KPI</b>	<b>Measure of success</b>	<b>Progress to date</b>
Awards nominations	4 national/2 local annually	Shortlisted in 14 categories (5 local, 9 national)  Won 8 individual awards (4 local, 4 national)

<b>Theme 6: Optimising an efficient and sustainable organisation</b>			
<b>KPI</b>	<b>Measure of success by 2025</b>	<b>Benchmark</b>	<b>This month</b>
Reduce homepage bounce rate	Below 50%	64.9%	50%
Increase average page visits per session	+ 2 per visitor	2	1.91
Increase average dwell time	+ one minute	1m28s	1m26s

## **6 Director Updates**

### **6.1 Chief Operating Officer Update**

#### **6.1.1 Operational, Winter Pressures, Industrial Action and Covid Update –March 2023**

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

Our winter plan recognises that the complexities of planning for a winter when system pressures have remained very high throughout the year and with the lasting impact of the pandemic still evident, the seasonal pressures along with the risk of industrial action made this winter likely to be particularly challenging. Integrated Care Boards were tasked to maximise the benefits of system working. A lack of capacity across the NHS and social care has an impact on all areas of the system and it is essential that access to primary

care, community health services, mental health and learning disability services for urgent patients is sufficient to ensure patients do not need to present to emergency services when alternatives are available.

The Trusts winter plan incorporates the risk of disruption to services due to **Industrial Action**. Several unions have now balloted their NHS members to take part in industrial action. The ballot threshold for strike action by the RCN, Unison and the Chartered Society of Physiotherapists for Trust staff was not met. The BMA formerly notified the Trust of its intention to ballot junior doctors from 9 January to 20 February and subsequently strike action was undertaken from the morning of Monday 13<sup>th</sup> March until the morning of 16<sup>th</sup> March, and Trust doctors participated in this action.

The Trust prepared for industrial action so that there was minimal disruption to patient care and service provision. The Emergency Preparedness Resilience and Response (EPRR) Team coordinated the completion of assessment checklists developed to support the trusts preparations. Industrial action guidance for staff and managers was refreshed to be followed in the event of strike action being taken. This planning also related to the potential and planned strike action by other services and sectors.

Our emergency planning arrangements were stood up to coordinate and implement our plan to manage the impact of the ambulance strike action days and more recently the BMA. Silver command met regularly and reported to gold command via sitrep reports which were stepped up through the period of the action. The preparation work was effective and fortunately we saw no significant impact on our services. System arrangements were in place through the ICB command centre to coordinate and respond to the expected impact. Mental Health and Community Trusts were specifically tasked nationally to support the wider system by making sure crisis and emergency response services were stepped up. In response staffing was enhanced across our services to reduce the need for an ambulance response and additional action was taken to broaden access to transport options for all our services that required it. The NHS England and the government are now in talks with unions to resolve the strike action but we continue to take the opportunity to review our emergency plan in preparation for any future industrial action.

Our Winter Plan has been monitored through our daily sitrep reporting processes to identify and respond to pressures quickly across services, ensuring we are clear what our level of pressures are, allowing us to communicate these to the wider system effectively and either respond with or receive mutual aid as necessary. System wide review of the effectiveness of winter planning will take place during Quarter 1 and 2 2023/24 in preparation for planning for next winter. Through our EPRR team we will undertake an organisational review of our plan and response and feed this into the wider system work.

**Operational service pressures** have remained high in the Trust in February and early March. The highest pressures were seen in our community services in Scarborough and Ryedale due to ongoing high demand from the acute hospitals for discharges and delays in discharging patients from our community beds. Mental Health pressures have also been raised due to usual seasonal variation and ongoing delays in achieving timely discharge from beds. The Trusts overall operational pressures in the last two months following a period of reduced pressures at the end of January and early February of escalation level (OPEL) 2 (moderate pressure) have increased and been sustained at escalation level (OPEL) 3 (severe pressure) in late February and March.

Child and Adolescent Mental Health (CAMHS) services are continuing to experience high demand, it remains at a plateau in February and March for core services but with ongoing

increase in referrals for Neurodiversity services. Presenting needs continue to be of high levels of acuity and complexity. High demand for young people experiencing complex eating disorders continues and a new eating disorder community treatment service is being operationalised by the service to support this. Further training has been undertaken by our CAMHS inpatient staff at Inspire who are now able to take children and young people who require naso-gastric feeding as part of their eating disorder treatment. Focus continues on reducing waiting times in these services, particularly in relation to autism and attention deficit hyperactivity disorder diagnosis.

Nationally requirements are in place to eradicate the use of out of area mental health beds and our services are implementing plans to achieve this. Our out of area bed use remains reduced but has increased over recent months as it is impacted by the number of delayed transfers of care remaining high. Our overall bed occupancy has remained high in February and March with the pressures especially high for mental health, learning disability beds and our community beds at Malton and Whitby Hospitals, it has been between 81.9 – 86.3%.

Delayed transfers of care (DTC) from our community and mental health beds remain very high during the last month. Patients are waiting predominantly for specialised hospital placements with other NHS providers or local authority provided residential placements. Escalation mechanisms are in place with partner agencies to take action to resolve the delayed transfers and discharges that our patients are experiencing. Focus is being maintained on improving this position further to achieve the best outcomes for our patients and to ensure it does not continue to adversely impact on the improved position we had achieved in reducing out of area placements. The ICB and Provider Collaborative are escalating DTC/NCTR (no criteria to reside) as an issue requiring focussed system action and proposals have been supported for the new national discharge funding to support patient flow to reduce the level of DTC. Our ICB has been confirmed as a National Discharge Frontrunner site and whilst this is focussed on acute care it will bring further benefit in reducing the delays that our patients experience.

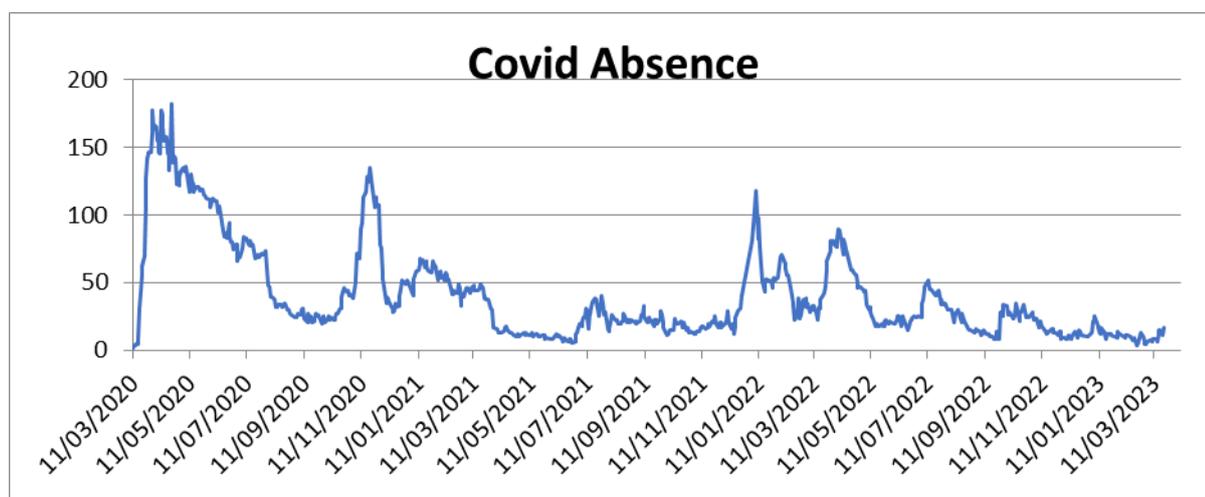
System pressures have remained extremely high in North Yorkshire and York and in the Humber areas in February and early March for both health and social care, system command arrangements remain in place. Acute hospital partners in all parts of our area have reported pressures at OPEL 4 predominately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

Ongoing work has been taking place by our recruitment team to increase the number of staff available to us on our bank, recruitment campaigns focussed on specific clinical areas

have had some success and bank fill rates are improved. Effort is taking place to reduce the number of health care assistant vacancies to reduce reliance on agency use and a new rolling advert and recruitment process has now commenced.

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

Staff sickness absence related to Covid remains reduced. When combined with non-covid related sickness the overall absence position is currently at 5.92% which is a slight overall reduction compared with the previous month.



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

The Trust continues to effectively manage the impact of very high system pressures, winter, industrial action and Covid-19 within its ongoing arrangements. Overall, the Trust is reporting an increase in operational position of predominantly OPEL 3 currently. This is due mainly to expected seasonal variation in acute mental health demand. Delayed transfers of care/patients with no criteria to reside (NCTR) remain the most significant operational risk in relation patient flow and access to inpatient beds. The new frailty Virtual Ward which was mobilised in Scarborough in January has now increased its capacity in line with the incremental plan to open more beds and now has ten available. This new service is supporting the acute hospital pressures by avoiding the need to admit to hospital and stepping down patients more quickly and expediting discharge.

### **6.1.2 NHS England position on serenity integrated mentoring and similar models**

Tim Kendall, NHS England's National Clinical Director for Mental Health wrote to Trusts at the beginning of March setting out NHS England's position that serenity integrated mentoring (SIM) or similar models must no longer be used in NHS mental health services. SIM and similar models focus on supporting "high-intensity mental health users" of emergency services who present with complex trauma and associated behavioural disorders to reduce intensive demand on police, ambulance, A&E departments, and mental health crisis teams.

The request specifically was that the following three elements, which were all included within SIM but were not exclusive to it, must be eradicated from mental health services:

- Police involvement in the delivery of therapeutic interventions in planned, non-emergency, community mental health care (this is not the same as saying all joint work with the police must stop).
- The use of sanctions (criminal or otherwise), withholding care and otherwise punitive approaches, as clarified in [National Institute for Health and Care Excellence guidance](#).
- Discriminatory practices and attitudes towards patients who express self harm behaviours, suicidality and/or those who are deemed 'high intensity users'.

Concerns were originally raised with NHS England by STOPSIM a coalition of groups representing service users which led to consultation with a range of experts by experience, clinicians and stakeholders to produce a clear national position which was set out in the letter.

The Trust does not operate SIM or an equivalent model, however we have taken the opportunity with our mental health services and crisis team to review the three elements set out above. This work further demonstrates that these approaches do not exist in our services. More detail on this review will be set out to the Trusts Quality Committee to provide further evidence of this assurance. The mental health division are taking the opportunity to communicate this requirement within their clinical governance meetings, to maintain their focus on co-production and co-delivery of training and education for complex emotional needs and ensuring that staff awareness through mental capacity act training remains a priority.

NHS England have committed to continuing to review the key principles for ensuring people in crisis get the right support at the right time as they agree a framework for joint working between police and mental health services over coming months. Ongoing engagement with people with lived experience will be critical as they do this work, alongside government and policing partners.

### **6.1.3 Access to Gender Identity Services**

NHS England commissions specialist services to support people with gender identity sometimes referred to as gender dysphoria where a person experiences discomfort or distress because there is a mismatch between their biological sex and gender identity. It's sometimes known as gender incongruence (more information can be found here [You can find out more about this on the NHS website](#)). The nearest service that the Trust can refer people to is provided by Leeds and York Partnerships NHS Foundation Trust. This service provides a comprehensive assessment inclusive of mental, physical health and social care needs. If appropriate hormone treatment can be commenced along with voice and communication therapy and onward referral to gender reassignment surgery.

Unfortunately, waiting times are typically long for all these commissioned services nationally and therefore it is important that our mainstream mental health and other services are equipped with good levels of awareness and information to enable them to support people well. The Trust has clinical policies and protocols in place to ensure that they are inclusive and support people at whatever place they are in relation to their gender identity.

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

### **6.2.1 Visit by Chris Dzikiti, Director of Mental Health, Care Quality Commission**

The Trust welcome a visit from Chris Dzikiti the new Director of mental Health in the CQC on March 6<sup>th</sup>.

Chris is a registered mental health nurse and has been in post for 5 months Chris is also a Director of Operations for the National Association of Psychiatric Intensive Care units (NAPICU) charity. Chris visited Miranda House where he met with staff in the Crisis Team, the Homeless team and Avondale Clinical Decision Unit. He then visited Inspire where he met with staff and was impressed with their approach to co-production.

Chris feedback ' I loved what I saw, the dedication and the creativity of the organisation. The discussion with your colleagues was inspiring and hearing about your current and future initiatives gives me hope for mental health services. Your Crisis and Homelessness team and CAMHS services clearly demonstrate a great deal of commitment by all of you`

### **6.2.2 Rapid Review of Data in Mental Health Inpatient Settings**

The Department of Health & Social care has commissioned a review into the data that is available regarding mental health in patient settings. The purpose of the rapid review will be to produce recommendations to improve the way data and information is used in relation to patient safety in mental health inpatient care settings and pathways, including for people with a learning disability and autistic people.

The review will look at a range of data and information, including complaints, user voice and whistleblowing alerts, and consider how data and information is used about providers of NHS-funded care, including NHS trust and independent sector providers.

The objectives of the review are to

- review the data that is collected on mental health inpatient services by national bodies, regional teams, local systems, providers of NHS-funded care and others with a role in collecting information related to patient safety, and to understand how data streams are used and acted upon
- understand how the experiences and views of patients, families, staff and advocates relevant to mental health inpatient services are collected, analysed, collated and used
- understand whether data and intelligence are collected and used in such a way as to identify risk factors for inpatient safety and aid our understanding of
  - patient and carer experience
  - whether people are receiving high quality care
  - whether people are cared for in a safe and therapeutic environment
  - how data and intelligence is used by providers and local commissioners to reduce risk and drive a proactive culture of improvement
  - identify ways in which the collection and use of data can better identify settings where patient safety might be at risk and to make sure that decision-makers at all levels have the information they need to monitor and improve patient safety effectively - this should take into account the importance of minimising the burden of data collection, particularly for frontline staff

A report will be produced on the findings, including a set of agreed recommendations for improvements in the way local and national data is gathered and used to monitor patient safety in mental health inpatient services. This report is required to be submitted to the DHSC in the spring.

We are currently producing a report to capture the data we use in our services to inform this review.

### **6.2.3 Healthcare Acquired Infection Education Framework**

NHSE together with Skills for Health have produced an education framework for infection prevention and control. Strengthening IPC knowledge and skills and behaviours across all health and social care sectors is important to support the provision of safe and effective care and deliver on the actions in the NHS Long Term Plan (2019) and the Five -year Antimicrobial Resistance National Plan (2019). The need for standardised education has been recognised by the Healthcare safety Branch in 2020. The framework is to be used to commission a new national programme of IPC training for the health and social care workforce. There are also plans to develop an educational framework for IPC practitioners to additionally support an IPC career pathway.

The purpose of this framework is to:

- support the national and local commissioning, design and delivery of education programmes that meet the needs of the workforce
- enable staff to understand and demonstrate the required expectations for effective and safe IPC practice
- ensure infection prevention is a core component of all initial and induction training
- inform the content of education and training provided by health and social care organisations, support agencies (e.g., UKHSA, NHS England, Health England (HEE), SfH and Skills for Care (SfC) and commercial training providers
- inform education programmes to ensure evidence-based IPC is consistently built into, and delivered within, all health and social care related educational programmes
- support commissioning to promote all systems and providers of health and social care to commit to continuous learning and development in relation to IPC
- enable audit of education programmes against the identified standards and to assess capabilities of those in the workforce

The framework is the first step in the delivery of the objectives as set out above. The framework will be used by the national IPC programme to develop and commission a new programme of IPC mandatory training. The Trust's infection control team are currently undertaking a gap analysis against the standards in the framework and will refresh the internal training we currently offer whilst we await the national programme.

## **6.3 Director of Workforce & Organisational Development Updates**

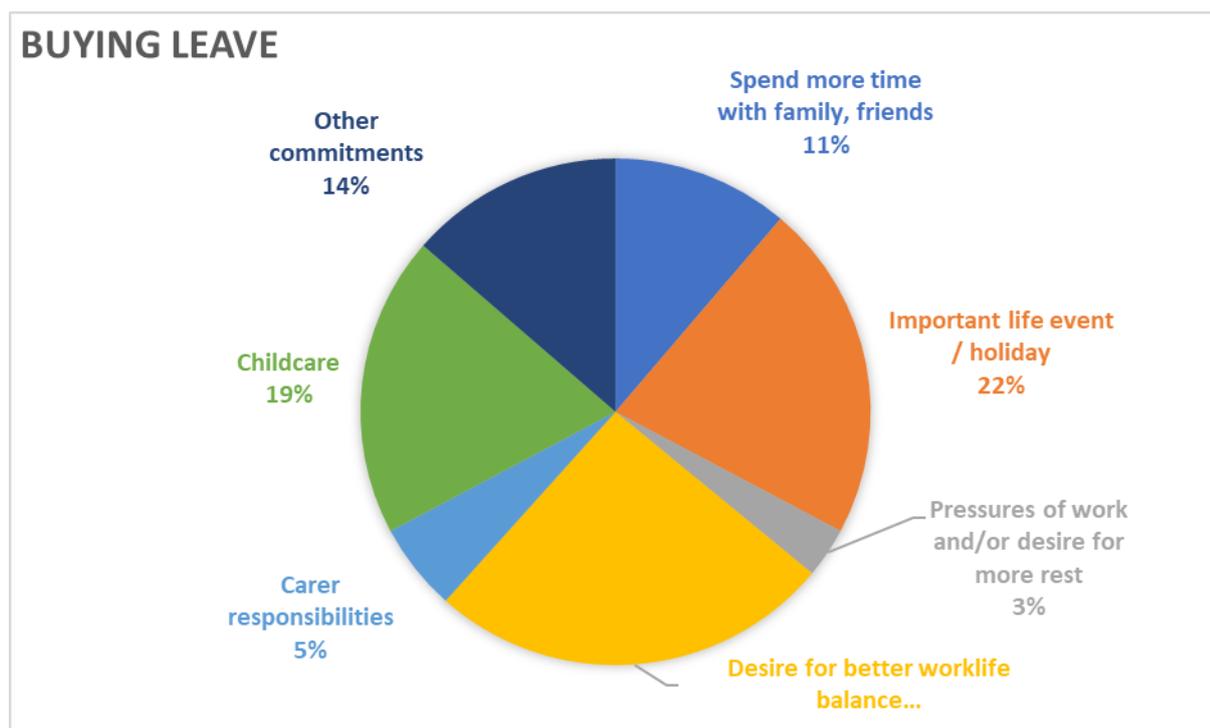
### **6.3.1 Buying and Selling Annual Leave Scheme 2023**

Following a period of promotion during December 2022 to ensure that employees were fully informed, the Trust's Buying and Selling Annual Leave Scheme ran from 1<sup>st</sup> January 2023 to 24<sup>th</sup> February 2023 giving our employees an opportunity to buy or sell their annual leave for the leave year commencing 1<sup>st</sup> April 2023 through to 31<sup>st</sup> March 2024.

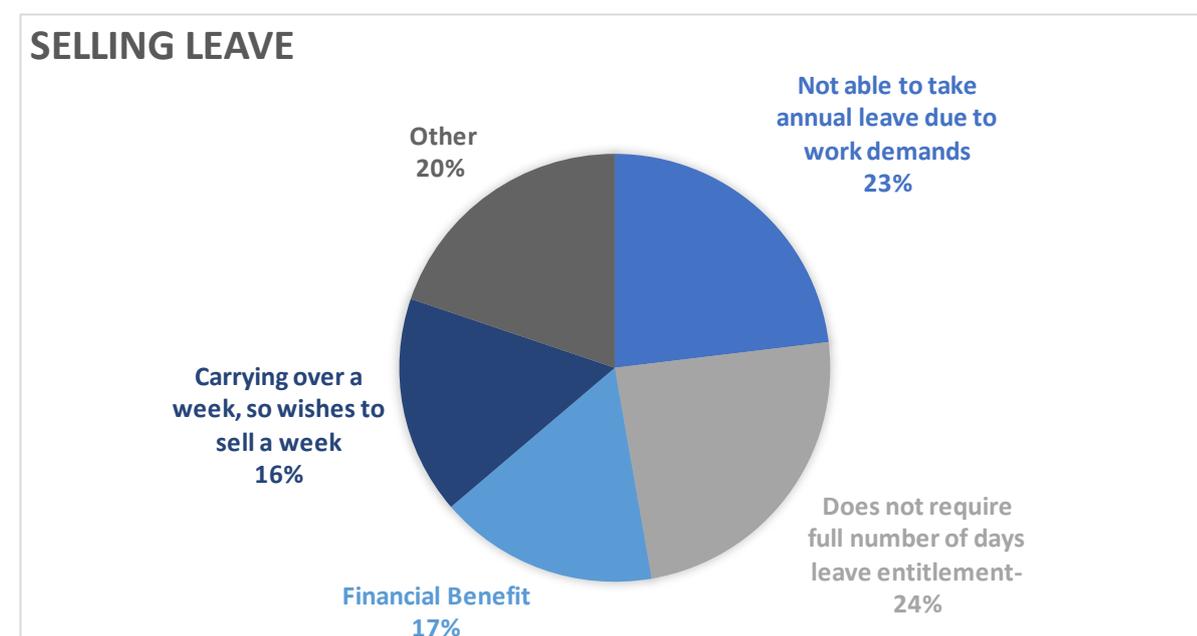
All substantive employees are given the opportunity to purchase up to two weeks of additional leave or sell up to one week. Application forms are submitted to the manager for approval and then signed by the General Manager/Head of Service. Payroll then confirm the payments (lump sum) /deductions (monthly across the leave year) with the employee by 15<sup>th</sup> April 2023.

An intranet page is available to ensure employees can access the scheme, any guidance and the relevant application forms.

The scheme had 216 applications approved. This is made up of 91 employees selling leave and 125 buying leave. The narrative given on the application forms is extremely insightful in terms of our employee health and wellbeing as can be seen on the below charts.



### Reasons for selling leave (42% of all applications)



The above information will support the ongoing work of the Workforce and OD Directorate for the 2023/24 period in terms of the launch of the new 'Leave' policy, support available for carers, continued promotion of flexible working and a positive implementation of the Workforce Wellbeing Team.

### **6.3.2 Tommy's – Pregnancy and Parenting at Work Champion**

Tommy's is the largest UK charity carrying out research into the causes of miscarriage, stillbirth and premature birth. The charity provides expert advice for parents before, during and after pregnancy and campaigns for improvements to make pregnancy safer for all.

We recently received confirmation that we have been accredited as a Pregnancy and Parenting at Work Champion. This recognises us as a leading employer raising the standard of pregnancy care and support in the workplace. The accreditation also provides access to line management and HR training, and a suite of resources to support managers and employees.

To achieve this we needed to demonstrate :-

1. Your organisation does not breach Tommy's ethical policies
2. Your organisation will meet all statutory requirements for maternity and paternity support in the workplace; and exceed requirements as follows:
3. Enhanced maternity and paternity pay and/or leave
4. Compassionate leave policy is enhanced to include specific mention of pregnancy loss, inclusive of miscarriage (loss before the end of the 24th week of pregnancy).
5. Absence policy provides flexibility for leave owing to fertility treatment. This leave is considered separately and not considered against the employee, for example for disciplinary or redundancy purposes.
6. Flexible working and other family friendly policies are actively supported and communicated within the organisation.
7. Training to support parents throughout the pregnancy journey is available and offered to all line managers and HR professionals.
8. Career planning and support is offered on return to work for employees who have been on maternity, paternity or shared parental leave.
9. Your organisation has active membership of the Tommy's Pregnancy and Parenting at Work scheme

## **6.4 Medical Director Updates**

### **6.4.1 Kings Fund Engagement Project**

The Humber and North Yorkshire Integrated Care System (ICS) is one of six areas to be chosen to work with NHS England and the Kings Fund on an engagement project. The engagement project aims to bring citizens' voices into integrated care systems. The Kings Fund is supporting our ICS with an approach and methodology drawing on the Kings Fund Understanding Integration roadmap "Understanding integration: How to listen to and learn from people and communities". Five organisations (including our Trust) are leading on this work and will be working with all ICS organisations across Humber and North Yorkshire to develop a shared vision for experience. The five organisations have created a steering group and are in the process of identifying 2 governors/patients from each provider Trust who will co-produce their role in the project. A wider ICS session will take place towards the end of March to share the premise of the project and to begin to co-produce elements. Intelligence gathering will then commence. The next phase (May to July 2023) will see the development of a shared experience Charter for all organisations in the ICS.

### **6.4.2 The Trust's Patient and Carer Experience Offer**

Over the past few years, the Trust has seen a significant growth in the Patient and Carer

Experience (PaCE) agenda. There has been a cultural shift across the Trust whereby the engagement and involvement agenda has become an integral part of the organisation. The Trust's PaCE Team strategically leads the PaCE agenda and all four clinical divisions have invested in an engagement and involvement lead to provide operational PaCE support for their teams. There are regular Peer Supervision meetings in place where the strategic and operational PaCE leads get together to share best practice and provide a support network to colleagues who have an engagement/involvement role.

### **6.4.3 Research and Development**

In Feb 2023 the Yorkshire and Humber Clinical Research Network (CRN) senior leadership team conducted their annual performance review of research delivery in our Trust. Their review summary thanked the Trust for its continuous commitment to research and complemented us on our achievements over the past year.

## **6.5 Director of Finance Updates**

### **6.5.1 Planning Update**

The Trust continues to work with colleagues across the ICS to finalise its financial plan for 2023/24. The current guidance issued from NHS England mandates the Trust provides for a 2% pay award (part of an overall 2.9% inflationary uplift).

The recent pay offer significantly exceeds what has been provided for as per the guidance, and should the pay offer be accepted, the Trust are awaiting guidance from NHSE on different planning assumptions and funding sources.

Further updates will be provided once known.

### **6.5.2 Cyber Security Updates**

There are two types of CareCert notifications,

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

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

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

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

In terms of CareCerts

- CareCERT notices issued during 2023: 36 (Inc. 20 in February)
- High Priority CareCERT notices Issued during 2022: 1 (O issued in October)

### ***December Statistics***

- CareCERT Notices with patch(s) NOT approved for deployment: 0
- CareCERT notices with patch(s) applied to all devices: 18
- CareCERT notices with devices still to check in to patch: 2

There were no Distributed Denial of Service (DDoS) attacks against the Trusts internet connections during February 2023.

### **6.5.3 Electronic Patient Record**

The EPR procurement is continuing as planned with technical and quality responses received, supplier demonstration completed and virtual site visits to be completed by 29th March 2023. The preferred bidder is expected to be confirmed in May 2023.

### **6.5.4 Digital Delivery Groups**

The following has been approved via the digital delivery group

- the increased roll out of Bridgit Care Online Support service across the Trust in 23/24
- the creation of a new website for our CAMHS service, which includes a ward walk through video to help patients see the ward before they come on to the site
- the purchase of the Compass systems along with the purchase of the hardware required to support the application
- Reachdeck website accessibility software funding has been approved
- ChatHealth Parentline for East Riding to be extended from the Hull system

### **General Updates**

- Our CIO, Lee Rickles, chaired the ICS stage at the Digital Health Rewired 2023 conference
- The interweave Architect, Sophie Lowsley, has been elected as a board member of the HL7 UK board
- The Trust Digital Maturity Assessment has been submitted ready for the ICS peer review process

### **6.5.5 Yorkshire and Humber Care Record**

The Yorkshire & Humber Care Record will be hosting the first National Shared Care Record Summit in Leeds. The summit includes 35 ICS, Wales, NHS England and suppliers who are coming together to share good practice and create a national action plan to continue the development of shared care records.

### **6.5.6 Hotel Services**

Work is in progress to align systems with the new Healthcare Food and Drink standards, which will include the introduction of an electronic patient menu. A review of electronic menu systems is currently being undertaken to inform the procurement process. This work is being directed via the Nutrition and Hydration Group.

### **6.5.7 Development Works**

Works to form the new reception at the Humber Centre have completed with services now utilising this space. Quotations for remediation works to washing and toilet facilities at Ouse Ward are being evaluated with works planned to commence in March 2023. Contract has been appointed for the installation of a new Solar system at Townend Court, the aim is to reduce energy costs at this building linked to the Trusts Green Plan.

Frameworks are being used to appoint a contractor to re-commission the ERCH biomass plant, the aim of which is to reduce energy costs which is also linked to the trust green plan.

### **6.5.8 Maintenance Updates**

External audit undertaken of asbestos management, this has provide assurance that controls are in place to ensure the safe management of asbestos throughout the Trust's estate.

Tender specifications have been completed for the procurement of building and mechanical and electrical maintenance contracts.

### **6.5.9 Green Plan**

A programme to implement a building management system (BMS) across the Trust estate continues once fully implemented the system will provide greater control of the The Trusts engineering systems and improve the associated controls.

This includes for heating and hot water systems, together with lighting.

### **6.5.10 Environmental Health Update**

14 fully electric vans have been ordered for the Estates workshop operatives. This will leave one diesel van only which is required for any larger capacity jobs and any long journeys.

EV charging units located outside of Mary Seacole upgraded.

For all tenders issued from the 1<sup>st</sup> April 2023 a new 10% element for sustainability and social values has been included which is in line with the latest NHS Standard Contract terms. Evaluation criteria has been established via the Sustainability and Development Steering Group.

## **7 Health Stars Update**

### **Health Stars – Refresh across the Trust**

Working closely with the Trust Comms team a “refresh” of the Health Stars branding is planned, bringing the charity in line the new Humber identify. The refresh will including updated logos, a new website, regular features in the Weekly Global and across social media as well as a big trust wide push on adverting the charity, encouraging engagement with Circle of Wishes, highlighting the difference charitable funds can make to division as well as the various fundraising activities planned throughout the year.

### **Fundraising Activity**

A comprehensive Fundraising strategy is being compiled considering the requirements of the Trust, the current wishes in in the system as well as the appetite from the different areas and staff keen to fundraise for the charity. We have worked with the fund guardians, general managers, PMO teams and deputy COO to identify projects for potential fundraising appeals. A 12 month fundraising target of £150,000 from April 1<sup>st</sup> has been proposed.

### **Update on Campaigns/Appeals**

Health Stars continues to work with funders to complete the larger scale projects identified by the Trust. Funding pledges are often time sensitive, with clear outcomes required, so the charity is working hard with internal stakeholders to ensure that the processes are followed correctly so that we can maximise funding opportunities presented to us.

We have been working closely with the League of Friends in Malton. The league is supporting us with a donation of over £16,000 to help fund some equipment for the physio team.

### **Summary of Wishes**

33 new wishes have been submitted since the beginning of the year. The charity team is currently working with the fund guardians to identify quick wins and to get charitable funds working across the Trust. Where funding is not readily available, we are looking at targeted fundraising, for those we are rejected we have signed posted alternative funding sources.

### **Health Stars/HEY Smile Foundation Staffing Changes**

Clare Woodard continues to manage the Health Stars project supported by colleagues at Smile. Once the new SLA is formalised a new charity team will be in place to run the charity allowing for a greater trust wide presence. Supported by the Comms team, this will allow us to strengthen Health Stars brand once more and increase the charity visibility across the Trust.

**Michele Moran**  
**Chief Executive**

**Agenda Item 8**

Title & Date of Meeting:	Trust Board Public Meeting – 29 March 2023															
Title of Report:	Publications and Policy Highlights															
Author/s:	Name: Michele Moran Title: Chief Executive															
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>/</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>				To approve		To discuss		To note	/	To ratify		For assurance			
To approve		To discuss														
To note	/	To ratify														
For assurance																
Purpose of Paper:	<p>To inform and update the Trust Board on recent key publications and policy since the January Board (detailed below):</p> <ul style="list-style-type: none"> <li>• The diversity of the NHS workforce;</li> <li>• Digitally enabled therapies to treat depression and anxiety in adults conditionally recommended by NICE;</li> <li>• Repairing and transforming the NHS estates;</li> <li>• National Audit Office report regarding progress made in improving mental health services;</li> <li>• Partnership approaches to improving population health;</li> <li>• National Audit Office report regarding progress made in improving mental health services</li> </ul>															
Key Issues within the report:																
<b>Positive Assurances to Provide:</b>		<b>Key Actions Commissioned/Work Underway:</b>														
• n/a		• n/a														
<b>Matters of Concern or Key Risks:</b>		<b>Decisions Made:</b>														
• n/a		• n/a														
Governance:		Date		Date												
	Audit Committee		Remuneration & Nominations Committee													
	Quality Committee		Workforce & Organisational Development Committee													
	Finance & Investment Committee		Executive Management Team													
	Mental Health Legislation Committee		Operational Delivery Group													
	Charitable Funds Committee		Collaborative Committee													
			Other (please detail)													

**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	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

## Publications and Policy Highlights

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

### 1. Diversity of the NHS workforce

The NHS workforce is more diverse than at any other point in its history, according to an annual report into race equality across the health service.

The [NHS Workforce Race Equality Standard](#) shows Black and minority ethnic (BME) staff make up almost a quarter of the workforce overall (24.2% or 383,706 staff) – an increase of 27,500 people since 2021 (22.4% of staff).

The analysis shows more than two fifths (42%) of doctors, dentists, and consultants, and almost a third (29.2%) of our nurses, midwives, and health visitors are from Black and minority ethnic backgrounds.

While the figures also show an increase in representation at board level – including executive board roles – BME staff still remain proportionally under-represented in senior positions, which is why the Long Term Plan has called on every NHS trust to set its own target for senior BME representation reflective of their overall workforce.

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

**The Trust published its WRES data and action plan on the Trust website in 2022. Next year's action plan will be worked on in April (when all data is available) and will be brought to Board as in previous years.**

### 2. Digitally enabled therapies to treat depression and anxiety in adults conditionally recommended by NICE

A consultation has begun regarding the use of eight digitally enabled therapies to treat depression and anxiety disorders in adults. Each of the digital technologies includes the support and involvement of an NHS Talking Therapies clinician and use CBT techniques. The eight therapies have been conditionally recommended by NICE. Further information is available here: [Eight digitally enabled therapies to treat depression and anxiety in adults conditionally recommended by NICE | News | News | NICE](#)

**Lead: Medical Director**

**The consultation was sent directly by NICE to Clinicians and Stakeholders to submit comments through NICE website nice.org.uk. The recommendations are in the right direction and will support the effective management of anxiety and depression.**

**When they are finally published, they will be discussed in our various clinical networks, digital delivery group and clinical advisory group to agree implementation in the trust.**

### 3. Repairing and transforming the NHS estates

NHS Providers has published a new report, *No more sticking plasters: repairing and transforming the NHS estate*, which explores the state of capital funding and allocations across the NHS provider sector and sets out how capital investment has the potential to transform the NHS.

The report explains why major capital investment – at the system and national level – is crucial to enabling trusts to improve productivity, operational performance, and patient care across all sectors.

#### **Lead: Director of Finance**

**This report confirms the challenge on capital for the NHS, and whilst the Trust has a significant capital programme for 2023/24, the size of the challenge for the Trust over the longer term requires significant investment above that the Trust generates internally.**

**The Trust remains an applicant in the pipeline for the New Hospitals Programme and awaits announcements on the next phase of funding.**

**The Trust's updated Estate Strategy appears elsewhere on this agenda.**

#### **4. Partnership approaches to improving population health**

The [Health and Care Act 2022](#) lays the foundations to improve population health outcomes by joining up NHS, social care and public health services at a local level. It strengthens duties on NHS organisations to consider the impact of their decisions on health inequalities.

According to a report published by NHS Providers, the NHS can work to reduce health inequalities for the people who live and work in the places they serve not only through the services they provide, but in their role as employers, landowners, and purchasers of goods and services. While it is not new to consider the NHS's contribution to population health, the statutory formation of Integrated Care Systems provides an opportunity for trusts, and their systems, to look outwards at their local communities' needs and work closely with other local anchors including councils, the education sector and other major employers, to support better health beyond traditional organisational boundaries.

The report showcases innovative approaches taken by trusts to realise the benefits of their role as anchors in local communities.

The full report is accessible via this link: [Being an anchor institution: Partnership approaches to improving population health \(nhsproviders.org\)](https://www.nhsproviders.org/being-an-anchor-institution-partnership-approaches-to-improving-population-health)

#### **Lead: Medical Director**

**Humber Teaching NHS Foundation Trust as an anchor institution recognise the importance of tackling inequalities and inequities. We are engaged within our community through various activities and projects such as our social values work and Core20PLUS5 initiatives.**

**We also understand that wider partnership working is essential for tackling complex social determinants of health and therefore we are working in partnership other system partners in the ICB and place. In due course the range of projects with measurable impact will be published and presented to the Board.**

#### **5. National Audit Office report regarding progress made in improving mental health services**

The National Audit Office has published a report which examines whether value for money has been achieved in expanding and improving NHS funded mental health services. The report concludes that whilst funding and the workforce for mental health services have increased and more people have been treated, many people still cannot access services or have lengthy wait times for treatment as there has been a significant increase in the number of people with mental

health conditions, particularly among young people. It is envisaged that demand for mental health services will continue to outstrip provision.

The full report is available here: [Progress in improving mental health services in England - National Audit Office \(NAO\) report](#)

**Lead: Chief Operating Officer**

**The Trust submitted a response to this survey and the findings in the main are in line with our experience of increase in demand for mental health services. The Trust has experienced the beneficial impact of being an early implementer site for the national Community Mental Health Team transformation with the associated investment in primary mental health care. Waiting times remain a challenge in some areas and capacity and demand modelling work continues to underpin our future planning to maximise our resources to address this. Work with our places and the ICB continues to ensure that there is a system wide focus to improve access to mental health support and care.**

Title & Date of Meeting:	Trust Board Public Meeting– 29 <sup>th</sup> March 2023		
Title of Report:	Trust Performance Report – February 2023		
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead		
Recommendation:	To approve		To discuss
	To note	<input checked="" type="checkbox"/>	To ratify
	For assurance		
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 February 2023.</p> <p>The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.</p> <p>Detailed narrative on waiting times is included as an appendix to the report.</p>		
<b>Key Issues within the report:</b>			
<b>Positive Assurances to Provide:</b>		<b>Key Actions Commissioned/Work Underway:</b>	
<ul style="list-style-type: none"> <li><b>Mandatory Training</b> – compliance overall remains high, performance exceed the upper control limit in February at 93.1% which is reflective of the desire to have all staff up to date with their statutory and mandatory training.</li> </ul>		<ul style="list-style-type: none"> <li><b>Delayed Transfers of Care (no criteria to reside)</b> The ICB and Provider Collaborative are escalating DTOC/NCTR as an issue requiring focussed system action and additional measures are in place supported by the new national Discharge Funding to support patient flow in order to improve the level of DTOC.</li> </ul> <p>Our ICB is a National Discharge Frontrunner site and whilst this is focussed on acute care, we are working with this programme to also bring further benefit in reducing the delays that our patients experience. Whilst progress has been made during the last two months to achieve discharge for some of those patients with the longest delays, new delays are still occurring despite the teams best efforts to avoid this occurring.</p>	
<b>Matters of Concern or Key Risks to Escalate:</b>		<b>Decisions Made:</b>	
<ul style="list-style-type: none"> <li><b>Delayed Transfers of Care (no criteria to reside)</b> - Delayed Transfers of Care (or patients who have No Criteria to Reside NCTR) remain high and the issue continues</li> </ul>		<ul style="list-style-type: none"> <li>None (report is to note)</li> </ul>	

to lie with patients predominantly waiting for specialised hospital placements with other NHS providers or local authority provided residential placements. System escalation mechanisms are in place to address this overseen by the Chief Operating Officer. Focus is being maintained on improving this position further to achieve the best outcomes for our patients and to ensure it does not adversely impact on the improved position we have achieved in reducing out of area placements.

- Out of Area Placements** - The number of out of area mental health placements is directly impacted by the position in relation to the number of patients whose discharge is delayed. Analysis demonstrates that the number of admissions (inflow) is within normal variation, achieving timely discharge (outflow) is the cause of insufficient beds being available for admissions. DTOCs are being escalated at place and ICB wide. Operationally focus remains on the effectiveness of the out of hospital acute care pathway to ensure that admission only occurs when home or community support and care has been fully considered to avoid unnecessary use of beds.

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

**Monitoring and assurance framework summary:**

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

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

Financial Year  
2022-23

# TRUST PERFORMANCE REPORT

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

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

Reporting Month:  
Feb-23

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team

Caring, Learning and Growing



# Humber Teaching NHS Foundation Trust

## Trust Performance Report

For the period ending:

**Feb 2023**

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

<b>Key Indicators</b>	The following is a list of indicators highlighted within this report and the Goal to which they are set against. Other than the Safer Staffing dashboard, each indicator uses SPC charts
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Dashboard	Safer Staffing	A dashboard to provide overview on a number of clinical indicators for the Trust's inpatient units across all services
Dashboard	Mortality	Learning from Mortality Reviews
Goal 1	Mandatory Training	A percentage compliance for all mandatory and statutory courses
Goal 1	Vacancies	Proportion of posts vacant when compared to the budgeted establishment. This information is taken from the Trust financial ledger.
Goal 1	Number of Incidents per 10,000 Contacts	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)
Goal 1	Clinical Supervision	Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks
Goal 1	FFT - Patient Recommendation	Results where patients would recommend the Trust 's services to their family and friends
Goal 2	FFT - Patient Involvement	Results where patients felt they were involved in their care
Goal 2	72 hour follow ups	Percentage of patients who had a follow up within 72 hours (3 days) of discharge from hospital
Goal 2	CPA - Reviews	Percentage of patients who are on CPA and have had a review in the last 12 months
Goal 2	Memory Diagnosis	Number of patients waiting 18 weeks or more since referral to the service

# Humber Teaching NHS Foundation Trust

## Trust Performance Report

For the period ending:

**Feb 2023**

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

# PI RETURN FORM 2022-23

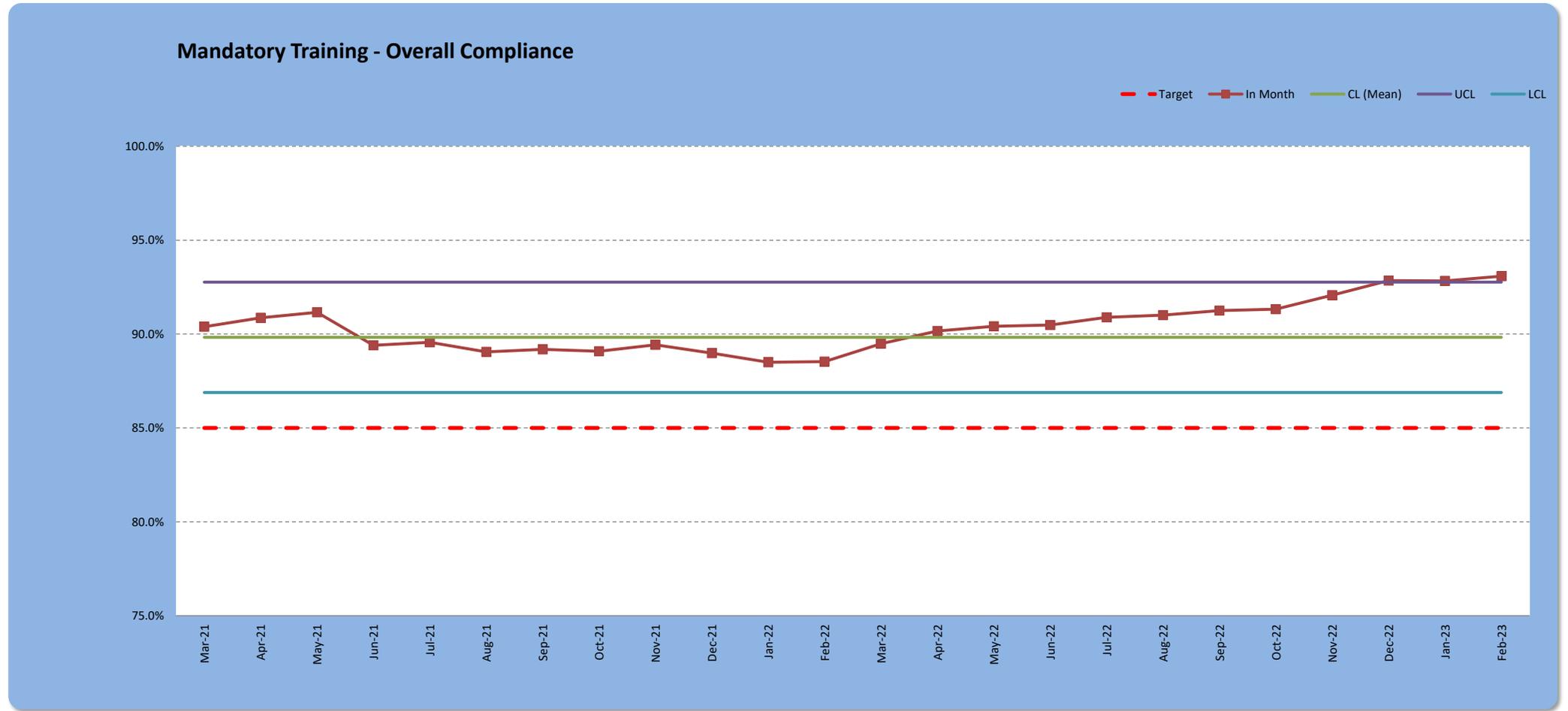
## Goal 1 : Innovating Quality and Patient Safety

For the period ending:

**Feb 2023**

Target:	Amber:	Current month stands at:
85%	80%	93.1%

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



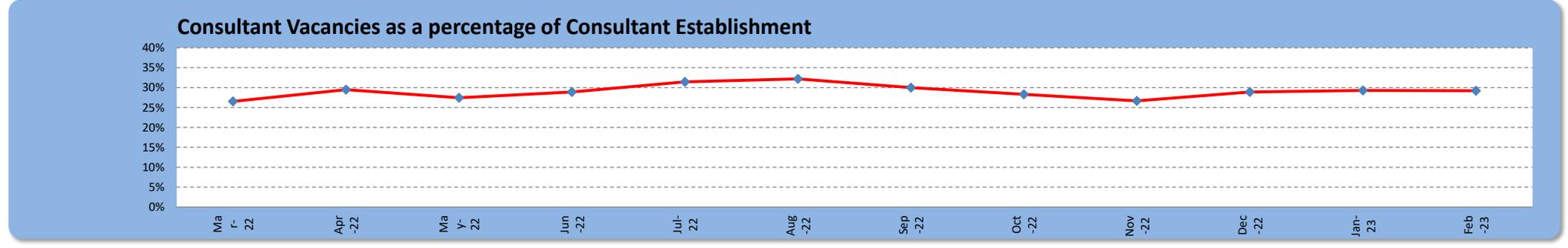
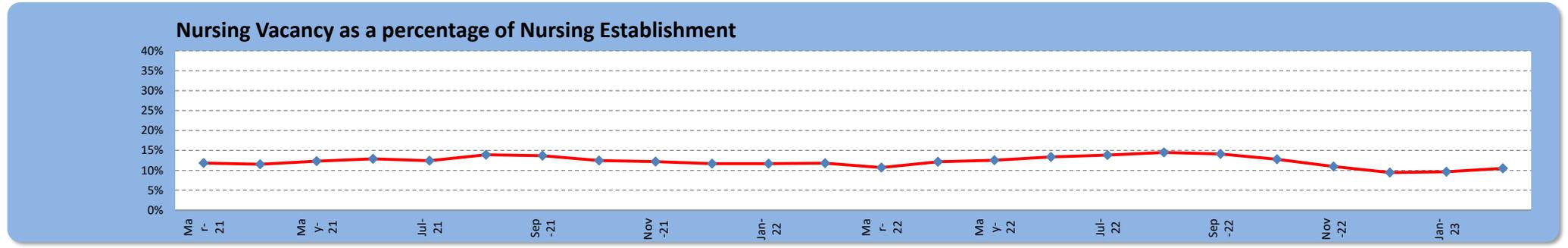
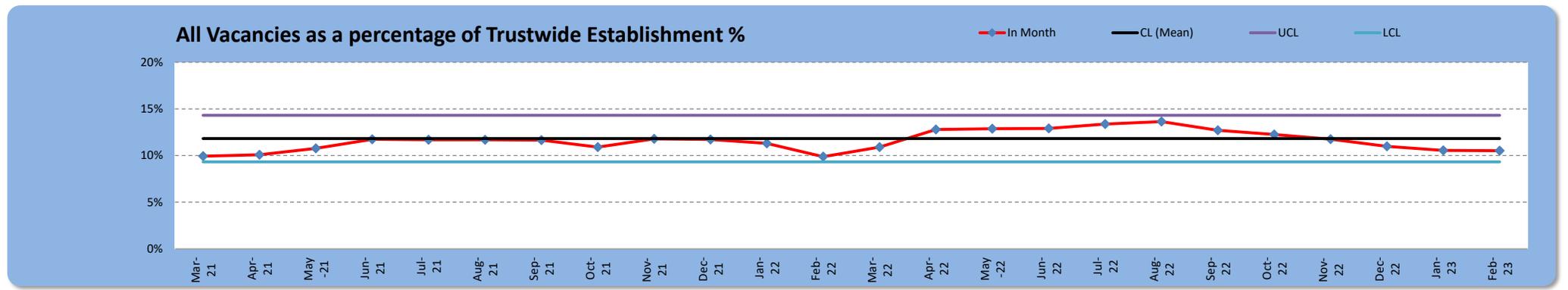
# PI RETURN FORM 2022-23

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Feb 2023**

Target:	Amber:	Current month stands at:
N/A	N/A	10.5%

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



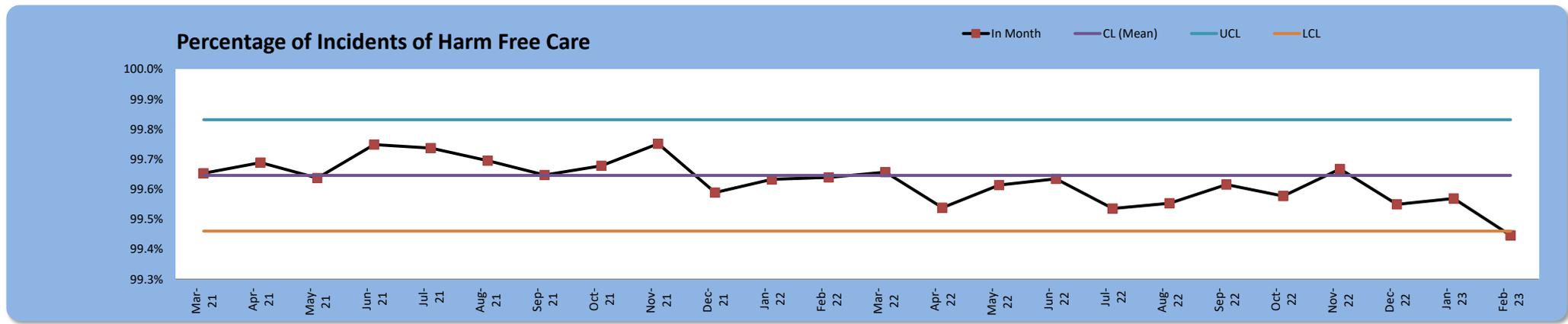
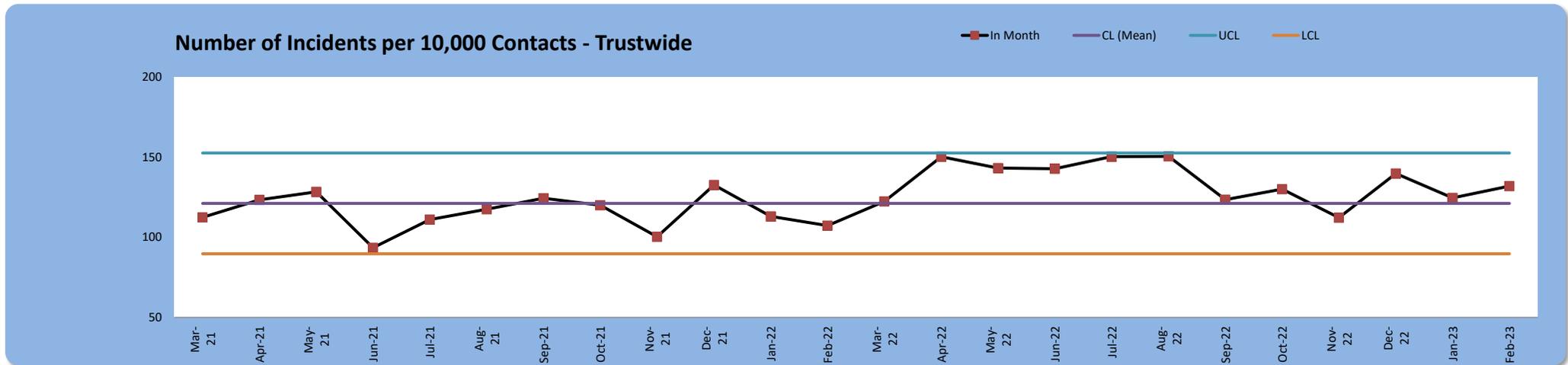
# PI RETURN FORM 2022-23

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Feb 2023**

		Trustwide current month stands at:
Target:	Amber:	132
0	0	

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



# PI RETURN FORM 2022-23

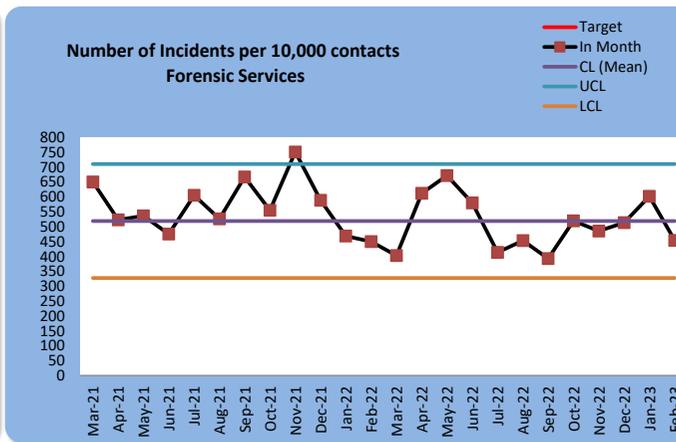
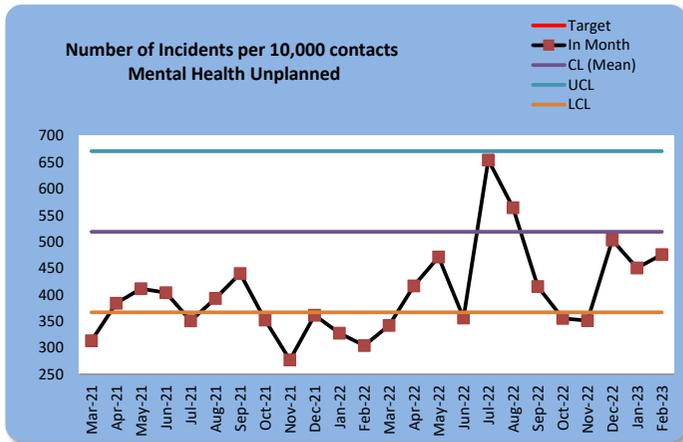
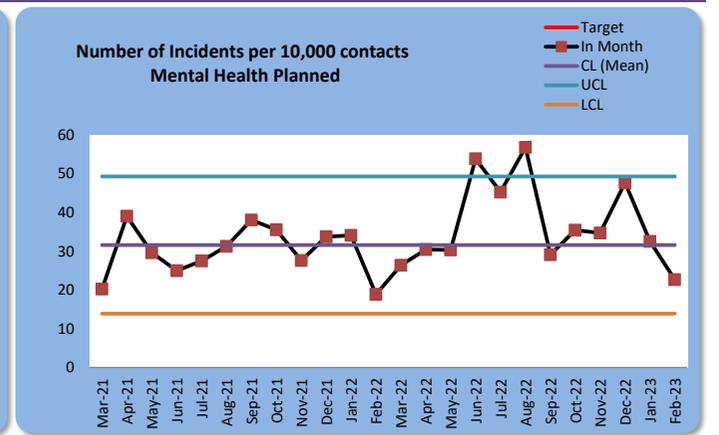
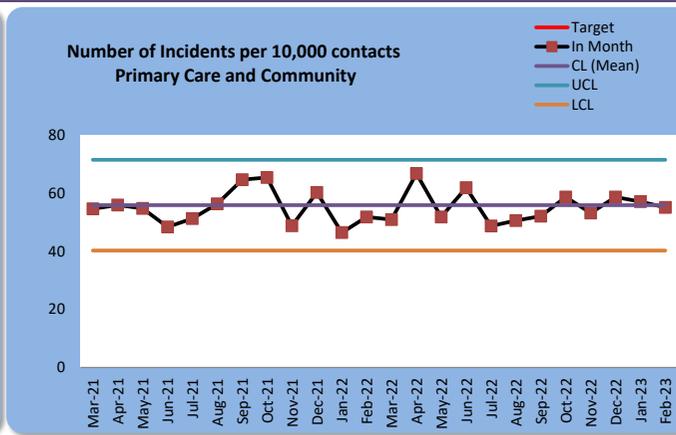
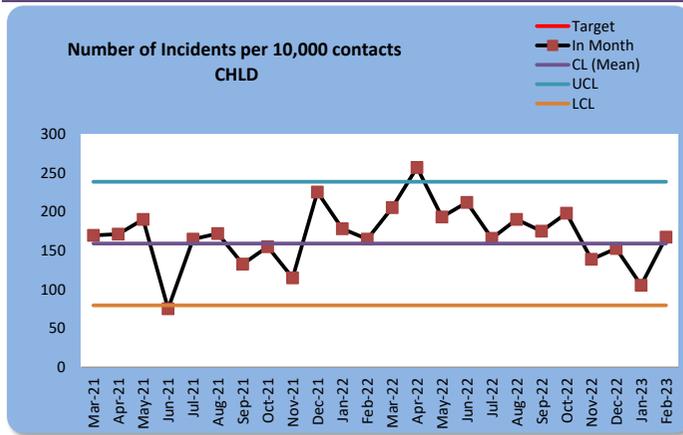
## Goal 1 : Innovating Quality and Patient Safety

For the period ending:

**Feb 2023**

Target:	Amber:	Trustwide current month stands at:
0	0	132

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



### Current Month per Division

Children and Learning Disability	167
Primary Care and Community	55
Mental Health Planned	23
Mental Health Unplanned	476
Forensic Services	454

### Incident Analysis

	Jan-23	Feb-23
Never Events	0	0
% of Harm Free Care	99.6%	99.4%
% of Incidents reported in Severe Harm or Death	0.7%	0.6%

# PI RETURN FORM 2022-23

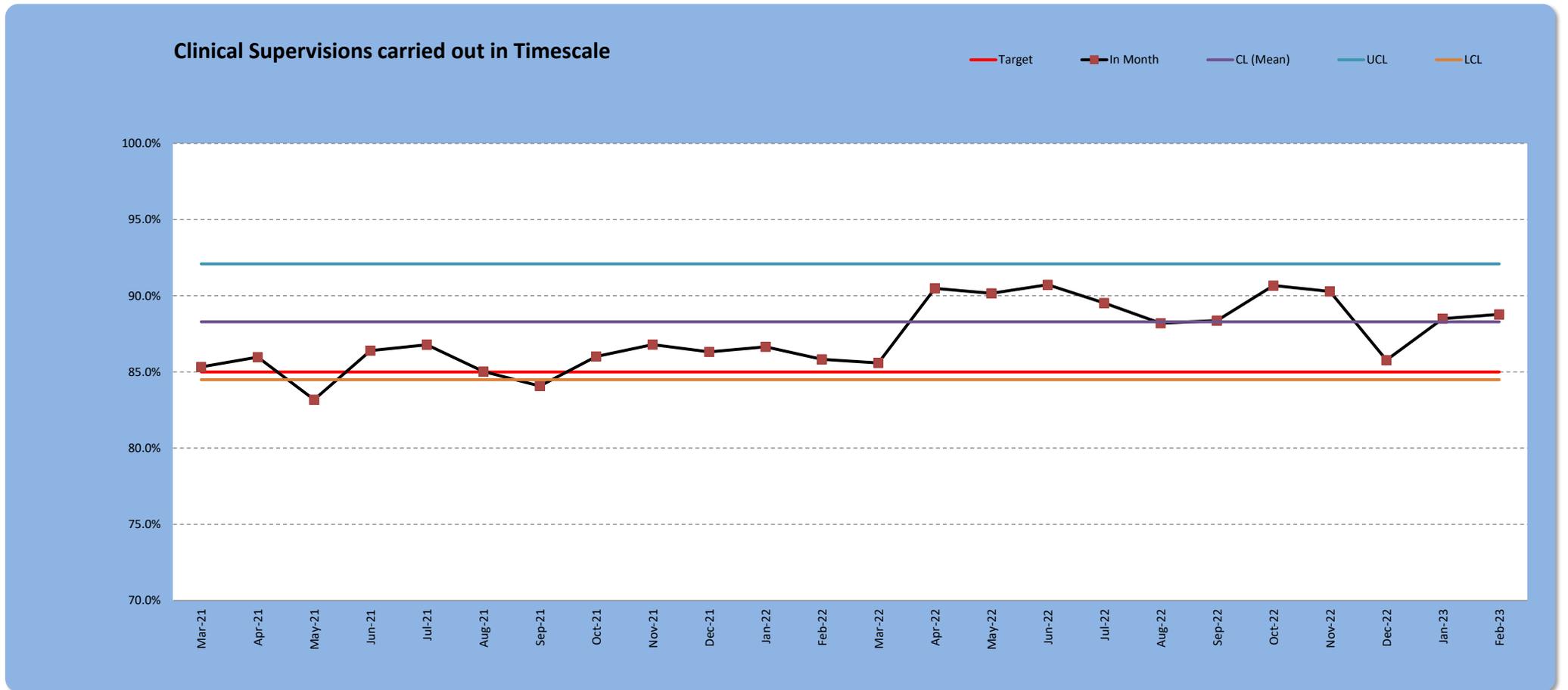
## Goal 1 : Innovating Quality and Patient Safety

For the period ending:

**Feb 2023**

Target:	Amber:	Current month stands at:
85%	80%	88.8%

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



# HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

Contract Period:	2022-23
Reporting Month:	Jan-23



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)										Dec-22	Jan-23
										Registered	Un Registered	Registered	Un Registered	Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/party upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)		
Adult MH	Avondale	Adult MH Assessment	30.8	74%	11.7	22.8%	↑	1.7%	↑	87%	77%	106%	92%	0	5	0	0	96.4%	90.3%	92.9%	92.9%	4.7%	3.0	1	0
	New Bridges	Adult MH Treatment (M)	41.4	98%	7.57	14.0%	↑	0.6%	↑	81%	85%	85%	109%	0	1	0	0	78.6%	95.8%	94.4%	79.2%	5.8%	-0.4	0	2
	Westlands	Adult MH Treatment (F)	35.7	99%	8.27	23.9%	↓	7.3%	↑	84%	76%	100%	100%	0	3	0	0	No Ret	91.0%	93.8%	65.0%	10.0%	1.1	3	3
	Mill View Court	Adult MH Treatment	30.1	95%	8.17	15.0%	↑	15.0%	↑	93%	86%	94%	131%	0	0	0	0	100.0%	88.5%	69.2%	73.7%	12.2%	2.0	1	2
	STARS	Adult MH Rehabilitation	40.3	99%	23.83	23.3%	↓	0.0%	↑	65%	181%	100%	99%	0	0	0	0	73.0%	95.4%	92.3%	85.2%	9.7%	-0.9	3	4
	PICU	Adult MH Acute Intensive	31.5	80%	23.82	36.7%	↓	16.2%	↑	84%	116%	100%	161%	0	28	0	0	100.0%	85.1%	80.0%	80.0%	11.2%	3.0	1	1
OP MH	Maister Lodge	Older People Dementia Treatment	36.9	91%	12.65	17.5%	↑	9.4%	↑	84%	108%	84%	129%	0	1	0	0	100.0%	93.9%	81.8%	85.2%	13.7%	1.0	2	1
	Mill View Lodge	Older People Treatment	24.6	92%	15.48	29.3%	↓	14.8%	↑	65%	109%	100%	179%	0	3	0	0	87.5%	94.6%	92.9%	91.7%	9.2%	-0.2	3	2
Child & LD	Maister Court	Older People Treatment	17.4	88%	16.57	21.4%	↑	9.9%	↑	137%	59%	126%	87%	0	1	0	0	100.0%	95.3%	100.0%	100.0%	10.6%	-0.2	2	2
	Pine View	Forensic Low Secure	30.6	75%	9.82	20.8%	↑	0.0%	→	95%	85%	79%	101%	0	2	0	2	100.0%	96.0%	84.6%	94.7%	13.0%	0.2	2	1
	Derwent	Forensic Medium Secure	24.1	70%	14.01	23.8%	↓	0.0%	→	78%	75%	77%	102%	0	1	0	0	90.5%	93.9%	100.0%	81.3%	11.6%	0.8	2	2
	Ouse	Forensic Medium Secure	23.6	80%	11.16	27.2%	↓	0.0%	→	94%	125%	95%	201%	1	0	0	3	76.0%	93.2%	87.5%	94.1%	5.9%	1.6	0	1
	Swale	Personality Disorder Medium Secure	26.0	80%	10.87	24.7%	↑	0.0%	→	83%	101%	97%	85%	1	2	1	5	87.5%	89.2%	100.0%	77.8%	4.8%	2.2	2	0
	Ullswater	Learning Disability Medium Secure	25.8	50%	25.37	29.2%	↓	0.0%	→	80%	156%	98%	146%	0	1	0	0	92.9%	91.5%	85.7%	95.0%	11.3%	3.0	0	1
CH	Townend Court	Learning Disability	36.6	89%	25.21	30.7%	↓	0.0%	↑	73%	77%	55%	121%	0	2	1	5	58.1%	95.6%	92.3%	90.5%	3.2%	2.4	4	3
	Inspire	CAMHS	73.2	58%	30.98	9.7%	↑	8.8%	↓	102%	104%	166%	122%	1	0	0	0	84.1%	95.6%	92.3%	90.5%	0.0%	0.0	1	0
	Granville Court	Learning Disability Nursing Care	48.5	88%	15.64	27.8%	↑	12.7%	↓	110%	83%	100%	101%	1	0	0	0	92.9%	94.4%	83.3%	90.9%	10.6%	0.0	1	1
CH	Whitby Hospital	Physical Health Community Hospital	44.4	102%	8.01	6.0%	↓	0.0%	↑	99%	95%	100%	100%	0	0	0	0	94.7%	87.1%	80.0%	79.2%	8.5%	-0.6	2	2
	Malton Hospital	Physical Health Community Hospital	34.3	88%	7.14	8.3%	↓	0.2%	↓	92%	80%	106%	93%	0	0	0	0	96.9%	87.9%	94.4%	73.7%	4.8%	-2.6	3	0

# HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

## Exception Reporting and Operational Commentary

### Safer Staffing Dashboard Narrative : Jan

Sickness rates continue to be a challenge which is impacting on fill rates across several unit. There are 14 units flagging as red for sickness rates which is comparable with November and December.

CHPPD thresholds remain strong with only two wards under the target thresholds. Malton's CHPPD is currently 7.14 % which has improved since December. Newbridge's is slightly below the target of 8.0, currently standing at 7.57 which is reflective of ongoing sickness and high OBD.

Mill View Lodge's sickness rates have significantly improved since December from 18.3% to 9.2% however this is impacting on RN daytime fill rate which are being backfilled by unregistered staff. Supervision compliance has significantly improved since December currently standing at 87.5%.

Westland's sickness rate continues to impact on fill rates however this is an improved position from December. There was a nil return for clinical supervision in January and this has been escalated to the matron. Clinical supervision has been confirmed by the team to have been 81% for January. BLS compliance is reported as 65% however the team have since received BLS training onsite and current compliance stands at 94%.

Overall supervision compliance is high despite the current impact of sickness with 15 units achieving compliance above 80%. Areas where supervision compliance is below target have been escalated to the matrons for actioning.

Overall mandatory training including ILS and BLS has a good level of compliance with the majority of teams achieving over 85%. Mill View Court compliance at the end of January was under target however BLS currently stands at 78% and ILS at 67%. Staff are booked onto training sessions. Malton compliance has risen to 83%.

Townend Court supervision rates are low but have improved from 43.3% in December following the introduction of a new supervision structure. Day-time RN fill rates have improved, and shortfalls continue to be back filled by the band 7. Shortfalls in night RN fill rates are back filled with unregistered staff.

Pine View continues to have low RN fill rates on nights (79%) however this is an improvement since November (65%). Pine view continue to be impacted by high sickness which currently stand at 13%. Derwent ward has low registered nurse fill rates for day and nights also impacted by sickness rates (11.6%). Low bed OBD on both units has ensured CHPPD remain strong at 9.82 and 14.01 respectively

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

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

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

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

Red RAG	Green RAG	Units applied
<=4.3	>=5.3	STaRS
<=5.3	>=6.3	Pine view, Ouse
<=7	>=8	New Bridges, Westlands, Mill View Court, Swale, Malton, Whitby
<=8	>=9	Avondale
<=9.3	>=10.3	Maister Lodge, Maister Court, Ullswater, Derwent, Inspire, Townend Court, Granville
<=10.5	>=11.5	Mill View Lodge
<=15.6	>=16.6	PICU

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



**Humber Teaching**  
NHS Foundation Trust

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

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Jan-23
10.50%	8.80%	7.20%	13.90%	13.80%	14.90%	15.27%	15.00%	14.70%	14.30%	14.50%	10.08%

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

	Nov-22	Dec-22	Jan-23
Maister Lodge	4	8	3
Millview Lodge	3	4	2
Malton IPU	3	7	7
Whitby IPU	0	5	4

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

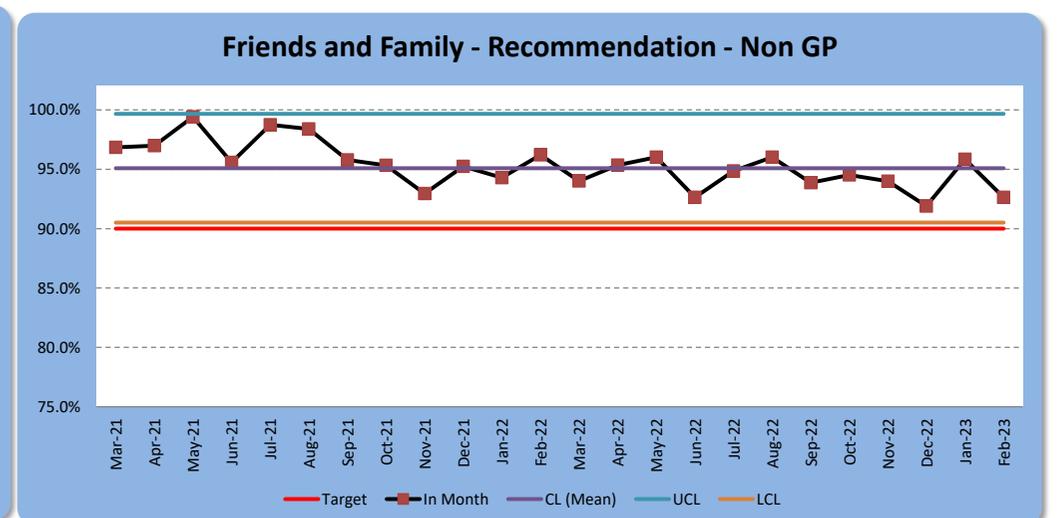
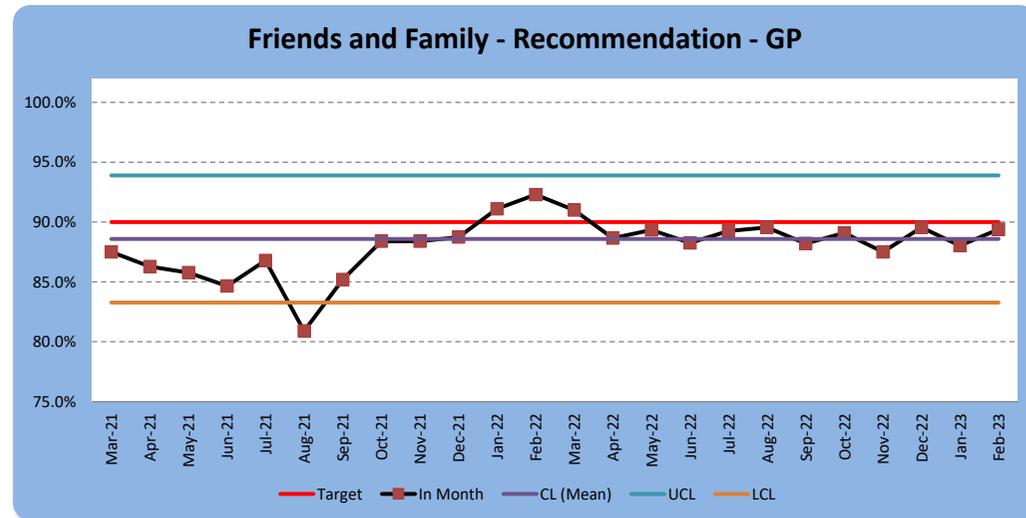
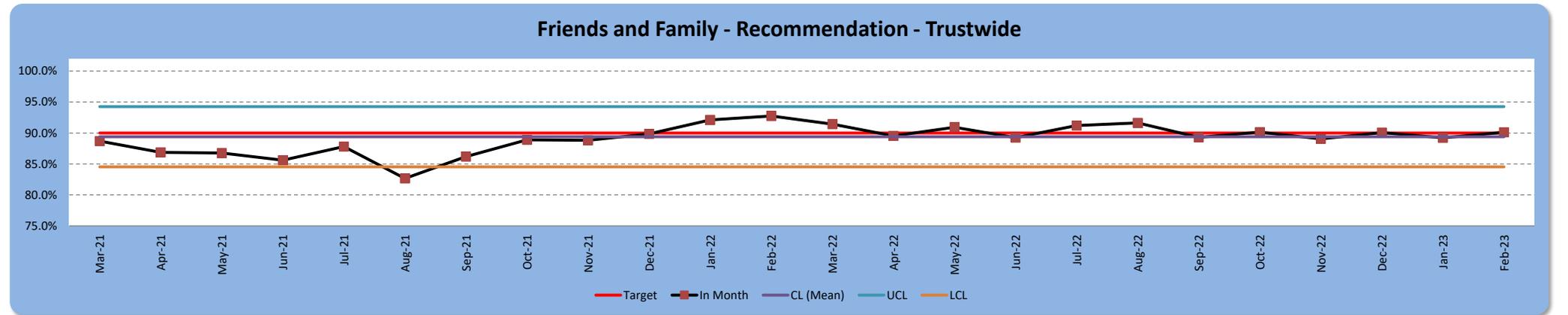
# PI RETURN FORM 2022-23

## Goal 1 : Innovating Quality and Patient Safety

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

For the period ending: **Feb 2023**

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



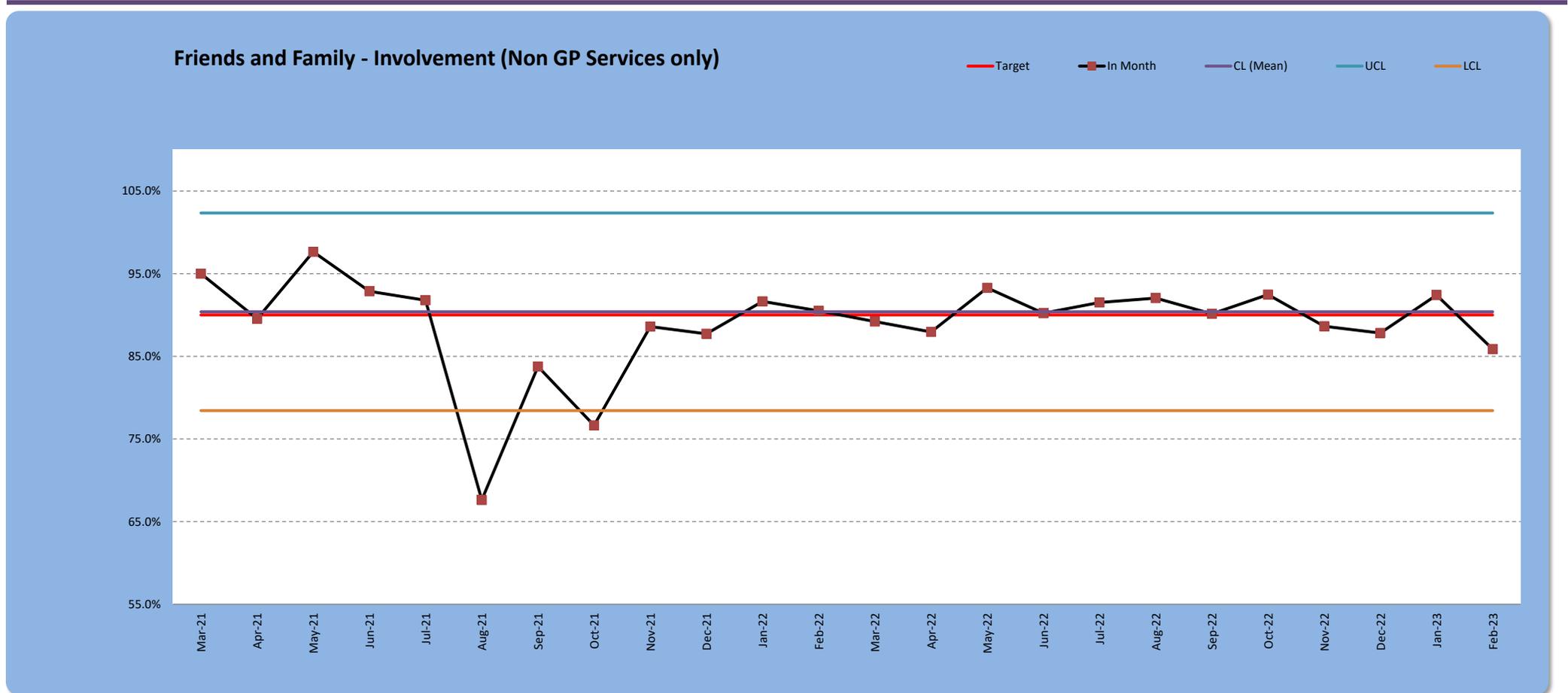
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2023**

Target:	Amber:	Current month stands at:
90%	80%	85.9%

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



# PI RETURN FORM 2022-23

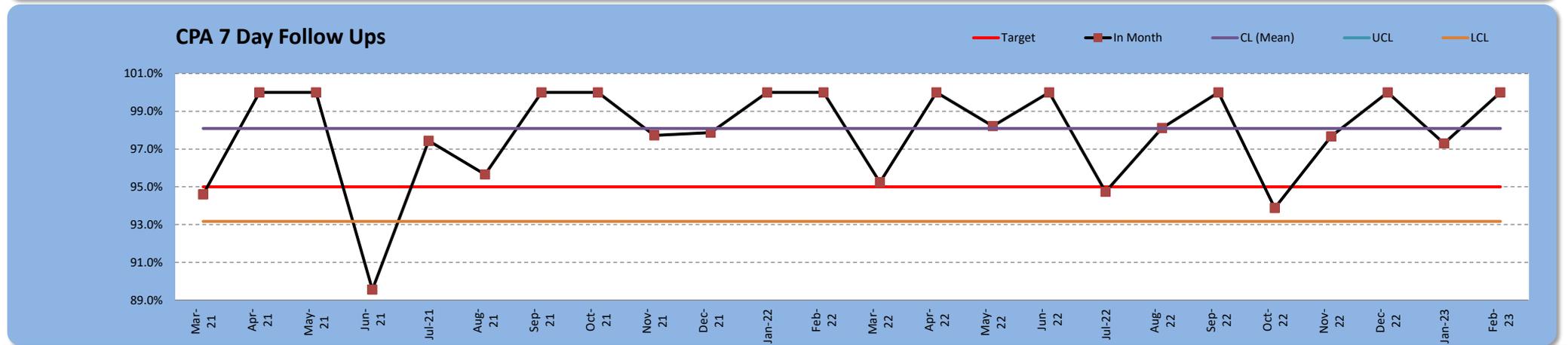
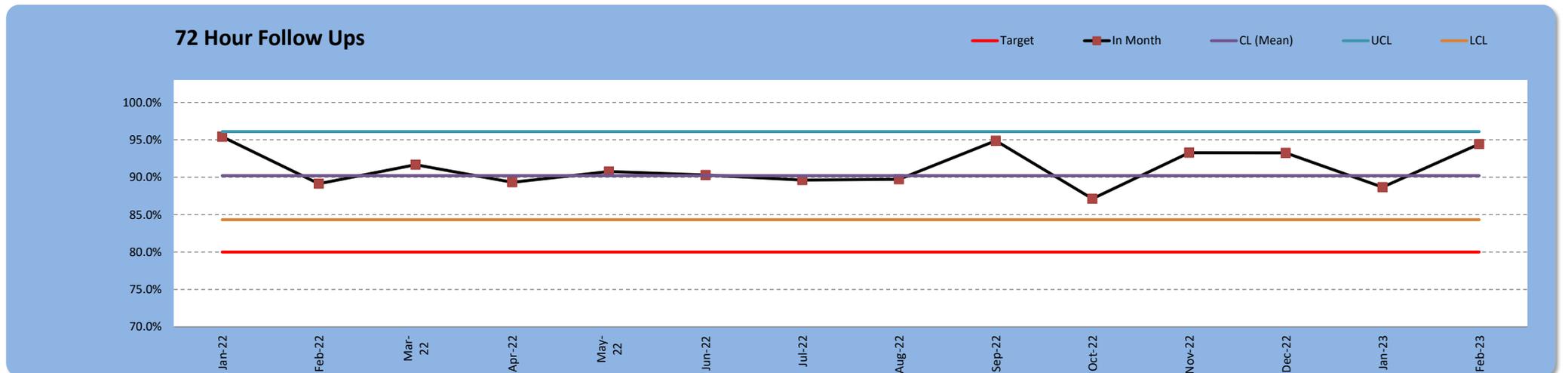
## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending:

**Feb 2023**

		Current month for 72 hour stands at:
Target:	Amber:	94.4%
80%	60%	

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



# PI RETURN FORM 2022-23

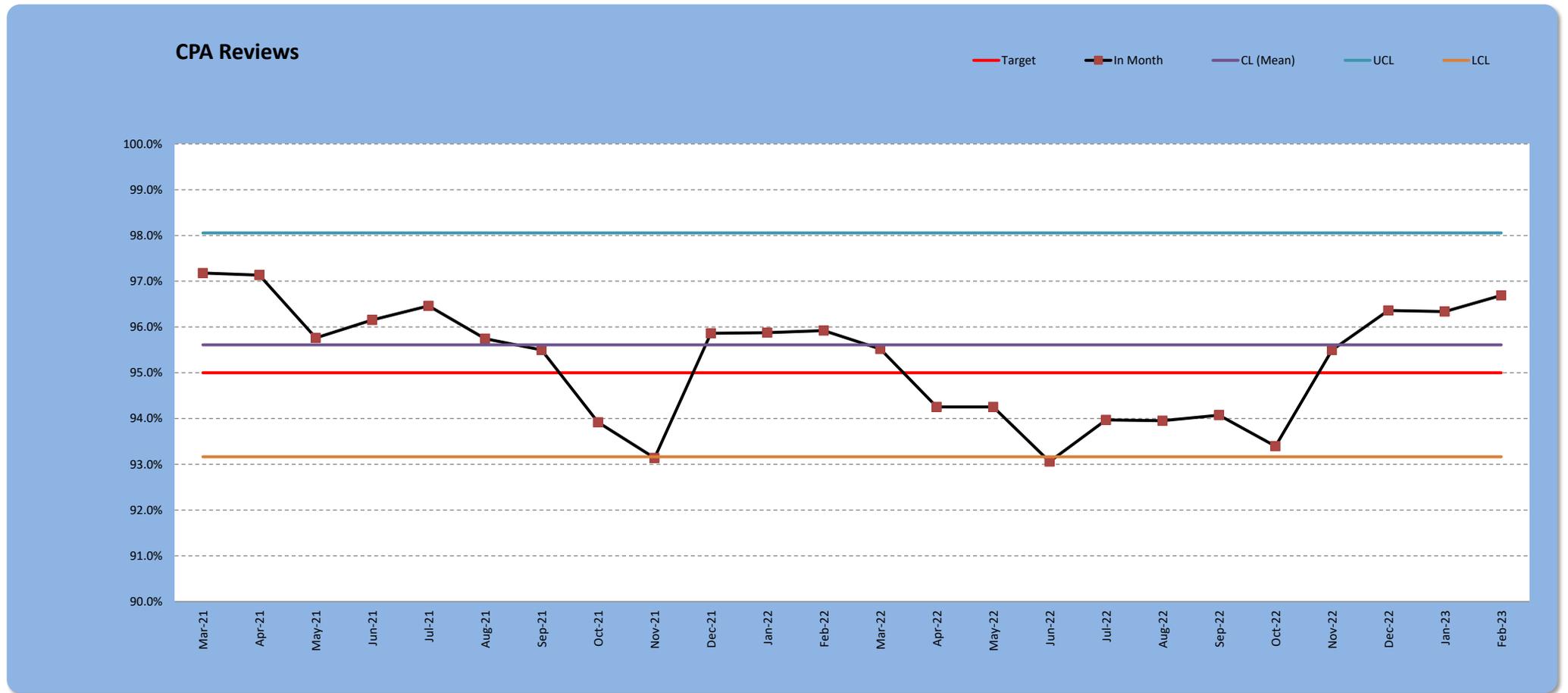
## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending:

**Feb 2023**

Target:	Amber:	Current month stands at:
95%	85%	96.7%

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



# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

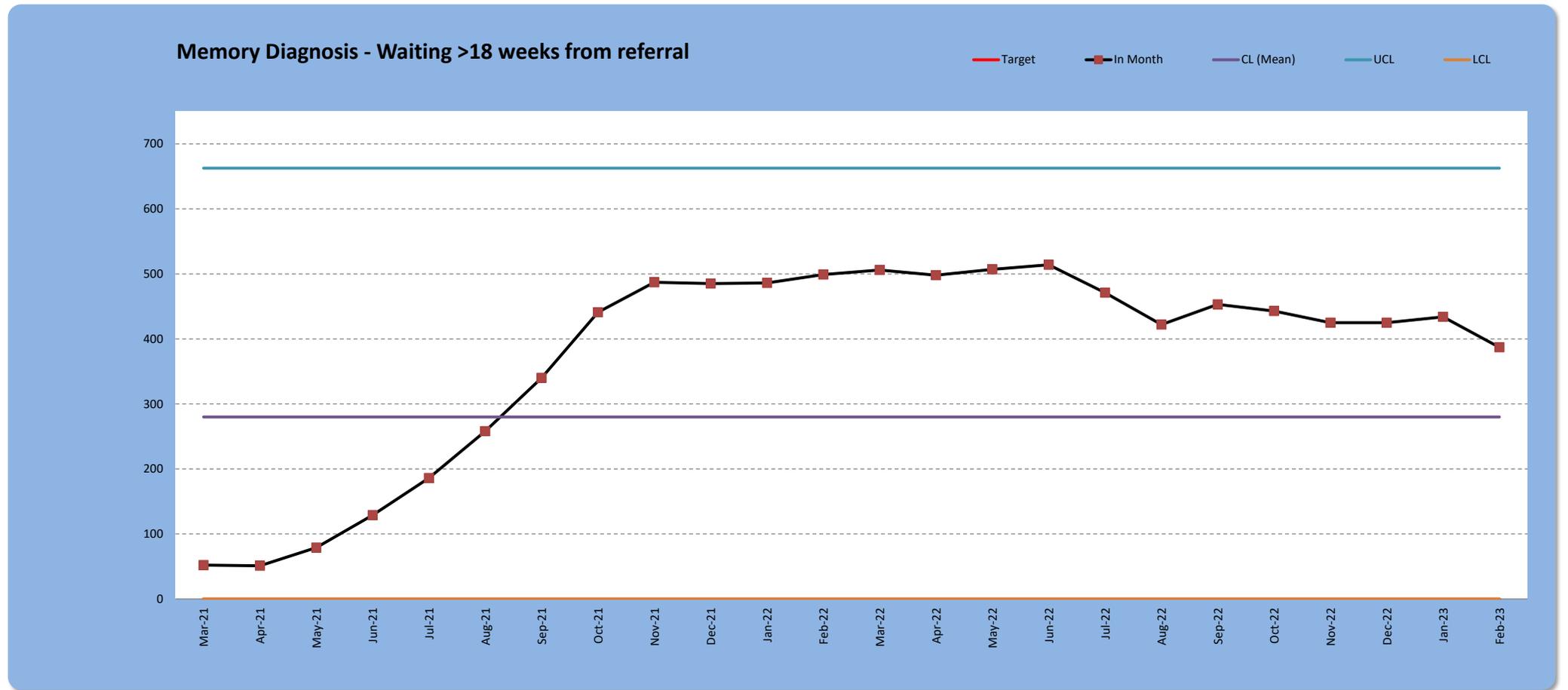
For the period ending: **Feb 2023**

Target:	Amber:	Current month stands at:
n/a	n/a	387

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

Executive Lead  
Lynn Parkinson

KPI Type
MemAssWL



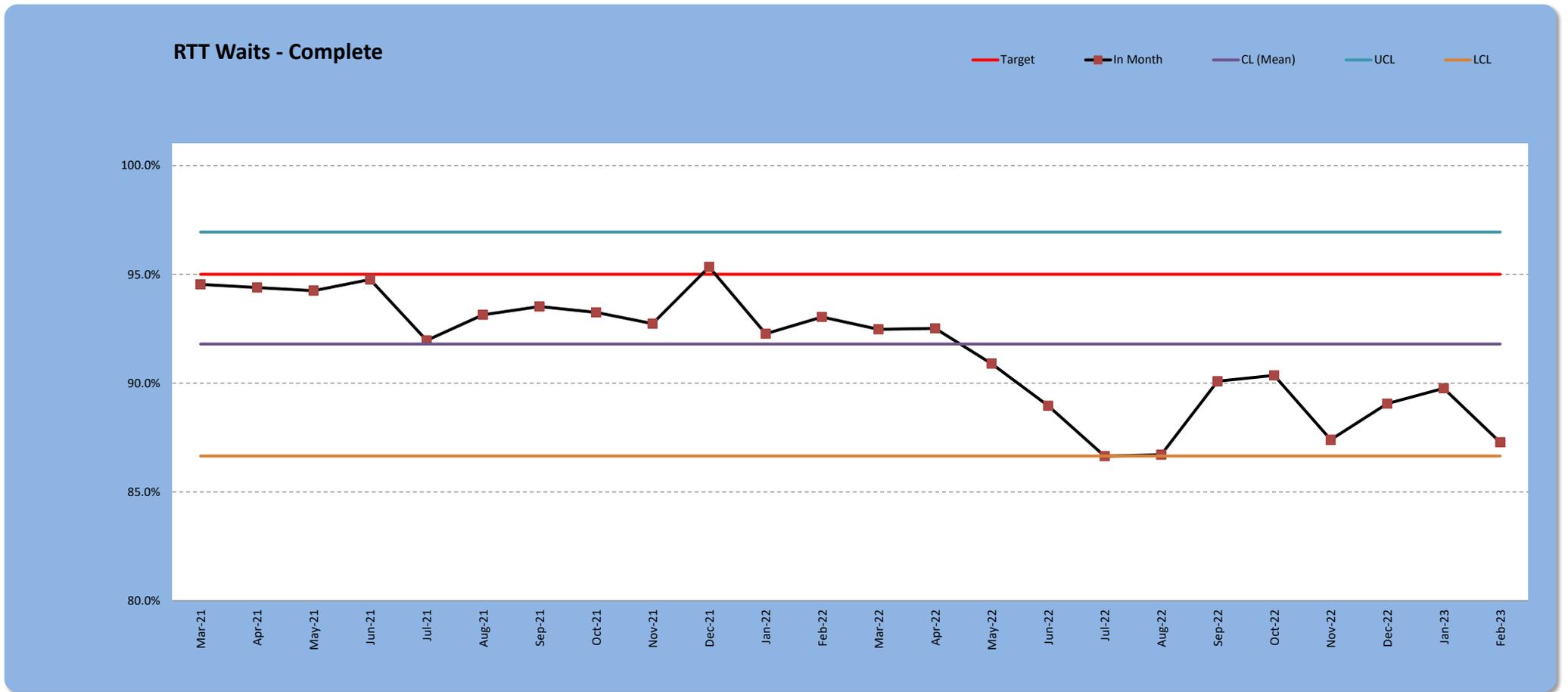
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2023**

Target:	Amber:	Current month stands at:
95%	85%	87.3%

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 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending:

**Feb 2023**

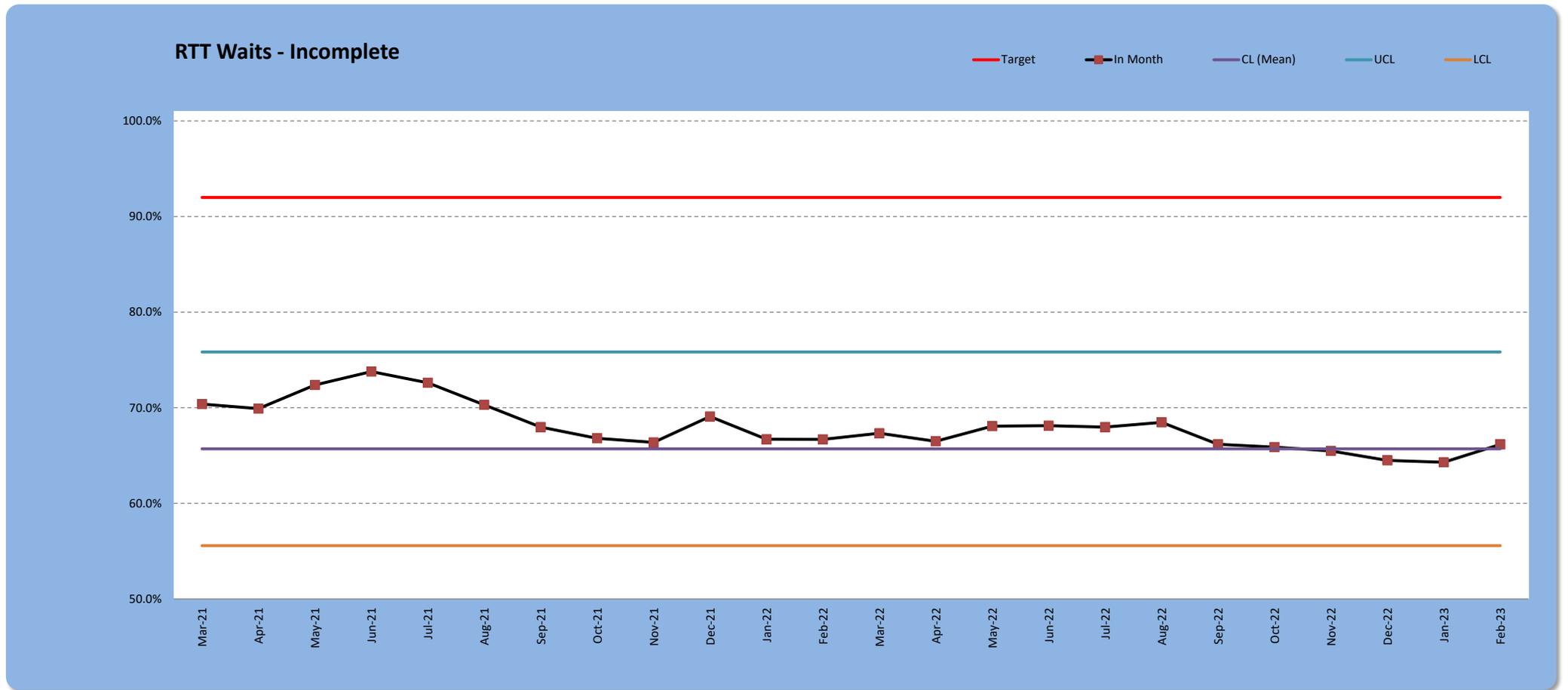
Target:	Amber:	Current month stands at:
92%	85%	66.2%

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

Executive Lead  
Lynn Parkinson

KPI Type

OP 21



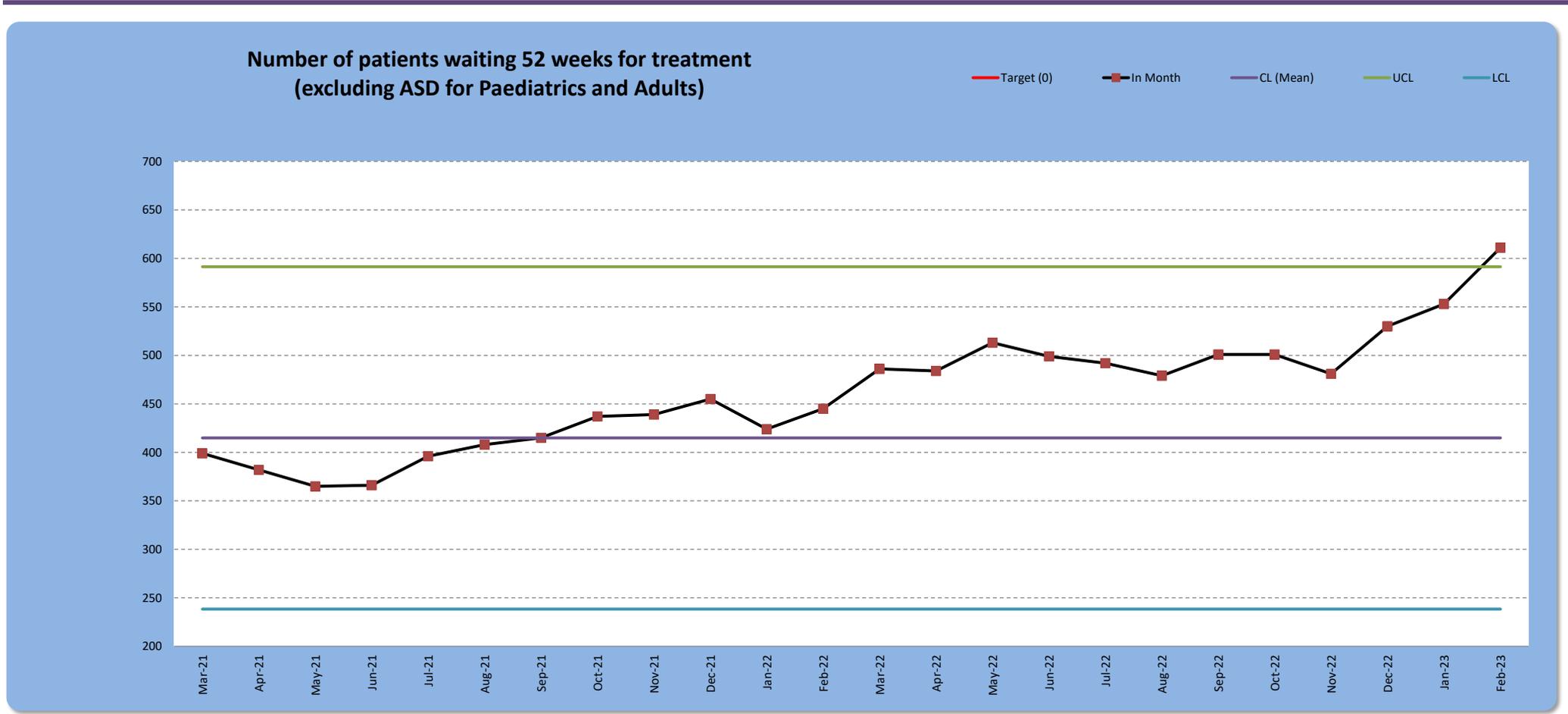
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2023**

Target:	Amber:	Current month stands at:
0	0	611

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



# PI RETURN FORM 2022-23

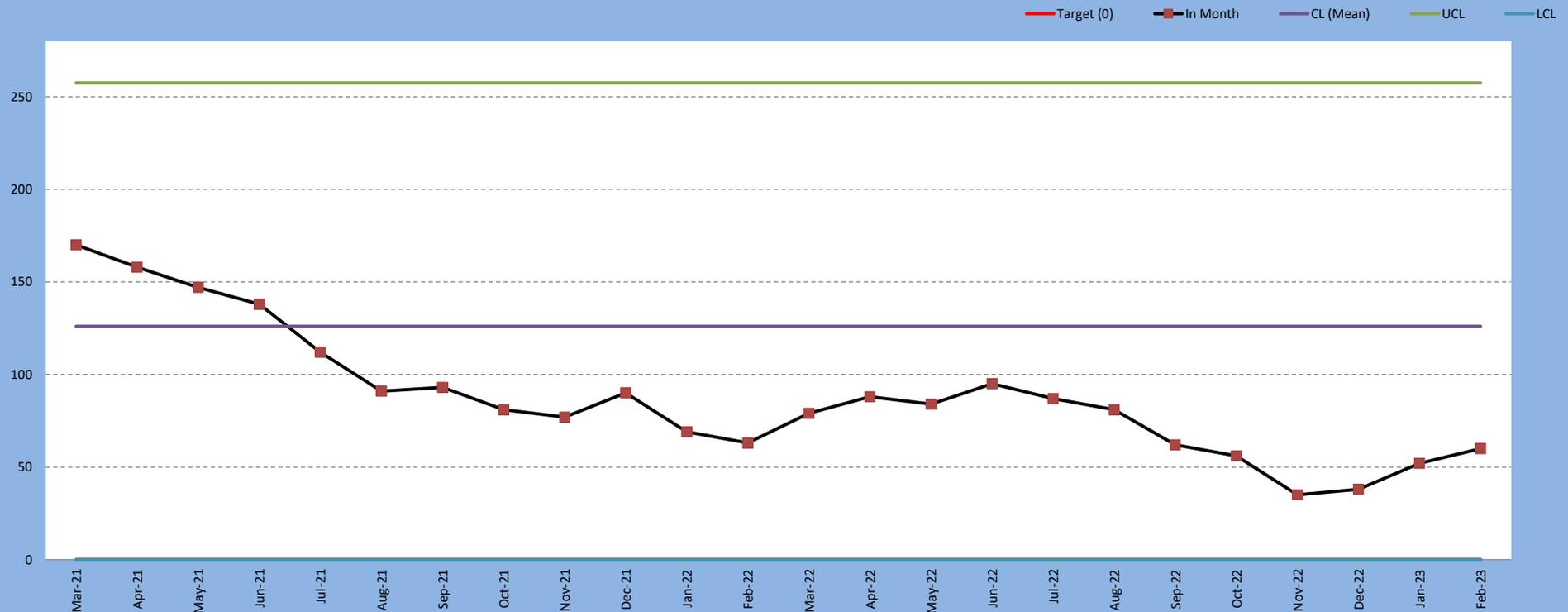
## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2023**

Target:	Amber:	Current month stands at:
0	0	60

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

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



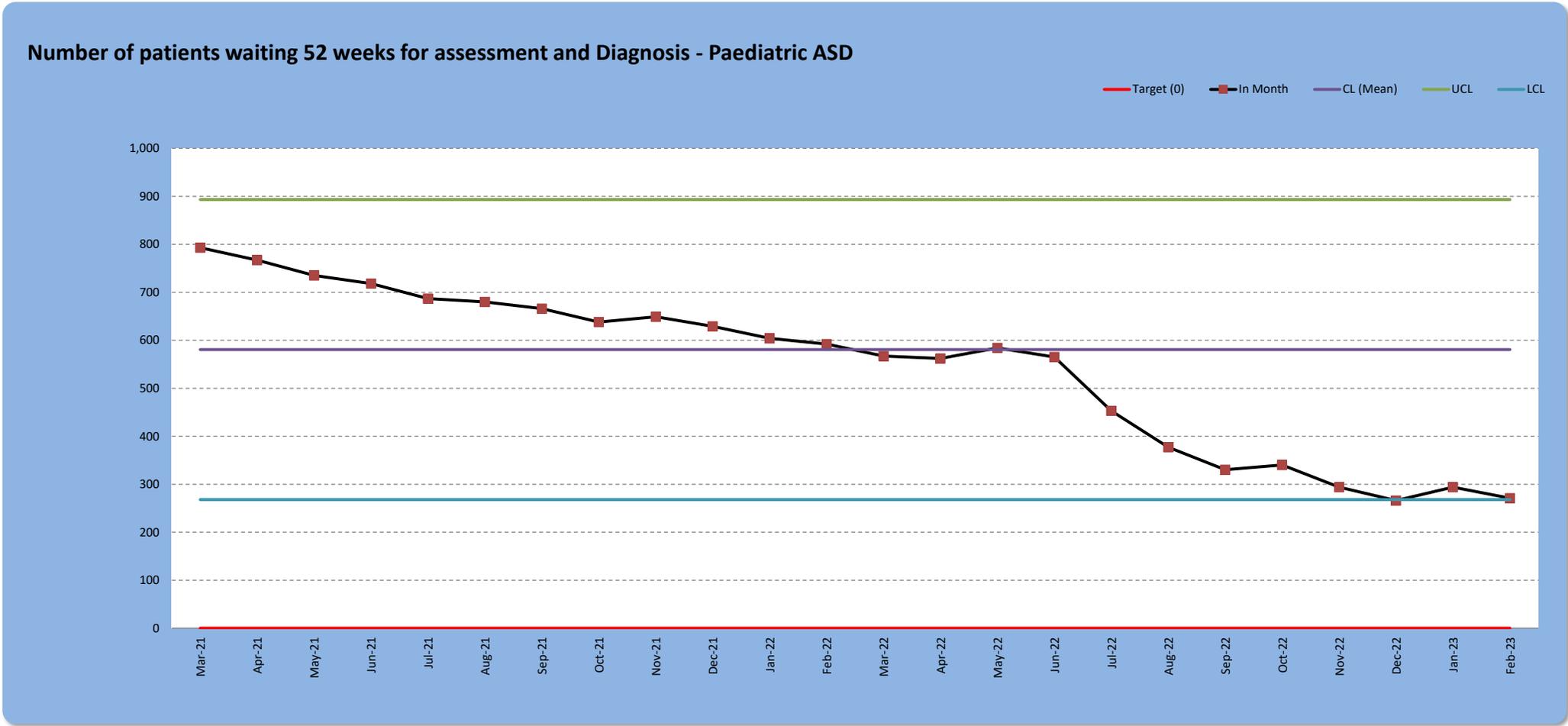
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2023**

Target:	Amber:	Current month stands at:
0	0	271

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



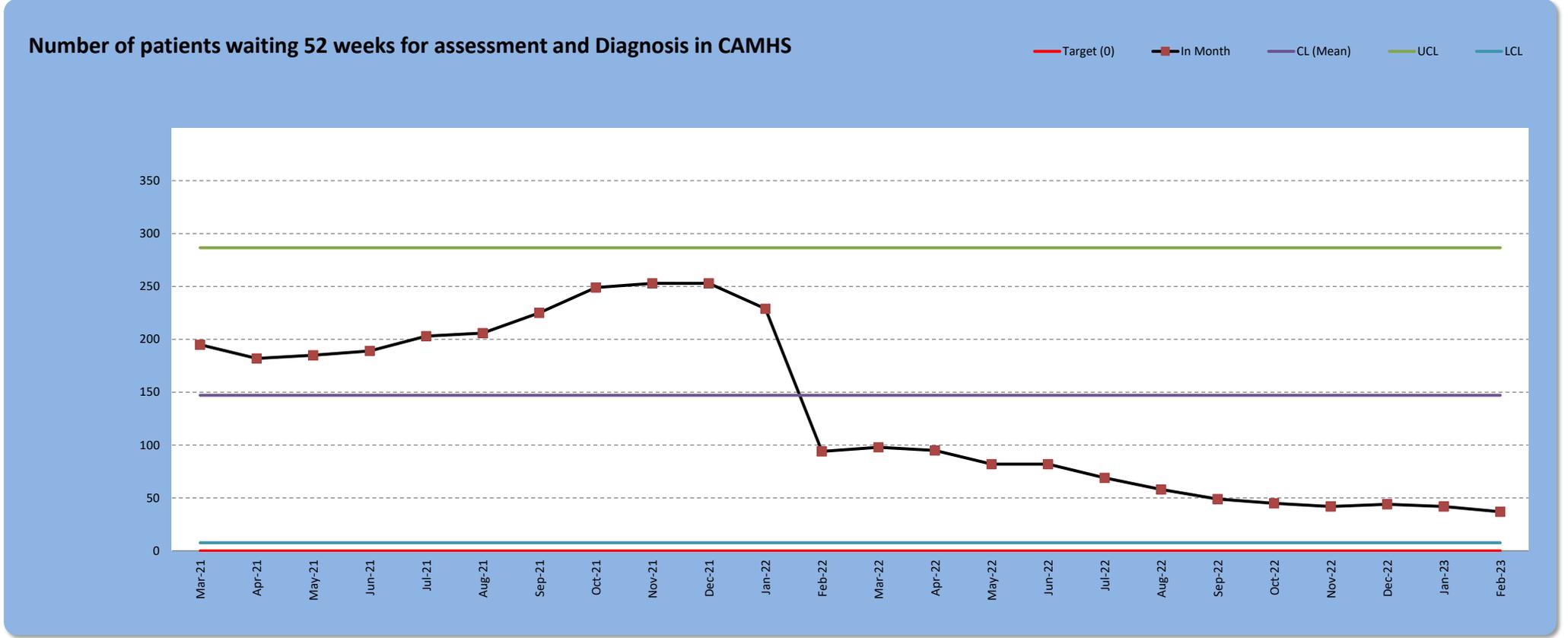
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2023**

Target:	Amber:	Current month stands at:
0	0	37

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



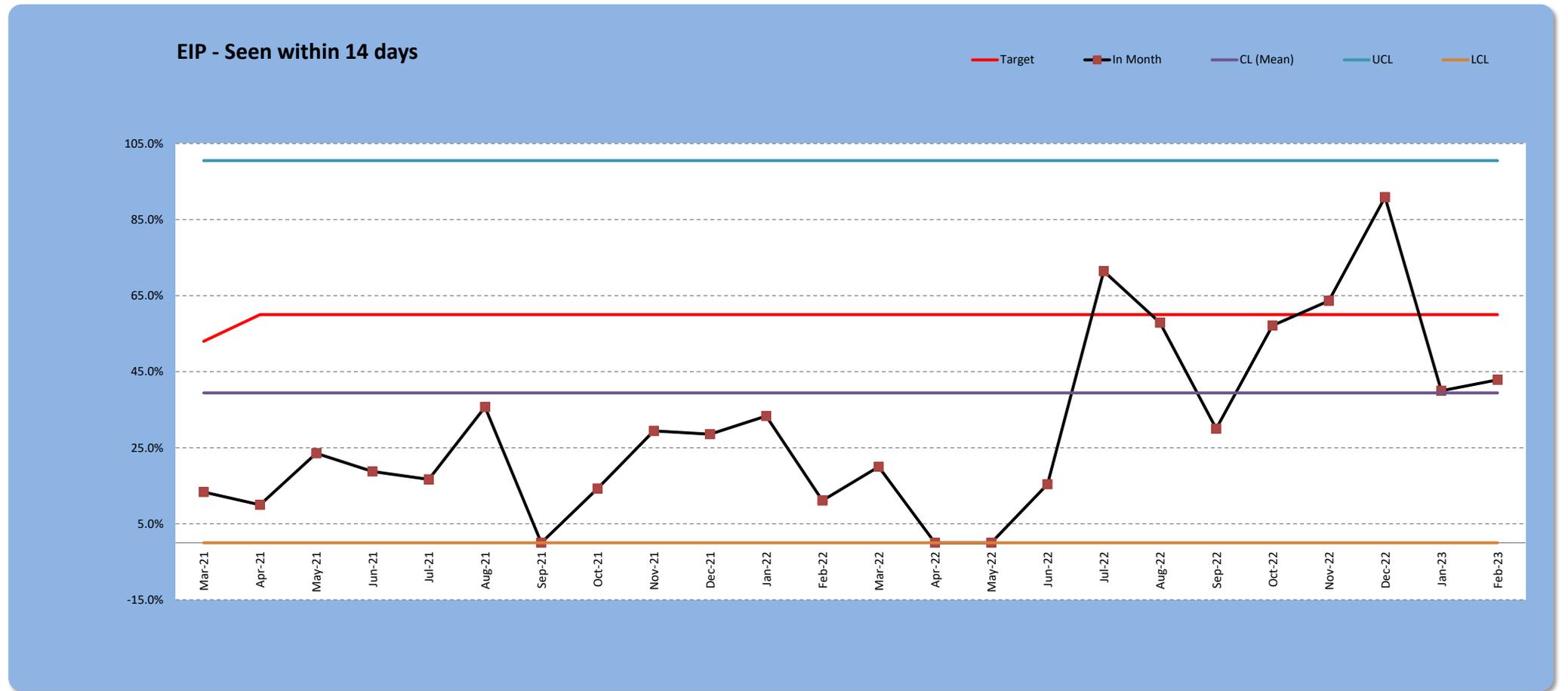
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2023**

Target:	Amber:	Current month stands at:
60%	55%	42.9%

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



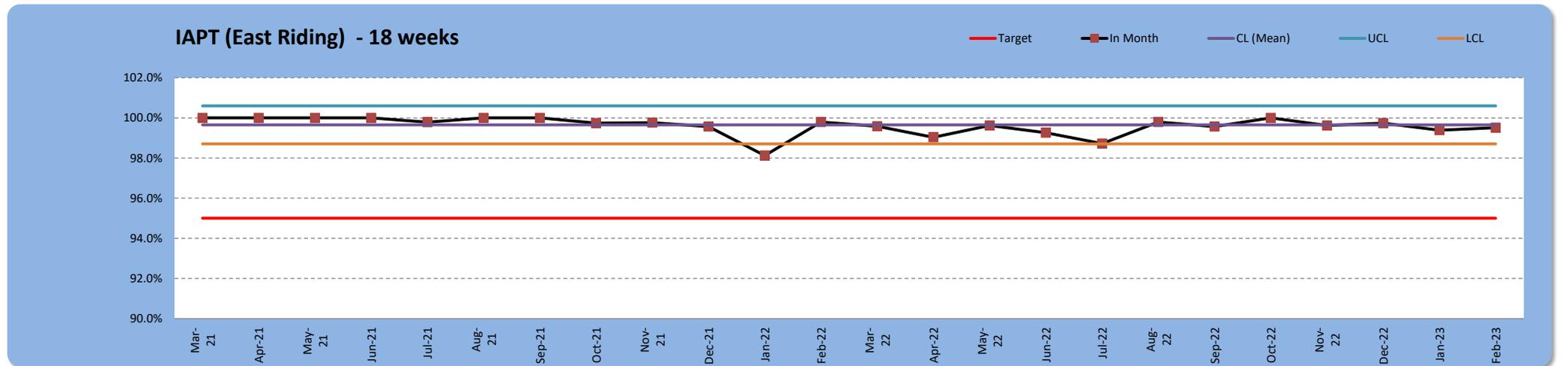
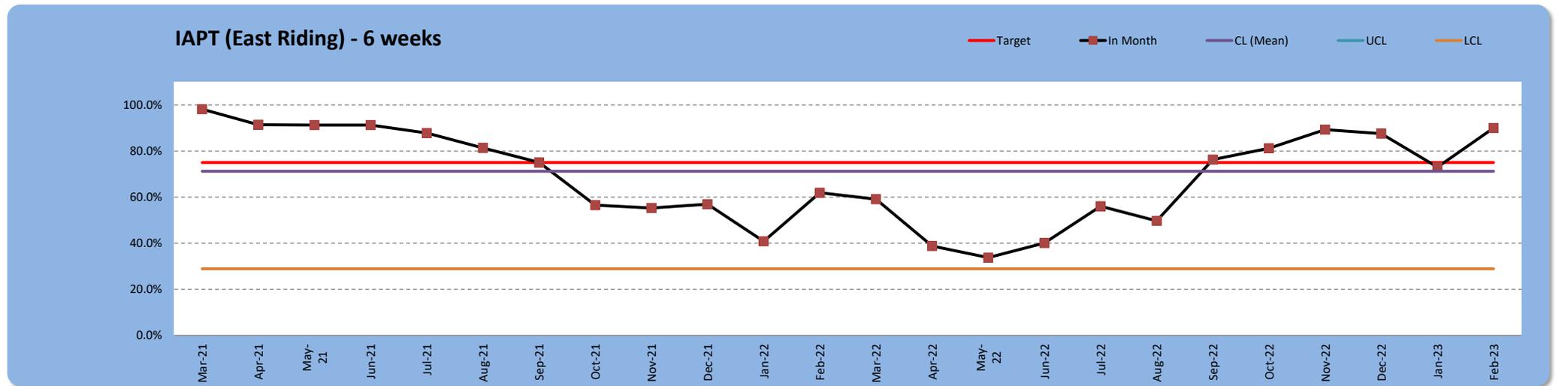
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2023**

		Current month			Current month
		6 weeks stands			18 weeks
Target:	Amber:	at:	Target:	Amber:	stands at:
75%	70%	90.0%	95%	85%	99.5%

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



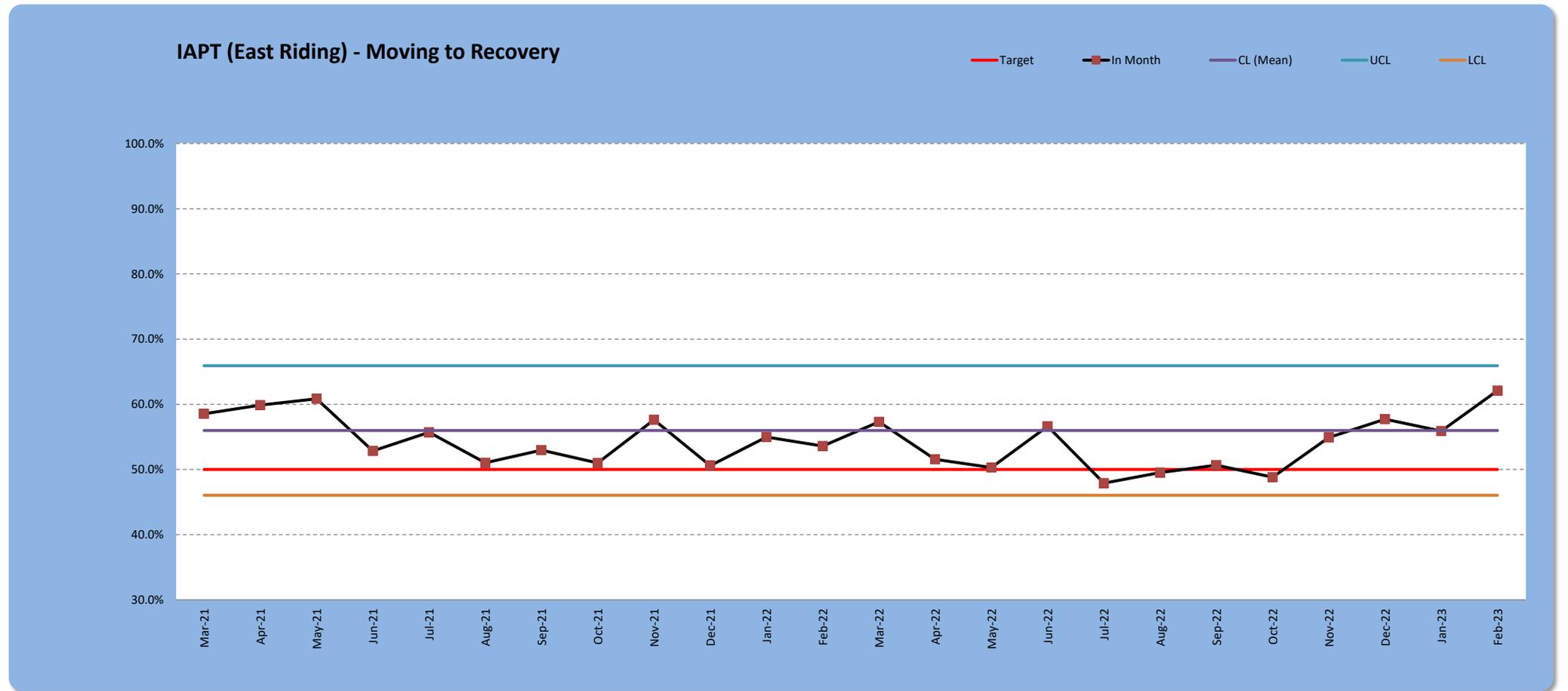
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2023**

Target:	Amber:	Current month stands at:
50%	45%	62.1%

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



# PI RETURN FORM 2022-23

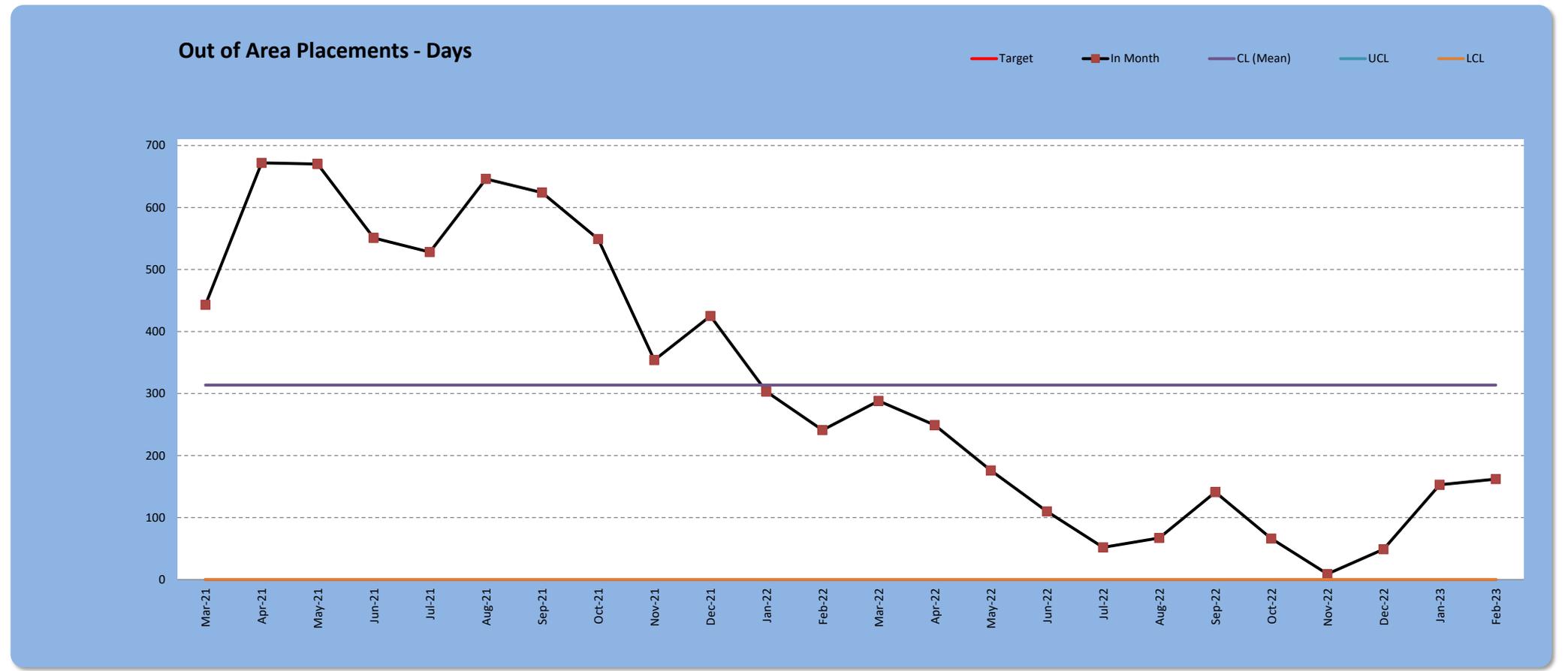
## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Feb 2023**

Target:	Amber:	Patients OoA within month:
0	0	9

Split:	# days	# patients
Adult	100	4
OP	6	1
PICU	56	4

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



# PI RETURN FORM 2022-23

## Goal 3 : Fostering Integration, Partnership and Alliances

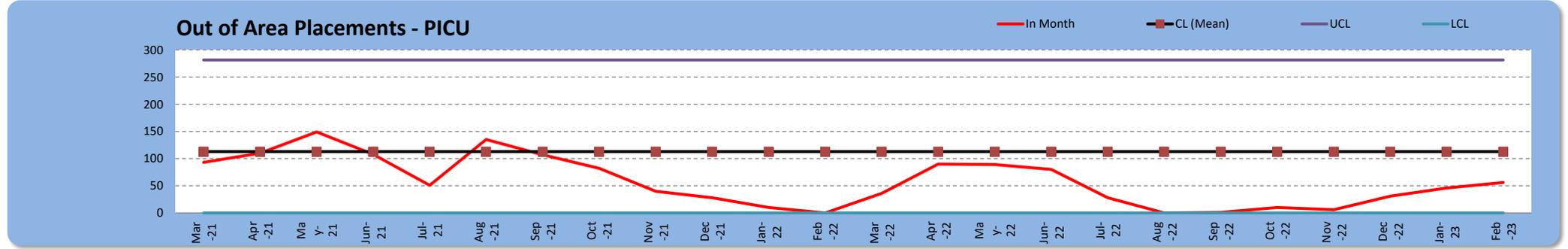
For the period ending: **Feb 2023**

Split for Current month:

Feb-23	
100	Adult
6	OP
56	PICU
162	Total

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

Executive Lead Lynn Parkinson	KPI Type ST 4 split
----------------------------------	------------------------



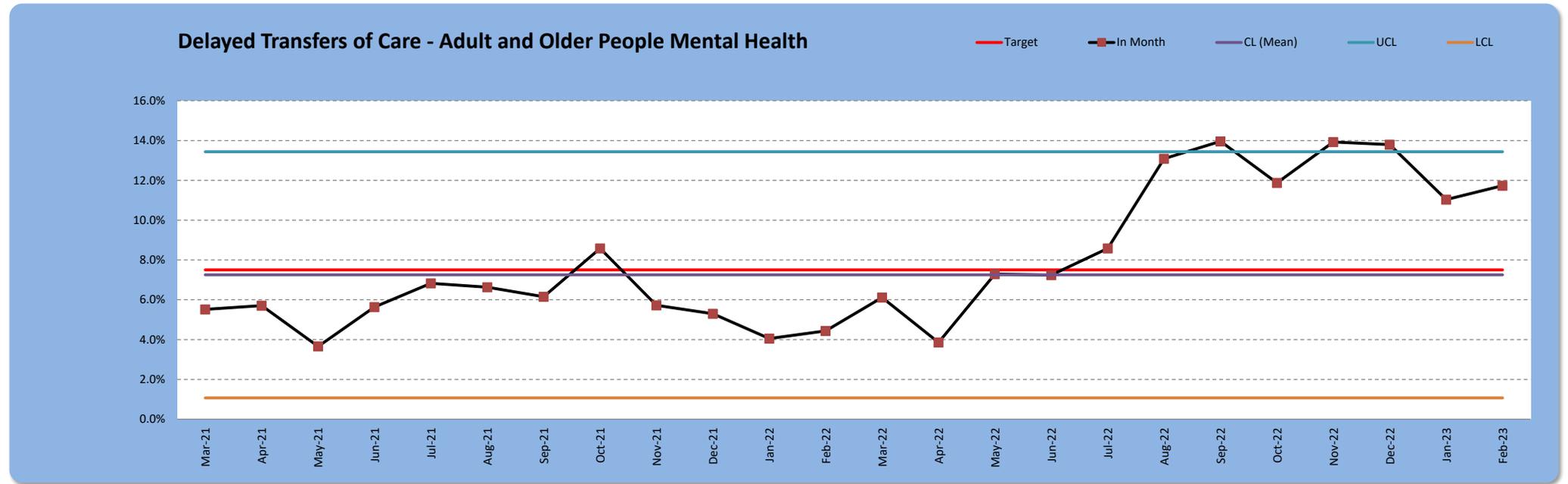
# PI RETURN FORM 2022-23

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Feb 2023**

Target:	Amber:	Current month stands at:
7.5%	7.0%	11.7%

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



# PI RETURN FORM 2022-23

## Goal 4 : Developing an Effective and Empowered Workforce

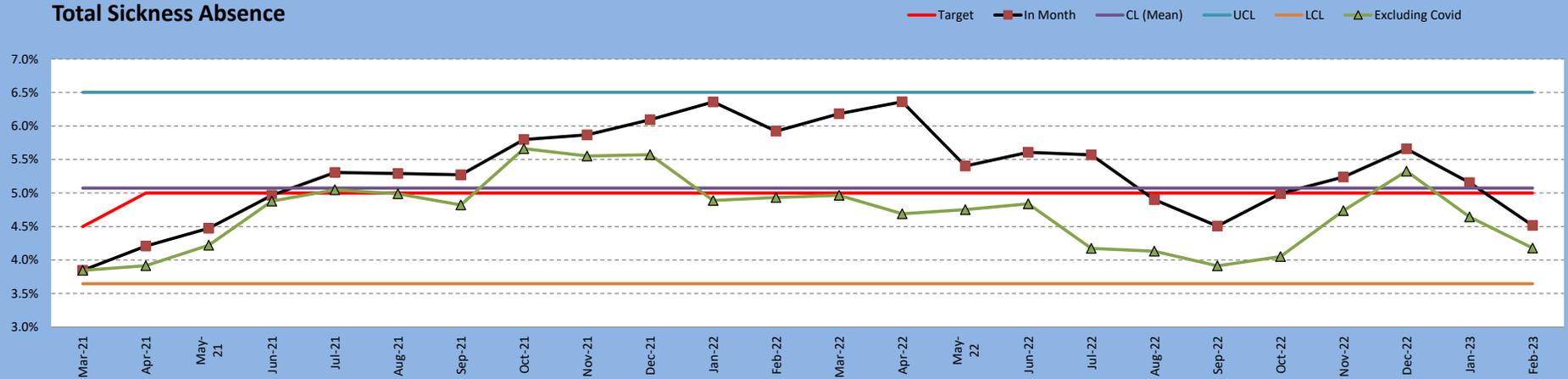
For the period ending:

**Feb 2023**

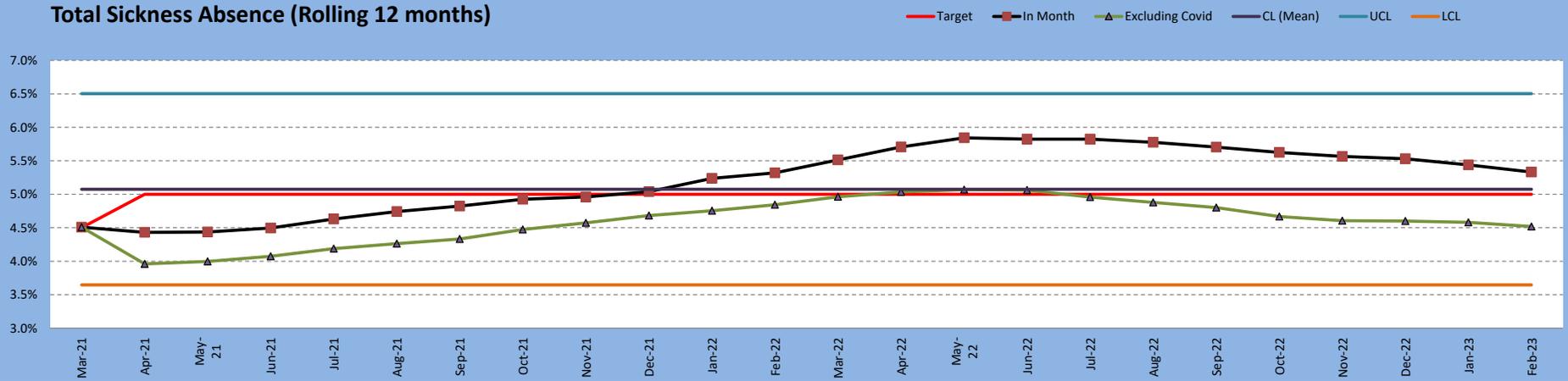
Target:	Amber:	Current month stands at:
5.0%	5.2%	5.1%

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

### Total Sickness Absence



### Total Sickness Absence (Rolling 12 months)



# PI RETURN FORM 2022-23

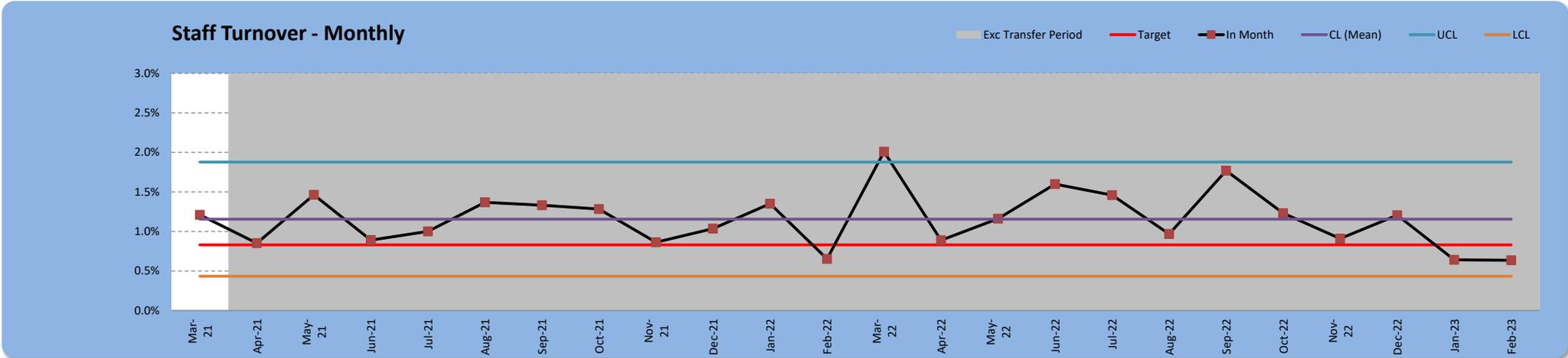
## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

**Feb 2023**

Target: Amber:		Current month stands at:	Target: Amber:		Rolling figure stands at:
0.8%	0.7%	0.6%	10%	9%	15%

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, transfers (up to Mar21), retirements and staff coming to the end of temporary contracts. It doesn't include junior doctors on rotation. From April 2021 Employee Transfers Out have also been excluded	Steve McGowan	WL 3 TOM Exc TUPE



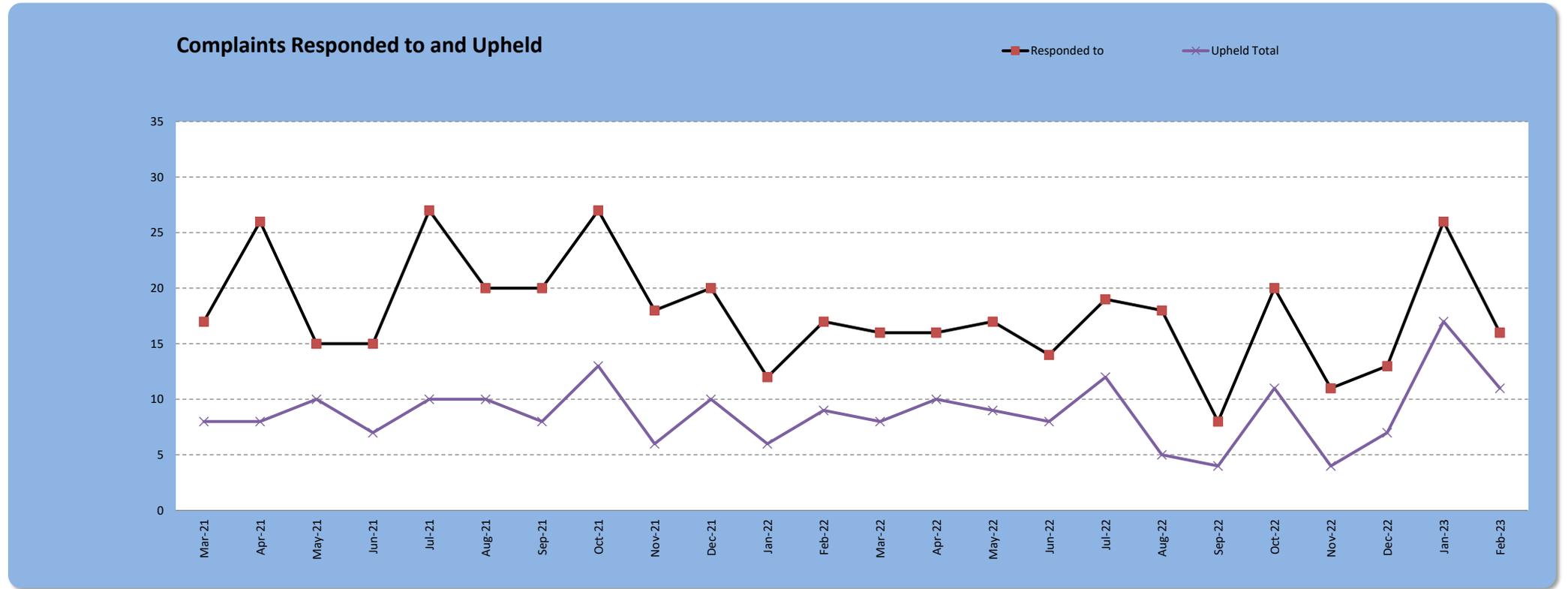
# PI RETURN FORM 2022-23

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

For the period ending: **Feb 2023**

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

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



# PI RETURN FORM 2022-23

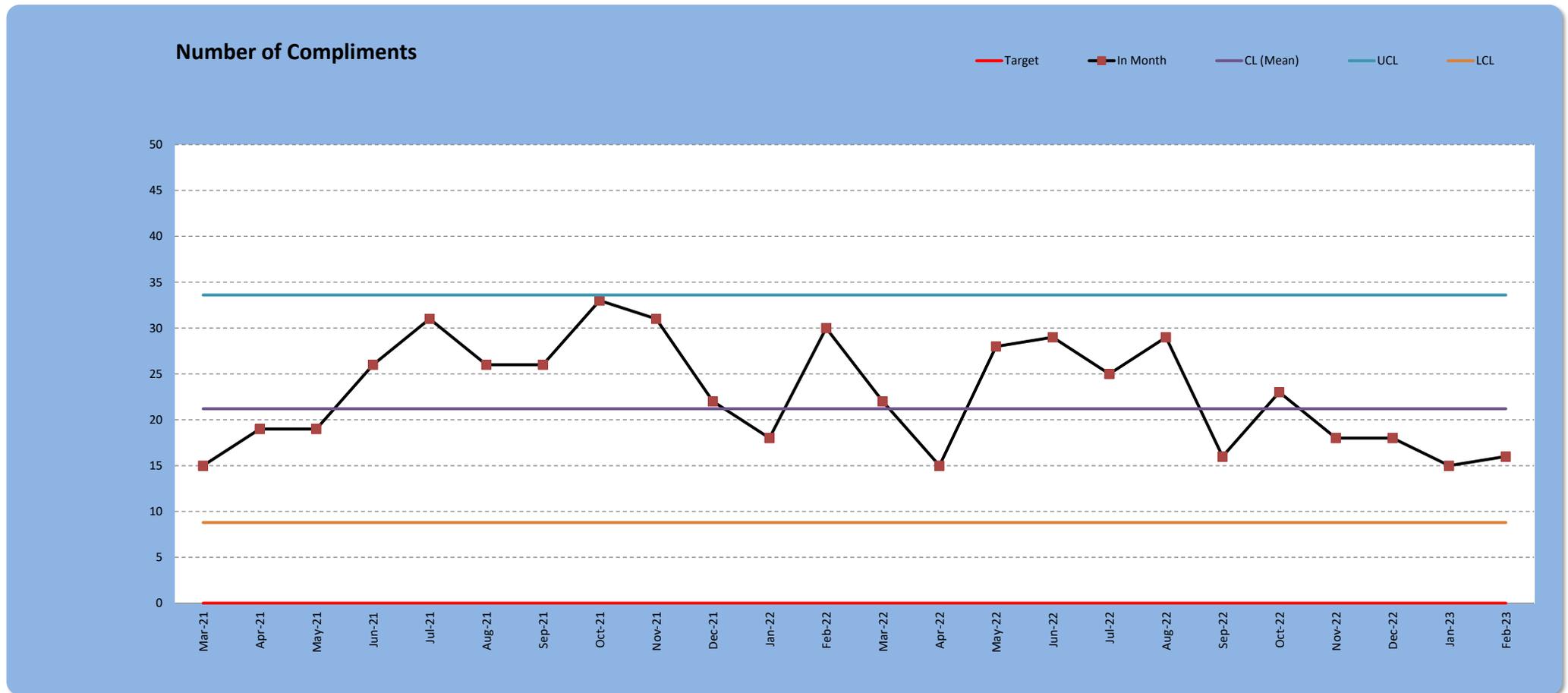
## Goal 6 : Promoting People, Communities and Social Values

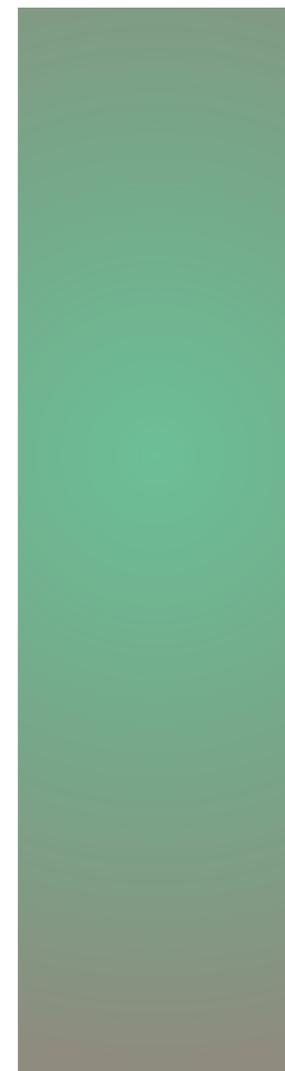
For the period ending:

**Feb 2023**

Target:	Amber:	Current month stands at:
n/a	n/a	16

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





Executive Team:

Chief Executive: Michele Moran

Chair: Caroline Flint

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Director of Workforce and Organisational Development: Steve McGowan

Medical Director: Kwame Fofie

Director of Nursing: Hilary Gledhill

Issue Date: 16/03/2023

**TPR Waiting Times Narrative – February 2023**

Indicator/Service	Narrative																		
Memory Diagnosis - >18wks	<p>A significant reduction in patients waiting over 18weeks in February has been noted (387 from 434). Whilst Capacity and Demand work undertaken has highlighted the recovery and sustainable requirements, the service are exploring all options available that would enable increasing capacity to the levels required; this includes an understanding of Independent Provider services and associated costs. A briefing paper is being prepared for ODG which will detail these options.</p> <p>The service continues to implement new ways of working which includes a reduced need for psychiatry time at the end of the pathway.</p> <p>Scanning and reporting delays in the wider system continue to contribute to delays in achieving a timely diagnosis.</p>																		
RTT Waits – Complete	<p>February achieved 87.3% against a 95% target. Further analysis of the clock stop activity occurring within 18wks is being undertaken to better understand how clinical prioritisation is impacting on performance, this aligns with an overall context of services still reporting post-pandemic increased complexity and acuity of need.</p> <p>The chart below reflects the position for referrals received and demonstrates an increased level of urgent referrals which contributes to a higher level of routine referrals tipping over into the &gt;18ww bracket.</p> <div data-bbox="546 794 1505 1158" data-label="Figure"> <table border="1"> <caption>REFERRALS</caption> <thead> <tr> <th>Year</th> <th>All Referrals Monthly Ave</th> <th>Urgent Referrals Monthly Ave</th> </tr> </thead> <tbody> <tr> <td>18/19</td> <td>15487</td> <td>1091</td> </tr> <tr> <td>19/20</td> <td>14589</td> <td>1152</td> </tr> <tr> <td>20/21</td> <td>14090</td> <td>1312</td> </tr> <tr> <td>21/22</td> <td>16938</td> <td>1610</td> </tr> <tr> <td>22/23</td> <td>17441</td> <td>1762</td> </tr> </tbody> </table> </div>	Year	All Referrals Monthly Ave	Urgent Referrals Monthly Ave	18/19	15487	1091	19/20	14589	1152	20/21	14090	1312	21/22	16938	1610	22/23	17441	1762
Year	All Referrals Monthly Ave	Urgent Referrals Monthly Ave																	
18/19	15487	1091																	
19/20	14589	1152																	
20/21	14090	1312																	
21/22	16938	1610																	
22/23	17441	1762																	
RTT Waits - Incomplete	<p>February achieved 65.7% against a 92% standard which is an improved position against January. Efforts continue to undertake capacity and demand work across areas with the longest waits to understand non recurrent and recurrent needs and expected waiting list position.</p>																		

52 Week Waits (excluding ASD)	<p>February has shown a worsening position of patients that have waited over 52weeks (611 from 533). ADHD for children and adults continue to be the main contributing areas accounting for approximately 74% of these waits.</p> <p><u>Adult ADHD</u> A NEW senior administrator has now commenced and is managing workload internally and with the Independent Provider for assessment. A recovery trajectory has been established.</p> <p><u>Children's ADHD</u> The service continues to work with the Independent Provider to reduce this waiting list with progress now being seen in the weekly monitoring of waiting list reports. Funding has now been approved to continue with the recovery of this waiting list and a new trajectory being developed based on available capacity internally and with the independent sector. Currently 901 referrals/children waiting in total, 361 of which are waiting over 52 weeks, current average wait time is 63 weeks.</p>
Adult ASD >52wks	<p>February 2023 position shows that from a 52ww recovery there has been a slight increase numbers due to the capacity of the independent provider. The Service are working with the independent provider to increase their productivity through March and April. This would allow a fully recovered position to be achieved by the end of April 2023.</p>
Paediatric ASD >52wks	<p>The over 52ww position improved further in February. Non recurrent funding has now been approved to continue with the recovery of this waiting list and a new trajectory will be developed based on this.</p> <p>The current position is 1223 referrals/children waiting in total, 281 of which are waiting over 52 weeks, current average wait time is 39 weeks. In contrast, one year ago (15.03.22) 893 referrals/children waiting, 589 of which were waiting over 52 weeks, average wait time was 90 weeks. There has been a significant rise in referrals during the last 12 months but 308 fewer children waiting more than 52 weeks and a reduction of 51 weeks in average wait times (we have no children waiting over two years) due to the waiting times initiatives put in place. Currently 23% of the waiting list is over 52weeks compared to 66% 12months ago. Despite this, the overall waiting list size has grown due to increased referral levels.</p> <p>Combining the Paediatric ASD position with the ADHD position our most recent demand modelling work demonstrates a requirement to increase diagnostic capacity by 45% (due to the sustained rise in referrals) to achieve an overall under 52-week position that is sustainable – this has underpinned a business case that has been supported by both ODG and EMT. This equates to a cost of circa £800k. Discussions are still ongoing with the commissioners whose responsibility it is to fund the case and finalise a position on this, these discussions are going well. Meanwhile the Trust has been able to commit more non-recurrent funding, enabling us to increase capacity further in the short term.</p>
Core CAMHS >52wks	<p>The over 52ww position improved in February (42 to 37).</p> <p>There has been an overall rise in referrals between 2020/21 and 2021/22 of 25%, this has stabilised in the last year and not risen further (except for eating disorder referrals which continued to increase). Additionally, there is a persistent rise in acuity and complexity of need which does result in increased activity.</p>

	The recovery plan focuses on patients waiting for Cognitive Behavioural Therapy (CBT) and will commence from April 23. A full clinical validation of the waiting list has been undertaken.
EIP	<p>Following a significant deterioration in January, achieving 39.3% against a 60% target, there has been improvement in February (42.9%).</p> <p>The service is currently recruiting to vacant posts to ensure capacity does not affect performance, and work is underway to minimise the risk to performance due to patient cancellations. A recovery plan is in place and sustained improvement is expected.</p>
IAPT	<p>February achieved 99.5% against a target of 95% for the 18week standard.</p> <p>For the 6week standard, 90% against a 75% target was achieved.</p>

**Agenda Item 10**

Title & Date of Meeting:	Trust Board Public Meeting– 29 March 2023		
Title of Report:	Finance Report Month 11 (February 2023)		
Author/s:	Name: Peter Beckwith Title: Director of Finance		
Recommendation:	To approve		To discuss
	To note	✓	To ratify
	For assurance		
	The Trust Board are asked to note the Finance report for February and comment accordingly.		
Purpose of Paper:	This report is being presented to the Board to provide the financial position for the Trust as at the 28 February 2023 (Month 11).  The report provides assurance regarding financial performance, key financial targets and objectives		
Key Issues within the report:			
<p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>The Trust remains on Track to deliver a break even position for the financial year.</li> <li>The Trust recorded an overall financial position consistent with the Trust’s planning target</li> <li>The cash balance at the end of Month 11 was £40.434m.</li> <li>The Better Payment Practice Code figures show achievement of 92.1%.</li> </ul>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>A Primary Care Recovery Forecast has been developed with oversight at Executive Management Team, focussing on 2023/24 run rate.</li> <li>An Agency Recovery Plan has been developed aimed at reducing the level of agency costs with oversight at Executive Management Team.</li> </ul>		
<p><b>Matters of Concern or Key Risks:</b></p> <ul style="list-style-type: none"> <li>Primary Care is showing an overspend of £1.388m against budget which is primarily caused by the use of Locum Doctors</li> <li>The Year to Date Agency expenditure totalled 7.828m, this is £0.889m more than the previous</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>The Trust Board are asked to note the Finance report for February 2023.</li> </ul>		

year's equivalent position	Month 11		
Governance:		Date	Date
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee		Workforce & Organisational Development Committee
	Finance & Investment Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Charitable Funds Committee		Collaborative Committee
		Other (please detail)	

**Monitoring and assurance framework summary:**

Links to Strategic Goals (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	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

## **FINANCE REPORT – February 2023**

### **1. Introduction**

This report is being circulated to The Board to present the financial position for the Trust as at the 28 February 2023 (Month 11). 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 28 February 2023**

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

The Month 11 target is a profiled deficit of £0.059m, as we approach the end of the financial year the level of cumulative deficit has reduced reflecting the requirement to break even at the end of March 2023.

Table 1 shows for the period ended to 28 February 2023 the Trust recorded an operating deficit of £0.060m, this is a position consistent with the agreed plan and details of which are summarised in table 1 on the following page.

There is one item which doesn't count against the Trust's financial control targets, which is the Donated asset Depreciation of £0.065m year to date, this takes the ledger position to a deficit of £0.125m.

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

	22/23 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
<b>Income</b>							
Trust Income	162,634	13,637	14,116	479	147,603	146,841	(762)
Clinical Income	16,657	1,306	1,420	113	15,200	16,534	1,335
<b>Total Income</b>	<b>179,292</b>	<b>14,943</b>	<b>15,535</b>	<b>592</b>	<b>162,802</b>	<b>163,405</b>	<b>603</b>
<b>Expenditure</b>							
<u>Clinical Services</u>							
Children's & Learning Disability	37,077	3,295	3,232	63	33,924	33,888	35
Community & Primary Care	30,929	2,546	2,596	(50)	28,385	29,568	(1,182)
Mental Health	56,204	4,594	4,816	(222)	51,547	51,538	9
Forensic Services	12,731	923	1,073	(151)	11,657	11,693	(36)
	<b>136,940</b>	<b>11,358</b>	<b>11,717</b>	<b>(359)</b>	<b>125,513</b>	<b>126,687</b>	<b>(1,174)</b>
<u>Corporate Services</u>							
	<b>37,364</b>	<b>3,191</b>	<b>3,215</b>	<b>(24)</b>	<b>32,478</b>	<b>29,969</b>	<b>2,509</b>
<b>Total Expenditure</b>	<b>174,304</b>	<b>14,549</b>	<b>14,932</b>	<b>(383)</b>	<b>157,991</b>	<b>156,656</b>	<b>1,335</b>
<b>EBITDA</b>	<b>4,987</b>	<b>394</b>	<b>603</b>	<b>209</b>	<b>4,812</b>	<b>6,749</b>	<b>1,938</b>
Depreciation	3,976	350	447	(97)	3,849	4,906	(1,057)
Interest	148	12	(87)	99	135	(391)	526
IFRS 16	-	-	13	(13)	-	144	(144)
PDC Dividends Payable	2,341	195	195	-	2,146	2,146	-
<b>Operating Total</b>	<b>(1,477)</b>	<b>(163)</b>	<b>35</b>	<b>199</b>	<b>(1,319)</b>	<b>(56)</b>	<b>1,263</b>
BRS	(1,480)	(199)	-	(199)	(1,260)	-	(1,260)
Profit on Assets Held for Sale	-	-	-	-	-	4	(4)
<b>Operating Total</b>	<b>3</b>	<b>36</b>	<b>35</b>	<b>(1)</b>	<b>(59)</b>	<b>(60)</b>	<b>(1)</b>
<b>Excluded from Control Total</b>							
Donated Depreciation	70	6	6	0	64	65	(1)
	<b>(67)</b>	<b>30</b>	<b>29</b>	<b>(1)</b>	<b>(123)</b>	<b>(125)</b>	<b>(2)</b>
<b>Excluded</b>							
Commissioning	3	1	(0)	1	3	(0)	3
<b>Ledger Position</b>	<b>(71)</b>	<b>30</b>	<b>29</b>	<b>(0)</b>	<b>(126)</b>	<b>(125)</b>	<b>2</b>
<b>EBITDA %</b>	<b>2.8%</b>	<b>2.6%</b>	<b>3.9%</b>		<b>3.0%</b>	<b>4.1%</b>	
<b>Surplus %</b>	<b>-0.8%</b>	<b>-1.1%</b>	<b>0.2%</b>		<b>-0.8%</b>	<b>0.0%</b>	

## **2.2 Income**

Income overall is showing a overachievement against budget of £0.603m.

## **2.3 Divisional Expenditure**

The overall Operational Divisional Gross Expenditure is showing an overspend of £1.174m.

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

Children's and LD is reporting a £0.035m underspend. There were some pressures from the first half of the year relating to the CAMHS Inpatient Unit from the use of Agency Doctors, Agency Nurses and Healthcare Assistants to cover the rota pattern and the use of Agency Medics in Community CAHMS, this is offset by underspends elsewhere in the service.

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

Community and Primary Care is reporting an overspend of £1.182m.

Primary Care is showing a Gross Expenditure overspend against budget of £1.388m which is primarily due to pressures caused by the required increase of Locum Doctors which are significantly more expensive than substantive staff, offset by underspends in Community of £0.206m.

Primary Care have produced a recovery trajectory which has oversight at Executive Management Team. The main aim of this plan is to reduce the reliance on Locum Doctors with a focus on 2023/24 run rate.

### **2.3.3 Mental Health**

The Division is showing an underspend of £0.009m. There are pressures within the Unplanned service division which relates to the acuity of patients within Adult and the Older Adult Units which requires increased safer staffing numbers. This is currently offset by underspends within the Planned division.

### **2.3.4 Forensic Services**

The overspend of £0.036m relates to additional pay relating to Medics due to additional sickness cover

### **2.3.5 Corporate Services**

Corporate Services (including Finance Technical Items) is showing an underspend of £2.509m, the main factor being items held centrally to offset pressures.

### 2.3.6 Depreciation

The actual Depreciation position at Month 11 is currently showing an overspend of £1.057m which is consistent with previous reports and linked to the revaluation of the estate, this unavoidable pressure has been built into the 2023/24 trust financial plan.

### 2.3.7 Forecast

Based on the Month 11 position and previous months performance, the Trust remains on Track to deliver a break even position for the financial year.

## 3. Cash

As at the end of Month 10 the Trust held the following cash balances:

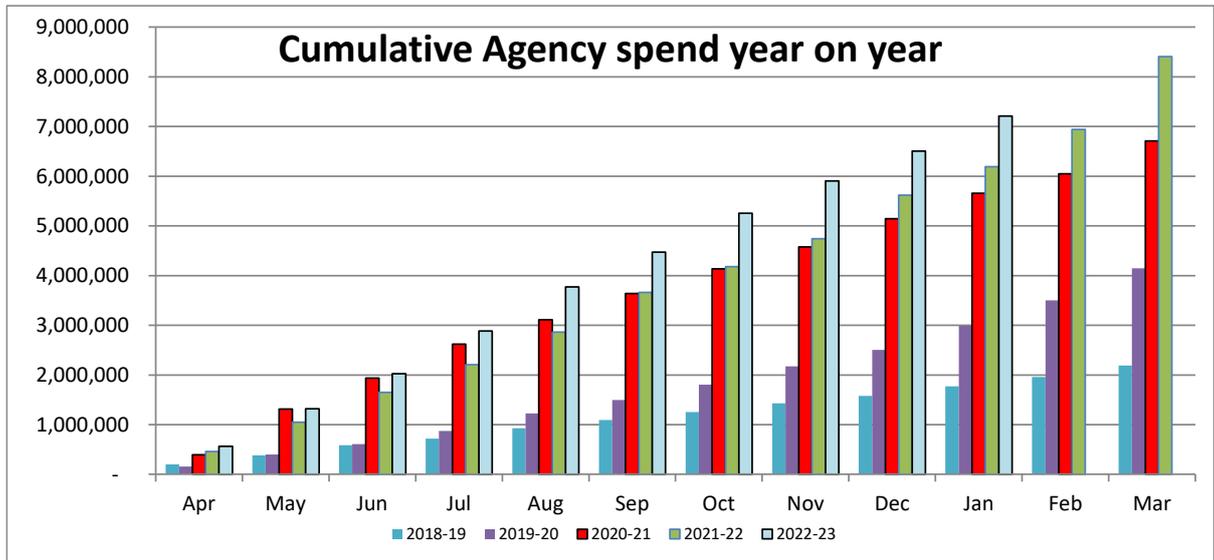
**Table 2: Cash Balance**

<b>Cash Balances</b>	<b>£000s</b>
Cash with GBS	40,264
Nat West Commercial Account	131
Petty cash	40
<b>Total</b>	<b>40,434</b>

#### 4. Agency

Actual agency expenditure for February was £0.615m. The year to date spend is £7.828m, which is £0.889m above the same period in the previous year.

**Table 3: Agency Spend v previous years**



**Table 4: Agency Spend by Staff Group**

Staff Type	April to Sept £000	Oct-22 £000	Nov-22 £000	Dec-22 £000	Jan-23 £000	Feb-23 £000	Total £000
Consultant	2,200	480	327	384	388	315	4,095
Nursing	1,123	205	174	126	157	160	1,945
AHPs	50	2	25	20	16	12	125
Clinical Support Staff	838	62	100	70	117	106	1,292
Administration & Clerical	261	31	26	4	28	23	372
<b>Grand Total</b>	<b>4,472</b>	<b>780</b>	<b>651</b>	<b>604</b>	<b>705</b>	<b>615</b>	<b>7,828</b>

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

Off framework Agency Expenditure was £1.182m year to date at the end of Month 11.

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

#### 5. Better Payment Practice Code BPPC

The BPPC figures are shown at Table 5. The current position is 92.4% for Non NHS and 90.9% for NHS. Work is ongoing to maintain this performance.

**Table 5: Better Payment Practice Code**

Better Payment Practice Code	YTD	YTD
	Number	£
<b>NON NHS</b>		
Total bills paid	35,865	97,411
Total bills paid within target	32,121	90,004
Percentage of bills paid within ta	<b>89.6%</b>	<b>92.4%</b>
<b>NHS</b>		
Total bills paid	1,163	19,824
Total bills paid within target	940	18,021
Percentage of bills paid within ta	<b>80.8%</b>	<b>90.9%</b>
<b>TOTAL</b>		
Total bills paid	37,028	117,235
Total bills paid within target	33,061	108,025
Percentage of bills paid within ta	<b>89.3%</b>	<b>92.1%</b>

## 6. Recommendations

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

**Agenda Item 11**

Title & Date of Meeting:	Trust Board Public Meeting 29 March 2023															
Title of Report:	Estate Strategy															
Author/s:	Robert Atkinson – Deputy Director of Estates and Facilities Peter Beckwith – Director of Finance															
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td>✓</td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td></td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>				To approve	✓	To discuss		To note		To ratify		For assurance			
To approve	✓	To discuss														
To note		To ratify														
For assurance																
Purpose of Paper:	The Purpose of this paper is to provide the Trust Board with the final version of the Trust’s updated Estate Strategy which has been developed to align with the refreshed Trust Strategy.															
<b>Key Issues within the report:</b>																
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Proposed document structure provides assurance that the Estate Strategy is aligned with the Trusts Strategy.</li> <li>The Estate Strategy will provide a framework from which estate development and capital investment proposals can be aligned with the Trust’s strategic goals.</li> <li>The provision of a distinct Estates Plan can be utilised to establish the workstreams that will be monitored via the Estates Strategy and Capital Delivery Group and the Finance and Investment Committee.</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Estate Plan (to support the Strategy) is in development for issue to EMT and FIC in April 2023.</li> </ul>														
<b>Matters of Concern or Key Risks to Escalate:</b> <ul style="list-style-type: none"> <li>Risk of competing interests between Divisions resulting in an inefficient use of estate.</li> </ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>Trust Board are ask to approve the Trust Estate Strategy,</li> </ul>														
<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	20/10/22 23/01/23	Executive Management Team	13/03/23												
	Mental Health Legislation Committee		Operational Delivery Group													
	Charitable Funds Committee		Collaborative Committee													

			Other (please detail) Digital Delivery Group	12/01/23
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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	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	



Humber Teaching  
NHS Foundation Trust

Estates and Facilities  
Department

March 2023

# Estate Strategy 2022 - 2027

Providing and operating a  
sustainable, compliant and  
well maintained estate



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## Foreword

This Estates Strategy is one of the key enablers to deliver the transformational changes that the Trust plans to achieve to continually improve the delivery of services provided and ensure that Humber NHS Teaching Foundation Trust is a great place to work. Supporting the ambitious goals that have been set out in the Trust Strategy 2022-27, we aim to;

- assist staff to contribute to the efficiency and sustainability of the organisation by making informed decisions about the efficient use of resources,
- continue to develop our estate to provide safe, environmentally sustainable and clinically effective environments that support operational delivery,
- embrace new, safe and secure technologies to enhance patient care, improve productivity and support our workforce across the health and social care system and,
- Work with our partners and communities to minimise our effect on the environment to meet the NHS climate change target.



Pete Beckwith  
Executive Director of  
Finance



Robert Atkinson  
Deputy Director of  
Estates and Facilities

Recognising the shift in working practices in recent years, the Estate Strategy has been informed by the Trust's clinical and corporate strategies. Furthermore, our Estates priorities will need to align with the priorities of the Humber and North Yorkshire Health and Care Partnership as the Integrated Care System moves towards maturity.

In support of the Strategy, our Estates Plan provides the detailed position of the Trust Estate in response to the Estate Strategy.

### Key strategic objectives:

- Provide safe and high quality services and facilities
- Reduce CO2 emissions in line with the Trust's Green Plan
- Reduce the size of the estate through disposal and/or demolition of obsolete buildings
- Implement an estates wide staff development programme that supports training and development opportunities, including apprenticeship schemes

## Trust Profile

Humber Teaching NHS Foundation Trust is a leading provider of integrated healthcare services across Hull, East Riding of Yorkshire, Whitby, Scarborough, and Ryedale. We operate from 79 property interests in a range of settings including specialist forensic units, community hospitals, inpatient mental health units, health centres, GP practices and in peoples own homes.

Mental Health Inpatient Service

Community Mental Health Services

Primary Care Services

Forensic Mental Health Services

Specialist Children's Services

Community Health Services



Rt Hon Caroline Flint  
Trust Chair



Michele Moran  
Chief Executive

Provides healthcare service to a population of **765,000** across Hull, East and North Yorkshire

Trust turnover **2022/23**  
**£217,541,000**

The Trust employs **3,600** Staff

**16,000** members

**195 Mental Health Beds**  
**34 Community Beds**

Over **120** dedicated volunteers working across services

### We are also:

A Teaching Trust working closely with Hull York Medical School and The University of Hull

A Foundation and Teaching Trust

Lead provider across HNY for:

Specialist Mental Health, Learning Disability and Autism

Perinatal Health

# Departmental Profile



<p><b>Estates Helpdesk processed 12,713 jobs in 2021/22</b></p>	<p><b>Energy Commodity Costs capped until March 2024</b></p>	<p><b>2019 PLACE scores achieved 83.21%-99.25%</b></p>	<p><b>Freehold estate value 2022/23 Property £65m Land £8m</b></p>
<p><b>Capital Programme for 2022/23 £6.5m</b></p>	<p><b>Annual Revenue Budget for 2022/23 £12.5m</b></p>	<p><b>Direct Workforce in 2022/23 Estates 41 WTE Hotel Services 110 WTE</b></p>	<p><b>Manage and maintain 79 property interests across Hull, East Riding of Yorkshire and North Riding of Yorkshire</b></p>

# Our Trust Strategy on a Page

## Our Trust Mission:

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

## Our Trust Vision:

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

## Our Trust Values:

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

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

## How we will deliver our strategy

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

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

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

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



## Our Contribution to the Trust Strategy

### Trust Strategic Goals

### Estates Strategic Goals

Innovating for quality and patient safety

Support the delivery of high quality, safe, responsive and accessible care by ensuring that our estate provides a safe, clinically optimised environment for care delivery.

Enhancing prevention, wellbeing and recovery

Provide welcoming, trauma informed spaces where staff and patients feel safe and which actively promote recovery.

Fostering integration, partnerships and alliances

Collaborate with partners at Place level and across the Humber and North Yorkshire Health and Care Partnership to maximise the efficient and effective use of our estate, including co-location of services.

Promoting people, communities and social values

Work alongside economic development and health and care system partners to ensure that our estate investments benefit local communities.

Developing an effective and empowered workforce

Provide modern, comfortable and welcoming environments which staff are happy to work in.

Optimising and efficient and sustainable organisation

Balance optimising the efficiency of our estate with changing operational requirements.

Work with our partners and communities to minimise our effect on the environment to meet the NHS climate change target.

# Factors Influencing the Strategy

## Health and Care Act 2022

The Health and Care Act introduced significant changes to NHS structures, introducing Integrated Care Systems (ICSs) with the aim of improving outcomes in population health and healthcare; tackling inequalities in outcomes, experience and access; enhancing productivity and value for money; and helping the NHS support broader social and economic development. In the Humber and North Yorkshire Health and Care Partnership, deliver of this agenda is supported by 6 place partnerships and 5 sector collaboratives. The increased emphasis on partnership working across the ICS will change the way decisions on estates are made, with an increased emphasis on joint decision making and integrated models of service delivery. For example, decisions about investments in the forensics estate are now being considered in the context of region-wide service provision by the Specialised Mental Health Provider Collaborative.

## HTFT Primary Care Strategy

The Trust's strategic direction for Primary Care is to continue to develop our portfolio of primary care practices. This approach will enable us to develop sustainable models of care through the use of Multi-Disciplinary Teams and deliver back office efficiencies within larger practices. Transformation opportunities based on the model of the merger of the Hallgate and Chestnuts practices in Cottingham may allow estate rationalisation: divesting from primary care estate that is no longer fit for purpose while delivering high quality patient care from environmentally sustainable and clinically effective buildings.

## Energy Pricing

Over the next few years, the Trust will need to manage ongoing energy pricing pressures due to current global events. Existing green initiatives such as agile working and offsetting are having a positive impact on reducing consumption figures, but over the duration of this strategy, additional measures will be required to reduce consumption in line with the Trust's Green Plan. These measures may include securing funding to decarbonise some of the Trust's largest consumer sites, transitioning to electric fleet vehicles and reviewing lighting and heating options.

## Greener NHS

The Greener NHS programme was launched by the NHS in October 2020. This bold programme laid out the agenda to ensure that the NHS is completely decarbonised by 2045. For emissions controlled directly by the NHS, the ambition is to reach an 80% reduction by 2028–32 and Net-zero by 2040. For an extended set of emissions including those that can be influenced in the supply chain, the ambition is to reach an 80% reduction by 2036–39 and Net-zero by 2045.

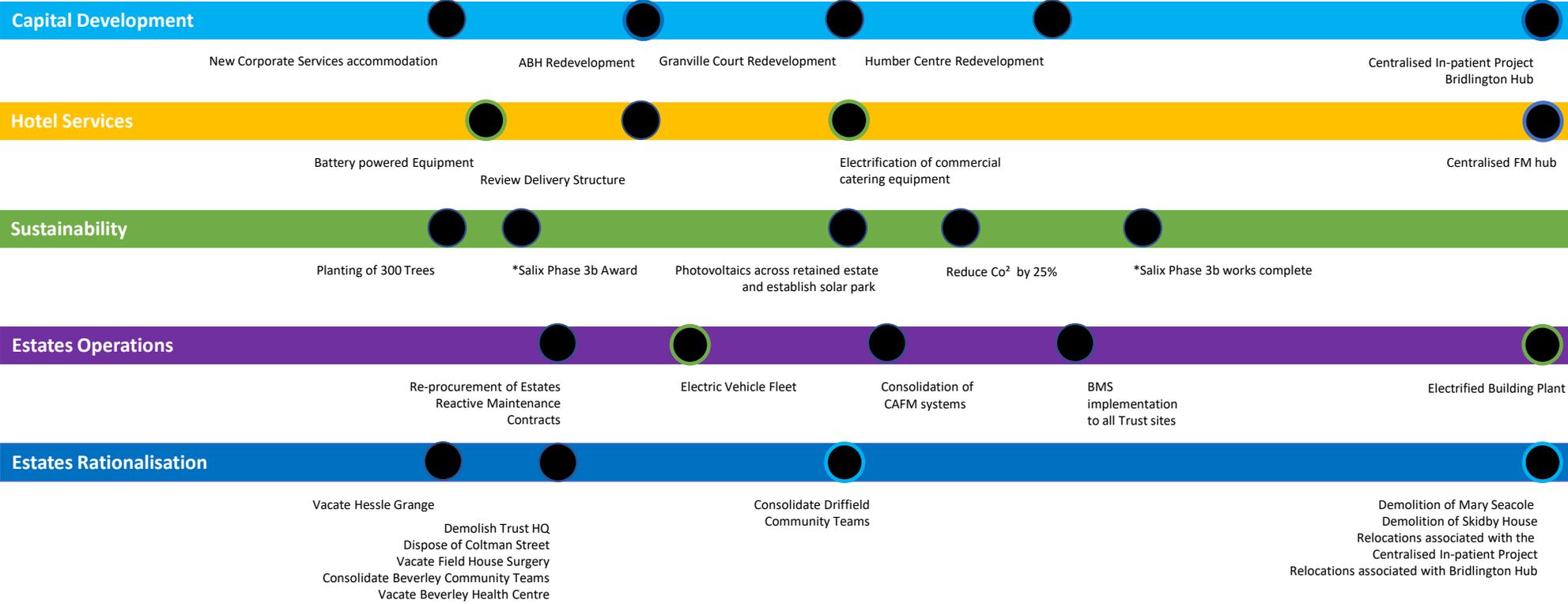
## Humber and North Yorkshire Health and Care Partnership Green Plan – Our Sustainability and Net Zero programme 2022-2025

Humber and North Yorkshire Health and Care Partnership is committed to achieving a Net Zero healthcare system and has adopted a target of eliminating carbon emissions by 2035, a full 10 years ahead of the Greener NHS's targets of 2045. The region has identified local targets to eliminate carbon emissions in an accelerated programme.

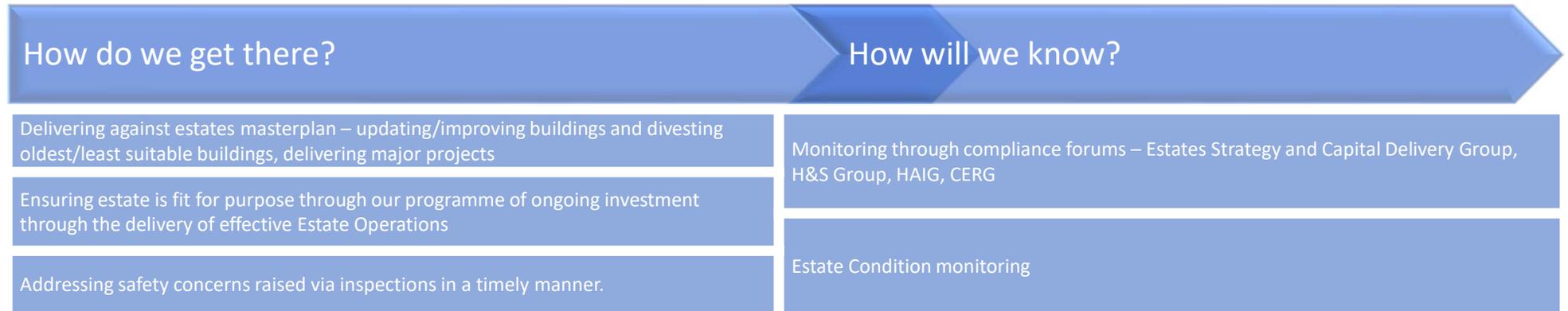


HNY Net Zero Structure in the ICS

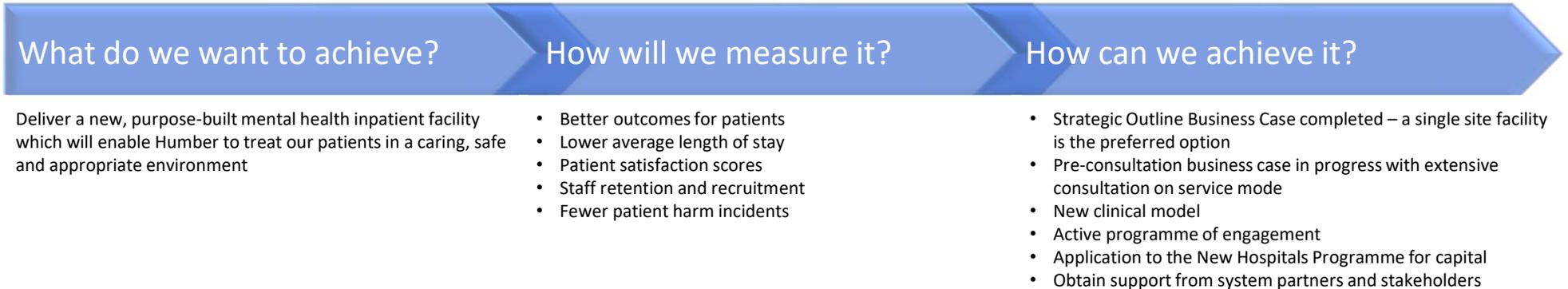
# Estates Strategy Timeline



## Goal 1: Support the delivery of high quality, safe and accessible care by ensuring that our estate provides a clinically optimised environment for care delivery.



## Strategic Programme– Mental Health Inpatient Services



## Estates Operations

What do we want to achieve?

How will we measure it?

How can we achieve it?

A fully compliant Estate that is maintained to the highest standards.

Ensuring patient, visitor and staff experience suitable and fit for purpose environments.

Consistently improve the performance and quality of our maintenance and other subsidiary services.

- CAFM dashboard systems
- Internal reviews and PLACE assessments
- External auditing from aligned Authorising Engineers
- Surveys
- Stakeholder engagement

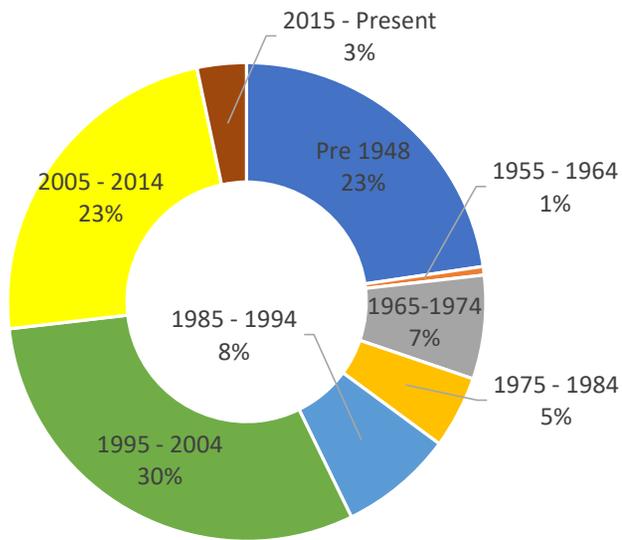
- Develop action plans for areas of improvement
- Assess audits to ensure we are fully compliant
- Ensure all training requirements are met
- Contract management of external partners
- Peer reviews
- Analyse preventative maintenance regimes
- Ensure that plant replacement programme is aligned with the Trust's Green Plan
- Regular review meetings to ensure we are working to best practice

## Estate Condition

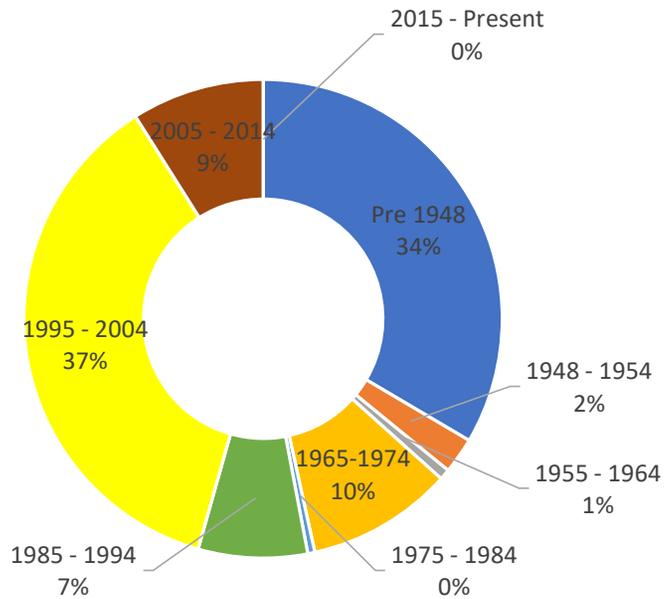
It is essential that the physical condition of the NHS estate is accurately assessed and maintained to ensure it is fit for purpose and safe for patients and staff. A Six Facet Survey is commissioned every five years to inform this, the latest of which was commissioned in 2020.

An investment programme is required for any areas that fall below Physical Condition B (Critical Backlog), in accordance with NHS E Land and Property Appraisal Guidance.

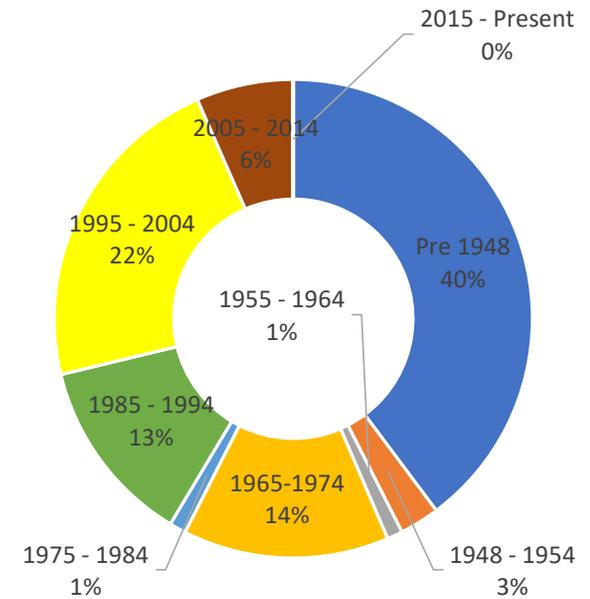
**Building Age Profile by GIA (m<sup>2</sup>)**



**Critical Backlog Age Profile - £7.2m**



**Non-Critical Backlog Age Profile - £21.8m**



## Goal 2: Provide environments where staff and patients feel safe and which actively promote recovery.

How do we get there?

Ensuring that our estate supports a trauma informed approach

Meeting recognised standards for Autism-friendly and dementia friendly environments

Engaging with patients and carers through Patient Councils and other engagement groups to co-produce estate improvement plans

Delivering effective Hotel Services which meet the needs of patients, carers and staff

How will we know?

Refurbishment, upgrade and new build projects are guided by a trauma informed approach which supports Humber's clinical model

External accreditation for Autism-friendly and dementia friendly environments.

Improved PLACE scores

### Award winning care environments

Humber is committed to putting recovery at the heart of our care and embedding a trauma informed approach to supporting the people who use our services. Our estate plays a vital role in delivering on this ambition. Over the next 5 years, we will apply our experience of delivering highly successful estates projects to major developments such as the new mental health campus. The recent design and build of our award winning Inspire CAMHS inpatient unit demonstrates the approach we will take. The Inspire building was designed in parallel with the clinical and staffing model and the vision was developed jointly by the Trust estates team, clinicians, architects and young people.

The building was designed solely with its final use in mind: every part supports delivery of care. Starting from a trauma informed clinical model, the team created an environment which instilled a sense of safety and designed in varied ways for the young people to interact with staff and with each other. The resulting space is uniquely designed around the social and emotional needs of young people, offering a range of different types of environment so that young people can choose their space to meet their needs – noisy, reflective, creative, homely. The project won two Design in Mental Health Awards in recognition of the way the building supports clinical care.



## Hotel Services

What do we want to achieve?	How will we measure it?	How can we achieve it?
Provide a high quality, resilient, sustainable soft facilities management service.	<ul style="list-style-type: none"> <li>• PLACE</li> <li>• MiCAD Audits</li> <li>• IPC Audits</li> <li>• Food Safety Audits</li> <li>• Environmental Health Inspections</li> <li>• Friends &amp; Family Test</li> <li>• PAM</li> <li>• ERIC</li> </ul>	<ul style="list-style-type: none"> <li>• Monitoring &amp; Audit</li> <li>• Quality Circle Meetings</li> <li>• Respond to feedback – You said we did</li> <li>• Trained and motivated workforce</li> <li>• Financial investment</li> <li>• Correct tools and equipment for the job</li> </ul>
Full compliance with the National Specification of Healthcare Cleanliness 2021	<ul style="list-style-type: none"> <li>• Monitoring of cleanliness standards</li> <li>• IPC Audits</li> <li>• PLACE</li> </ul>	<ul style="list-style-type: none"> <li>• Trained and motivated workforce</li> <li>• Access to efficient, effective materials and equipment</li> <li>• Cleaning schedules &amp; specification</li> </ul>
Full compliance with the 10 Key Characteristics of good Nutritional Care to ensure food and drink is provided and administered safely	<ul style="list-style-type: none"> <li>• Food safety audits</li> <li>• Environmental Health Inspections</li> <li>• PLACE</li> <li>• Patient feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of well designed and ergonomically practical production kitchens</li> <li>• Financial investment in the most up to date catering equipment</li> <li>• Sourcing of the most nutritious and locally available food products</li> <li>• Using the special dietary requirement forms</li> </ul>

# Goal 3: Collaborate with partners and stakeholders at Place level and across the Humber and North Yorkshire Health and Care Partnership to maximise the efficient and effective use of our estate, including co-location of services.



## Strategic Programme – Delivering for Bridlington

In Bridlington, we are working with public sector partners through a “One Public Estate” approach to maximise the value of our collective assets in the town. Successes so far include working with partners within Primary Care to transform services delivered from the medical centre.

Over the next few years, we will continue to work closely with system partners to deliver integrated health and care services from a consolidated estates portfolio. The programme will ensure that Bridlington residents continue to receive care close to home, from high quality buildings which deliver an improved service user experience. Working in partnership will enable us to address complex estate challenges, alongside delivering investment into Bridlington’s public and community assets.

# Goal 4: Work alongside economic development and health and care system partners to ensure that our estate investments benefit local communities.

How do we get there?	How will we know?
Integrating social values into procurement.	Increased number of contracts with social values measure. Increase in weighting on social values at contract award.
Working in partnership to increase our social impact.	Increased number of partnership-based projects
Enhancing the community benefit delivered by our estate including working with VCSE organisations and delivering health promotion activities within our facilities.	Number of community benefit projects delivered by the Trust or by VCSE partners from Trust facilities.
Increasing volunteer involvement in estate projects, e.g. Whitby artwork and gardening groups, meet and greet volunteers.	Increase in the number of volunteers involved in estates projects
Increasing the use of charitable funds for estates enhancements.	Increased investment of charitable funds

**Focus on Social Values**

At Humber, we look for innovative ways of maximising the effective use of resources across health and care services. This includes looking at how we use our own and our partners’ buildings and locations to deliver services in the right place so that they are accessible and welcoming to our communities.

Delivering our services alongside partner organisations empowers our staff to work across organisational boundaries to improve access to services for our communities. We aim to build on existing successes, such as delivering child health clinics from Hull and East Riding Children’s Centres, to improve access to our own and partners’ services.

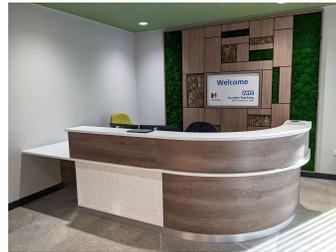
Additionally, we work alongside our local suppliers to maximise the benefit to our communities, for example, by embedding social values and sustainability in our tendering process and promoting apprenticeships throughout our supply chain to offer local people employment opportunities.

# Goal 5: Provide modern, comfortable and welcoming environments which staff are happy to work in.

How do we get there?	How will we know?
Addressing the maintenance backlog	Progress against delivering maintenance programme
Continuing to invest in staff welfare facilities post-covid.	Level of investment in staff welfare facilities
Supporting staff through new ways of working - Blend and Thrive	Staff satisfaction survey
Continuing to train and develop the Estates and Hotel Services workforce	Increased recruitment and retention into Estates and Hotel Services teams.

## Strategic Programme – Blend and Thrive

Our recent investment to create a new bookable office and meeting space is an excellent example of our commitment to providing modern, welcoming working environments for our staff. The new office space will allow the Trust to dispose of the former HQ building, a circa 1900s accommodation block which had been adapted into office accommodation. This building no longer aligned with modern working practices and suffered from significant maintenance backlogs. The new space has a reduced footprint, but offers flexibility in its layout, and has been designed to complement the Trust's Blend and Thrive approach to agile working, with bookable workstations and meeting spaces coupled with the use of technology to provide a truly flexible offer to all users of the building.



## Customer Satisfaction

What do we want to achieve?

How will we measure it?

How can we achieve it?

A solid feedback request structure obtained from various sources including services, staff, service users and other stake holders.

- Feedback forms received
- Estates Helpdesk calls & email requests
- Benchmarking with peer groups
- Evidence of acting upon suggestions
- KPI results

- Estates and Facilities requesting feedback forms to be completed
- Learning from feedback and reacting to suggestions
- Senior Management input
- Follow up meetings with services

Projects that achieve the project brief, and allow operational colleagues to deliver services in line with their expectations.

- Post project evaluations
- Project benefits analysis reviews

- Robust business cases linked to strategic goals
- Robust project brief, reviewed and signed off by all stakeholders
- Partnership working with both internal and external stakeholders.

### Recent Feedback:

*Estates are always quick to respond and give a good service, thank you!!*

*Really good services, very friendly and helpful*

*Very well run department with good communication with other teams*

1. Did you think that the job was resolved in a timely manner?

4.54 out of 5

3. How satisfied were you with your overall estate's experience?

4.69 out of 5

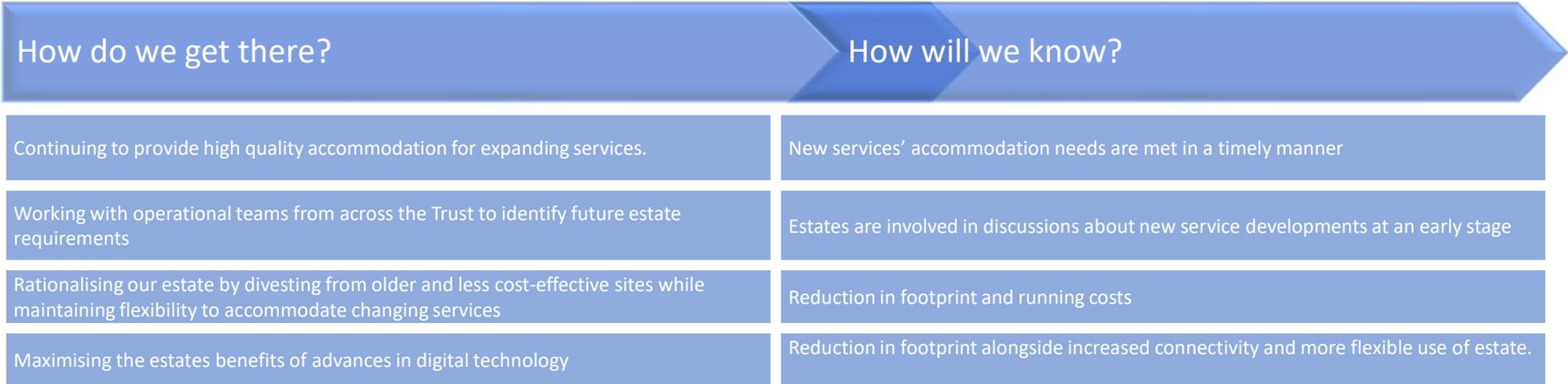
2. Was the job completed to a good standard?

4.75 out of 5

4. How satisfied are you with the level of communication relative to the estate's services provided?

4.63 out of 5

# Goal 6: Balance optimising the efficiency of our estate with changing operational requirements.



## Estates Rationalisation

What do we want to achieve?

How will we measure it?

How can we achieve it?

A more efficient, lower cost and fully utilised estate

- Annual backlog condition
- ERIC
- PLACE
- PAM
- Reduced operating costs (including reduced lease costs)

- Surrender of surplus leases
- Demolition / disposal of surplus buildings
- Space utilisation tools (Shared Space / OccupEye)
- Collaborative working with both internal and external stakeholders



Trust Headquarters



Hessle Grange Medical Centre

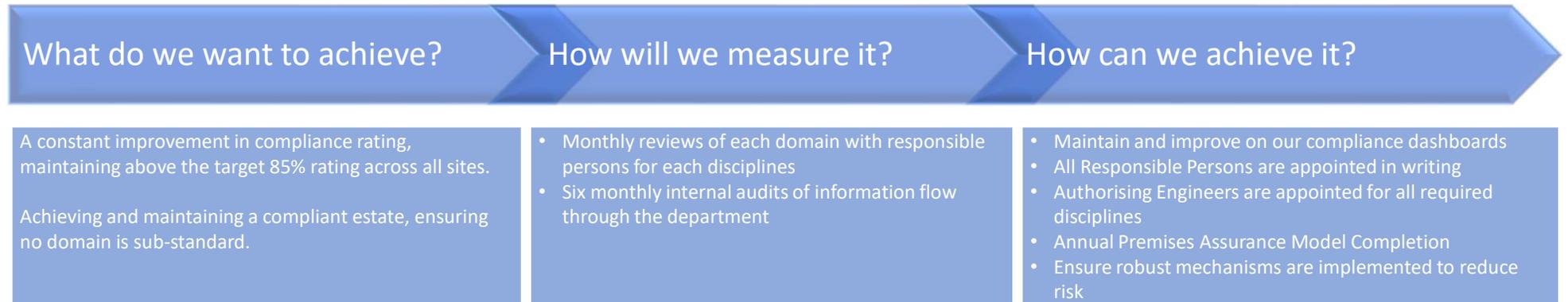


Coltman Street



Chestnuts Surgery

## Directorate Compliance Framework



Our current Compliance Dashboards provide the trust with a self-assessment capability to determine and understand levels of compliance per site, focusing on statutory planned preventive maintenance and providing an excellent visual of current compliance rates.

The trusts has set targets to achieve an overall compliance of 90% Which are outlined on the right.

Trust Targets	Compliance rates
2022	83%
2023	85%
2024	87%
2025	89%
2026	90%
2027	90%

## Digitally Connected Estate

Advances in the way the Trust uses new and emerging digital technologies will be a major driver in changes to our estates usage over the next 5 years. The move to agile working represents a major cultural change for the Trust as we transition away from working in fixed locations. In some cases, this will enable rationalisation of estates, while in others it will mean investing in infrastructure such as video conferencing to facilitate blended face to face and online meetings. We will work with our partners across the Humber and North Yorkshire Health and Care Partnership to enable our workforce to work across multiple organisations by reducing the number of digital systems we use. The flexibility for staff to work from partners' buildings will also be enhanced by removing the need for multiple logins.

Digital solutions will play a key role in enabling us to use our estate more effectively. The Trust is committed to transitioning to electronic storage of patient and corporate records, which will reduce the requirement for paper document storage across our estate. Technology will also inform decision making about the future of our estate, whether through utilising digital infrastructure to track estate utilisation or using data analytics to run simulations on future delivery models.

Digital technology is changing the way we engage, consult and deliver care to patients, for example using remote monitoring instead of caring for patients in a hospital environment through the Virtual Wards programme or offering remote consultations in primary care. In the future, use of the metaverse and virtual and augmented reality may open up new opportunities for remote consultation and training. Over time, these innovations will influence the type and location of estate the Trust requires. However, we recognised that the benefits of digital innovation cannot be fully realised unless we take seriously our social responsibility to support our patients, carers and families to use technology safely and confidently.

# Goal 7: Work with our partners and communities to minimise our effect on the environment to meet the NHS climate change target.

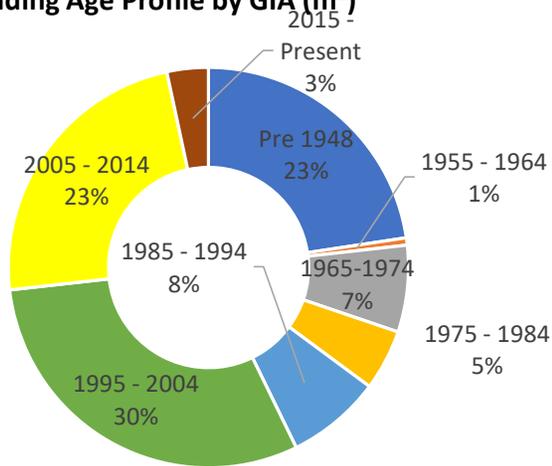


# Sustainability

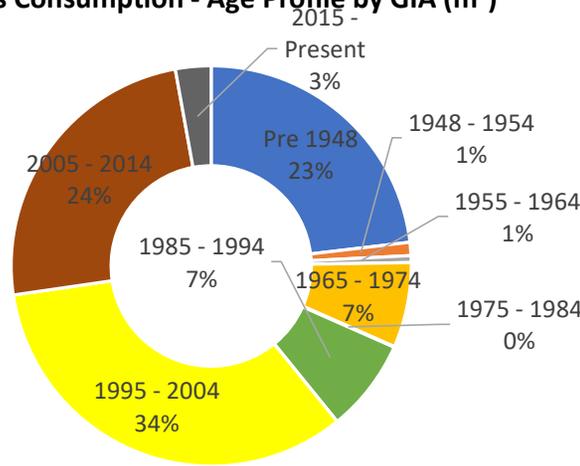


Reduce the amount of waste going to landfill and increase levels of recycling	<ul style="list-style-type: none"> <li>Waste stream monitoring and auditing</li> </ul>	<ul style="list-style-type: none"> <li>Provide all staff with waste segregation training</li> <li>Implement BAP and BAT where possible</li> </ul>
Reduce CO2 emissions	<ul style="list-style-type: none"> <li>Monitor and review energy consumption</li> <li>CO2 audits</li> <li>Thermal audits of estate</li> </ul>	<ul style="list-style-type: none"> <li>Replace all fleet fuelled vehicles with Zero Emission Vehicles</li> <li>Replace fossil fuelled energy supply with the introduction of solar panels.</li> <li>Ensure our estate is thermally secure and upgrade where required</li> </ul>
Improve utility usage performance	<ul style="list-style-type: none"> <li>ERIC</li> <li>Monitoring and reviewing energy consumption</li> <li>Thermal audits</li> </ul>	<ul style="list-style-type: none"> <li>Constantly monitor our consumption and address high usage issues</li> <li>Introduce greener energy solutions where possible</li> </ul>

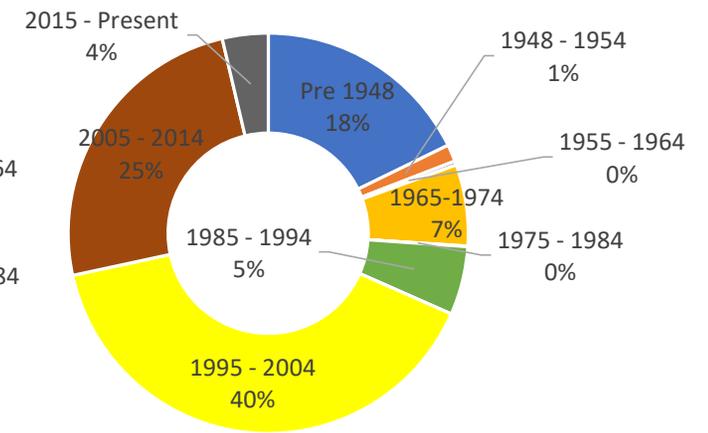
**Building Age Profile by GIA (m<sup>2</sup>)**



**Gas Consumption - Age Profile by GIA (m<sup>2</sup>)**



**Electricity Consumption - Age Profile by GIA (m<sup>2</sup>)**



# Capital Development

What do we want to achieve?	How will we measure it?	How can we achieve it?
Delivery of the backlog maintenance programme and energy reduction projects	<ul style="list-style-type: none"> <li>• ERIC Return</li> <li>• Reduction in energy consumption</li> </ul>	<ul style="list-style-type: none"> <li>• Ring fenced capital allocations</li> <li>• Grant applications (i.e. Salix)</li> </ul>
Ensuring that our estates is safe, fit for purpose, and affordable	<ul style="list-style-type: none"> <li>• Reduced backlog</li> <li>• PLACE assessments</li> <li>• Reduced utility bills</li> <li>• Ligature Audits</li> <li>• Accessibility Audits</li> </ul>	<ul style="list-style-type: none"> <li>• Develop action plans from various audits, with targeted outcomes</li> <li>• Develop backlog replacement programme based on factual data, age profile, and life cycle replacement</li> <li>• Develop actions plans based on identified clinical need, and outcomes from Clinical Environmental Risk Group, and other forums, with targeted outcomes.</li> </ul>
Provide suitable procurement solutions, to ensure quality, programme and costs are adhered to	<ul style="list-style-type: none"> <li>• Successful procurement of projects</li> <li>• Projects delivered on programme</li> <li>• Projects delivered within budget</li> </ul>	<ul style="list-style-type: none"> <li>• Use of compliant procurement methods such as traditional tendering processes, frameworks etc.</li> <li>• Open to all suitable contractors</li> </ul>

## Capital Programme 2023/24 – 2025/26

	Strategic Goal	Programme 23/24 £000	24/25 priorities £000	25/26 priorities £000	Total 23/24-25/26 £000
<b>Compliance:</b>					
Clinical environmental risk - doors	1	-	796	-	796
Clinical environmental	1	250	250	250	750
Backlog of Maintenance	1	300	300	300	900
Statutory compliance	1	250	250	250	750
PLACE	1	200	200	200	600
<b>Major Schemes:</b>					
Granville court refurbishment	2	345	800	300	1,445
Humber Centre	2	500	500		1,000
Pine view	2	614			614
<b>Other Building Schemes</b>					
Decarbonisation - (SALIX matched )	3	110	330		440
Decarbonisation - SALIX funded		1,264	615		1,879
Townend air conditioning	2	80			80
Staff attack alarms	2	200			200
Inpatient redesign	2	20			20
CQC seclusion compliance	1	1,000	500	500	2,000
Ventilation	1	700			700
Inpatient Bathrooms	1	430	500		930
<b>Digital/IT:</b>					
EPR - funded by PDC	3	1,268			1,268
Digital YHCR - any to any	3	360			360
Digital YHCR (specifics tbc) HNY and SY	3	1,930			1,930
IT - block allocation	3	700	700	700	2,100
<b>Contingency/Fees:</b>					
Contingency	3	629	1,110	500	2,239
Capital Fees	3	200	200	200	600
To be identified	3	-		3,300	3,300
<b>Total programme</b>		<b>11,350</b>	<b>7,051</b>	<b>6,500</b>	<b>24,901</b>

# Glossary

Term	Definition	Term	Definition
BAP	Best Available Practice	MiCAD	Proprietary CAFM System
BAT	Best Available Technology	Multi-Disciplinary Teams	Group of staff from members of different professions and/or organisations that work together to make decisions
BMS	Building Management System	NHS Climate Change Target	NHS England commitment to achieve net carbon zero by 2040
BREEAM	British Research Establishment Environmental Assessment Method	Carbon offsetting	Carbon storage (e.g. through land restoration or tree planting), which is used to compensate for omissions that occur elsewhere
CAFM	Computer Aided Facilities Management	PAM	Premises Assurance Model
CERG	Clinical Environment Risk Group	PLACE	Patient Led Assessment of the Care Environment
Decarbonisation	Removal or reduction of carbon dioxide (CO2) output into the atmosphere	Population Health	An approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population.
ERIC	Estates Returns Information Collection	Provider Collaborative	Provider collaboratives are partnerships that bring together two or more NHS trusts to work together at scale to benefit their populations.
GHGP Scope 1, 2 & 3	Green House Gas Protocol: Scope 1 (Fuel combustion, Company vehicles, Fugitive emissions), Scope 2 (Purchased electricity, heat and steam), Scope 3 (Purchased goods and services, Business travel, Employee commuting, waste disposal, use of sold products, transportation and distribution, Investments, leases assets and franchises)	Six Facet Survey	Estate survey standard: 1) Physical condition, 2) Functional suitability, 3) Space utilisation, 4) Quality, 5) Fire and health & safety requirements, 6) Environmental management
GIA	Gross Internal Area	Social Values	An approach defined through the Public Services (Social Value) Act (2013) which requires all public sector organisations and their suppliers to look beyond the financial cost of a contract to consider how the services they commission and procure can improve the economic, social and environmental wellbeing of an area.
HAIG	Healthcare Associated Infection Group	ULEV	Ultra Low Emission Vehicles
IPC	Infection Prevention and Control	VCSE	Voluntary Community and Social Enterprise
KPI	Key Performance Indicator		

**Agenda Item 12**

Title & Date of Meeting:	Trust Board Public Meeting, 29 <sup>th</sup> March 2023			
Title of Report:	Trust Strategy Monitoring Framework			
Author/s:	Sarah Clinch, Partnerships and Strategy Manager			
Recommendation:	To approve	✓	To discuss	
	To note		To ratify	
	For assurance			
Purpose of Paper:	This paper asks the Trust Board to receive and note the proposed metrics for monitoring delivery of the new Trust Strategy.			
Key Issues within the report:				
<b>Positive Assurances to Provide:</b>		<b>Key Actions Commissioned/Work Underway:</b>		
<ul style="list-style-type: none"> <li>The Trust Strategy Monitoring Framework and proposed reporting mechanisms described in this paper aim to provide positive assurances that the Trust is delivering against its Strategy.</li> </ul>		<ul style="list-style-type: none"> <li>None. Once approved, the Partnerships and Strategy Team will work with the BI Team to agree data sources and collection mechanisms and collate data relating to the agreed metrics.</li> </ul>		
<b>Matters of Concern or Key Risks to Escalate:</b>		<b>Decisions Made:</b>		
<ul style="list-style-type: none"> <li>None</li> </ul>		<ul style="list-style-type: none"> <li>The content of the refreshed Trust Strategy was approved at the Trust Board on 27<sup>th</sup> July 2022.</li> <li>The Strategy was formally launched at the Annual Members Meeting on 6<sup>th</sup> October 2022.</li> <li>The proposed metrics have been reviewed and refined by the committees listed in the Governance section below</li> </ul>		
Governance:		Date		Date
	Audit Committee	08/11/22	Remuneration & Nominations Committee	
	Quality Committee	24/11/22	Workforce & Organisational Development Committee	12/10/22
	Finance & Investment Committee	19/10/22	Executive Management Team	13/02/23

	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

**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	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

# **Trust Strategy Monitoring Framework**

## **January 2023**

### **1. Purpose**

This paper asks the Trust Board to receive and note the proposed metrics for monitoring delivery of the new Trust Strategy.

### **2. Background**

The content of the refreshed Trust Strategy was approved at the Trust Board on 27<sup>th</sup> July 2022. The new strategy retains the headline strategic goals from the previous strategy. However, the content and scope of each goal has been refreshed and in some cases broadened to reflect new challenges and opportunities. The strategy includes a page on each goal with content split into two sections detailing how we will achieve each goal and how we will know we have achieved it. The six strategic goals are:

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

The Strategy was formally launched at the Annual Members Meeting on 6<sup>th</sup> October 2022.

### **3. Strategy Monitoring Framework Development**

The attached monitoring framework sets out the metrics that will be used to measure and report on progress against delivery of the Trust Strategy. To design these indicators, a review was first carried out of the indicators that had been identified for monitoring delivery of the previous strategy. These indicators were re-aligned to lines in the draft of the refreshed strategy and reviewed with the lead Execs and NEDs for each strategic goal to confirm continued appropriacy and relevance.

The proposed monitoring framework has been reviewed in detail by the following committees:

- Quality Committee for the strategic goals on Innovating for quality and patient safety, Enhancing prevention, wellbeing and recovery and Promoting people, communities and social values and agree associated reporting processes.
- Audit Committee for the strategic goal on Fostering integration, partnerships and alliances and agree associated reporting processes.
- Workforce and OD Committee for the strategic goal on Developing an effective and empowered workforce.
- Finance and Investment Committee for the strategic goal on Optimising an efficient and sustainable organisation.

### **4. Next Steps**

The Partnerships and Strategy Team will work with the BI Team to agree data sources and collection mechanisms. It is proposed that the Board should receive a report on progress against delivering the relevant strategic goals at 6 monthly intervals, starting from Spring 2023, although it is noted that some metrics will only be available on an annual basis. Staff

survey metrics linked to relevant lines of the strategy are included in this framework for reference and a standalone review of the staff survey results can be produced if required. The final stage of the process will be to review existing Board reporting frameworks such as the BAF and ensure that these reports are aligned with the refreshed strategy.

## **5. Recommendation**

That the Trust Board receive and note the proposed metrics and agree to take a report on progress against these measures at 6 monthly intervals.

**Appendix:** Trust Strategy Monitoring Framework

<b>Q&amp;S</b>	<b>Innovating for quality and patient safety</b>
<b>Exec Lead</b>	<b>Hilary Gledhill</b>
<b>Non-exec lead</b>	<b>Phillip Earnshaw</b>
<b>Committee</b>	<b>Quality Committee</b>

<b>Ambition Ref</b>	<b>How we will achieve this</b>	<b>How we will know we have achieved this</b>	<b>Proposed Measures</b>
1.1	Attain a CQC rating of outstanding for safety to inform our ultimate aim of achieving a rating of outstanding in recognition of our success in delivering high-quality, safe, responsive and accessible care.	Inspection by the CQC will result in a rating of outstanding for patient safety and an overall rating of outstanding at the next inspection.	CQC rating Our patient safety annual report evidences learning from patient safety incidents Stat man training compliance Incidents relating to medicine safety that have caused harm (moderate and above) Incidents relating to safer staffing that have caused harm (moderate and above) Incidents relating to waiting list that have caused harm.( moderate and above)
1.2	Use patient experience and other forms of best available evidence to inform practice developments and service delivery models for the services we provide and commission.	Quality improvement methodology and validated patient and clinical outcome metrics are routinely used to measure health outcomes and inform continuous service improvements.	QI Strategy Metrics - Increase in QI Charters, training delivery, Staff Survey questions on making improvements happen, involvement of patients and carers, involvement of partner organisations.
1.3	Work collaboratively with our stakeholders to co-produce models of service delivery and deliver transformation programmes that meet the needs of the communities we serve and address health inequalities, both in our provider role and in our role as lead commissioner.		Numbers of services awarded the Co-production stamp, Numbers of patients and carers involved in service design.
1.4	Continually strive to improve access to our services and minimise the impact of waiting times for our patients, their carers and families.	Access to our services will be in the top quartile in the Yorkshire and North East Region.	RTT - Completed Pathways RTT - Incomplete Pathways RTT - 52 Week Waits RTT - 52 Week Waits - Adult ASD RTT - 52 Week Waits - Paediatric ASD RTT - 52 Week Waits - CAMHS RTT - Early Interventions RTT - IAPT 6 Weeks and 18 weeks
1.5.	Shape the future of our health services and treatments by building on our existing research capacity, taking part in high-quality local and national research, embedding research as a core component of our frontline clinical services and translating research into action.	The number of service areas which offer opportunities for people to take part in high-quality research will increase.  We can evidence that research and audit are used to promote change across our clinical pathways.	Participants in research studies, number of teams involved in research studies. New models of care are underpinned by the best available research evidence ( linked to goal 1.2).

<b>PW&amp;R</b>	<b>Enhancing prevention, wellbeing and recovery</b>
<b>Exec Lead</b>	<b>Lynn Parkinson</b>
<b>Non-exec lead</b>	<b>tbc</b>
<b>Committee</b>	<b>Quality Committee</b>

<b>Ambition Ref</b>	<b>How we will achieve this</b>	<b>How we will know we have achieved this</b>	<b>Proposed Measures</b>	<b>Information Source</b>
2.1.1	Focus on putting recovery at the heart of our care. This means supporting people using our services to build meaningful and satisfying lives, based on their own strengths and personal aims. We will offer holistic services to optimise health and wellbeing including our Recovery College, Health Trainers, Social Prescribing and Peer Support Workers.	A recovery focused approach will be embedded in Humber policies and procedures covering supervision and appraisal, risk management, MDTs, how we provide information to patients and how we develop our estate.	<p>Recovery Champions and Peer Support workers are recruited and supported.</p> <p>Recovery Steering Group develops remit to play a role in signing off or advising on service design decisions to ensure they support recovery. Potential to introduce Recovery groups in each division which will feed into Recovery Steering Group.</p> <p>Approval of new patient facing information includes specific check for recovery focus.</p> <p>Recovery focused approach is embedded in the Trust's new Estates Strategy.</p>	<p>Recovery Framework/Recovery Steering Group</p> <p>Estates Strategy</p>
2.1.2		Dedicated resources will be allocated to transformative projects to creatively support recovery.	<p>Level of investment in recovery focused projects.</p> <p>Increase in Recovery College access (new sign ups, course completions). Service user reported experience and outcomes (SWEMWBS Progress, % of respondents had a positive experience of our service).</p> <p>Getting back to employment as measure of recovery, number of placements in preparation for work.</p>	Recovery College performance metrics
2.2	Embed a trauma informed approach to supporting the people who use our services. In doing this, we will acknowledge people's experiences of physical and emotional harm and deliver our services in a way that enables them to feel safe and addresses their physical, psychological and emotional needs.	Humber will adopt a trauma informed approach to care, covering clinical models for patient care and underpinning our approach to supporting our staff.	Trauma informed care plan in place, identifying how the organisation will implement a trauma informed approach, establishing baseline and setting KPIs, covering clinical models for patient care and our approach to supporting our staff.	Work with new lead for supporting development and delivery of Trauma Informed Strategy if approved. The target for year 1 is likely to be completing development of the TIC strategy.
2.3	Empower adults, young people, children and their families to take control by becoming experts in their own self care, making decisions and advocating for their needs.	Shared decision making will be embedded in all services, enabling patients and service users to plan and measure their own recovery and wellbeing, working towards self-defined personal goals with involvement from their carers and families.	<p>Patient experience survey / measures - CMHT patient survey, FFT</p> <p>Use of lived experience roles in the organisations - uptake of peer support roles</p> <p>Implementation of new CPA approach based on patient centred outcomes</p> <p>Use of PROMs measures, proportion of patients with agreed recovery goal, proportion achieving recovery goal</p>	<p>Patient Survey/FFT</p> <p>Annual Internal Stakeholder Survey</p> <p>Policies and procedures</p> <p>Included in performance measures</p>
2.4	Work in partnership with our staff, patients, service users, carers and families to co-produce integrated services which take a collaborative	People with lived experience will be involved in co-designing, co-producing and co-creating all new or changing services.	<p>Involvement of patients and carers in QI projects</p> <p>Numbers of services achieving co-production mark for service improvement and new service developments</p>	<p>QI Charters</p> <p>Co-production mark applications and awards</p>

<b>IP&amp;A</b>	<b>Fostering integration, partnerships and alliances</b>
<b>Exec Lead</b>	<b>Michele Moran</b>
<b>Non-exec lead</b>	<b>Stuart McKinnon-Evans</b>
<b>Committee</b>	<b>Audit Committee</b>

<b>Ambition Ref</b>	<b>How we will achieve this</b>	<b>How we will know we have achieved this</b>	<b>Proposed Measures</b>	<b>Information Source</b>
3.1	Work alongside our partners in health, social care, the voluntary, community and social enterprise sector, Healthwatch, local government and other fields to develop integrated services as part of the Humber and North Yorkshire Health and Care Partnership. services.	Humber will build on its strong ICS and regional leadership role to develop our influence at a national level.	Map of influence and involvement based on membership or chairing of partnership boards and leadership of partnership programmes, e.g. ICB, Place, Provider Collab, SRO roles  Value of partnership-based contracts as a percentage of overall spend on service/pathway delivery.	P&S intelligence gathering  Finance data
3.2	Take a collaborative approach to facilitating the provision of modern innovative services, building on our role as Lead Provider for perinatal mental health and aspects of specialised mental health commissioning.	Humber will maximise its role in leading and supporting provider collaboratives and enable the delivery of patient-centred, multi-partner care models and pathways.	Amount of provider collaborative funding flowing through the Trust will increase  Case studies of multi partner care models and pathways, with and without Humber as lead provider  Case studies of pathways with clear cross-organisational processes in place (e.g. joint SOPs) and shared understanding of each organisations contributions to patient care  Case studies of multi-agency integrated teams delivering patient centred care  Out of Area Placements and Delayed Transfers of Care will be reduced	Finance data  Annual internal and external stakeholder survey  Annual internal and external stakeholder survey  Annual internal and external stakeholder survey  Performance data
3.3	Work closely with all six Place-based partnerships across Humber and North Yorkshire to facilitate collaboration and empower local systems. Place-based partnerships have responsibility for improving the health and wellbeing outcomes for the population, preventing ill health and addressing health inequalities at a local level. health inequalities at a local level.	Humber's ambitions and service delivery at Place or local authority level will be aligned with local Health and Wellbeing Strategies, recognising the different and unique priorities of each of the Places Humber serves.	Mapping exercise to demonstrate alignment between local Health and Wellbeing Strategies and Trust strategies and service plans.  Case studies of our involvement in joint strategies and actions to address health inequalities at place and ICS level.  Case studies of adaptations to service delivery models to address local needs.	P&S intelligence gathering  Annual internal and external stakeholder survey  Annual internal and external stakeholder survey
3.4	Collaborate with system partners to maximise the efficient and effective use of resources across health and care services.		Case studies of partner staff hosted by HTFT, number of Trust staff hosted by partner organisations, number of staff working in cross-organisational teams.	Annual internal and external stakeholder survey
3.5	Empower Humber staff to work with partners across organisational boundaries, embracing a 'one workforce' approach to enable patients to access the right support, in the right place, at the right time.	System-wide solutions to long-term problems, including workforce challenges and access to services, will be designed and delivered in collaboration with our partners.	Sharing good practice and expertise across organisations - numbers of QI projects involving partner organisations  Evidence of contribution to developing joint plans, e.g. system wide workforce plan. Plans are in place with clearly identified responsible lead for delivery within HTFT.  Joint workforce solutions are in place, including implementation of collaborative staff bank	QI Charters  P&S intelligence gathering  P&S intelligence gathering
3.6	Use our system-wide understanding of our local population's health needs and our knowledge of the impact and effectiveness of interventions to plan services.	Our own and our partners' clinical and financial data will be used to inform the delivery of more effective services, building on Humber's role in leading development of the Yorkshire and Humber Care Record and our partnerships with local universities.	Evidence of HTFT contribution to developing joint plans and strategies with a population health approach, e.g. Place level JSNAs, ICP Strategy. Plans are in place with clearly identified responsible lead for delivery within HTFT  Data sharing is in place via LHCR with YAS, Acutes, GPs, Community, Mental Health, Care Homes.	P&S intelligence gathering, Annual internal and external stakeholder survey  LHCR reporting

<b>PC&amp;SV</b>	<b>Promoting people, communities and social values</b>
<b>Exec Lead</b>	<b>Michele Moran</b>
<b>Non-exec lead</b>	<b>Philip Earnshaw</b>
<b>Committee</b>	<b>Quality Committee</b>

<b>Ambition Ref</b>	<b>How we will achieve this</b>	<b>How we will know we have achieved this</b>	<b>Proposed Measures</b>
4.1	Take action to address health inequalities and the underlying causes of inequalities, both in our role as a provider of integrated health services and our role as a developing anchor institution, supporting the long-term aim of increasing life expectancy for our most deprived areas and for population groups experiencing poorer than average health access, experience and outcomes.	Humber's staff will have a strong understanding and awareness of the principles of health inequalities. Health inequalities data will be incorporated in performance reporting to enable the organisation to deliver services in a way that maximises our ability to address health inequalities.	Operational plan in place for HTFT delivery of Core20 PLUS5 approach.  Agree a baseline dataset covering health inequalities metrics.
4.2	Work collaboratively with our partners in the voluntary sector to build on our shared strengths - our deep knowledge of service users' needs and our ability to respond to changing circumstances.	Strong relationships with voluntary sector organisations and networks will increase the role of this sector in developing and delivering services.	Evidence of VCSE involvement in developing services.  Evidence that strong relationships with VCSE organisations are in place, including the development of models for contracting with smaller and emergent community organisations through VCSE umbrella organisations.  Spend with VCSE organisations (grants and contracts)  Surveys, pulse-checks and assessing the point of view of our communities
4.3	Strengthen Humber's relationships with statutory partners including housing, education and Jobcentre Plus to deepen our understanding of our communities.	A wide range of statutory partners will be involved in strategic decision making and service design.	Involvement of a wider range of statutory partners in strategic decision making and service design.
4.4	Celebrate the increasing cultural diversity of Humber, offering opportunities for our staff, patients, families and the communities we support to safely express their views and shape and influence our services.	Humber staff, governors and our patient and carer experience champions will fully represent the diversity of the communities we serve, including rural and urban areas, under-served communities and young people, through our Youth Action Group.  Information is regularly gathered about the views of staff as residents and valued representatives of their communities, covering our services and wider social issues	Demographic profile of governors and PACE champions.  Information is regularly gathered about the views of staff as members of their community through questionnaires and focus groups. The findings are used to inform joint action plans with other organisations.  Link groups together across organisations to share best practice, facilitate learning and celebrate our diversity as a community.

4.5	Work alongside economic development and health and care system partners to ensure that our investments in facilities and services benefit local communities.	Our Social Values Report will continue to demonstrate the social value our work generates through the use of our resources for community benefit and our spend within the local economy.	<p>Impact assessments for premises projects will identify how additional community benefits could be incorporated.</p> <p>Increase in the proportion of goods and services procured from within Humber and North Yorkshire.</p> <p>Establish Trust objectives in line with the economic regeneration plans from across Humber and North Yorkshire.</p>
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<b>EEW</b>	<b>Developing an effective and empowered workforce</b>
<b>Exec Lead</b>	<b>Steve McGowan</b>
<b>Non-exec lead</b>	<b>Dean Royles</b>
<b>Committee</b>	<b>Workforce and OD Committee</b>

<b>Ambition Ref</b>	<b>How we will achieve this</b>	<b>How we will know we have achieved this</b>	<b>People Plan Pillar</b>	<b>Proposed Measures</b>
5.1	Attract, recruit and retain the best people by being an anchor employer within the locality; with roles filled by staff that feel happy and proud to work for Humber.	Our positions filled will increase to 95% and our retention rate will increase to 92%	Pillar 4 - Growing for the future - Attract, recruit, and retain the best	Positions filled Retention rate
5.2	Grow a community of leaders and managers across Humber with the capability, confidence and values to create a highly engaged, high performing and continually improving culture.	Humber will score above the benchmark group average for each of the People Promise themes in the NHS National Staff Survey.	Pillar 2 - Belonging in the NHS – Developing Talent Pillar 4 - Growing for the future - Build excellent teams and demonstrate exceptional leadership	People Promise themes scores
5.3	Maximise a diverse and inclusive workforce that is representative of the communities we serve.	The number of disabled, black and ethnic minority and LGBTQ+ staff in leadership roles will be equivalent to the communities we serve.	Pillar 2 - Belonging in the NHS – equal, diverse and inclusive workforce	WRES and WDES data on leadership roles
5.4	Enable new ways of working and delivering health care, anticipating future demands and planning accordingly.	The Trust will score above the benchmark group average for each of the People Promise themes in the NHS National Staff Survey	Pillar 1 - Looking after our people - Help our workforce to do their job productively Pillar 3 - New ways of working and delivering care	People Promise themes scores
5.5	Prioritise the health and wellbeing of our staff by understanding that staff bring their whole self to work, so we place mental and physical wellbeing at the heart of the individual's experience of working at Humber.	Sickness rates will be lower than the ICS average	Pillar 1 - Looking after our people - Support the health and wellbeing of our Staff	Sickness rates lower than the ICS average
5.6	Engage with schools, colleges and universities to create a highly skilled and engaged workforce who want to grow and develop to deliver high-quality care.	Humber will score above the benchmark group average for each of the People Promise themes in the NHS National Staff Survey.	Pillar 4 - Growing for the future - Educating and Training our People for the Future	People Promise themes scores
5.7	Ensure all colleagues are highly motivated to achieve outstanding results by creating a great employer experience, so that they feel valued and rewarded for doing an outstanding job; individually and collectively.	Humber will score above the benchmark group average for each of the People Promise themes in the NHS National Staff Survey.	Pillar 1 - Looking after our people - Reward and recognise our staff	People Promise themes scores
5.8	Develop a culture of learning, high engagement, continuous improvement and high performance that builds on our values and enables us to realise the potential of our people.	The percentage of staff recommending us as a place to work will increase to 80% or above.	Pillar 3 - New ways of working and delivering care - Culture, improvement, and engagement	Staff survey score on staff recommending us as a place to work

<b>ESO</b>	<b>Optimising an efficient and sustainable organisation</b>
<b>Exec Lead</b>	<b>Peter Beckwith</b>
<b>Non-exec lead</b>	<b>Francis Patton</b>
<b>Committee</b>	<b>Finance and Investment Committee</b>

<i>Ambition Ref</i>	<i>How we will achieve this</i>	<i>How we will know we have achieved this</i>	<i>Proposed Measures</i>	<i>Information Source</i>
6.1	Empower all staff to contribute to the efficiency and sustainability of the organisation by making informed decisions about the efficient use of resources.	The organisation's financial position is in line with targets set by NHS England.	NHSE/ICB targets - are we on plan  Items below to be discussed at FIC and highlights included in Strategy Board report. - Usage of PLICS/costing data - Uptake of finance training for non-finance managers, - Discussions on finance included on divisional meeting agendas - Survey of staff on understanding of Trust finance measures and controls - Read rate of Humber Financial Times	Finance data  PLICS usage Training data Annual internal stakeholder survey
		Humber achieves its aim to be in the top 25% for efficiency and sustainability measured against national financial benchmarking tools, where this is compatible with maintaining appropriate levels of investment in the future of high-quality services.	Achieve financial balance without the need for sustainability funding by 2024  Within upper quartile for reference costs where appropriate, NHS Benchmarking returns and NHSIE Corporate Benchmarking returns (annual)  Increased financial sustainability - conversion from turnover to profit  Delivery of Finance Plan, Delivery of BRS within financial plan, appropriate cash in bank position, Organisational use of resources score of 2 or better (6m)	Finance data
6.2	Work with our partners to optimise the efficiency and sustainability of the Humber and North Yorkshire Health and Care Partnership in our role as lead provider.	Humber adopts a lead provider role for an increased number of services.	Increase in number and value of formal and informal partnership and lead provider arrangements (6m)  Deliver our element of the control total, supporting delivery of the ICS budget	Finance data
6.3	Continue to develop our estate to provide safe, environmentally sustainable and clinically effective environments that support operational delivery.	The organisation scores above the national domain for 'Condition Appearance and Maintenance' against the annual Patient Led Assessment of the Care Environment surveys.	Number of staff who have adopted agile working, reduction in estate footprint per employee.  Reduction in backlog maintenance costs  Improved PLACE scores  Delivery of Estate Strategy KPIs - due Jan 2023	Annual data capture via ODG  ERIC scores, reduction in estate energy consumption (annual)  PLACE scores (annual)
6.4.1	Embrace new, safe and secure technologies to enhance patient care, improve productivity and support our workforce across the health and social care system. We will design technologies around the person's needs and will make sure that people are not excluded from accessing services due to digital poverty or poor rural connectivity.	Humber achieves the Government backed Cyber Essentials accreditation in recognition of the organisation's robust cyber security approach by October 2022.	Targets from refreshed Digital Plan - - roll out of PowerBI, data warehouse and use of AI - delivery against Digital Aspirant Plus KPIs - achieve Cyber Essentials Plus - IG training compliance levels - continues expansion of Y&H Care Record (from Business Plan) - implementation of new EPR - co-production of new patient facing technologies with people at risk of digital exclusion is embedded in brief for digital schemes  Survey of staff experience of using technology plus calls and access times to IT helpdesk	Digital Plan Monitoring
6.4.2		Data Quality Maturity Index (DQMI) scores are maintained above the national average.	DQMI Scores (monthly) Data Quality Audits	DQMI Scores (monthly) Data Quality Audits

**Staff Survey Questions Mapped to Relevant Strategy Lines**

<b>Goal</b>	<b>Ambition Ref</b>	<b>How we will achieve this</b>	<b>How we will know we have achieved this</b>	<b>Staff Survey Questions</b>
Q&S	1.1	Attain a CQC rating of outstanding for safety to inform our ultimate aim of achieving a rating of outstanding in recognition of our success in delivering high-quality, safe, responsive and accessible care.	Inspection by the CQC will result in a rating of outstanding for patient safety and an overall rating of outstanding at the next inspection.	Q21a- care of patients is my organisations top priority Q21b- My organisation acts on concerns Q9h- my manager cares about my concerns Q8b The people I work with are understanding and kind Q3d I am able to make suggestions to improve the work of my team Q17a- I feel secure raising concerns about unsafe clinical practice Q17b- I am confident my organisation would address my concern Q21e- I feel safe to speak up about anything that concerns me Q21f- If I spoke up about something that concerns me I am confident it would be addressed Q3I- There are enough staff at this organisation
Q&S	1.3	Work collaboratively with our stakeholders to co-produce models of service delivery and deliver transformation programmes that meet the needs of the communities we serve and address health inequalities, both in our provider role and in our role as lead commissioner.	Quality improvement methodology and validated patient and clinical outcome metrics are routinely used to measure health outcomes and inform continuous service improvements.	Q21a - Care of patients / service users is my organisation's top priority Q21b - My organisation acts on concerns raised by patients / service users FFT Questions
PWR	2.4	Work in partnership with our staff, patients, service users, carers and families to co-produce integrated services which take a collaborative, holistic and person-centred approach to care.	People with lived experience will be involved in co-designing, co-producing and co-creating all new or changing services.	Q3d - I am able to make suggestions to improve the work of my team / department Q3e - I am involved in deciding on changes introduced that affect my work area / team / department Q3f - I am able to make improvements happen in my area of work
PC&SV	4.4	Celebrate the increasing cultural diversity of Humber, offering opportunities for our staff, patients, families and the communities we support to safely express their views and shape and influence our services.	Humber staff, governors and our patient and carer experience champions will fully represent the diversity of the communities we serve, including rural and urban areas, under-served communities and young people, through our Youth Action Group.  Information is regularly gathered about the views of staff as residents and valued representatives of their communities, covering our services and wider social issues	Q15 - Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age? Q18 - I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).

Title & Date of Meeting:		Trust Board Public Meeting - 29 <sup>th</sup> March 2023															
Title of Report:		2022 NSS Staff Survey Results – Presentation															
Author/s:		Steve McGowan, Director of Workforce and OD															
Recommendation:		<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td>X</td> </tr> <tr> <td>To note</td> <td>X</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>				To approve		To discuss	X	To note	X	To ratify		For assurance			
To approve		To discuss	X														
To note	X	To ratify															
For assurance																	
Purpose of Paper:		<p>To provide the Board with an overview of the National Staff Survey Results 2022</p> <p>Elaine Potts from Quality Health (External Survey Provider) will provide a presentation of the results at the meeting.</p>															
Key Issues within the report:																	
<p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>6 of the 7 People Promise theme scores increased (the other stayed the same);</li> <li>Staff Morale increased and Staff Engagement stayed the same;</li> <li>74 of 104 questions more positive than 2021.</li> </ul>			<p><b>Key Actions Commissioned/Work Underway:</b></p> <p>All divisions and directorates are evaluating last year plans in relation to this year's results and will be developing plans for this year which will be monitored via the accountability reviews, EMT and Workforce Committee.</p>														
<p><b>Matters of Concern or Key Risks:</b></p> <ul style="list-style-type: none"> <li>22 of 104 questions less positive compared to 2021.</li> </ul>			<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>.N/A</li> </ul>														
Governance:			Date		Date												
		Audit Committee		Remuneration & Nominations Committee													
		Quality Committee		Workforce & Organisational Development Committee													
		Finance & Investment Committee		Executive Management Team	Initial overview provided 9 <sup>th</sup> January 2023												
		Mental Health Legislation Committee		Operational Delivery Group													
		Charitable Funds Committee		Collaborative Committee													

			Other (please detail)	
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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	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Title & Date of Meeting:	Trust Board Public Meeting 29 March 2023			
Title of Report:	HNY ICB collaborative programme update – March 2023			
Author/s:	Alison Flack, Programme Director			
Recommendation:	To approve		To discuss	
	To note		To ratify	
	For assurance			
Purpose of Paper:	To update the board on the work of the HNY Mental Health, Learning Disabilities and Autism Collaborative programme and planning for 2023/24.			
Key Issues within the report:				
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>No significant issues with regards to delivery of recovery action plans and good progress against targets has been made in a number of areas.</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Co-ordination of system planning activities</li> <li>1<sup>st</sup> Draft plan submitted for 2023/24. Feedback received and further work underway to refine for final submission at the end of March 2023.</li> <li>Monitoring of recovery action plans against NHS Long Term Plan ambitions</li> </ul>		
<b>Matters of Concern or Key Risks:</b> <ul style="list-style-type: none"> <li>There are planning pressures within the system in relation to triangulation of finance, activity and workforce requirements to meet national planning ambitions.</li> </ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>For information.</li> </ul>		
<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)	

**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
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Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

# Humber and North Yorkshire Health and Care Partnership Mental Health, Learning Disabilities and Autism Collaborative Programme

## Humber Teaching NHS Foundation Board Update – March 2023

### Headlines

- Draft 2023/24 planning submission submitted 23<sup>rd</sup> February and feedback received, revised submission being developed for submission on 30<sup>th</sup> March.
- Assurance and monitoring of recovery plans continues against the NHS Long Term Plan.
- 100 Day Discharge Challenge – monthly self-assessments against discharge challenged requirements being submitted.
- Quarter 3 Assurance feedback received from NHSE, no significant issues against recovery plans.
- National visits – we have hosted visits from the national NHSE team around our trauma informed care programme and children and young people’s mental health.
- The Oliver McGowan training programme for learning disabilities and autism has been rolled out and is available across the patch.
- A number of clinical assemblies have been held with the most recent focussing on suicide prevention. Professor Louis Appleby was the keynote speaker and was able to share recent data and research outlining key aspects of risk relating to suicide prevention and how people can be supported in a targeted way. Assemblies have also recently been held on Neurodiversity and physical health for people with a serious mental illness (SMI).

### Summary of Key work

#### 2023/24 planning

Local places have been working with providers to set planning trajectories for 2023/24. The national planning objectives for mental health, learning disabilities and autism for 2023/24 are:

Mental health	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
	Increase the number of adults and older adults accessing IAPT treatment
	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
	Work towards eliminating inappropriate adult acute out of area placements
	Recover the dementia diagnosis rate to 66.7%
	Improve access to perinatal mental health services
People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit

The collaborative is co-ordinating planning of activity, finance and workforce templates and meets weekly with operational leads throughout the planning cycle. We have sought support from the business intelligence collaborative to produce and analyse the necessary data to inform planning discussions.

We know that 2023/24 will be a challenging year for finance planning and that we have a number of pre-commitments that will account for a proportion of the funding we will receive. All places within our integrated care system have confirmed that they will be meeting the Mental Health Investment Standard (MHIS).

The principles for distribution of funds has been agreed. We will need to work together to develop solutions for sustainable funding of services where we know SDF does not continue into 2023/24.

### **100 Day Discharge Challenge**

£500 million funding nationally available to support discharge into social care. Humber and North Yorkshire leads are developing local plans to utilise this allocation.

### **Quality – inpatient settings**

NHS England will be leading a programme of work looking at the quality and safety of inpatient settings for Mental Health, Learning Disabilities and Autism over the next 3 years. The focus will be around:

- Redesigning the model of care
- Ward culture and the therapeutic relationship
- Quality Governance – are review processes effective and checking the things that matter?

The first national webinar has been held and we have identified a programme lead within the collaborative team to lead this for Humber and North Yorkshire ICB, working closely with places and providers in our patch. 2023/24 will be a planning year for this large and complex piece of work, with delivery of the jointly produced plan to begin in 2024/25.

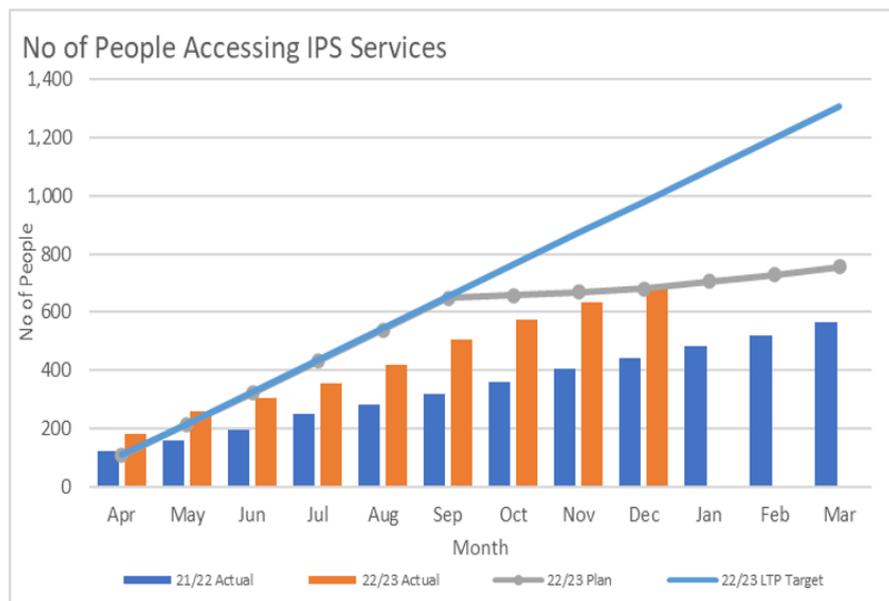
### **Performance against recovery action plans**

We continue to monitor how we are performing against the recovery action plans established this year to move as close as possible to the LTP ambitions for 22/23. Some of the key metrics and latest data can be seen below:

## Individual Placement Support



IPS



Data has been sourced from the latest IPS Dashboard in NHS Futures

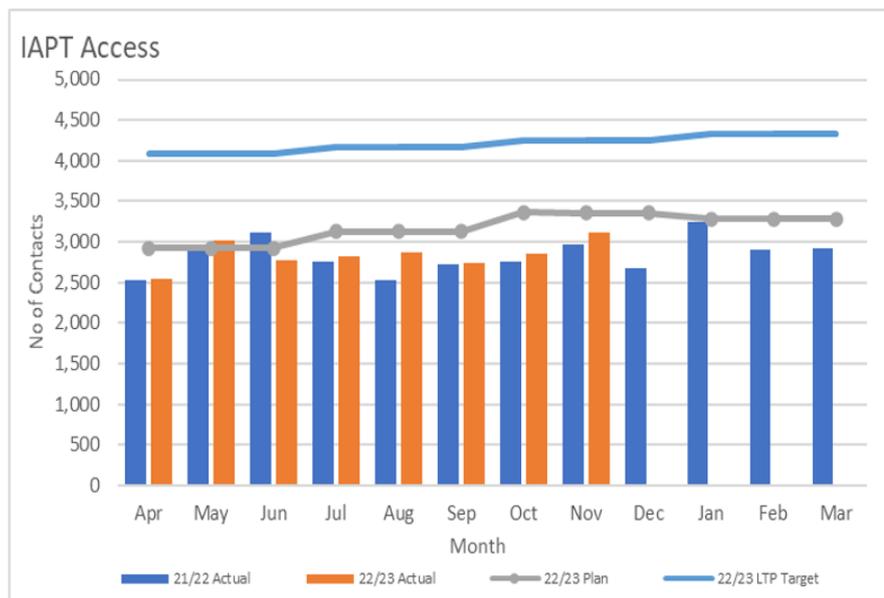
Cumulative performance for patients accessing services to December is :

- 690 actual
- 756 22/23 plan
- 91.2% of to date plan achieved

## Improving Access to Psychological Therapies/Talking Therapies



IAPT



All data sourced from the NHS Futures Core Data Pack.

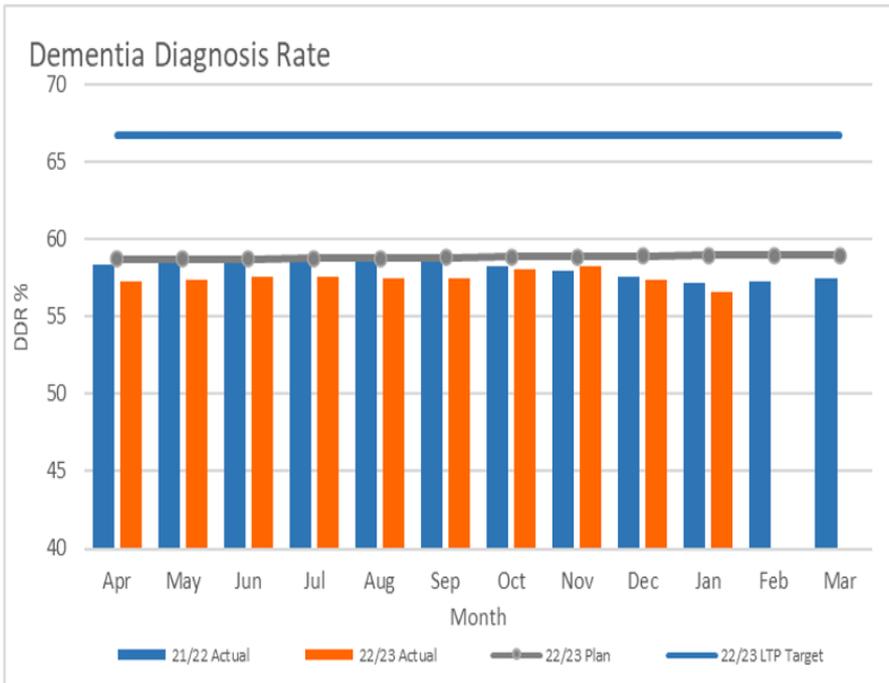
Cumulative performance for patients accessing services to November is :

- 22,720 actual
- 24,854 22/23 plan
- 91.4% of to date plan achieved



**Dementia Diagnosis Rates**

Dementia



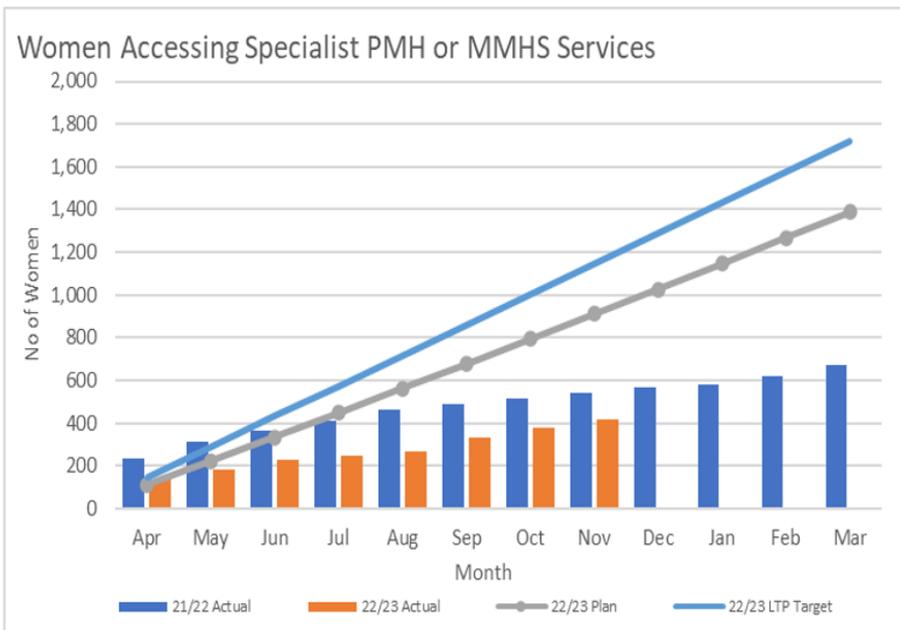
Data to December sourced from NHS Futures Core Data Pack, January data from NECS.

Demand continues to outstrip capacity within Memory Assessment Services with backlogs impacting on ability to recover.

Challenges relate to long waits for CT scans and reporting, and for medication initiation and titration which impacts of service capacity for diagnosis.

**Perinatal and Maternal Mental health services**

Perinatal



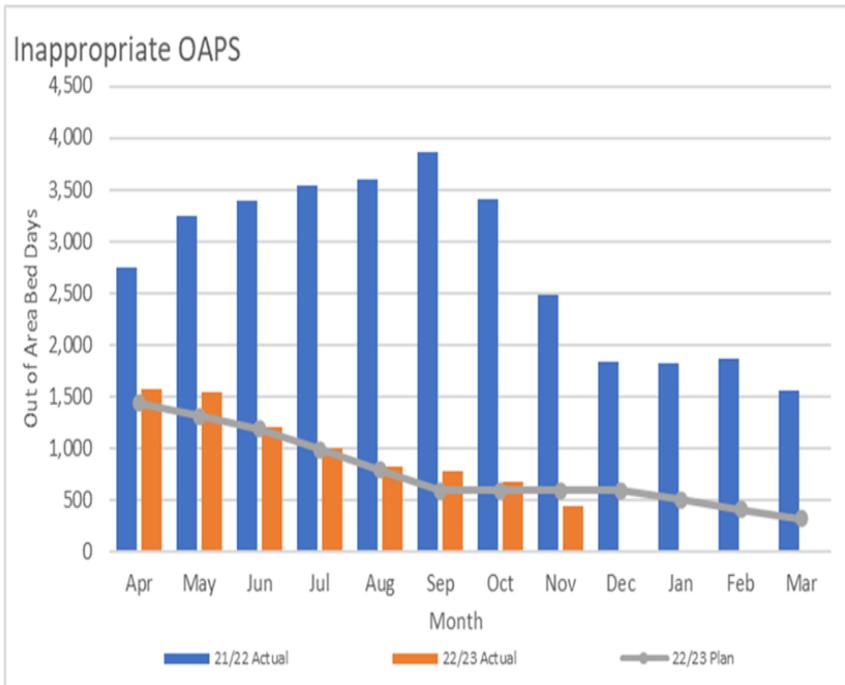
All data sourced from the NHS Futures Core Data Pack.

Cumulative performance for patients accessing services to November is :

- 420 actual
- 910 22/23 plan
- 46.1% of to date plan achieved

IMPORTANT: These values do not include women seen in the Maternal Mental Health Service and if these were included, trajectory would show as on track. This will be included on future iterations, once data issues have been resolved.

## Out of Area Placements



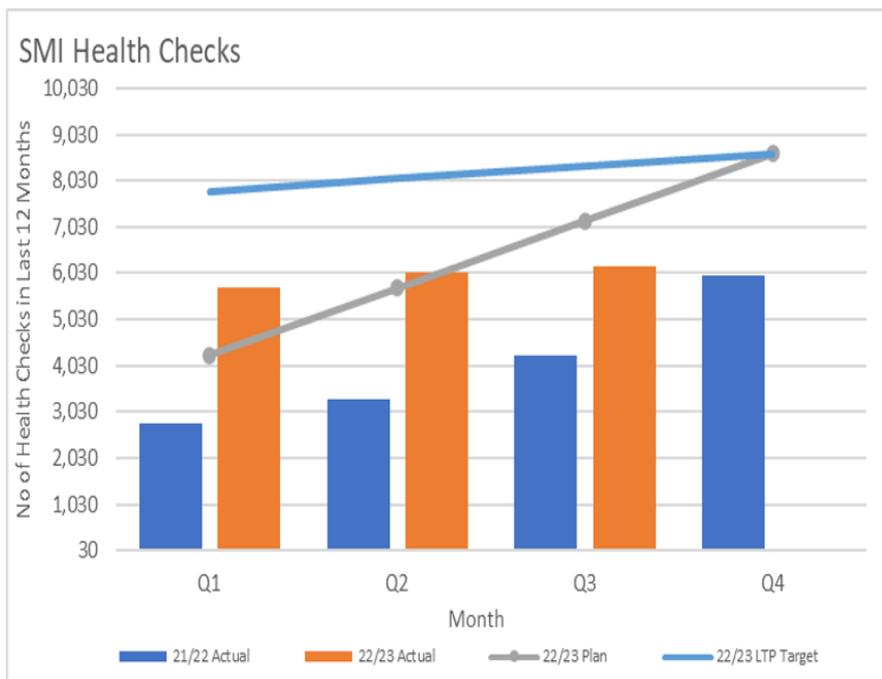
All data sourced from the NHS Futures Core Data Pack.

Cumulative performance for patients accessing services to November is :

- 445 actual
- 588 22/23 plan
- Current performance is ahead of plan.

## Physical health checks for people with serious mental illness (SMI)

### SMI Physical Health Checks

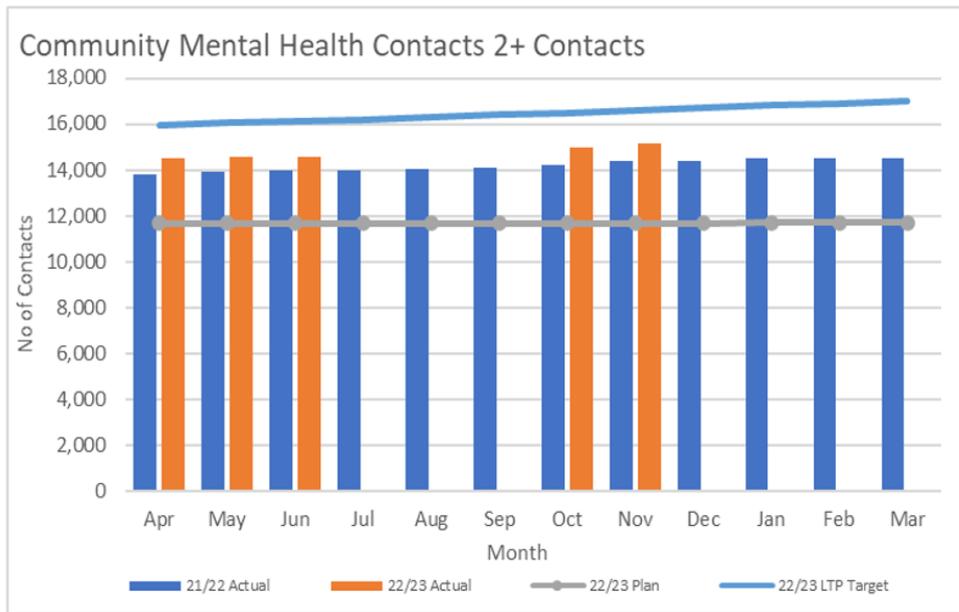


All data sourced from the NHS Futures Core Data Pack.

Cumulative performance for patients accessing services to December is :

- 6,184 actual
- 8,345 22/23 plan
- 74.1% of to date plan achieved

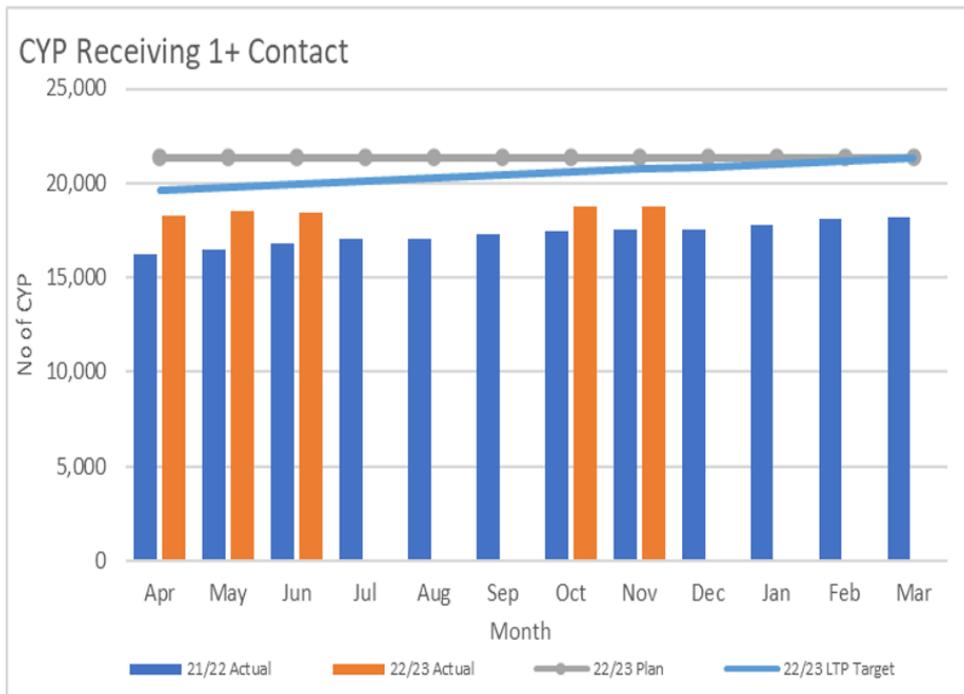
Community Mental Health



All data sourced from the NHS Futures Core Data Pack.

Gaps in data are driven by Cyber attack issues.

Children and Young People



All data sourced from the NHS Futures Core Data Pack.

Gaps in data are driven by Cyber attack issues.

Recommendation/Action

The Board is asked to note the information presented in the paper.

**Agenda Item 15**

Title & Date of Meeting:	Trust Board Public Meeting Wednesday 29 <sup>th</sup> March 2023															
Title of Report:	Edenfield 'Closed Cultures' progress report															
Author/s:	<p>Hilary Gledhill, Director of Nursing, Allied Health &amp; Social Care Professionals  Richard Weldrick, Forensic Service Clinical Lead  Paul Johnson, Mental Health Services Clinical Lead  Deborah Cahill, Learning Disability Services Clinical lead  Cathryn Daley- McCoy, CAMHS Services Clinical lead  Kerry Brown, Community Services Clinical Lead  Iqbal Hussain, Primary Care Clinical Lead</p>															
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>X</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>				To approve		To discuss		To note	X	To ratify		For assurance			
To approve		To discuss														
To note	X	To ratify														
For assurance																
Purpose of Paper:	This report provides the Board with an update regarding further work being undertaken by Humber Teaching NHS Foundation Trust regarding the early identification of closed cultures following the Panorama expose of Edenfield, a NHS medium secure unit in the North West.															
Key Issues within the report:																
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Being Humber has been embraced by staff</li> <li>Post Pandemic visibility of leaders is improving.</li> <li>Establishment of a closed cultures data set to improve triangulation of data</li> <li>Increased visibility of the Safeguarding Team in Secure Services.</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Work to strengthen reporting and oversight as described in the report. Specific re focus on safer wards improvement methodology and Reducing Restrictive Interventions data collection. Progress will be monitored by QPAS with reports to EMT and the Quality Committee</li> </ul>														
<b>Matters of Concern or Key Risks:</b> <ul style="list-style-type: none"> <li>None</li> </ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>None</li> </ul>														
Governance: to:		Date		Date												
	Audit Committee		Remuneration & Nominations Committee													
	Quality Committee		Workforce & Organisational Development Committee													

	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

### Monitoring and assurance framework summary:

<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	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

# Edenfield Closed Cultures update report

## 1. Introduction and Background

An undercover BBC Panorama reporter spent 3 months at the Edenfield Centre in Prestwich, Manchester. During this time the reporter filmed staff using restraint inappropriately and patients enduring long seclusions in small, bare rooms. When in these rooms patients were not always observed, which is a crucial safety measure. It was also noted that records of patient observation were falsified. Staff were also seen swearing at patients, mocking them whilst in vulnerable situations such as undressing, joking about their self-harm and slapping or pinching them on occasion. Some female staff members were also observed acting in a sexualised way towards male patients.

Following the airing of the programme Claire Murdoch (National Director, Mental Health) wrote to all Mental Health, Learning Disability and Autism provider Chief Executive Officers asking that trust boards review the safeguarding of care in their organisations and identify any immediate issues requiring action now.

Humber Teaching NHS Foundation Trust responded to Claire Murdoch's request and provided a report to the Board meeting held in public on 26<sup>th</sup> October 2022 detailing the systems and processes in place to give early warning that a closed culture may be at risk of developing. The Board confirmed the paper provided good assurance that appropriate processes were in place and noted the work being undertaken to review and further strengthen our approaches. This report provides an update of work undertaken to date to further strengthen our approach.

## 2. Progress to date

### 2.1 Raising Awareness

Discussions have been held with corporate teams led by the Director of Nursing, Allied Health and Social Care Professionals with a focus on increasing awareness of the signs of a closed culture and how to speak up if concerned.

The Director of Nursing, Allied Health and Social Care Professionals and the Chief Operating Officer met jointly with senior staff from each clinical division to reflect on the Panorama programme and discuss closed cultures. All divisions described how they had discussed closed cultures with teams and had identified further work to further strengthen oversight and give support to teams. A plan of action has been developed with progress to date captured in section 2.2 below.

### 2.2 Progress against actions.

#### 2.2.1 Staff Survey 2022

Positive improvements against closed culture related questions in the 2022 survey noted when Benchmarked. Above average scores noted with the exception of care of patients is the organisations top priority which although shows improvement is below the average score.

Question	2021	2022	Average	Best
Raising concerns about unsafe clinical practice	80.6%	77.8%	76.7%	84.3%
I feel safe to speak up about my concerns	66.2%	68.2%	67.0%	78.5%
Organisation encourages us to report errors/near misses/incidents	-	88.7%	88.3%	93.8%
When errors etc occur action is take to ensure they do not reoccur	-	73.3%	70.3%	81.9%
Care of patient's top priority	73.8%	75.6%	78.3%	86.9%
Staff are understanding & kind	77.7%	80.2%	78.4%	83.6%

### **2.2.2 Corporate Services**

A closed cultures indicators set has been developed which triangulates data for every clinical team in relation to stat/man compliance, sickness, clinical supervision compliance, number of complaints, FFT, staff turnover, incident reporting and safeguarding referrals. The report is produced monthly and is for managers to use to determine how well a team is engaging in required reporting and training and to see if there are any concerns in relation to other areas such as turnover and sickness which may give an early warning of a developing closed culture.

Being Humber Behavioural Standards describing the behaviours expected from everyone in the Trust have been refreshed and rolled out.

A rolling programme of executive, non-executive and governor visits is in place to ensure Board visibility.

A refreshed focus on implementing Safewards in our mental health units has commenced. The aim of Safewards is to minimise the number of situations in which conflict arises between healthcare workers and patients that may lead to the use of restriction and/or containment. The Safewards Model aims to reduce the need for restrictive interventions such as restraint and seclusion through promoting ten key interventions which are:

- Clear mutual respect
- Soft Words
- Reassurance
- Mutual Help Meeting
- Bad News Mitigation
- Positive Words
- Calm Down Methods
- Discharge Messages
- Talk Down
- Knowing Each Other

The Assistant Director of Nursing and Quality has been identified to lead a review of our current position in relation to strengthening the implementation of the safeguard interventions across all or Adult Mental Health, CAMHS, Learning Disability and Forensic services to ensure that the interventions are embedded; identify any gaps and training needs and ensure that the impact and outcomes are reported and monitored. It is proposed that progress of this work will be presented to a future Mental Health Legislation Committee.

Closed cultures are now part of the curriculum for all newly registered staff with an interactive session on the subject being held as part of the Trust Preceptorship Programme.

### **2.2.3 Secure Services**

The division has considered specific measures regarding culture within the Humber Centre and has reviewed their processes to strengthen assurance in some areas as follows:

The “being Humber” approach is being implemented across all services as a threshold for behaviour and attitude expectations. The division has commenced a review of how staff teams and individuals work across wards, the focus of the work being to ensure a closed culture does not develop. Swale has completed this process with support from the Organisational Development department and an action plan has been formulated. Further work has been completed across Derwent, Ouse and the Specialist Community Forensic Team regards the “being Humber” plan.

The Psychology Team have been requested to consider measurement tools that could be incorporated into practice to assist the process and an audit proposal has been made to utilise the Essen Climate Evaluation Schema – Essen CES which utilises a short questionnaire to assess the essential traits of the social and therapeutic atmosphere of forensic wards. This will be used across the Humber Centre and Pine View. This will be implemented in April 2023.

The Safeguarding Team have implemented a safeguarding forum specifically for the Humber Centre. The meeting is attended by safeguarding champions from all wards and is facilitated by the safeguarding team. The first meeting was held in November 2022 and is scheduled monthly. To maximise staff engagement in the Forum and to increase attendance and visibility of the safeguarding team across the division the forensic service clinical lead has liaised with the Head of Safeguarding regards implementing a pilot for the safeguarding team to attend the Humber centre on a regular basis providing a drop-in service for staff and patients. Security training has commenced for safeguarding team members to ease access to the service.

The division has also supported commissioner led quality peer reviews. All in-patient areas have been reviewed by the Collaborative Planning and Quality Team (CPaQT). Feedback has been largely positive with some excellent feedback in regard to all the key lines of enquiry. There have been some recommendations for the wards each of which has an associated action plan. Recommendations relate largely to the environment, user experience/involvement, and staffing. Work to improve the environment has commenced.

The inpatient service specifically asked CPaQT for a focus on culture and to prioritise areas where issues had been highlighted by staff. This was reported on in one of the reviews which described the service as “open/transparent about recent concerns re culture” (Personality disorder pathway: Swale), and in another where “There were no concerns regarding culture highlighted or concerns that staff felt unable to speak up. Staff we spoke with were aware of the whistleblowing process. Staff reflected that they worked well together” (Low secure mental illness pathway: (Pine View/South West Lodge). There have been “no reports of any cultural concerns or splits within the team” (Medium secure mental illness pathway: Ouse). A rolling planned yearly cycle of review is in place and regular quality ‘catch ups’ are planned monthly with senior managers and the quality team.

Senior leadership visibility and availability has been reviewed. Visibility has been increased by introducing ‘listening events’ and increasing site attendance across bank holiday periods and weekends. The in-patient senior leaders have planned out of hours site attendance across the year in the form of quarterly visits.

The division is very mindful of the importance of embedding the safe wards initiative into practice and has refreshed the approach. All wards have identified safe wards champions and pledges have been identified and agreed. Individuals attend and report into the Trust wide safety wards group, the delivery and implementation remains an evolving process within the division.

The reducing restrictive interventions (RRI) agenda is a current focus of review. Two senior members of staff have been identified to lead on the re-introduction of the RRI group into the Humber Centre utilising the terms of reference from the Trust wide RRI group as a baseline for setting the group back up, this will be a co-produced piece of work alongside the patient’s council.

Governance reporting structures have been firmly embedded into practice. These structures provide oversight and review of patient safety incidents and action plans through the utilisation of an incident tracker. The meetings also provide oversight of the divisional Quality Improvement Plan which has been reviewed and updated to highlight the quality improvements for the coming year. Progress against the QIP is overseen by the Quality and Patient Safety Group with reports to the Quality Committee.

### **2.2.4 Mental Health Services**

A refresh of the safe wards initiative has been undertaken and the division have met with the new organisational lead and agreed the priorities going forward. Currently the Division is undertaking an evaluation of the initiatives up and running across adult and older people's mental health. Units across the division continue to support the safe ward initiative and have identified link practitioners.

Senior leadership visibility to include out of hours has been reviewed. The Division have developed several initiatives to support visibility, engagement and communication as follows:

- (Virtual) Lunch with the senior leadership team. This is an open forum for anyone to meet with the divisional leadership team; ask any questions or share any thoughts or concerns.
- Established Practice development days. This is an opportunity to not only celebrate and share good practice across the division but also to engage and demonstrate clinical leadership across the services.
- Service managers have dedicated time within the teams and all senior clinical leads (8As) are present within the service.
- Visibility of the senior leadership team is demonstrated through attendance at complex patient discussions/ MDT's and patient focused professional meetings. This is to support complex decision making and to ensure senior oversight of clinical care.
- General managers spend dedicated time across sites to support visibility and oversight.
- The division has Band 7 clinical leadership across inpatients and the crisis service 7 days a week. The duty manager is available out of hours 7 days a week.

The division is currently considering the feasibility of increasing Matron/ senior clinical lead visibility across 7 days.

The division has supported the development of the restrictive intervention/ use of force dashboard the data dashboard is currently in its testing phase to ensure all aspects of RRI are captured. It is planned that the dashboard will be used by individual units to support RRI reduction and feed into safety huddles on the units. The dashboard has been presented to the Mental Health Act Legislation Committee.

Work is ongoing to review episodes of seclusion and restrictive practices to ensure that all information and data is scrutinised to ensure lessons are learnt regarding restrictive interventions and we understand why they have happened and whether it could have been prevented. The Acute Care Forum (inpatient clinical network) and the clinical leads on all inpatient units are involved in reviewing incidences and data and report to the trust wide work on Reducing Restrictive Interventions. Data has been broken down to show specific hot spots for use of seclusion and is being reported to the safety huddles on the units. This work is now being reported upon in the new data dashboard for restrictive practice and use of force.

Peer reviews are established across all inpatient and community teams. A schedule of reviews has been established across the year to ensure a programme of reviews are undertaken. The division is working closely with Hull Local Authority to ensure that the new LA CQC inspection is included in our community mental health teams peer review process to ensure all aspects of the responsibility is peer reviewed.

The division is working with the RRI group to ensure service users with lived experience are involved with all aspects of RRI. Experts by experience are now members of the RRI Group and a cross divisional task and finish group has been established to scope how people with lived experience can be involved and used effectively in this important area of work. This group is being led by the divisional co production lead.

### **2.2.5 Children and Learning Disability Services**

Visibility of the senior leadership has been reviewed with senior leaders based in the buildings with the teams or on the ward itself. Weekly visits are undertaken by Divisional Clinical Leads and the General manager across all our sites.

Monthly Healthcare Assistant, Registered Nurse, and Deputy Ward Manager Meetings (separate forums) were reinstated in December 2022; this is in addition to 6 weekly team meetings. Townend court is to

commence a HCA forum starting March 2023.

At Inspire and Townend there are forums and a huddle board where the hotel services team are encouraged to raise any concerns with the ward managers and can contribute anonymous feedback or points of discussion ahead of team meetings.

Inspire and Townend Court have widened the scope of the daily MDT review which has now been changed to a daily safety huddle and is a forum to discuss all clinical cases, risk, and emerging issues in order to enable a team evaluation and response.

All teams now have team meetings in place. A listening exercise is to take place in March 2023 at Townend Court for staff to have a safe space to be open and honest about any concerns. Within the services induction packs for new starters a clear focus on the core values within the team has been added.

Being Humber sessions have taken place within the division and behaviour standards shared within the teams. The Townend Ward Manager, Matron, and Service Manager have been supported in their personal development by the organisational development team.

Two members of staff have been supported to work across Townend court and Inspire for a period of three months to support their development and knowledge.

The division has started to look at identifying patient led outcomes for patients with a learning disability.

Value based sessions have taken place for all Community Learning Disability Services. This is to be rolled out to Townend and Granville in the next two months. Evaluation of sessions are to be completed and shared for the development of quality services. A service concerns indicator has been shared with teams. Training in its use is to take place when value sessions are completed.

Reducing Restrictive Interventions group in the community has been established with the local authority and care providers. First meeting was in February 2023.

Inspire CAMHS unit is in the process of establishing a Reducing Restricted Interventions group with support from the patient engagement team. This will give a forum for young people to share their views and experiences which can then be fed back to the trust RRI group

### **2.2.6 Community and Primary Care Services**

A closed cultures action plan has been developed across community and primary care services and is discussed at clinical governance meetings. Listening events have taken place for staff to provide a safe space for open and honest conversations. The 'Being Humber' behavioural standards and the behaviours expected in our staff have been reviewed and presented to staff groups. HR and the OD team are engaged in work going forward in targeted areas to support staff to develop a culture that is supportive and open to new ideas and is trusting and welcoming of new ideas

Targeted support is offered and at this time is concentrating on inpatient units and Humber Primary Care. The 15-step challenge ethos is being implemented when visiting the in-patient units. The 15 Steps challenge is a suite of toolkits that explore different healthcare settings through the eyes of patients and relatives. With an alignment to NHS strategic drivers, these resources support staff to listen to patients and carers and understand the improvements that can be made.

Initiatives such as external coaching are being encouraged. Staff development programmes have been initiated to encourage networking with others outside of their immediate environments which supports the sharing of good practice, ideas, and initiatives. The service manager and matron are attending morning handovers on one of the wards as part of planned development work using the opportunity to promote the expectations in the Trusts Behavioural Standards Framework.

There is high visibility of clinical and operational leads across services. All service managers, matrons, team leaders and clinical leads are based in localities with staff. There are regular visits to localities by the Divisional Clinical Lead and General Manager. These are visits with purpose where staff are encouraged to come and meet the team and discuss their services, to discuss new developments and ideas and to

raise any concerns or issues. Staff are actively encouraged to be part of new service developments and transformation projects.

The recently produced Closed Cultures Indicators set was shared and discussed at the Clinical Governance meeting. Triangulated data has been reviewed in one area in relation to stat/mandatory training compliance, sickness, clinical supervision compliance, number of complaints, FFT, staff turnover, incident reporting and safeguarding referrals. Sickness rate and clinical supervision compliance to continue to be monitored and supported. Elements of an open culture continue to be demonstrated through quantity and responsive submission of DATIX.

Informal feedback opportunities have been implemented. Alongside regular hub meetings workshops, a 'Staff White Board' has been introduced at Prospect Road (Scarborough main hub base) with themed questions to enable real time, feedback and sharing of ideas which can be posted anonymously. This feedback is collated and action plans created to implement required changes.

Primary care is ensuring that there is visible attendance of operation and clinical leads at all Patient Participation Group (PPG) meetings to gain insight and understanding from a patients/carers perspective regarding the current level of service provision and quality of care being provided.

### **3. Summary**

The reports presents a picture of a continuing focus on creating the right culture aligned to trust values and the 'Being Humber' behavioural standards and ensuring the right governance and staff support and development systems are in place and embedded in practice across all of our services.

Oversight of the work will be overseen by QPAS to ensure all divisions can continually share their ideas and learn from each other to ensure the organisation as a whole is assured that we have the right governance and staff support systems in place to identify teams that may be struggling, with swift appropriate action being taken to prevent a closed culture developing.

Title & Date of Meeting:	Trust Public Board Meeting – 29 March 2023															
Title of Report:	Appointment of Associate Hospital Managers															
Author/s:	Michelle Nolan, Mental Health Act Clinical Manager Dr Kwame Fofie, Executive Medical Director															
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td>√</td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td></td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>				To approve	√	To discuss		To note		To ratify		For assurance			
To approve	√	To discuss														
To note		To ratify														
For assurance																
Purpose of Paper:	To request that the Board consider approval of 3 new associate Hospital Managers.															
Key Issues within the report:																
<p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>8 people have expressed interest in the role since circulating the request for applications from people from a range of diverse characteristics</li> <li>4 completed application forms have been received</li> <li>3 people have attended for interview and were deemed appropriate for the role; all 3 were of the younger age bracket, and may be more relatable for the young people at our CAMHS inpatient unit</li> </ul>		<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>Recruitment and retention of Associate Hospital Managers (AHMs) will be kept under review to ensure that there is adequate diversity amongst the cohort.</li> </ul>														
<p><b>Matters of Concern or Key Risks to Escalate:</b></p> <ul style="list-style-type: none"> <li>Current lack of diversity within Associate Hospital Manager cohort.</li> </ul>		<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>To request Board approval for the 3 people who attended for interview to be granted honorary contracts.</li> </ul>														
Governance:		Date		Date												
	Audit Committee		Remuneration & Nominations Committee													
	Quality Committee		Workforce & Organisational Development Committee													
	Finance & Investment Committee		Executive Management Team													

	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

**Monitoring and assurance framework summary:**

<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	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

## Associate Hospital Manager Diversity Report

A task and finish group was established to consider our future recruitment to Trust Associate Hospital Managers roles to ensure that the diversity of our patient population is represented.

The purpose of the Task and Finish Group addressed the following tasks:

- Consider how the Trust can improve the diverse representation of our Associate Hospital Managers in order to ensure that our patients who are detained under the Mental Health Act have appropriate support and are safeguarded effectively.
- Approve any advertising material developed by group members with an aim of promotion of the role of Associate Hospital Manager
- Keep under review the recruitment and retention of Associate Hospital Managers (AHMs), ensuring that there is adequate diversity amongst the cohort.

All actions were completed as follows:

- Development of a single poster that represents people from a range of diverse characteristics - with an aim of promotion of the role of Associate Hospital Manager
- Development of an advertisement aimed at recruitment of people from diverse groups
- Diversity poster, advertisement and patient information leaflet circulated to:
  - LGBT forum
  - Humber Youth Action Group
  - Humber GP practices (Market Weighton, King Street Medical Centre (Cottingham), Northpoint Medical Practice, Princes Medical Centre, Field House Surgery , Humber Primary Care Limited)
  - Yorkshire MESMAC
  - Peel Street Project
  - Hull University website
  - EDI quarterly meeting (January 2023) – to then go out to Staff networks – (BAME, Humberbility, and Rainbow Alliance)

In addition to the above - the advert, poster and leaflet has been shared with a new Graduate Management trainee who recently joined the Trust, and was happy to share amongst her connections within the Muslim community in Hull.

### **Current position:**

8 people have expressed interest in the role since circulating the information; all have been sent application forms and 4 completed forms have been received. 7 of those interested were invited to attend an interview with the Mental Health Act Clinical Manager and the Mental Health Legislation Manager.

3 applicants, all students of Hull University attended for interview on 07 February 2023 and all were deemed suitable for the role.

The interview process seeks to establish applicants' qualities such as:

- An interest in mental health;
- An understanding of equality issues;
- A good understanding of confidentiality;
- The ability to analyse complex problems;
- The ability to read and comprehend detailed reports;
- The ability to actively listen and question;
- The confidence to question and challenge sensitively;

- The ability to work as part of a team;
- The ability to be objective and impartial.

A further applicant of black African ethnicity expressed interest via word of mouth and an application form was received recently. This applicant will attend for interview in the next few weeks.

### **Recommendation**

All 3 candidates were felt to meet the standard needed to be able to fulfil the role. The Board is asked to approve the appointments for a 3 year honorary contract. These are:

- Billy Cobby
- Charlotte Lago
- Lauren Ostler

Title & Date of Meeting:	Trust Board Public Meeting – 29 March 2023														
Title of Report:	Q3 2022/23 Board Assurance Framework														
Author/s:	Executive Lead: Michele Moran, Chief Executive  Oliver Sims Corporate Risk and Compliance Manager														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td>x</td> </tr> <tr> <td>To note</td> <td>X</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss	x	To note	X	To ratify		For assurance			
To approve		To discuss	x												
To note	X	To ratify													
For assurance															
Purpose of Paper:	The report provides the Trust Board with the Q4 2022/23 version of the Board Assurance Framework (BAF) allowing for the monitoring of progress against the Trust’s six strategic goals. The BAF is subject to more detailed conversation at the Boards April Strategy session														
Key Issues within the report:															
<p><b>Positive Assurances to Provide:</b></p> <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 3 2022/23. The format allows for consideration to be given to the risks, controls and assurances which enables focused review and discussion of the challenges to the delivery of the organisational objectives.</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</li> </ul>		<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>Work is underway to refresh the Trust Board Assurance Framework template for use in 2023/24 reporting in line with the refreshed trust strategy and feedback from the annual Board Assurance Framework internal audit.</li> </ul>													

the time of review.	
<p><b>Matters of Concern or Key Risks:</b></p> <ul style="list-style-type: none"> <li>The existing risks referenced in the Board Assurance Framework document for the previous quarter has been reviewed and aligned to the new strategic objectives where applicable and this work has been considered and agreed by the Executive Management Team.</li> </ul>	<p><b>Decisions Made:</b></p> <p>Current assurance ratings for each section of the Board Assurance Framework moving from Quarter 3 2022-23 to Quarter 4 2022-23.</p> <p><b>Strategic Goal – Innovating for Quality and Patient Safety</b></p> <ul style="list-style-type: none"> <li>Overall rating maintained at Yellow for Quarter 4 2022/23.</li> </ul> <p><b>Strategic Goal – Enhancing prevention, wellbeing, and recovery</b></p> <ul style="list-style-type: none"> <li>Overall rating maintained at Amber for Quarter 4 2022/23.</li> </ul> <p><b>Strategic Goal – Fostering integration, partnerships, and alliances</b></p> <ul style="list-style-type: none"> <li>Overall rating maintained at Green for Quarter 4 2022/23.</li> </ul> <p><b>Strategic Goal – Promoting people, communities, and social values</b></p> <p>Overall rating maintained at Green for Quarter 4 2022/23.</p> <p><b>Strategic Goal – Developing an effective and empowered workforce</b></p> <ul style="list-style-type: none"> <li>Overall rating improved to Yellow for Quarter 4 2022/23.</li> </ul> <p><b>Strategic Goal – Optimising an efficient and sustainable organisation</b></p> <ul style="list-style-type: none"> <li>Overall rating maintained at Yellow for Quarter 4 2022/23.</li> </ul>

<p><b>Governance:</b> Please indicate which committee or group this paper has previously been presented to:</p>		Date		Date
	Audit Committee	02/2023	Remuneration & Nominations Committee	
	Quality Committee	03/2023	Workforce & Organisational Development Committee	02/2023
	Finance & Investment Committee	01/2023	Executive Management Team	03/2023
	Mental Health Legislation Committee	01/2023	Operational Delivery Group	02/2023
	Charitable Funds Committee		Collaborative Committee	
		Other (please detail)		

**Monitoring and assurance framework summary:**

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

√ Tick those that apply

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

BOARD ASSURANCE FRAMEWORK					Executive Management Team						
ASSURANCE OVERVIEW					March 2023						
Strategic Goal	Assurance Level	Reason for Assurance Level	Executive Lead	Assuring Committee	Risk Appetite	Assurance Rating					Highest current risk
						Q 4	Q 1	Q 2	Q 3	Q 4	
Innovating for quality and patient safety	Y	Overall rating of 'good' from 2019 CQC Inspection Report. 'Requires Improvement' rating for Safe domain in CQC report. 'Must do' actions completed within Trust including safer staffing and supervision. Positive internal audit of Trust significant event investigation process and duty of candour. Board paper regarding Edenfield Closed Cultures produced providing assurances regarding Trust systems and processes	Director of Nursing	Quality Committee	SEEK	Y	Y	Y	Y	Y	16
Enhancing prevention, wellbeing, and recovery	A	Robust monitoring arrangements developed through monthly operational delivery group to monitor waiting times. Areas of long waits reviewed and monitored through ODG and Quality Committee. Impact to Trust services and waiting list targets impacted because of COVID-19 national situation. Patient Access and Performance manager appointed focussing on clinical systems, information capture and reporting. To review reporting and monitoring processes to make sure we maximise our performance reporting and Trust overall performance.	Chief Operating Officer	Quality Committee	SEEK	A	A	A	A	A	16
Fostering integration, partnerships, and alliances	G	Active engagement continues across all stakeholder groups with demonstrable benefits. Trust taking active role in partnership work. Chief Executive involvement in core planning group alongside other system work, as well as participating in a small national working group on Mental Health recovery. Ongoing work will influence and feed into the wider system.	Chief Executive	Audit Committee	MATURE	G	G	G	G	G	6
Promoting people, communities and social values	G	Place plans and Patient Engagement Strategy implemented, and positive service user surveys received. Social values monitored within Trust and a section is incorporated into the annual report. Further work to promote service users/ care groups. Co-production work continues with regular meetings. Involvement with local groups.	Chief Executive	Quality Committee	SEEK	G	G	G	G	G	9
Developing an effective and empowered workforce	Y	Overall Staff Turnover at 15.94% at the end of December 2022 which is increased from 13.8% in December 2021. Overall statutory and mandatory training performance remains above target (92.7% at October 2022 against target of 85%). 120.98 (FTE) Nursing vacancies December 2022. Qualified Nursing vacancy rate 9.44%. 20.59 (FTE) Consultant vacancies in December 2022. Consultant vacancy rate 28.45%.	Director of Workforce and OD	Workforce and OD Committee	SEEK	Y	Y	Y	A	Y	15
Optimising an efficient and sustainable organisation	Y	The Trust has agreed a breakeven financial plan for 2022/23. Trust financial position at Month 8 2022/23 reported a position which is in line with the ICS planning target. Cash position remains stable. At the end of Month 8, the Trust achieved BPPC (Value £) performance of 91% (non-NHS) and 88% (NHS). Budget Reduction Strategy to deliver £1.9mm of savings from Divisional and Corporate Services in 2022/23 is established and on plan at month 8. The Trust has disposed of surplus estate (Chestnuts) in 2022/23.	Director of Finance	Finance and Investment Committee	MATURE	Y	Y	Y	Y	Y	12

ASSURANCE LEVEL KEY		
<b>Green</b>	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> <b>OR</b> >= 50% of aligned risks scored at <b>LOW / MODERATE</b> (RATING SCORE 1-6)
<b>Yellow</b>	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> <b>OR</b> >= 50% of aligned risks scored at <b>HIGH</b> (RATING SCORE 8-10)
<b>Amber</b>	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> <b>OR</b> >= 50% of aligned risks scored at <b>HIGH</b> (RATING SCORE 12)
<b>Red</b>	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> <b>OR</b> >= 50% of aligned risks scored at <b>SIGNIFICANT</b> (RATING SCORE 15+)

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

Positive Assurance	
Assurance	Source
<ul style="list-style-type: none"> <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> <li>- Board paper regarding Edenfield Closed Cultures produced providing assurances regarding Trust systems and processes.</li> </ul>	<ul style="list-style-type: none"> <li>Quality Committee assurance report to Board.</li> <li>CQC Engagement meeting</li> <li>CQC Inspection Report / TMA Feedback</li> </ul>

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

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

Strategic Objective	Principal Risk to Strategic Objective / Objective Risk Assessment	Q3 22-23 Rating	Q4 22-23 Rating	Target	Movement from prev. Quarter
Attain a CQC rating of outstanding for safety to inform our ultimate aim of achieving a rating of outstanding in recognition of our success in delivering high-quality, safe, responsive, and accessible care.	NQ37 - Inability to meet Regulation 18 HSCA (RA) Regulations 2014 regarding Safer Staffing.	8	8	4	↔
Continually strive to improve access to our services and minimise the impact of waiting times for our patients, their carers and families	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	↔
Use patient experience and other forms of best available evidence to inform practice developments and service delivery models for the services we provide and commission.	BAF 1.3 - Failure to use patient experience and other forms of best available evidence to inform practice developments and service delivery models for the services we provide, and commission may result in reduced quality of care.	8	8	4	↔
Work collaboratively with our stakeholders to co-produce models of service delivery and deliver transformation programmes that meet the needs of the communities we serve and address health inequalities, both in our provider role and in our role as lead commissioner.	BAF 1.4 - Failure to work collaboratively with our stakeholders to co-produce models of service delivery and deliver transformation programmes both in our provider role and in our role as lead commissioner, which may result in the needs of the communities we serve not being met and health inequalities not being addressed.	8	8	4	↔
Shape the future of our health services and treatments by building on our existing research capacity, taking part in high-quality local and national research, embedding research as a core component of our frontline clinical services and translating research into action.	BAF 1.5 - Failure to build on our existing research capacity, take part in high-quality local and national research, embed research as a core component of our frontline clinical services and translate research into action may impact our ability to shape the future of our health services and treatments.	8	8	4	↔

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

Gaps in Control	Actions
Process for mitigating risks to individual patients based on length of waits.	Implementation of method for robust oversight of waiting list and patient risks for all Trust service areas
Issues around monitoring arrangements / governance in terms of performance.	Increase governance arrangements to ensure that there is rigour and governance in place to ensure patients are treated in chronological order and according to level of risk based on use of risk stratification tool
Outstanding actions from Safe KLOE deep dive.	Safe KLOE actions to be embedded to address identified gaps in practice.
'Requires Improvement' CQC rating for Princes Medical.	Implementation of improvement action for Princes Medical

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

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

Strategic Objective	Principal Risk to Strategic Objective	Q3 22-23 Rating	Q4 22-23 Rating	Target	Movement from prev. Quarter
<b>Focus on putting recovery at the heart of our care. This means supporting people using our services to build meaningful and satisfying lives, based on their own strengths and personal aims. We will offer holistic services to optimise health and wellbeing including our Recovery College, Health Trainers, Social Prescribing and Peer Support Workers.</b>	<b>OPS08 - Failure to equip patients and carers with skills and knowledge needed via the wider recovery model.</b>	6	6	3	↔
<b>Empower adults, young people, children and their families to take control by becoming experts in their own self-care, making decisions and advocating for their needs.</b>	<b>BAF 2.2 - Failure to empower adults, young people, children, and their families to take control of their own self-care which may result in health needs not being fully met leading to poorer health outcomes.</b>	6	6	3	↔
<b>Work in partnership with our staff, patients, service users, carers and families to co-produce integrated services which take a collaborative, holistic and person-centred approach to care.</b>	<b>OPS15 - As a result of system pressures there has been an increase in the number of delayed transfers of care in Trust inpatient services resulting in impact to patient flow which may lead to reduced patient experience and quality of service provision</b>	16	16	8	↔
<b>Embed a trauma informed approach to supporting the people who use our services. In doing this, we will acknowledge people's experiences of physical and emotional harm and deliver our services in a way that enables them to feel safe and addresses their physical, psychological and emotional needs.</b>	<b>BAF 2.4 - Failure to acknowledge experiences of people who use our services which may result in patients not feeling safe and their physical, psychological, and emotional needs not effectively being met.</b>	9	9	3	↔

Key Controls	Sources of Assurance – Reporting Mechanisms	Gaps in Control	Actions
Work underway with Divisions to address three areas of challenges currently (Children's ADHD / ASD, Memory Assessment Service, Department of Psychological Medicine)	Reports to demonstrate waiting list performance to Trust Board, Quality Committee and Operational Delivery Group.	Process for mitigating risks to individual patients based on length of waits.	Implementation of method for robust oversight of waiting list and patient risks for all Trust service
Local Targets and KPIs.	Quality impact on key identified areas monitored via Quality Committee.	Issues around monitoring arrangements / governance in terms of performance.	Increase governance arrangements to ensure that there is rigour and governance in place to ensure patients are treated in chronological order and according to level of risk based on use of risk
Targeted escalation meetings with place partners and provider collaboratives are in place to resolve the complex care packages of patients that are required	Weekly divisional meetings with Deputy COO around waiting list performance.	Unofficial delays in transfers of care who are requiring an escalation in care	Level of delayed DTOCS and detail is included in a number of system meetings where there is representation from Humber and therefore early opportunity to resolve
Level of delayed DTOCS and detail is included in system meetings where there is representation from Humber and therefore early opportunity to resolve.			

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

Positive Assurance	
Assurance	Source
<ul style="list-style-type: none"> <li>- 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 ICS</li> <li>- Refreshed Operational and Strategic plans shared with stakeholders.</li> <li>- Hull Health and Wellbeing Board.</li> <li>- ICS Accredited Programme</li> </ul>	Trust Board  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> </ul> <p>Governor links to constitutions.</p>	Trust Board

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> </ul> <p>Full ICS system in place – but still developing long-term plans.</p>

Strategic Objective	Principal Risk to Strategic Objective	Q3 22-23 Rating	Q4 22-23 Rating	Target	Movement from prev. Quarter
Use our system-wide understanding of our local population’s health needs and our knowledge of the impact and effectiveness of interventions to plan services.	BAF 3.1 - Failure to use our system-wide understanding of our local population’s health needs and our knowledge of the impact and effectiveness of interventions to plan services.	6	6	3	↔
Work closely with all six Place-based partnerships across Humber and North Yorkshire to facilitate collaboration and empower local systems. Place-based partnerships have responsibility for improving the health and wellbeing outcomes for the population, preventing ill health and addressing health inequalities at a local level.	BAF 3.2 - Failure to work closely with Place-based partnerships across Humber and North Yorkshire to facilitate collaboration and empower local systems which may impact our ability to improve the health and wellbeing outcomes for the population,	6	6	3	↔
Collaborate with system partners to maximise the efficient and effective use of resources across health and care services.	BAF 3.3 - Failure to collaborate with system partners which may impact the efficient and effective use of resources across health and care services.	6	6	3	↔
Work alongside our partners in health, social care, the voluntary, community and social enterprise sector, Healthwatch, local government and other fields to develop integrated services as part of the Humber and North Yorkshire Health and Care Partnership.	BAF 3.4 - Failure to work alongside our partners in health, social care, the voluntary, community and social enterprise sectors, which may impact our ability to develop integrated services as part of the Humber and North Yorkshire Health and Care Partnership.	6	6	3	↔
Take a collaborative approach to facilitating the provision of modern innovative services, building on our role as Lead Provider for perinatal mental health and aspects of specialised mental health commissioning.	BAF 3.4 - Failure to take a collaborative approach to facilitating the provision of modern innovative services which may impact on the development of our role as Lead Provider for perinatal mental health and aspects of specialised mental health commissioning.	6	6	3	↔
Empower Humber staff to work with partners across organisational boundaries, embracing a ‘one workforce’ approach to enable patients to access the right support, in the right place, at the right time.	BAF 3.5 - Failure to empower Humber staff to work with partners across organisational boundaries which may prevent patients to access the right support, in the right place, at the right time.	6	6	3	↔

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

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

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

Positive Assurance	
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>	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>- 'Requires Improvement' rating for Princes Medical GP practice in CQC report.</li> </ul>	Trust Board CQC Report Internal Audit

Gaps in Assurance
What do we not have
Good rating in 'safe' domain for CQC rating. Good rating for Princes Medical Centre

Strategic Objective	Principal Risk to Strategic Objective	Q3 22-23 Rating	Q4 22-23 Rating	Target	Movement from prev. Quarter
Take action to address health inequalities and the underlying causes of inequalities, both in our role as a provider of integrated health services and our role as a developing anchor institution, supporting the long-term aim of increasing life expectancy for our most deprived areas and for population groups experiencing poorer than average health access, experience, and outcomes.	BAF 4.1 - Failure to take action to address health inequalities and the underlying causes of inequalities, both in our role as a provider of integrated health services and our role as a developing anchor institution, may impact our ability to support the long-term aim of increasing life expectancy for our most deprived areas and for population groups experiencing poorer than average health access, experience, and outcomes.	9	9	3	↔
Celebrate the increasing cultural diversity of Humber, offering opportunities for our staff, patients, families and the communities we support to safely express their views and shape and influence our services.	BAF 4.2 - Failure to celebrate the increasing cultural diversity of Humber which may impact opportunities for our staff, patients, families, and the communities we support to safely express their views and shape and influence our services.	8	8	4	↔
Work collaboratively with our partners in the voluntary sector to build on our shared strengths - our deep knowledge of service users' needs and our ability to respond to changing circumstances.	BAF 4.3 - Failure to work collaboratively with our partners in the voluntary sector to build on our shared strengths and our deep knowledge of service users' needs which may impact our ability to respond to changing circumstances.	6	6	3	↔
Strengthen Humber's relationships with statutory partners including housing, education and Jobcentre Plus to deepen our understanding of our communities.	BAF 4.4 - Failure to strengthen Humber's relationships with statutory partners including housing, education and Jobcentre Plus impacting our understanding of our communities.	6	6	3	↔
Work alongside economic development and health and care system partners to ensure that our investments in facilities and services benefit local communities.	BAF 4.5 - Failure to work alongside economic development and health and care system partners to ensure that our investments in facilities and services benefit local communities.	6	6	3	↔
Offer simplified routes into good employment for local people.	BAF 4.6 - Failure to offer simplified routes into good employment for local people which could impact the development of an effective and engaged workforce.	6	6	3	↔
Provide opportunities to people with lived experience of mental and physical ill health, autism and learning disabilities and people from communities experiencing deprivation.	BAF 4.7 - Provide opportunities to people with lived experience of mental and physical ill health, autism and learning disabilities and people from communities experiencing deprivation.	6	6	3	↔

Key Controls	Sources of Assurance
CMHT transformation work underway which will impact Recovery College due to its status as a discharge pathway.	Trust Board
Recovery college offer moved to online provision and broadened.	
Supporting forums established for development of equality and diversity work within the Trust.	

Gaps in Control	Actions
Secured funding for Recovery College with Commissioners	Ongoing communication with commissioners regarding funding - awaiting planning guidance around funding
Recovery focussed practice still to be fully embedded across the Trust	Delivery of Recovery Strategy implementation plan

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

Positive Assurance	
Assurance	Source
- Trust headcount has increased compared to 12 months ago (2980.2 in January 2023 compared to 2761.7 in January 2022)	Trust Board Workforce and OD Committee Audit Committee Quality Committee
- Overall Staff Turnover at 15.14% at January 2023 which is increased from 13.93% 7 in January 2022.	
- Overall statutory and mandatory training performance remains above target (93.2% at January 2023 against target of 85%).	
- Registered Nursing vacancy rate at 9.62% for January 2023.	

Negative Assurance	
Assurance	Source
- 20.76 consultant vacancies as of January 2023.	Trust Board  Workforce and OD Committee
- 29.29% vacancy rate in January 2023 for the consultant workforce	
- Non-compliance with Job Planning process for Medic roles.	
- Some statutory/mandatory training is below trust target	

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

Strategic Objective	Principal Risk to Strategic Objective	Q3 22-23 Rating	Q4 22-23 Rating	Target	Movement from prev. Quarter
Grow a community of leaders and managers across Humber with the capability, confidence, and values to create a highly engaged, high performing and continually improving culture.	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	↔
Ensure all colleagues are highly motivated to achieve outstanding results by creating a great employer experience, so that they feel valued and rewarded for doing an outstanding job; individually and collectively.	WF34 - 'We are a Team' (People promise 7) score is below the national average (measured via the National Staff Survey 2021) which may result in reputational harm to the Trust and further impact on the recruitment and retention of an effective and engaged workforce.	9	9	3	↔
Attract, recruit, and retain the best people by being an anchor employer within the locality; with roles filled by staff that feel happy and proud to work for Humber.	WF10 - There is a difficulty to retain and recruit GPs, this is contributed to by national shortages and may impact on the Trust's ability to deliver safe services.	15	15	10	↔
Prioritise the health and wellbeing of our staff by understanding that staff bring their whole self to work, so we place mental and physical wellbeing at the heart of the individual's experience of working at Humber.	WF20 - Potential patient or staff injury due to low training compliance for moving and handling.	9	9	3	↔
Enable new ways of working and delivering health care, anticipating future demands and planning accordingly.	WF03 - The ability to recruit registered nurse may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce	12	12	8	↔
Engage with schools, colleges, and universities to create a highly skilled and engaged workforce who want to grow and develop to deliver high-quality care.					
Develop a culture of learning, high engagement, continuous improvement, and high performance that builds on our values and enables us to realise the potential of our people.	WF08 - Staff engagement scores are below the national average (measured via the National Staff Survey) which may result in reputational harm to the Trust and further impact on the retention of an effective and engaged workforce.	6	6	3	↔
Maximise a diverse and inclusive workforce representative of the communities we serve.	Staff Survey scores for staff with protected characteristics are worse than for staff not declaring a protected characteristics (particularly staff declaring themselves as not heterosexual and/or disabled).	6	6	6	↔

Key Controls	Sources of Assurance
Detailed Recruitment plan in place (progress against which reported to EMT and Workforce and OD Committee).	Trust Board Workforce and OD Committee ODG Task and Finish Group (hard to recruit posts)
Trust Retention Plan.	
Trust-wide workforce plan.	
PROUD organisational development programme launched to continue Trust investment in middle and senior managers.	
Mentoring and coaching support.	

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

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

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 8 2022/23 – The Trust reported a position in with the ICS target.</li> <li>Trust cash position remains stable</li> <li>At the end of Month 8, the Trust achieved BPPC (Value £) performance of 91%</li> <li>Budget Reduction Strategy to deliver £1.9mm of savings from Divisional and Corporate Services in 2022/23 is established</li> <li>The Trust has disposed of surplus estate</li> </ul>	Trust Board  Finance and Investment Committee	Non recurrent items have been used to balance the financial plan/budget  Agency expenditure is currently ahead of target £0.861m at month 8. A recovery plan is regularly updated at EMT  Primary Care budgets are showing an overspend at Month 8 of £1.169m. Trajectories have been developed for 2023/24 which show some savings against budget	Trust Board  Finance and Investment Committee		

Strategic Objective	Principal Risk to Strategic Objective	Q3 22-23 Rating	Q4 22-23 Rating	Target	Movement from prev. Quarter
Embrace new, safe and secure technologies to enhance patient care, improve productivity and support our workforce across the health and social care system. We will design technologies around the person's needs and will make sure that people are not excluded from accessing services due to digital poverty or poor rural connectivity.	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 comprise the IT systems security.	12	12	8	↔
Work with our partners to optimise the efficiency and sustainability of the Humber and North Yorkshire Health and Care Partnership in our role as lead provider.	FI1224 - Risk to the Trusts ability to deliver its overarching Financial Position (and regulatory intervention) if Agency spend continues to exceed ceiling	12	12	8	↔
Continue to develop our estate to provide safe, environmentally sustainable, and clinically effective environments that support operational delivery.	FI181 - Inability to improve the overall condition and efficiency of our estate.	8	8	4	↔
Work with our partners and communities to minimise our effect on the environment to meet the NHS climate change target.	BAF 6.4 - Failure to work with our partners and communities to minimise our effect on the environment which may impact our ability to meet the NHS climate change target.	9	9	6	↔
Empower all staff to contribute to the efficiency and sustainability of the organisation by making informed decisions about the efficient use of resources.	FI1223 - Risk to longer-term financial sustainability if block contract values are insufficient to cover the Trust Cost base.	12	12	8	↔

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

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

**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**

<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>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>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>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>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.

**RISK APPETITE DEFINITIONS**

<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>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>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>Seek (Significant risk)</b>	Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk.
<b>Mature (Significant risk)</b>	Consistent in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

Title & Date of Meeting:	Trust Board Public Meeting – 29 March 2023														
Title of Report:	Risk Register Update														
Author/s:	Executive Lead: Hilary Gledhill, Director of Nursing, Allied Health & Social Care Professionals.  Oliver Sims Corporate Risk and Compliance Manager														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td>X</td> </tr> <tr> <td>To note</td> <td>X</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss	X	To note	X	To ratify		For assurance			
To approve		To discuss	X												
To note	X	To ratify													
For assurance															
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 January 2023.														
Key Issues within the report:															
<p><b>Positive Assurances to Provide:</b></p> <p><b>WF10 - There is a difficulty to retain and recruit GPs, this is contributed to by national shortages and may impact on the Trust's ability to deliver safe services.</b></p> <p>Ongoing retention work within the Trust across hard to recruit roles and Trust staff retention plan in place. Recruitment and retention payments now in place for GPs, as well as refer-a -friend process for these roles. Investment in primary care role to support GP recruitment and resourcing of Locums. Trust has also invested in BMJ subscription to support wider advertising and attraction initiatives. Transition of Hull GP practices away from Trust as of 1<sup>st</sup> April 2023 which will reduce vacancy rate.</p> <p><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></p> <p>Recovery plans remain in place to reduce waiting times and achieve 18-week compliance</p>		<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>Please see the risk register for actions being undertaken for each of the risks.</li> </ul>													

(or below where that is applicable). Data demonstrates that progress is now being made in reducing over 52-week waiting times, particularly in the children's autism service which previously had the highest number of patients waiting over 52 weeks.

**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.**

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

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

Delayed Transfers of Care (or patients who have No Criteria to Reside NCTR) remain high and the issue continues to lie with patients predominantly waiting for specialised hospital placements with other NHS providers or local authority provided residential placements. System escalation mechanisms are in place to address this overseen by the Chief Operating Officer. Focus will be maintained on improving this position further in order to achieve the best outcomes for our patients and to ensure it does not adversely impact on the improved position we have achieved in reducing out of area placements. The ICB and Provider

Collaborative are escalating DTOC/NCTR as an issue requiring focussed system action and proposals have been made and supported for the new national Discharge Funding to support patient flow in order to improve the level of DTOC. Our ICB has very recently been confirmed as a National Discharge Frontrunner site and whilst this is focussed on acute care, we will expect this to bring further benefit in reducing the delays that our patients experience.

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

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

### **Industrial Action**

Consideration has been given to the risk posed to the Trust by ongoing industrial action frontline medical staff. Following assessment of the risk and the controls / mitigations currently in place, level of current risk is below the threshold for inclusion on the Trust wide risk register (scored of 15+) and will continue to be monitored via operational risk arrangements.

<p><b>Matters of Concern or Key Risks:</b></p> <ul style="list-style-type: none"> <li>No matters of concerns to highlight or key risks further to those included in the Trust wide risk register to escalate.</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>There are currently <b>4</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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #d9e1f2;">Risk Description</th> <th style="background-color: #d9e1f2;">Current Rating</th> <th style="background-color: #d9e1f2;">Movement from prev. quarter</th> </tr> </thead> <tbody> <tr> <td><b>WF10</b> – There is a difficulty to retain and recruit GPs, this is contributed to by national shortages and may impact on the Trust's ability to deliver safe services.</td> <td style="background-color: red; color: white; text-align: center;">15</td> <td style="text-align: center;"></td> </tr> <tr> <td><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.</td> <td style="background-color: red; color: white; text-align: center;">16</td> <td style="text-align: center;"></td> </tr> <tr> <td><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.</td> <td style="background-color: red; color: white; text-align: center;">16</td> <td style="text-align: center;"></td> </tr> <tr> <td><b>OPS15</b> – As a result of system pressures there has been an increase in the number of delayed transfers of care in Trust inpatient services resulting in impact to patient flow which may lead to reduced patient experience and quality of service provision.</td> <td style="background-color: red; color: white; text-align: center;">16</td> <td style="text-align: center;"></td> </tr> </tbody> </table>	Risk Description	Current Rating	Movement from prev. quarter	<b>WF10</b> – There is a difficulty to retain and recruit GPs, this is contributed to by national shortages and may impact on the Trust's ability to deliver safe services.	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.	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.	16		<b>OPS15</b> – As a result of system pressures there has been an increase in the number of delayed transfers of care in Trust inpatient services resulting in impact to patient flow which may lead to reduced patient experience and quality of service provision.	16	
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<p><b>Governance:</b> Please indicate which committee or group this paper has previously been presented to:</p>		Date		Date
	Audit Committee	02/2023	Remuneration & Nominations Committee	
	Quality Committee	03/2023	Workforce & Organisational Development Committee	02/2023
	Finance & Investment Committee	01/2023	Executive Management Team	03/2023
	Mental Health Legislation Committee	01/2023	Operational Delivery Group	02/2023
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

**Monitoring and assurance framework summary:**

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

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

## Risk Register Update

### 1. Trust-wide Risk Register

There are currently **4** risks reflected on the Trust-wide risk register which records all risks currently scored at a rating of 15 or above and is reflected in **Table 1** below:

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

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
<b>WF10</b>	There is a difficulty to retain and recruit GPs, this is contributed to by national shortages and may impact on the Trust's ability to deliver safe services.	<b>20</b>	<b>15</b>	<b>10</b>
<b>OPS 11</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.	<b>20</b>	<b>16</b>	<b>8</b>
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<b>OPS 15</b>	As a result of system pressures there has been an increase in the number of delayed transfers of care in Trust inpatient services resulting in impact to patient flow which may lead to reduced patient experience and quality of service provision.	<b>20</b>	<b>16</b>	<b>8</b>

### 2. Closed/ De-escalated Trust-wide Risks

There is **1** risk previously held on the Trust-wide risk register which has been closed / de-escalated since last reported to Trust Board in January 2023.

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

Risk ID	Description of Risk	Risk Status / Update
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	Risk reviewed by WFOD committee and Executive Management Team and re-scored to represent current mitigations in place and current level of risk being faced by the Trust. Current score amended to rating of 12 (Possible x Severe) lowering risk below threshold for inclusion on trust wide risk register and will be monitored via the Workforce and OD risk register.

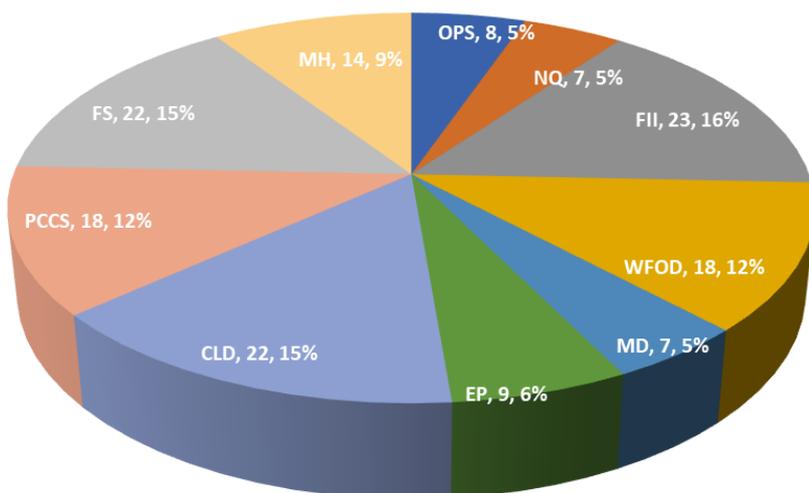
### 3. Wider Risk Register

There are currently **147** risks held across the Trust's risk registers. The current position represents an overall decrease of **22** risks from the **169** reported to Trust Board in January 2023. The table below shows the current number of risks at each risk rating:

**Table 3 - Total Risks by Current Risk level**

Current Risk Level	Number of Risks – January 2023	Number of Risks – March 2023
20	0	0
16	3	3
15	2	1
12	42	34
10	12	6
9	37	36
8	24	23
6	41	37
5	0	0
4	6	7
3	2	0
2	0	0
<b>Total Risks</b>	<b>169</b>	<b>147</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
- PCCS** – Primary Care and Community Services
- CLD** – Children's and Learning Disabilities
- FS** – Forensic Services
- MH** – Mental Health Services



## Trust-wide Risk Register 15+

ROW	Risk ID	Description of Risk	Date Opened	Impact/Consequence Type	Likelihood (Initial)	Impact (Initial)	Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Date Reviewed	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
1	WF10	There is a difficulty to retain and recruit GPs, this is contributed to by national shortages and may impact on the Trust's ability to deliver safe services.	10/06/2019	Objectives	Likely	Catastrophic	20	Significant	<ol style="list-style-type: none"> <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> <li>Being monitored by the Task and Finish group</li> <li>GP roles have been put on the 'hard to recruit' list.</li> <li>Investment in band 5 primary care role to support GP recruitment and resourcing of Locums.</li> <li>Invested in BMJ subscription to support wider advertising and attraction initiatives.</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>Turnover of Medical staff group.</li> <li>GP staffing vacancies across primary care.</li> </ol>	<ol style="list-style-type: none"> <li>Current medical staff turnover 12.24% as at January 2023..</li> <li>30.76% GP Vacancy rate as at January 2023.</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 (31/03/2024)</li> <li>Trust divisions to develop bespoke plans supported by deep dive analysis - specifically Primary Care has developed deep dive work groups to fill GP post and reduce turnover (31/03/2024)</li> <li>Transition of Hull GP practices away from Trust as of 1st April 2023 (01/04/2023)</li> </ol>	13/03/2023	Karen Phillips	Steve McGowan	WFOD / EMT	Trust Board	Rare	Catastrophic	10	High
2	OPS11	Failure to address waiting times and meet early intervention targets which may result in increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	04/05/2021	Objectives	Almost Certain	Severe	20	Significant	<ol style="list-style-type: none"> <li>Work underway with Divisions to address three areas of challenges currently (Children's ADHD / ASD, Memory Assessment Service/Chronic Fatigue)</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 to understand C&amp;D and a proposal to address 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 Performance &amp; Access Mgr around waiting list performance.</li> <li>Introduction of Monthly Performance &amp; Productivity Group chaired by COO.</li> <li>Capacity and Demand planning has either taken place or is scheduled to take place in all long waiting areas and improvement trajectories developed or proposals developed for improvement.</li> <li>Children's ASD number of patient waiting &gt;52 weeks decreased from 589 in Q4 21/22 to 281 in Q4 22/23.</li> <li>Children's ADHD number of patient waiting &gt;52 weeks is 361 in Q4 22/23</li> </ol>	<ol style="list-style-type: none"> <li>Opportunities to revise pathways to increase productivity or reduce demand into services.</li> <li>Confirmation on levels of funding available to support demand.</li> <li>Staff absences/vacancies and delayed progress with recovery initiatives continue to be contributing factors.</li> </ol>	<ol style="list-style-type: none"> <li>Children's ADHD number of patient waiting &gt;52 weeks increasing</li> <li>Adult ADHD number of patient waiting &gt;52 weeks increasing</li> <li>Children's LD number of patient waiting &gt;52 weeks increasing</li> <li>Chronic Fatigue number of patient waiting &gt;52 weeks increasing</li> </ol>	Likely	Severe	6	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 - 30/06/2023</li> <li>Agreement with commissioners on levels of funding available to support demand - 30/06/2023</li> </ol>	13/03/2023	Claire Jenkinson	Lynn Parkinson	ODG / EMT	Trust Board	Unlikely	Severe	8	High

### Trust-wide Risk Register 15+

ROW	Risk ID	Description of Risk	Date Opened	Impact/Consequence Type			Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Date Reviewed	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
				Objectives	Likelihood (Initial)	Impact (Initial)																				
3	OPS13	Due to the increasing complexity of CAMHs inpatients nationally and an increasing demand for CAMHs inpatient beds far exceeding capacity, there is increased use of out of area beds for young people which may lead to delayed discharges, insufficient management of patients in line with complexity and admission to inappropriate settings.	21/06/2021	Objectives	Almost Certain	Severe	20	Significant	<ol style="list-style-type: none"> <li>Staffing levels adjusted to take into account the acuity of patients</li> <li>Beds reduced as appropriate in response to acuity levels and the staff levels required to support</li> <li>Recruitment/training plan in place to open PICU capacity in Inspire</li> <li>Sytem work at ICS level to address the pressures with appropriate parters.</li> <li>Recruitment undertaken to increase staffing levels and allow Inspire to increase PICU bed availability.</li> <li>Bed management team continue to review bed demand and reconfigure bed profiles to meet the changing demand for male or female beds</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> <li>The PICU capacity demand is as a direct result of delayed transfers of care (DTC) within the current facility. Many of which are delayed by months/years and affecting patient flow and bed capacity.</li> </ol>	None identified	Likely	Severe	16	Significant	<ol style="list-style-type: none"> <li>Level of delayed DTOCS and detail is included in a number of system meetings where there is representation from Humber and therefore early opportunity to resolve 30/06/2023</li> <li>Level of delayed DTOCS and detail is included in a number of system meetings where there is representation from Humber and therefore early opportunity to resolve 30/06/2023</li> </ol>	13/03/2023	Claire Jenkinson	Lynn Parkinson	ODG / EMT	Trust Board	Unlikely	Severe	8	High
4	OPS15	As a result of system pressures there has been an increase in the number of delayed transfers of care in Trust inpatient services resulting in impact to patient flow which may lead to reduced patient experience and quality of service provision.	15/11/2022	Objectives	Almost Certain	Severe	20	Significant	<ol style="list-style-type: none"> <li>Targeted escalation meetings with place partners and provider collaboratives are in place to resolve the complex care packages of patients that are required</li> <li>Level of delayed DTOCS and detail is included in system meetings where there is representation from Humber and therefore early opportunity to resolve.</li> <li>Bed management team continue to review bed demand and reconfigure bed profiles to meet the changing demand for male or female beds.</li> </ol>	<ol style="list-style-type: none"> <li>Workforce metrics reported through Daily SitRep.</li> <li>Unofficial delays in transfers of care who are requiring an escalation in care</li> <li>Out of Area Placements reduced to 0 in Aug 22. Increase is now being noted which is in line with DTC increases which is currently circa 14% of total inpatient adult bed base, with numbers overall reaching their lowest levels in the last 2 years.</li> </ol>	<ol style="list-style-type: none"> <li>Official delays in transfer of care.</li> <li>Unofficial delays in transfers of care who are requiring an escalation in care</li> <li>Difficulties assigning care coordinators and community workers within the community mental health services.</li> </ol>	<ol style="list-style-type: none"> <li>Increase is now being noted which is in line with DTC increases which is currently circa 19% of total inpatient adult bed base, with numbers overall reaching their lowest levels in the last 2 years.</li> </ol>	Likely	Severe	16	Significant	<ol style="list-style-type: none"> <li>Level of delayed DTOCS and detail is included in a number of system meetings where there is representation from Humber and therefore early opportunity to resolve - 30/06/2023</li> <li>Routine escalation meetings introduced to focus on all patients delayed by over 40 days in the first instance - 30/06/2023</li> </ol>	13/03/2023	Claire Jenkinson	Lynn Parkinson	ODG / EMT	Trust Board	Unlikely	Severe	8	High

Title & Date of Meeting:	Trust Board Public Meeting 29 March 2023																															
Title of Report:	Trust Board Sub Committee Chairs and Non-Executive Director Champion Roles																															
Author/s:	Caroline Flint Trust Chair																															
Recommendation:	<table border="1" data-bbox="539 600 1528 712"> <tr> <td data-bbox="539 600 938 636">To approve</td> <td data-bbox="941 600 1031 636"></td> <td data-bbox="1034 600 1410 636">To discuss</td> <td data-bbox="1414 600 1528 636"></td> </tr> <tr> <td data-bbox="539 640 938 676">To note</td> <td data-bbox="941 640 1031 676">X</td> <td data-bbox="1034 640 1410 676">To ratify</td> <td data-bbox="1414 640 1528 676"></td> </tr> <tr> <td data-bbox="539 680 938 712">For assurance</td> <td data-bbox="941 680 1031 712"></td> <td data-bbox="1034 680 1410 712"></td> <td data-bbox="1414 680 1528 712"></td> </tr> </table>				To approve		To discuss		To note	X	To ratify		For assurance																			
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For assurance																																
Purpose of Paper:	This report outlines which NEDs chair the sub-committees and which undertake the NED champion roles.																															
Key Issues within the report:																																
<p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>All Board sub-committees have a Non-Executive Director Chair; and</li> <li>Non-Executive Director Champions have also been allocated in accordance with NHS England guidance.</li> </ul>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>Committee Chairs and NED Champion roles have been allocated.</li> </ul>																															
<p><b>Matters of Concern or Key Risks:</b></p> <ul style="list-style-type: none"> <li>None.</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>The allocation was last agreed at Trust Board in March 2022.</li> </ul>																															
Governance:	<table border="1" data-bbox="539 1590 1528 1951"> <thead> <tr> <th data-bbox="539 1590 912 1621"></th> <th data-bbox="916 1590 1043 1621">Date</th> <th data-bbox="1046 1590 1388 1621"></th> <th data-bbox="1391 1590 1528 1621">Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="539 1626 912 1675">Audit Committee</td> <td data-bbox="916 1626 1043 1675"></td> <td data-bbox="1046 1626 1388 1675">Remuneration &amp; Nominations Committee</td> <td data-bbox="1391 1626 1528 1675"></td> </tr> <tr> <td data-bbox="539 1680 912 1729">Quality Committee</td> <td data-bbox="916 1680 1043 1729"></td> <td data-bbox="1046 1680 1388 1729">Workforce &amp; Organisational Development Committee</td> <td data-bbox="1391 1680 1528 1729"></td> </tr> <tr> <td data-bbox="539 1733 912 1783">Finance &amp; Investment Committee</td> <td data-bbox="916 1733 1043 1783"></td> <td data-bbox="1046 1733 1388 1783">Executive Management Team</td> <td data-bbox="1391 1733 1528 1783"></td> </tr> <tr> <td data-bbox="539 1787 912 1836">Mental Health Legislation Committee</td> <td data-bbox="916 1787 1043 1836"></td> <td data-bbox="1046 1787 1388 1836">Operational Delivery Group</td> <td data-bbox="1391 1787 1528 1836"></td> </tr> <tr> <td data-bbox="539 1841 912 1890">Charitable Funds Committee</td> <td data-bbox="916 1841 1043 1890"></td> <td data-bbox="1046 1841 1388 1890">Collaborative Committee</td> <td data-bbox="1391 1841 1528 1890"></td> </tr> <tr> <td data-bbox="539 1895 912 1951"></td> <td data-bbox="916 1895 1043 1951"></td> <td data-bbox="1046 1895 1388 1951">Other (please detail) Report to Board</td> <td data-bbox="1391 1895 1528 1951">✓</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) Report to Board	✓
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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
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Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			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	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

## **Trust Board Sub Committee Chairs and Non-Executive Director Champion Roles**

### **1. Introduction**

The report is presented for information and noting and identifies the Non-Executive Directors who chair the Trust Board Sub Committees and the Non-Executive Directors who have been allocated NED Champion roles.

#### ***Board Sub-Committee Chairs***

Audit Committee – Stuart Mckinnon-Evans  
Charitable Funds Committee – Stuart McKinnon-Evans  
Collaborative Committee – Stuart McKinnon-Evans  
Finance and Investment – Francis Patton  
Mental Health Legislation Committee – Mike Smith  
Quality – Philip Earnshaw  
Workforce – Dean Royles

#### ***Non-Executive Director Champion Roles***

Wellbeing Guardian – Dean Royles  
Freedom to Speak Up NED champion – Dean Royles  
Doctors' Disciplinary NED champion/independent member – Phillip Earnshaw  
Cyber Security (Security Management) NED champion - Francis Patton  
Emergency Planning Preparedness and Resilience (EPRR) NED lead Mike Smith

Title & Date of Meeting:	Trust Board Public Meeting – 29 March 2023														
Title of Report:	Workforce and Organisational Development (OD) Committee Assurance Report														
Author/s:	Dean Royles, Non-Executive Director and Chair of Workforce and OD														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>√</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td>√</td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	√	To ratify		For assurance	√		
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To note	√	To ratify													
For assurance	√														
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 8<sup>th</sup> February 2023 and a summary of key points for the Board to note.</p>														
Key Issues within the report:															
<p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>Staff health and wellbeing engagement group continues to be engaged and enthusiastic about their work, various wellbeing activities are in place. The workplan is constantly under review.</li> <li>A permanent chair has been sourced for the EDI groups. Shortlisting is underway for the EDI workforce role.</li> <li>We are within the top ten of the GMC regarding our medical education committee.</li> <li>Areas of compliance in safeguarding and ILS/BLS training are improving. Trajectories are set.</li> <li>The trust is implementing various approaches to improve work life balance opportunities for staff. This is reviewed at patient safety performance and accountability reviews.</li> <li>Work is underway around how we can better</li> </ul>		<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>Listed below within decisions made</li> </ul>													

<p>support staff with absences due to mental health issues.</p> <ul style="list-style-type: none"> <li>• Five consecutive months of sickness reduction.</li> <li>• Nursing vacancies are 9.4%, STAT man compliance is 93%,</li> </ul>	
<p><b>Matters of Concern or Key Risks:</b></p> <ul style="list-style-type: none"> <li>• High GP and consultant vacancies.</li> <li>• Highest reason for leavers is retirement followed by work life balance.</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>• Deep dive on current health and wellbeing initiatives is needed for the July committee.</li> <li>• Further deep dive needed for the next committee in May for staff leavers with under 2 years' service.</li> <li>• DR will attend the next EDI group to provide support from board level.</li> <li>• KP will liaise with OS regarding refreshing the risk register and BAF.</li> <li>• A review on apprenticeship only role exemptions in the November committee to see whether more roles are being advertised at apprenticeship level.</li> </ul>

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

**Monitoring and assurance framework summary:**

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

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

## Committee Assurance Report – Key Issues

### December 22 Workforce Insight Report

- There is a financial impact in terms of filling the void of GP and consultant vacancies. At present a lot of roles are covered by agency staff.

### Leavers and Sickness Deep Dive

- Trust turnover has increased since the previous deep dive. Further measures need reviewing to improve staff work life balance.
- Highest reason for leavers is retirement and work life balance.

**Minutes of the  
Workforce and Organisational Development Committee  
Held on  
Wednesday 12<sup>th</sup> October 2022  
9:30 – 12:30pm  
Microsoft Teams**

**Present:**

**Members:**

Mr Dean Royles (DR)	Non-Executive Director (Chair)
Steve McGowan (SMc)	Director of Workforce and OD
Mr Francis Patton (FP)	Non-Executive Director
Hilary Gledhill (HG)	Executive Director of Nursing (until 12:05pm)

**Other attendees:**

Mrs Lynn Parkinson (LP)	Chief Operating Officer (until 12:05pm)
Lucy McRae (LM)	Personal Assistant (Note taker)
Karen Phillips (KP)	Deputy Director of Workforce and OD
Kwame Fofie (KF)	Executive Medical Director
Sarah Clinch (SC)	Strategy and Planning Lead (from 10:04 – 10:41)
Vickie Murray (VM)	Interim Head of People Operations(11:08 –
Pete Cook (PC)	Head of Learning & Organisational Development

54/22	<b>Apologies for Absence - Phillip Earnshaw</b>
55/22	<b>Declarations of Interest</b>  None to discuss.
56/22	<b>Minutes of the meeting held in July 2022</b>  Minutes were taken as an accurate record and accepted.
57/22	<b>Action Log</b>  The action log was discussed, and actions were closed as appropriate.
58/22	<b>Chairs logs from any groups reporting to this committee</b>  a) Staff Health, Wellbeing Engagement Group  SMc feedback on this section. This was an interesting meeting due to higher attendance and new faces within the meeting. It was highlighted in the meeting the importance of why specific people were required to attend and what role they played. It is important to provide a greater understanding on the initiatives which have been put in place for staff health and wellbeing. The terms of reference for this meeting was shared around the attendees. There are regular updates and discussions on the improvements to the estate, there has been no criticism noted on this. FP asked about the term 'engaged sites' and whether this results in the estate having 'non-engaged sites'. SMc stated that Humber has a lot of estate therefore there will be both engaged and non-engaged facilities. There may be sites at present which have not had any refurb. LP stated this is being monitored as it was an issue to start with. However, as the scheme has progressed this is becoming less of an issue. The expectation originally was that all schemes would be completed

last year. Some of these have been rolled out into next year. There are not many, if any schemes which are not engaging currently. This is being closely monitored through the staff health and wellbeing group. Some teams were delayed in choosing the finer details of what they required in line with the scheme.

b) Equality, Diversity, and Inclusion Group

KP feedback on this item. There is a really good cross representation across the organisation and we have some engaged individuals within this setting which is really positive. In terms of refocus the EDI meeting is being used more positively in terms of that consultative body for a number of things. This group is used as a network to consult on not only the EDI reports but our workforce policies, this works really well. Pete Cook attended this meeting as a guest speaker and provided a refocus on many of the career development opportunities which can arise for our workforce but particularly for those individuals with protected characteristics through our PROUD programme and leadership development. The networks are able to ringfence places for our Humber high potential development scheme which last year was not taken up, this group is being used to promote this. Pete Cook was very well presented during this group and his feedback was very welcomed. Kiza, the new workforce EDI lead attended this group, it was her first time attending. It is becoming very apparent about her style and the way she interacts with the networks, this is working very well. It was noted that Kiza collaborated amazingly particularly with the LGBTQ+ network and BAME network on inclusion week. In the past the EDI group has had a lot of focus on the BAME network as this took the majority of the attendance. However attendance has improved across all of the networks, therefore collaboration from other networks is being noticed. A matter of concern has been that it has always been a struggle to find a chair for the Humber ability network group. HG has kindly stepped in as the exec sponsor, LP wanted to thank HG for this and highlight Kiza emphasised her thanks for this on HG's proactivity in supporting the network. The Humber ability group is really forming as a peer network and HG's contribution is highly valued. There is a new LGBTQ+ chair and Kiza is trying to push for a chair for the Humber ability group. KF stated that Kiza is helping the network with the Black History Month activities and has helped prepare for a presentation which is being delivered on 21/10. The presentation is on slave trade and what happened in the West Coast of Africa and how dehumanisation managed to shift .

c) Medical Education Committee

KF feedback on this item. The chair of this committee is very active in their post. There are various activities occurring with the medical education committee. There are various higher trainee appointments which are going very well. Dr Sayeed is leading all of the higher trainees at present. For the first time we have an increase in the number of higher trainees. KF stated it is his pride and joy in terms of how much is done to support medical education within the trust. DR stated he attended the medical education committee and agreed with KF about the chair being very proactive in their role. They were awards given for junior doctors which DR attended. It was good to see that training awards were given out to people. It was also good to see that consultants were in attendance supporting staff. FP congratulated KF on ranking number 1 for the UK foundation training, this is an excellent achievement. KF stated the training programme is very well received by the junior doctors. DR stated that when we appoint consultants in smaller organisations, we want them to be active in research, management, or education. There is a real opportunity around active engagement of people around education, this needs to be highlighted more. KF stated he is hoping to start to have the registrars who are 1 or 2 years away from becoming consultants, to allow them to have mentorship from exec colleagues. Then they can attend some committees with the hope that this will continue them to be the next generation of clinical directors and medical directors. A rota can be made for these staff to enable them to attend committees. DR stated this will be welcomed and it will provide staff with a good experience to see what happens in terms of governance and how things are escalated.

59/22

**August 2022 Workforce Insight Report**

SMc feedback on this section and stated this is a fairly comprehensive document and with the new grid format quite self-explanatory so happy to go straight to questions. FP stated the grid is excellent and asked SMc to discuss the matters of concern and the key areas on turnover,

vacancies, training, and appraisals. SMC stated that turnover is increasing but this is something which has been predicted. It was predicted that as we came out of COVID turnover would increase due to staff making the decision to leave now COVID has settled and normality is somewhat returning. We are at a high level of vacancies; we have seen the impact of vacancies on our bank and agency spend. Nursing is currently at 14.5%, some of this is due to the establishment growing and vacancies being taken on from the 0-19 service. There are ongoing GP issues in regard to primary care and this specific spend. The consultant situation is fairly static with regards to the numbers overall over the past two years, this accounts for a significant amount of agency spend which we have in place at the moment.

FP asked when we are likely to receive the medical workforce strategy. KF stated that he only started in post a week ago so is trying to pull something together in terms of reassurance of what is in the pipeline. KF has just spoken with 3 registrars who are going to reduce the number of 13 to 10 very soon, Amy Gledhill is currently acting up. Sarah Bradbury is acting up for KF's old post and Doctor Patel is currently acting up. There is a hope when these posts are officially filled, agency will decrease. We have managed to get our first international recruit into Inspire. Skill mix is also being discussed to be added into the medical workforce plan. KF is going to put something together and put this forward in different forums for comment. Most information is needed to go into the job plan and medical workforce plan. There is an aim for an informal discussion to take place at EMT in November in the first instance.

HG stated in terms of STAT man and BLIS, all these are improving. We are complying at the moment with ILS, which is very positive and BLS is looking compliant from December. This is due to bringing in an additional trainer which has helped with capacity. Level 3 safeguarding training is also improving month by month. This is always picked up in accountability review and the managers always monitor this. Nurse vacancies are higher at present but this is due to taking on more vacancies from the 0-19, this is being worked through. International recruitment is proving very successful. We are currently working through 40 CVs, we are aiming to recruit around 30 as they cost between 8000-9000 to recruit each individual. It was agreed at EMT on Monday that NHS monies would be put forward to support 15 more international recruits for the last financial quarter this year. There will be information within the board about where the nurses are being located. We are getting quite successful with the RMN's and are getting these within our mental health services based within Whitby and Malton. A lot of the families are based in Hull but the staff are travelling up to Whitby and Malton to work which makes it slightly more difficult. We are receiving positive feedback from the RMN's which we are recruiting. This is becoming our main nurse recruitment source now, the divisions are supporting this and identifying where the nurses can be based. We have a great success rate on the number of nurses who have just finished their degree course and are now on their preceptorship course with us. Year on year we seem to recruit more nurses for this pathway. This is partly due to a government push to train more nurses, however we are capturing a high percentage of trainee nurses who they stay on to work for us once qualified. We have a high focus on retention, we have put a lot of things in place to try and keep staff. We have professional nurse advocates who support staff with high level supervision, particularly in high intense areas where they may be struggling. Sometimes this is hard to measure but we are trying our best to support staff and keep them within our organisation.

KF stated for some assurance on GP recruitment, 3 doctors have been recruited with the help of KP, the doctors were waiting for their visas. This had got to a point where the delay on the visas had been so significant, there was even a petition to the MP to see if we could get things going quicker. Fortunately, now, these 3 recruits have their visas so they should be joining us soon. There have been discussions on using our 3 GP surgeries as training for GPs and registrars on the BTS programme. The surgeries used would be Cottingham, Market Weighton and Humber. It is apparent that if we do not train the individuals ourselves the chances of them coming to work for us after they are qualified is lower. KF and Iqbal are putting a paper together on why using the surgeries for training is important. KF will provide an update on where we are with this in the next meeting in January.

DR stated that within the insight report, it is noted that our nursing and GP vacancies are the highest they have been in the past two years. However, we have been growing our organisation, therefore growing staff in each post. Since August 2021 the establishment has increased by

approximately 300 staff. Therefore, the reason for the vacancy increase is down to the increase in establishment as more staff are now required. The vacancy for nursing is also at the highest number it has been; however this is again due to the growing establishment. SMC stated the increase for vacancies is due to the growth of establishment, mainly the 0-19 service, TUPE transfers are also included. When we are discussing the highest level, this is in reference to the percentage of vacancies, our head count is struggling to keep up with our establishment growth. When we inherited the 0-19 service this immediately grew the service and created more vacancies. These roles are known to be easy to fill so in the next few months, the vacancy rate should lessen and some of these positions will be filled. We need to ensure the work we do around agency spend is targeted around recruiting to our vacancies, as soon as our vacancies fall, our agency spend will follow. Each agency member of staff is covering a vacancy role, the consultant agency spend is very high due to having a large vacancy rate.

DR asked HG if an update can be provided within the January meeting on STAT man training compliance and understanding when we are going to achieve those trajectories for non-compliant areas. DR asked SMC about the ongoing policy we have for apprentices which is "apprentices first". FP stated that we had 38 apprentices appointed but 156 have been exempted. FP stated it does not feel like we are fulfilling the policy based on these figures. SMC stated he agrees, we are struggling to embrace the spirit and principles behind the policy, it is important to understand the reasons of why this is. LP stated apprenticeships are an area where focus work is occurring, linked to retention, vacancies and agency. LP stated she as exec director would have exempted a significant number of the 156, mainly in the band 2 category. LP stated to SMC it would be good to have a deep dive on this as there has been various times an apprenticeship band 2 post has gone out to advert multiple times due to struggling to recruit. Band 2 posts are not particularly financially attractive in this financial climate which may be a significant factor. We have some band 2 progressing into band 3 roles which work in isolation 24/7 in community teams. There is a theme about these particular roles not been attractive which needs addressing. The divisions have been asked to look into each area and concluded the types of training and development posts availability and the capacity around them. This has now been complete so the exec can see in a particular area what to expect in terms of capacity going forward. There is an issue with backfill for apprenticeships particularly band 2 and 3. No backfill monies was put in place when we went forward with these roles. There may be a connection with this and our agency spend. LP stated that local recruitment is what we need to focus on through apprenticeships but we have to address the emerging issues around some roles, particularly lower bands.

DR asked if we still have the ongoing policy around apprenticeships. There is nervousness around agreeing to this policy previously and then not fulfilling it and becoming criticised. It is noted that band 2 roles are not highly paid however these positions received the highest pay increase at around 9% as it was a £1400 minimum increase. Therefore, for this type of role they are now reasonably paid due to the increase. DR asked the group if it is likely this issue around apprenticeships will improve, or whether a review is needed to try and improve this issue. SMC stated the policy is still live, we are not doing anything outside of the policy as the policy itself allows for exemptions to be made. There may be a question about whether it is worth keeping the apprenticeship policy if we are exempting everything, this may be worth discussion at EMT. SMC stated he would respectfully challenge the thinking of LP. The reason we pay less for the lower grades is to account for some backfill. Looking at the data, most issues seem to be around band 3 roles. SMC stated he thinks it is really important we keep bringing apprenticeships in as we know how much they benefit the organisation but understands operationally it may be difficult at this time, therefore a discussion at EMT is needed. LP stated she agrees with SMC, we need to be driven by the data, operational issues raised are reflective of the data. There is a question about how we are advertising the band 2 and 3 posts as these should be the easiest to fill. There is internal and external work needed around this, this will be a significant element of our recruitment and retention issues. DR stated it will be worth having a further discussion on this in the January meeting to see if anything has changed and how confidence we are on this going into the new year. It is recognised that emotionally and values wise we want this to work however recognise operational challenges in doing so.

DR stated the paper for the insight report is very well written, the balance of data and narrative highlights issues and areas we need to focus on. It may be helpful to have some benchmarking

	data within the insight report to gain further information on turnover and vacancies
60/22	<p><b>Risk Registers and BAF</b></p> <p>KP feedback on this section. There are currently 21 risks rated 9 and above. There have been 7 new risks added to the register since the last meeting. Turnover has been added as a risk on the basis of the conversation in the item above and the current turnover rate within the Trust. Sickness has also been added as a risk as it is currently above the Trust target which is 5%. The scores from the WRES and WDES which do not align to or are not better than the national average have been added as a risk so we can keep track on those. A risk has also been added in regards to the outstanding training requirements. FP asked if the execs are thinking of reviewing some of the risk scores with things going the way they are in terms of nurses and GPs. KP stated this is a worthwhile point, HG looks at the nurse risks and KF reviews the GP risks. SMC stated he agreed that a review may be beneficial, there is a big question around whether we are still in amber. HG stated that the issue around nurses is not around recruitment, the issue is with retention. FP stated retention needs to be reviewed and focused on, we also need to determine if we are still yellow on workforce due to the increasing turnover and sickness. SMC stated due to current circumstances there is probably a shift from yellow to amber as we have a number of indicators which are not quite where we need them to be at the moment. FP stated that the issue lies with the way the risks are set up, to qualify as amber, 50% of the risks need to be scored at 12 or above, which is not the case currently. However, the risks which are scoring 12 and above are really important. The group agreed the risk register is amber, despite not meeting the criteria. LP stated she agreed, the risk register did align more with amber however a further discussion is needed at EMT.</p>
61/22	<p><b>Guardian of Safe Working Hours Quarterly Report</b></p> <p>KF feedback on this section. There is a lot of positive reassurance within the report, Dr Mo Qadri is the guardian of safe working and he is very thorough in his role. There is a maintained level number of juniors over the last 3 years. There is a proactive collaboration between medical workforce and medical education, this has translated to positive feedback and the award-winning junior doctors who work with us. There has been an audit which has confirmed some of the positive things which are going on. We need to review the higher trainees who are on call with us as a review has not been undertaken for a long time on this. A few higher trainees have stated they feel that they are not getting enough mental health act experience. Previously some junior doctors have been commuting from out of area from places like Leeds when they have been doing on call they have not been finishing until very late at night. We need to potentially find a solution to give them somewhere to stay to do on-call if they are out of area. Apart from this one issue there is a lot of positive reassurance within the report.</p>
62/22	<p><b>WRES and WDES Action Plans 2022/2023</b></p> <p>SM feedback on this section. The data gets reported in August, submitted centrally and then we have to agree annual reports to take to board by October. This was taken to and discussed at EMT on 10/10 and this will be taken to the next board in October. SMC had a conversation with Hanif about the annual reports and gained feedback from him which has been helpful. Reviewing the data, we are better than the national average at everything. We cannot benchmark representation in the same way but we recognise representation is an issue with our disability, particularly those more senior nonclinical roles. The experience of disabled vs non-disabled within the Trust is consistent across the whole NHS at different experience. There has been an attempt to try and target the action plan in the two documents, Hanif helped provide feedback on this which was very helpful, to broaden the action plan to include the equality objectives which we have. There is an iteration now which is taking all the EDI objectives to board, this went into the EDI action plan which went to board in September. In the WRES there are two areas where we are worse than the national average. This is on our experience from patients and service users and experience from managers. The respect campaign which MM and Hanif have agreed with the centre of diversity is some work which will be obviously targeted around that and rolled out across the organisation in the coming months. The data in the action plans is significantly better than where we started 4 years ago, it has been stated previously it is not where we are, it is where we</p>

have come from.

FP asked what the percentage of disabled workforce in the NHS versus the national level of disabled. FP stated he is not aware on the percentage of disabled workforce in the private sector in comparison to the national average but is interested to know whether the disabled workforce struggle with employment. SMC stated that often it is noted the census data is different to the data in specific organisations, however he is unsure on what this is for the NHS but will find out and inform the group. There is still an issue with data on this however some good work is being completed and this has been reported on previously to try and cleanse the data and acquire a non-specified type of change, however there is still work to do around disability and the data on this. This may or may not improve as we progress, SMC will find the data out but it is not the same compare and contrast which it is with net ethnicity because this is a better measure when comparing to local population. The data indicates we have no staff at Band 7 or above who are either disabled or from a BAME background, this raises a question for us as an organisation. A deep dive is being completed on all the recruitment processes from April to allow us to determine applications and shortlisting. There is a question around whether or not we are advertising our roles in the best way or whether we are being traditional and only advertising on NHS jobs, this can make the target audience a lot smaller. Going forward we need to determine how we can advertise broader through different social media to ensure we are achieving the widest possible target audience. SMC stated that the experience of our BAME staff and our disabled staff should not be any worse than the NHS average. There are two areas for our BAME staff which we need to focus on to ensure this target is met. There is an opportunity to look at our benchmark group and then review the comparison against the non-disabled and wider NHS staff. We have put the focus on wider NHS staff experience as this is what we are judged on when we look at the WRES and WDES reports. The action plans are both targeted on improving representation and improving the two indicators which have been discussed.

63/22

### **Review of Strategy Metrics for Developing an Effective and Empowered Workforce**

SC feedback on this section. The metrics strategy has now been approved and launched; work is commencing for the delivering of the strategy. This is specifically regarding the workforce goal of the strategy. The paper will also go to FIC, Quality and Audit committee for the other strategy goals to be reviewed. It has been agreed that for all the strategy metrics the partnership and strategy team will work with the BI team to agree some data sources and the collection of metrics. For workforce, the strategy metrics has been incorporated into the draft people strategy. There is potential to consider whether this is a single reporting process which covers both. It has been suggested that a report is completed against strategy progress at 6 month intervals as there is an expectation that the board will want to see the periodic report against the whole of the strategy. As the strategy is 5 years some areas will move at different time scales. The people strategy may report on different time scales and we may need to marry those up. The final stage of the process is to look at the existing board reporting frameworks such as the BAF and make sure they are all running consistent. SC asked the group to review the metrics which has been circulated, it is appreciated that some of the group may have already reviewed the metrics and some may not have had an opportunity to do so. It is important to ensure we are all happy to work with the metrics.

SMC stated he is very comfortable with what is being proposed with the metrics. One thing that is unsure is whether we have a few metrics to look at with regards to the strategy. SMC thanked SC for the work which she has done and for helping amend the draft people strategy, which will come to this committee in January. The measuring success element of the people strategy is essential. FP asked if what is included in the strategy plan will be measured at strategic level and if what is in the word document measured at operational level. SC stated this is a good point for discussion because when you look at the whole package of proposed measures, across all strategy goals this does become a weighty pack. There is a good question about whether we want to refine them down into just reporting very key metrics against the strategy when we do the six monthly review. FP stated in his opinion the board should not be getting into the operational detail unless we as a sub committee state there is an issue. FP wanted to confirm this is going to be the process for every committee. SC stated this is the first committee this has been discussed in. FP feedback to SC that on the strategy document all of the five metrics are SMART. The third bullet point which

	<p>states 'maximising a diverse and inclusive workforce' FP stated we should be talking more about optimising against the definition of those two words. We want the optimum workforce, not necessarily the maximum workforce. The strategic document is almost there, some of the targets are SMART but some appear as hopefully statements. The strategic metrics for this committee needs to tie in with the insight report. SMc stated he agrees with everything FP just said and he will work with SC to amend the strategy to align with FP's points. Some of the metric data is based on staff survey scores which will only change once a year, therefore we need to think about how and when we present this data. The workforce data needs to go to John Wilson not BI team. SC stated the aim is to take this to board in either March or April, as it will have been six months since the launch.</p>
64/22	<p><b>Workforce Wellbeing Team</b></p>  <p>WOD Committee presentation FINAL.]</p> <p>VM shared the presentation with the team (attached). HG asked a question about the work life balance, has this data been broken down to age and gender so we can identify why people are leaving the organisation. VM stated she will obtain the breakdown and feedback as this deep dive was completed previously by one of the business partners. HG stated this will be very beneficial to see to allow us to see if we can make any changes to improve the number of staff leaving the organisation. The deep dive was circulated around the group for their information. FP congratulated VM and her team for all the work they are doing, it is excellent. VM stated the team have been receiving good feedback, this can only keep getting better. HG asked if we are aware of the uptake of the shiny minds app. VM stated there is no information stating this currently, contact with shiny minds is underway to find this out. The shiny minds app will be promoted more in future so the uptake is expected to increase. LP stated it would be useful to know what the uptake of the app is. LP explained she is delighted to see the work which is ongoing and can only see it developing and growing from her. This gives us a firm platform now to work on as this area has been quite dispersed previously. The physical health offer we have now is brilliant and would define many Trusts to exceed what we are offering in relation to this. We need to continue to focus on support for mental health and wellbeing for our staff. VM stated we are the only Trust who have a platform for physical health. SMc stated VM and team have done an excellent job to get this up and running, the presentation is great and there is a real opportunity to promote and sell this. This may be a slow burner to get up and running but we were not doing anything like this a few years ago so this will be very beneficial for our organisation and this sends a real positive message to our staff. DR and FP can use this opportunity to promote this as well as other NEDs.</p>
65/22	<p><b>Updated Behavioural Standards</b></p>  <p>Being Humber PP committee.pptx</p> <p>PC feedback on this item and shared the attached PowerPoint. HG stated she loves the PowerPoint and the timing of this is perfect as there is so much discussion about the Trust behaviours, values and patient centred care. In January HG is going to start doing sessions in preceptorship course around compassion in practice. HG will be linking this work to this to showcase and ensure everyone who is new within the Trust starts on the right path about being compassionate about being Humber. SMc stated to PC that he has done a brilliant job on this, there is some energy behind it and it really feels different. The level of commitment on this is so high which is brilliant. Positive conversations occurred about this at board, this is absolutely critical to what we do at Humber and PC has portrayed this brilliantly. FP stated he loves the presentation and loves PC's passion and we could use this to sum up each committee meeting to see whether we have 'Been Humber'. DR stated he liked the branding; it looks quite appealing. SMc asked if it would be beneficial from a wider board perspective to take this to board time out as an introduction. DR stated this may be beneficial as we could relate this to a patient or staff story and link this to 'Being Humber'. FP stated that all the boards and subcommittees should be brought</p>

	<p>into this, unsure if it is best suited to board time out as that focuses on strategic development however there could be a discussion in board time out to see whether we are approaching situations in a Humber way.</p>
66/22	<p><b>Presentation on Work Experience and Apprenticeships</b></p>  <p>Item 13 WOD Apprenticeship and</p> <p>PC fed back on this item and shared the attached PowerPoint. LP stated this presentation has been to the operational delivery group. The presentation is really well received, LP supports both work experience and apprenticeships as they are both fantastic routes. There is a bit of operational work to be done around certain areas which have been previously discussed. Need to ensure the managers across the division support the ongoing work as it is implemented. HG echoed LP but stated we have to be mindful on placements as there are T-levels, apprenticeships, nurse associates, international recruits, clinicians undertaking degrees, all of these roles need placements within clinical settings. We need to ensure we do not recruit too many staff who are in training and overfill certain roles. A review may be needed to determine what is happening in various teams to ensure teams are doing their fair share, to ensure we maintain patient safety. We need to determine what the ask is for each team and ensure they are not overloaded with trainee staff members. LP stated this work is being done, this needs to come to EMT and this is part of the agency spend action plan which is in plans for review. SMC stated we need to ensure we do not just have words on a page, we need to display actions which state we are able to help and make a difference. It is great to hear the support from LP and HG. It is important to be a true anchor employer, giving opportunities to the workforce where you know the local population can develop making careers available and give work experience. FP stated he supports this highly; it is a huge passion of his due to teaching apprentices at Leeds university. It is great to be passionate and innovative. DR asked if we can potentially review the apprenticeship pay rate of £4.18 an hour as it is extremely low and unsuitable. FP agreed that it is relatively low and this has been recognised in parts of the private sector and public sector. SMC stated that we can review the pay. At present there are approximately 20 staff which are paid below the bottom level due to being TUPE transfers.</p>
67/22	<p><b>To Review the Meeting and Assurance Report</b></p> <p>Completed as appropriate.</p>
68/22	<p><b>Any Other Business</b></p> <p>Nothing to disclose.</p>
69/22	<p><b>Date and Time of Meetings in 2023:</b></p> <p><b>18<sup>th</sup> January 2023</b>  <b>19<sup>th</sup> April 2023</b>  <b>19<sup>th</sup> July 2023</b>  <b>18<sup>th</sup> October 2023</b></p>

**Agenda Item 21**

Title & Date of Meeting:	Trust Board Public Meeting – 29 March 2023												
Title of Report:	Audit Committee Assurance Report from February 14, 2023												
Author/s:	Stuart McKinnon-Evans, Chair & Non-Executive Director												
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>X</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>	To approve		To discuss		To note	X	To ratify		For assurance			
To approve		To discuss											
To note	X	To ratify											
For assurance													
Purpose of Paper:	To inform the Trust Board of the outcome of the Audit Committee of February 2023												

Key Issues within the report:

**Positive Assurance to Provide:**

- Effectiveness of audit committee, which continues to operate to expected standards
- Procurement controls, including single tender waivers, operating as expected
- Internal audit programme progressing to authorised plan, and individual audit reviews once again show positive assurance and no surprises
- The Trust's management of its system of internal control comes out very well in benchmarking of all Audit Yorkshire's clients
- External audit for 2021/22 is now finally complete, with a clean report, and work is on track for 2022/23
- The Trust's arrangements for securing value for money in 2021/22 passed muster against external audit standards
- Our arrangements are expected to be sufficient to address the requirements of new audit standards on risk management (ISA (UK) 315)
- Counter fraud teams continue to support staff to remain alert

**Key Actions Commissioned/Work Underway:**

- Revise the principal risks to not achieving the strategic objectives associated with Fostering Partnerships and alliances, to make them more specific and aligned with the risk register(s)
- Asked Children's and LD Divisional team to review their risk register to test a) whether no risks rated more than 12 b) staff availability was adequately considered

<p><b>Matters of Concern or Key Risks to Escalate:</b></p> <ul style="list-style-type: none"> <li>We should be concerned that the salient risks remain intransigent. They relate, in summary, to availability of staff, and local capacity constraints</li> <li>Work to do (as noted at last Board) to ensure risk-related narrative elements of the Board Assurance Framework are specific and meaningful</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>Endorsed the committee effectiveness review, subject to further views being solicited</li> <li>Endorsed the latest batch of single tender waivers</li> <li>Endorsed the planning for 2022/23 audit, including the review of accounting policies</li> <li>Thanked the outgoing and welcomed the incoming Mazars' external audit partners</li> <li>Endorsed the work of the information security team to deal with the rise in subject access requests (SARs).</li> </ul>
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Governance:		Date		Date
	Audit Committee	14.2.23	Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	

**Monitoring and assurance framework summary:**

Links to Strategic Goals <i>(please indicate which strategic goal/s this paper relates to)</i>				
√ Tick those that apply				
<b>X</b>	Innovating Quality and Patient Safety			
<b>X</b>	Enhancing prevention, wellbeing and recovery			
<b>X</b>	Fostering integration, partnership and alliances			
<b>X</b>	Developing an effective and empowered workforce			
<b>X</b>	Maximising an efficient and sustainable organisation			
<b>X</b>	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	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

## Committee Assurance Report – Key Issues

The Committee considered the following matters:

**Effectiveness of the Audit Committee:** Following a positive self-assessment of the Committee’s function, this report concluded that all the Committee’s functions delegated by the Board have been met. It is operating to expected standards. However, the sample of views is small, so further opinions will be solicited from all attendees.

**Procurement activity:** A recent internal audit has provided high assurance about the control regime for procurement activity. Upcoming significant tenders relate to estates management, electronic patient records, and data platforms. Social value and sustainability criteria will be given more weight in procurement in the future. The team continues to negotiate with suppliers to deal with inflation.

**Single Tender Waivers Update:** The single tender waiver controls continue to operate, with 34 previously reported waivers totalling £6.85m being monitored. A further 6 waivers with a combined value of £3.74m have been approved in the last quarter, which the Committee considered. 7 have now expired. The Committee also received information on competitively tendered contracts.

**Board Assurance Framework at Q4:** The BAF was considered. The Committee remains concerned that the very general form of wording used to describe the principal risks to not achieving key objectives is unhelpful. The risks need to be sharpened, related to the relevant risk registers, and be more dynamic as actions are taken to mitigate them.

**Trust-wide risk register:** The corporate risk register was considered. The high-rated residual risks have been static for some time now. They relate mainly to staff shortages, and the lack of capacity in social care and some specialist domains, which may cause delays in discharges and or inappropriate setting. In many instances, these have become issues, rather than risks. Our inability to reduce the risk levels suggest they have to be tolerated or point to ineffective ICS-level mechanisms. To that extent, we should be concerned that they are so intractable.

**A deep dive into the Children’s and LD Divisional risk register:** The residual risks relate to long-standing matters of delayed discharge, lack of capacity, waiting lists, and newer risks which the Division ascribe to deterioration of general living standards, and some risks to mobilising services quickly enough to respond. The Committee gained assurance that risk management is embedded in the Division’s management practices generally. The Divisional team was asked to review their risk register to test a) whether no risks rated more than 12 b) staff availability was adequately considered.

**Insurance Provision:** Review of insurance cover concludes a) appropriate insurance in place b) CNST premium has increased (this is not new news) and the budget round will have to identify funding.

**Cyber Security verbal update and Information Governance report:** no material issues were escalated to the Committee, although the number of Subject Access Requests, and the cost of dealing with them, is rising.

**Progress of the Internal Audit Plan:** Once again, the Committee heard that the internal audit programme is being implemented to plan. Five reports have been completed in the last quarter covering: charitable funds (significant assurance); implementation of NICE guidance (significant); financial sustainability (no assurance provided, as the work supported a national review). Benchmarking of Internal Audit Recommendations (advisory); procurement (high). The Trust continues to manage follow up actions well, with just four recommendations not having yet been put in place. Changes to the original audit plan have been minor (scope and timing adjustments).

**Internal Audit Future Plan (verbal):** The Committee took assurance that the planning of the 2023/24 plan is well underway.

**Counter Fraud activity:** The Committee received a report on Counter Fraud experts and in-house team, which showed that information, alerts, and training for staff continue to be routinely provided.

**2021/22 External auditor report including value for money conclusion:** A comprehensive report on the 2021/22 accounts was considered by the Committee. Our auditor's unqualified opinion was issued on December 12, 2022; in addition, no issues were identified about the Trust's delivery of value for money, with a clean bill of health across all criteria specified by the NAO framework (financial sustainability; governance; economy, efficiency, effectiveness). The Committee noted that the extended timescale for the issue of the report was a result of the need to wait for the planned audits of local government pension schemes to complete.

**External Audit Progress:** The Committee thanked Mark Dalton (who is retiring) and welcomed Gavin Barker as new partner. Other changes to the team were noted, as Mazars commence the 2022/3 audit. A new auditing standard ISA (UK) 315 is now in place relating to the risk that financial results might be materially mis-stated. Following discussion, it was concluded that our risk managements should be sufficient to meet the new standard.

**Year End Assurance and Accounting Issues:** The Committee heard that activity and plans are well advanced for the 2022/23 audit. This includes being prepared for changes to accounting for leases, and the additional audit work related to the risk of misstatement. It is hoped that the delay associated with our auditor having to wait for assurances from local government pension scheme audits, will not arise in the future.

**Changes to Contracts:** No changes to contracts were notified.

Finally, the Committee undertook a brief self-assessment against "**Being Humber**", concluding that indeed we had been

Title & Date of Meeting:	Trust Board Public Meeting – 29 March 2023														
Title of Report:	Collaborative Committee Assurance Report														
Author/s:	Stuart McKinnon-Evans Non-Exec Director - Audit Chair (Chair)														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss													
To note	✓	To ratify													
For assurance															
Purpose of Paper:	This paper provides an executive summary of discussions held at the meeting on Wednesday 15 February 2023 and a summary of key points for the Humber Teaching NHS Foundation Trust Board to note.														
Key Issues within the report:															
<b>Positive Assurance to Provide:</b> <ul style="list-style-type: none"> <li>142 adults in low and medium secure, prospectively 139 by end of February 2023, lowest since Go Live in October 2021</li> <li>Average length of stay in adult secure reduced by 1 year since Go Live</li> <li>Overall, the Provider Collaborative budget is balanced for 2022/23</li> <li>Humber's experience of running the Collaborative is being shared beyond our borders (with nationally, c £1.7bn of specialist services (low and medium secure, CAMHS inpatient, adult eating disorder in-patient) now overseen by collaboratives)</li> <li>Collaborative Management Team meets fortnightly</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Work stream agreed priorities in all 3 work streams</li> <li>Contractual Service Development Improvement Plan (SDIP) with Inspire, with fortnightly monitoring</li> <li>Recruitment of Clinical and Quality Director in CPaQT.</li> <li>Continued focus on impact of delayed transfers of care</li> <li>Our involvement in development of Collaborative (led by Leeds and York) for perinatal mental health services across Yorkshire/Humber</li> </ul>													

<p><b>Matters of Concern or Key Risks to Escalate:</b></p> <ul style="list-style-type: none"> <li>• CAMHS overspend forecast for 2022/2023</li> <li>• 13 out of area CAMHS placements reflect lack of local/community provision</li> <li>• 19 Clinically Ready for Discharge in Adult Secure, costing estimated £2.6m from May 2022 to January 2023</li> <li>• Solving the problem of delayed transfers of care (which has quality and financial implications) is a test of whether the ICS arrangements are effective or not</li> <li>• Schoen Clinic – need to identify new estate in next 12 months</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>• Clinically Ready for Discharge paper to be shared with HNY ICS</li> <li>• FREED Champion – ratify increased investment into Hull and East Riding</li> </ul>
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Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	15.02.2023
			Other (please detail) Report produced for the Trust Board	

**Monitoring and assurance framework summary:**

Links to Strategic Goals <i>(please indicate which strategic goal/s this paper relates to)</i>				
√ 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	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

## Committee Assurance Report – Key Issues

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

To demonstrate robust governance in its role as Lead Provider and avoid conflicts of interest with its provision arm, HTFT as Lead Provider has delegated some of its responsibilities to the Collaboration Planning and Quality Team (CP&QT) which is accountable to the Collaborative Committee.

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

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

The meeting on 15 February 2023 was quorate, and discussed the following matters:

### Insight Report

The Insight report included an update on:

- Phase 2 Provider Collaborative
  - Perinatal
  - Forensic CAMHS

Both led by West Yorkshire Provider Collaborative with Humber and North Yorkshire as a key partner

- Operating and Planning guidance for 2023/2024
- Workstream highlights
- NHS England Financial allocation to MH, LD and Autism
- New policy re: Care and Treatment Reviews (CTRs) and Care Education Treatment Reviews (CeTR)
- Highlights from the Collaborative Executive fortnightly meetings.

### Quality Improvement and Assurance

- Active planning for the second round of Safe & Well- being reviews for Learning Disability and Autism patients
- Task and finish group started for oversight of West Lane recommendations
- Comprehensive submissions of responses to Edenfield have been received and are under review
- The CQC report for Schoen Clinic York is published confirming its rating as 'Good'
- Recruitment underway of Clinical and Quality Director in CPaQT, following resignation of Dr Harvey

### Clinically Ready for Discharge Paper

Report shared which outlines Clinically Ready for Discharge including the length of delay in discharge and why.

- 19 people in adult secure, cost circa £2.6 million. All people who are ready for discharge and due to lack of community provision are unable to do so
- Young people in CAMHS in-patient as there are no community care alternatives

Agreed by the Collaborative Committee that this report would be shared with and escalated to HNY ICS to ensure joint working and seek further options for timely discharge.

## **Risk Register**

Risk Register was reviewed, and consideration of a levels of risk and risk rating were discussed. Noted that each work stream has its own risk register, and the overall risk register will include overarching and high level risks.

## **Work Stream Updates**

### **1 CAMHS**

- Contractual Service Development Improvement Plan (SDIP) in place with Inspire due to
- Low occupancy on GAU during 2022
- Delay in commencing NG feed / eating disorder treatment
- Temporary closure of PICU

Improvements have been seen since initial SDIP meeting in January 2023, it has been agreed to review the SDIP in March 2023 and consider elements of the SDIP ceasing after sustained improvement over a 6-month period.

- The financial position of the CAMHS workstream remains under close monitoring and options to reduce end of year forecast overspend are progressing.
- The working group to consider alternatives to hospital for young people with eating disorders continues with consideration of intensive home treatment alongside day care
- 13 out of area CAMHS placements reflect a lack of local/community provision.

### **2 Adult Eating Disorder**

- Day care has commenced at Schoen Clinic and 4 people are receiving day care – this is going very well with positive feedback from all patients.
- A briefing paper is to be written in relation to MEED guidance. This will review how MEED is being implemented across the Provider Collaborative partners and highlight any required actions and provide assurance.
- Work is commencing on developing an integrated referral hub – this will mean a single point of access to an AED inpatient bed.
- Risk regarding future accommodation for Schoen Clinic who have 12 months remaining on their current premises lease. This is a new risk to be added to the AED work stream risk register.
- FREED Champion – increase of budget allocation for Hull and East Riding place areas ratified.

### **3 Adult Secure**

- Case Load for Low and Medium secure will reduce to 139 by 17 February 2023 – lowest caseload since Go Live.
- Average length of stay in adult secure reduced by nearly 1 year since Go Live.
- 19 people clinically ready for discharge with no agreed community placement/community package of care – work with place-based partners continues
- Increase prison referrals – this is being reviewed by the adult secure operational work group.

## **Finance**

- 2022/23 overall underspend forecast circa. £590k
- Overspend on CAMHS as previously forecast circa. £3 million to year end
- 2023/24 financial planning has commenced, acknowledging areas of overspend and underspend in 2022/2023 and option for budget allocation movement in 2023/2024

## **Annual Effectiveness Review**

The committee discussed the last 12 months and our success and our focus for 2023 as a committee. The annual effectiveness review will be drafted for consideration at the Trust Board meeting.

Title & Date of Meeting:	Trust Public Board Meeting – 29 March 2023														
Title of Report:	Mental Health Legislation Committee Assurance Report following meeting of 02 <sup>nd</sup> February 2023														
Author/s:	Name: Michael Smith Title: Non-Executive Director and Chair of Mental Health Legislation Committee														
Recommendation:	<table border="1" data-bbox="539 600 1524 719"> <tr> <td data-bbox="539 600 938 640">To approve</td> <td data-bbox="938 600 1029 640"></td> <td data-bbox="1029 600 1409 640">To discuss</td> <td data-bbox="1409 600 1524 640"></td> </tr> <tr> <td data-bbox="539 640 938 680">To note</td> <td data-bbox="938 640 1029 680">√</td> <td data-bbox="1029 640 1409 680">To ratify</td> <td data-bbox="1409 640 1524 680"></td> </tr> <tr> <td data-bbox="539 680 938 719">For assurance</td> <td data-bbox="938 680 1029 719"></td> <td data-bbox="1029 680 1409 719"></td> <td data-bbox="1409 680 1524 719"></td> </tr> </table>			To approve		To discuss		To note	√	To ratify		For assurance			
To approve		To discuss													
To note	√	To ratify													
For assurance															
Purpose of Paper:	<p>The Mental Health Legislation Committee (MHLC) is one of the sub-Committees of the Trust Board</p> <p>This paper provides assurance to the Board with regard to the agenda issues covered in the committee held on 02<sup>nd</sup> February 2023.</p>														
Key Issues within the report:															
<p><b>Positive Assurance to Provide:</b></p> <ul style="list-style-type: none"> <li>• Committee assured regarding Reducing Restrictive Interventions (RRI) report: <ul style="list-style-type: none"> <li>○ Prone restraint near upper control limit but is being managed (see narrative in main report below);</li> <li>○ Service users are involved in RRI;</li> <li>○ RRI data will soon be available in real time;</li> <li>○ Excellent case studies included in report;</li> <li>○ DMI training is up to 85%;</li> <li>○ Restrictive interventions are subject to daily clinical review.</li> </ul> </li> <li>• Performance report highlighted no major issues. Use of CTOs reducing and zero use of s4 was noted - future reports to include benchmarking data (S2, S3, S4 and S136) to provide an overview at wider footprint level.</li> <li>• Medical Director confirmed the figures for 136 are correct and work has been undertaken to ensure the form filling is improved.</li> </ul>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>• Re-audit of consent to treatment was completed in October 2022, which showed a small improvement and was presented to the Steering Group in November. Following a CQC visit to Mill View Court on 16/08/22 a new timescale of 3 working days to complete the form has been introduced. It was agreed at the Steering Group for reaudit to be undertaken in April 2023 to allow new benchmark to embed and timeframe to cover September, October and November data to identify any trends. Process in place to chase up Capacity to Consent to Treatment forms and this has shown positive results.</li> </ul>														



<p><b>Matters of Concern or Key Risks to Escalate:</b></p> <ul style="list-style-type: none"> <li>MHA Statistics, Annual Figures, 2021-22 - Official statistics, National Statistics - Publication: 27 October 2022 showed Hull as negative outlier in respect of numbers of detentions - could be a number of factors such as high deprivation levels and social issues that impact on mental health in the Hull area. Data is regularly discussed at the MHL Steering Group, and AMHP Lead is currently working with the Hull AMHPs to explore prioritising alternatives to detention with a view to trying to reduce the amount of detentions in the Hull area.</li> <li>Concern around detention rates to be investigated.</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>Subject to minor amends Terms of Reference agreed and approved for submission to Board.</li> <li>Cross referencing of higher headline issues from the CQC reports with what Trust does to check that the systems and processes are in place to ensure compliance with statutory and moral duties and how the Trust would be taking recommendations forward to provide assurance it is achieving all points and identifying any gaps.</li> </ul>
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Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	

**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	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

## Committee Assurance Report – Key Issues

- Insight report: - The Committee was informed about:
  - Monitoring the Mental Health Act in 2021 / 2022 – Care Quality Commission findings from the monitoring reviews of 609 wards carried out nationally during 2021/22. Examples of issues discussed:
    - Use of blanket restrictions and restraint; Trust has very good track record in this respect
    - Implementation of Use of Force Act; Trust has working groups to implement
    - Access to advocacy services; Trust has good track record on ensuring patients have access to advocacy service on admission and throughout the patient journey. The Trust facilitates an opt-out position in relation to Advocacy. If patient does not have capacity to consent to a referral to the advocacy service, then MHL Team will refer to advocacy on their behalf. If patient has capacity to understand they can choose not to be referred, but most patients do want an advocacy referral.
  - Mental Health Act Community Treatment Orders (CTO) – focused visits report - CQC undertook a piece of work with nine London boroughs around use of CTOs. In terms of the rights and the issues of communication, the recall process, and the assessments of capacity Trust has a good track record. It was concluded from an assurance perspective to check that the systems and processes are in place to ensure compliance with statutory and moral duties, committee members asked for cross referencing of higher headline issues from the CQC report with what Trust does.
  - MHA Statistics, Annual Figures, 2021-22 - Official statistics, National Statistics - Publication: 27 October 2022
    - Hull figures show as negative outlier in respect of numbers of detentions - could be a number of factors such as high deprivation levels and social issues that impact on mental health in the Hull area. Data is regularly discussed at the MHL Steering Group, and AMHP Lead is currently working with the Hull AMHPs to explore prioritising alternatives to detention with a view to trying to reduce the amount of detentions in the Hull area.
  - Insight report also provided key highlights on Joint Committee draft Mental Health Bill 2022 consultation report published 19<sup>th</sup> January 2023, which was taken as read. The Report sets out a number of recommendations to strengthen the draft Bill including:
    - its ability to tackle racial disparity;
    - ending the inappropriate long-term detention of people with learning disabilities or autism but calls for stronger safeguards and duties on commissioning bodies to prevent more detentions under legal powers other than Section 3 of the Mental Health Act or diversion into the criminal justice system;
    - the removal of prisons and police custody as places of safety with the provision of appropriate ‘places of safety’ seen as crucial to reducing detentions and pressures on A&E and the police.

- Performance Report: -
  - Admission rates – total for quarter averages at 100 and within usual parameters.
  - S5(4) and S5(2) within usual parameters and appropriate to section conversion.
  - S2 and S3 showed appropriate use.
  - Utility of s4 in Q3 was zero.
  - Benchmarking with other Trusts could be added to future reports to provide additional assurance around S2, S3, S4 and S136.
  - Applied CTOs (Community Treatment Order) reducing.
  - Tribunal/hearing requests heard – percentage remains consistent.
  - Out of Area – has greatly reduced with one in December 2022.
  - AWOL commentary explains most attributed to failing to return from unescorted leave.
  - S136 – the figures for 136 are correct and work has been undertaken to ensure the form filling is improved.
  
- RRI report Q3: –
  - DMI (De-escalation Management Intervention) training is up to 85%;
  - Restrictive interventions are subject to daily clinical review;
  - Excellent case studies included in report;
  - Prone restraint near upper control limit but is being managed;
    - Meeting noted prone restraint reporting is dependent on how it is interpreted. It is recognised that people naturally go forward as they go to the floor when in restraint. As a Trust even if a patient is in prone restraint for under a minute while being safely turned to an appropriate restraint, this is recorded as a prone restraint. It is also important to come out of prone restraint in a safe and managed way. Whilst there are increases in prone restraint and rapid tranquilisation it was noted that they are low numbers. Future reports will have detail around time lengths for prone restraint use. The report does help highlight culture changes in use of restraint and RT and meeting concluded it is in relation to the complexity and acuity of presentations of Trust's service users that actually illustrates a need for a higher level of care.
  - Service users are involved in RRI;
  - Use of Force – accessible real time data in dashboard soon to be available to enable triangulation at ward and overall levels;
  - RRI Future reports to consider including benchmarking data to aid comparison with other Trusts to provide assurance.
  
- Terms of Reference - subject to slight amendment in relation to reference to approving policies be removed as this is now remit of EMT in order to speed up approval process, Terms of Reference agreed and approved for submission to Board.
  
- MHLSG subgroups and CQC MHA visits: -
  - Minutes and sub-groups updates noted.

**Agenda Item 24**

Title & Date of Meeting:	Trust Board Public Meeting– 29 <sup>th</sup> March 2023			
Title of Report:	Quality Committee Assurance Report – March 2023			
Author/s:	Dr Phillip Earnshaw, Non-Executive Director, and chair of Quality Committee			
Recommendation:	To approve		To discuss	
	To note		To ratify	
	For assurance			
Purpose of Paper:	The Quality Committee is on of the sub committees of the Trust Board.			
	The paper provides a summary of discussions held at the meeting on 2 March 2023 with a summary of key issues for the Board to note. The approved minutes from the November meeting are presented for information.			
Key Issues within the report:				
<b>Positive Assurance to Provide:</b> It was agreed positive assurance was received from the following reports <ul style="list-style-type: none"> <li>The Quality Insight Report</li> <li>The Quality Committee Risk Register Summary</li> <li>The Patient and Carers Experience six-month report</li> <li>The Autism Strategy Update</li> <li>The Divisional Quality Improvement Plan update</li> <li>The Clinical Audit six-month report</li> <li>The Summary of Ligature Anchor Point Audit 22-23</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>A review of Terms of Reference from Committees is being reviewed in relation to quoracy to ensure there is consistency across all Committee's.</li> <li>The committee agreed that the development work by social workers and the work as part of the Autism Strategy should be connected with the divisional QIP work.</li> </ul>		
<b>Matters of Concern or Key Risks</b> <ul style="list-style-type: none"> <li>The risk regarding strike action on the Trust risk register is being updated to consider the potential impact from the junior doctor's strike</li> </ul>		<b>Decisions Made:</b> The following papers were approved <ul style="list-style-type: none"> <li>The Safeguarding Plan 2023-26</li> <li>The Annual Controlled Drugs Report</li> </ul>		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	

	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	

### Monitoring and assurance framework summary:

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

### Committee Assurance Report – Key Issues

The key areas of note arising from the Quality Committee held on 2<sup>nd</sup> March 2023 are as follows: -

The minutes of the meeting held on the 24<sup>th</sup> November were agreed as a true record and the action log approved noting all actions closed. The Quality Committee assurance report was noted, and the updated work plan agreed, noting no updates.

**Discussion – Social Workers contributions of Quality Improvement presentation – Fran Ashton,** Principle Social Worker took the meeting through the presentation. A discussion was held around how we compared to the rest of the country and what the future picture may look like if there is an increase in demand following the Mental Health Bill. It was agreed there should be a strong link between the social work plan and the divisional QIPs and KF felt the Trauma Informed Group should include social work with a link to the Trauma Informed Skills Project.

**Quality Insight Report – CC** presented the paper highlighting the new CQC Single Assessment Framework, the recent rating of Good for the Humber Primary Care CQC inspection, with updates on the closed cultures work and the Patient Safety Incident Response Framework (PSIRF), Serious incidents reporting and clinical supervision compliance.

**Quality Committee Risk Register Summary** - The risk register and BAF was discussed noting nine risks closed since the last meeting and two new risks added. An update was given by LP on OPS11, Waiting times and OPS15, Delayed transfer of Care. A discussion was held regarding the Quality Committee looking at agency staff, the industrial action around Junior Doctors and the quality aspect of the estates work in future meetings.

**Patient and Carers Experience (PACE) six-month report** – The Assistant Director of Patient and Carer Experience presented the paper highlighting the engagement lead and senior patient experience co-ordinator roles in divisions, the PACE training programme, the involvement in the engagement integration project and being invited to present at the Head of Patient Care, Experience of Care Nation Event in April. The discussion included themes of formal complaints and the importance of these updates at Quality Committee noting the great work completed. It was noted a report has been completed on teams with zero complaints which will be presented to the next QPaS meeting and was suggested the information should be included in this report for Quality Committee.

**Safeguarding Plan 2023**— The Head of safeguarding presented the latest plan for approval noting the co-production with a focus on neglect and self-neglect following concerns received around the post pandemic work and cost of living crisis. The comprehensive plan includes increased visibility of safeguarding staff, empowering staff following the work done on training, developing the safeguarding link role, family support and moving to a holistic approach looking at all the issues and getting systems to talk to each other through improved communication. The whole team were thanked for all the work they have completed so far. The plan was approved by the Quality Committee.

**Annual Controlled Drugs Report** – The Chief Pharmacist presented the report which provides assurance that good systems are in place for reporting, management and learning of controlled drugs and other medicine related adverse incidents. It was noted we are a positive outlier and WC confirmed there were no areas of concern or key risks. The Quality Committee approved the report

**Divisional Quality Improvement Plan (QIP) updates** – The Chief Operating Officer presented the update providing an overall summary of the highlights from all four divisional QIPs noting the full documents are regularly reviewed through QPaS. A discussion was held on moving quality improvement work from additional to business as usual and how it should be used to underpin transformational work within the Trust.

**Clinical Audit six-month report** – The Patient Safety and Practice Development lead (SM) presented the report noting there were no concerns with delivery against the clinical audit plan this year. The Chair thanked SM for the report confirming how impressed he was with the amount of clinical audit work undertaken.

**Summary of the Ligature Anchor Point Audit 2022-23** – The Chief Operating Officer presented for discussion the summary of the most recent annual ligature point audits and progress on actions from the previous year. It was agreed enormous progress had been made in this area.

**Draft Quality Committee Effectiveness Review** – the draft effectiveness review was discussed and agreed and will be presented to the Trust Board for approval once the chair has completed his final paragraph.

**Quality Committee Terms of Reference Review** – These were reviewed noting updates on the membership section and an additional section added for declaration of interests. A discussion was held on quoracy and deputies attending the meetings and what would be classed as a suitable nominated deputy, and it was agreed to request Stella Jackson to review this and align over all the sub-committees

**Reporting Group minutes** - The minutes from the Quality and Patient Safety Group were noted with no queries raised.

The approved minutes from the 24<sup>th</sup> November meeting are attached as appendix 1.

**Quality Committee  
 Minutes**

For a meeting held on Thursday 24<sup>th</sup> November 2022  
**14:00 – 17:00 (Virtual meeting via MS Teams)**

**Present****Core Members**

Dr Phillip Earnshaw	Non-Executive Director (Chair)	PE
Hilary Gledhill	Executive Director of Nursing, Allied Health and Social Care Professionals	HG
Mike Smith	Non-Executive Director	MS
Dean Royles	Non-Executive Director	DR
Lynn Parkinson	Chief Operating Officer	LP
Tracy Flanagan	Deputy Director of Nursing, Allied Health & Social Care Professionals	TF
Colette Conway	Assistant Director of Nursing, Patient Safety and Compliance	CC
Su Hutchcroft	Compliance Officer (minute taker)	SH
<b>In attendance</b>		
Sarah Clinch	Strategy and Business Manager	SC
Stella Jackson	Head of Corporate Affairs	SJ
Paul Johnson	Divisional Clinical Lead, Mental Health Services	PJ
Mandy Dawley	Assistant Director of Patient and Carer Experience and Engagement	MD
Stephen Walker	Research Support Manager	SW

79/22	<b>Apologies for Absence</b> Apologies were received from <ul style="list-style-type: none"> <li>• Kwamie Fofie, Medical Director</li> <li>• Michele Moran, Chief Executive</li> <li>• Sam Jaques-Newton, Head of Allied Health Professionals</li> <li>• Cathryn Hart, Assistant Director of Research and Development, with Stephen Walker attending on her behalf</li> </ul> It was noted Stella Jackson would be late in joining
80/22	<b>Declarations of Interest</b> It was noted there were no declarations of interest noted at today's meeting
81/22	<b>Minutes of the Last Meeting</b> The minutes of the meeting held on 29 <sup>th</sup> September 2022 were accepted as a true and accurate record.
82/22	<b>Action List and Matters Arising</b> The action log was noted and approved with six items closed.  LP gave an update on the remaining action 59/22 (Aug-22) explaining the two elements <ol style="list-style-type: none"> <li>1) QI training element had been reported and endorsed through ODG. This was escalated and an improvement noted in the update of training. ODG will continue to monitor.</li> <li>2) Next steps around investment and scoping capacity –EMT have agreed this will be discussed as part of the usual Q4 conversations around future investments and Quality Committee will be updated as part of this process. It was agreed by the committee this</li> </ol>

	action could be closed.
83/22	<p><b>Quality Committee Board Assurance Report (November 2021)</b> The Assurance Report, presented to the Trust Board in October was noted as read.</p>
84/22	<p><b>Work Plan 2022/23 (September-22)</b> The work plan was discussed and agreed with the following amendments: -</p> <ul style="list-style-type: none"> <li>• Autism Strategy update report - lead to be updated to Debbie Cahill from Trish Bailey</li> <li>• Patient Safety Strategy to be updated to Patient Safety Plan. CC to provide date ensuring this been through QPaS and EMT prior to Quality Committee. HG noted PSIRF (Patient Safety Incident Response Framework) updates will be provided via the Quality Insight Report and will be implemented from August 2023 onwards.</li> <li>• Annual Ligature Report – to be presented each February (after audits completed in Q3)</li> </ul> <p><b>Action – Date for Patient Safety Plan to be presented is required- CC Work plan to be updated as noted in minutes (SH)</b></p>
85/22	<p><b>Discussion – Closed Cultures and Trust response / next steps</b> HG gave a presentation (available on request) explaining this had already been discussed at the Board and Governors. The presentation covered the following information to shape the committee discussion:</p> <ul style="list-style-type: none"> <li>• Information on closed cultures and what to look for</li> <li>• Details of current systems and processes within the Trust</li> <li>• Current work being undertaken, noting all divisions had already started conversations regarding the situation and LP/HG are having meetings with each of the divisions across the Trust along with corporate teams to ensure everyone feels confident to speak up,</li> <li>• Further actions, including creation of a report to look at some key indicators, for clinical teams to flag areas of none/low/high reporting</li> <li>• divisions reviewing visibility of leaders 24/7 and an increase in safeguarding team presence</li> <li>• Next steps include a closed cultures development plan to be produced and monitoring and oversight by the Executive Team, Quality Committee and Trust Board.</li> </ul> <p>A discussion was held regarding the presentation and the question of ‘is there more we can do?’</p> <p>PE thanked HG for the presentation noting the reassurance and enquired having a broad-based Trust, if there was any possibility of any service being closed off or operating in a bubble. HG noted the Peer Review process is by staff external to the team thereby giving an external view. HG confirmed the governance work and alerts that are in place mean LP and HG know quickly if a team is struggling, noting this has happened in the past. And support has been given to teams who have been struggling. This also encourages people to speak up as they have seen action is taken along with support. LP agreed the responsiveness and awareness is strong due to the work around governance. LP also noted an increase in the strength of clinical leadership over the past four years noting there was more work to be done around supporting teams and services around data at dashboard level to enable easier review. Both LP and HG felt these had not been difficult conversations, with teams welcoming them and are seeing concerns escalated and reported to them when required.</p> <p>DR thanked HG and LP for their assurances and commented that having heard the presentation today, at Board and at Governors, anyone listening could tell this was personal and touches the values which impacts on those listening. He enquired regarding the visibility issue noting the Claire Murdoch message regarding Band 7’s working contractual hours Monday to Friday and wondered what’s happened at the Trust and if there would be a contractual review if this was the case, along with picking up on PE’s enquiry and asked if there were any remote locations that hadn’t been visited for a while.</p>

LP noted this was a really good point regarding the Band 7's and has been part of the conversation with divisions. There has been increased investment in inpatient areas for Band 7's with ward manager and clinical lead roles and increasingly they are working across the 7 day a week period, however divisions have been tasked by HG/LP for a sense check to ensure there is senior leadership visibility across services 24/7. Regarding the contract information, LP confirmed she has had some interesting conversations around this and if contracting needs to be looked at, this will be. HG also noted in terms of teams being hidden that the clinical supervision report contains every clinical team within the organisation, confirming this is one of the indicators regarding possible closed cultures when clinical supervision is not happening. Supervision is currently being undertaken in every team and teams are questioned when some are missed in the month. It was also noted monthly record keeping audit information at team level is completed and all this data is reviewed and discussed in the accountability reviews.

It was noted on the meeting chat that DR commented that NEDS had said they are happy to do 'out of hours' visits.

MS mentioned he visited to Pine View yesterday, noting this is a low secure unit as opposed to Edenfield which is medium secure, and confirmed for reassurance that it was an excellent visit, having spoken to a HCA and a couple of patients who confirmed they felt safe, noting only one minor action. PE agreed the importance of visiting services as you can feel when things are not right.

HG confirmed there is list of questions being created from the 15 steps methodology to give an idea of what to ask when visiting. This will be sent out when completed.

TF commented about an interesting discussion, stimulated by the Edenfield programme about considering covert means of observing what is going on in hidden places mentioned. She noted there is national discussion about covert intrusive methods, but it feels like we would miss the opportunity to build trust and signal to people that we trust them to be open and confident to raise concerns which will be listened to, feeling our approach is the right way of thinking about this but noting the interesting conversations around what providers may need to do.

PE agreed that it felt right to be working on positive situations rather than negative, being happier with positive cultures and good leadership, and thanked both HG and LP for the information.

86/22

### **Quality Insight Report**

HG presented the paper, noting there were no matters of concern and highlighted the following areas with discussion: -

- Clinical Risk training has a trajectory of compliance at 75% by August 2023 and 96% by October 2024 for the refreshed level 2, face to face training. It was noted this cross reference the closed culture work. HG confirmed this had been picked following some serious incidents and looking at the past 18 months, this has not come up as an issue showing the training is working as it should. HG also noted yesterday she met with the family of the victim from the homicide in 2018 and they would like to support the Trust in the clinical risk training
- Safer staffing care hours per patient day. TF updated that the most recent round of staffer staffing has been completed which includes collating dependency date and allows this to be used with the evidence-based tools to calculate what the recommended care hours per patient day should be at a team level. Currently we are still reporting the target around care hours per patient day based on the model health system's national average at an organisation level which is a fairly crude measure when taking into account the different nature of the wards within the organisation. This

updated information will enable a proposal to be made in the next safer staffing report around individual tailored targets based on the team's individual patient's population dependency, making the information more relevant and meaningful and tie back in to seeing the changing acuity over time and ensuring we are responsive to this, with the need for enhanced staffing consistently on an upward trajectory, based on the dependency. The recommendations for the teams who have collated their data will be included in the next safer staffing report presented to EMT in December and the Board in the new year to propose the change of thresholds. This will mean the dashboard will require updating on a six-monthly basis but give more meaningful data and show the teams we are looking at individual needs at a team level and responding to this.

- Agency staff with a discussion around how we ensure staff are fit for practice. DR commented regarding off framework agencies and the reasons why agencies are not willing to sign up to the framework and enquired if it would be worth asking the auditors to sample check to see if staff used are compliant. HG confirmed she would raise to go into the future internal audit plan, which would go to Audit Committee.
- CQC Princes Medical Action plan, noting really good progress made with just a couple of actions due at the end of this month
- Humber Primary Care was inspected last week. We are currently waiting the report, and this will be brought to the next Quality Committee
- An update on the Safeguarding referrals and Serious Incidents noting good reporting maintained with an explanation of the new report at the end of the paper on the Community Teams safer staffing dashboard
- It was noted the internal audit of NICE guidance gave significant assurance

HG raised a question from MM, on her behalf, to TF around how we ensure agency staff can access the electronic patient records? LP confirmed this had been monitored with the operational teams and understood the majority of issues had been addressed to ensure agency staff had access.

DR commented that the NHS Digital were issuing the GP appointment primary care league tables today and was not sure if this was the same with us being an NHS Trust. These would be shared when published. HG shared the link for the Care Homes inspection data that had been published by CQC.

87/22

**Review of Strategy Metrics for Innovating for Quality and Patient Safety, Enhancing Prevention, Wellbeing and Recovery and Promoting People, Communities and Social Values**

SC explained she has led the work on the Trust strategy and explained the committee is being asked to review the proposed metrics for monitoring delivery of the new Trust Strategy.

Work has been done in the background with NEDs and executives for each of the goals and today is the final review with the committee. The paper was noted as read and the relevant points highlighted for discussion. SC noted the original proposal was to report progress six-monthly but explained some metrics data is only available annual.

The goals were discussed with comments noted below: -

- Promoting people, communities and social values
  - It was agreed the exec lead should be updated to PE as chair of Quality Committee
  - Health Equalities - DR discussed the measuring of health inequalities noting the situation when people are helped, may move out the community and others move in, so numbers won't change and wondered if we could look at two or three areas that we could make an impact in. PE agreed and suggested looking at health and inequalities for some of the organisation's clients such as physical health outcomes for learning disabilities to help focus on the outcomes. LP noted Kwamie Fofie has brought a proposal to EMT around some leadership capacity to scope more detail

on the trust role around health and equalities. If this is in place the output should be the appropriate measures to link to the strategy noting this is a five-year strategy and gives time to get work done to get this aligned. HG agreed and suggested looking at outcome measures in year two and year three etc as we are starting from a low baseline currently. PE was keen for the Trust to be involved with a wide range of partners that really impacted on people's lives and would be keen to spend time thinking about this area to ensure we make a difference noting the Core20 PLUS5 is a must do from the NHS, but this is only a small part of the answer. SC is aware that there has been a bid to get more resource to look at this area and could be worth waiting until this person was in role to develop this further

- Communities – The committee agreed with the suggestion to work with the PACE team to build on the existing PACE activity, noting it needs to ensure we do not end up counting lots of process instead of the outcome we expect to see working with communities and how we have made a difference. It was noted this is a difficult area to measure. LP commented we are increasingly playing into PLACE initiatives around this agenda with East Riding PLACE holding a very detailed priorities workshop based on their public health data and as a consequence of this we will be involved in some of these priorities more than others and wondered if there was a connection around the PLACE work that needs to be made in this section. PE agreed stating by using this work, we can try and understand what unique input we can put into this and our area of focus
- Working alongside economic development – SC noted she was not aware of any strong links in that area and wondered if there were any targets to put in to develop those connections. DR noted work he has done around ICS who have responsibility that healthcare contributes to the social and economic development of the system they are working in and suspects there are areas being developed and using that line of sight between what is being developed and what we are looking at, and is worth looking at what had already been done
- Enhancing prevention, wellbeing and recovery. SC noted there are metrics currently, but the more challenging questions are around – how we demonstrate that we are 'recovery focused' and 'trauma informed' and if there is anything that can be easily utilised for this goal
  - TF noted this had been discussed at ODG regarding trauma informed care and it was discussed there were some evaluation tools. The team developing the approach could look at the current tools to see if these were fit for this purpose, along with some historical information. SC/TF will catch up outside the meeting to discuss further. MS suggested length of detention and seeing a downward trend in number of bed days for section 3 patients or long stay patients who are discharged after 5/6/7 years. DR mentioned those returning to work after been out following mental health and whether that could be a measurement of recovery and MS agreed and could also measure the number of placements for patients we have.
- Innovating for quality and patient safety. SC noted there are a lot of well-established reporting metric around this area, so the question more about do we wanted to use as key metrics and want to focus on specifics or use all the metrics
  - It was suggested to discuss this outside of the meeting and agreed that HG / CC and KF would work with SC on this area. HG mentioned that the metrics decided upon should align to the BAF and SC confirmed she had arranged to work with Oliver on this.

PE thanked SC for the discussion

88/22

**Quality Committee Risk Register Summary**

HG presented the report for discussion, noting the following information: -

The report has been to QPaS. PE enquired regarding movement on the risk register and HG confirmed three had been reduced since the last report which now sit on the divisional registers, with a further one reduced, and noted QPaS gets divisions and teams to look at

	<p>the risk and make sure it remains current. PE enquired regarding the high rated risks and asked regarding assurance that they get focus. HG confirmed these come to Board with the full narrative report on their position by the executive lead.</p>
89/22	<p><b>Research and Development Update Report</b> SW presented the report on behalf of Cathryn Hart.</p> <p>The key highlights were noted: -</p> <ul style="list-style-type: none"> <li>• The annual research conference was held on 3<sup>rd</sup> November and had been moved online due to Covid prevalence. Approximately 400 people registering with around 200 people on line at any one time, as well as people who watched later</li> <li>• Performance has shown all GP Surgeries have recruited to research, exceeding the national target of 45%</li> <li>• Funding. The full allocation has been received this year of £360,000 from the CRN and additional business plans and bids have boosted this by £79,000, with funding looking similar next year</li> <li>• Governance – The HRA have now confirmed NHS researchers doing NHS research are now covered by the NHS resolution indemnity schemes which covers for work in Care Homes. The research team is now classed as the wider care team allowing screening of caseloads which has enabled higher recruitment into research</li> <li>• Six people have been recruited into the Agile research team, run by the CRN and hosted by the Trust</li> <li>• A service level agreement with CHCP to do research work in the Jean Bishop Integrated Care Centre has been signed up, allowing people there to join research studies with the Trust</li> </ul> <p>PE thanked SW and everyone involved in the positive report noting he had managed to join the conference for the first time this year and was pleased to see how research has started to be embedded in Primary Care</p>
90/22	<p><b>CMHT Transformation Evaluation Report</b> The circulated paper was noted as read and PJ gave a presentation to the group (available on request) to highlight the key updated information on the evaluation</p> <ul style="list-style-type: none"> <li>• Reflections <ul style="list-style-type: none"> <li>○ Co-production has been central to the programme with the lived experience co-ordinator central to the success</li> <li>○ Achieved implementing 12 new Primary Care Mental Health Networks (PCMHN) aligned to the 12 PCN's across the whole of Hull and East Riding</li> <li>○ Early Interventions service was seen as a national exemplar for its workforce strategy</li> <li>○ The new PCMHN services has resulted in significantly more people being seen and supported around mental health in both primary care and secondary community mental health teams (CMHTs)</li> <li>○ Average waiting times for CMHTs is currently just over four weeks</li> <li>○ The roles created have been evaluated positively</li> </ul> </li> <li>• Ongoing challenges include, Interoperability of systems, ARRS roles and growth, recruitment of certain roles, common understanding of what the transformation is about, culture, the struggle between risk assessment and creativity and getting the balance right, joined up commissioning across health, social care and public health and work is ongoing</li> <li>• A road map of ongoing work</li> <li>• An example of patient stories, which really brings the importance of the transformation with feedback from service users, and showing the outcomes achieved.</li> </ul>

PE noted the outcomes were really good, with patient centred primary care-based health services having a real impact

PE enquired if the Trust was able to co fund workers with the ARRS scheme (Additional Roles Reimbursement Scheme), noting in West Yorkshire they need to be employed by a Trust and then 50/50 funded. PJ noted this should happen with money from commissioners to the Trust for our 50% but as we were an early implementation site the budget was set at the beginning and money allocated before ARRS started. All the 12 early implementer sites could use the money allocated with the PNC ARRS 50/50, and unfortunately last year growth funding didn't happen, but we had core funding from the start. PJ noted in East Riding there are no vacancies, but we don't have the extra money to work with the Primary Care around the ARRS. In Hull there is willingness to look at vacancies and 50/50 posts and are working with Hull to see if they wish to do this. PE noted issues were created in West Yorkshire as the PCN was still waiting for funding so had no control on this and PJ confirmed Est Riding supplied some temporary funding but as an organisation we went at risk as we needed to make sure we had a workforce fit for the future, noting a new course, Health Education England programme around mental health wellbeing practitioners which is an ideal opportunity to send our mental health wellbeing coaches to university for a year's course and they come out at practitioner levels and we can then recruit into the coach level. Seven people have been put through this course with the temporary ARRS money and are now in discussions with people to see how we can fund this in future years.

PJ noted there is still a lot of work to do but this has moved to business as usual which needs to be continued and embedded.

PE enquired regarding the future from April 2024, moving to a more neighbourhood model rather than PCN's and PJ confirmed in East Riding this is not an issue as is population based but in Hull will be more of a challenge as PCNs are not population based, but this will also give us opportunities.

PE thanked PJ for the presentation and would like to see future updates on development of the programme.

**Action: Add to workplan SH**

91/22 **Zero Events (Sexual Safety Group) update**

TF explained this report was in response to the request from Quality Committee for a further review of level of harm to provide assurances in respect of staff reporting appropriately.

The report provides a review of a sample from Q1 and Q2. and the following points were highlighted, noting

- We continue to see the appropriate level of harm being recorded for patient incidents but there is still variable and inconsistent reporting of harm in relation to staff incidents
- Psychological and emotional harm are not fully acknowledged
- There is positive evidence around the level of escalation and safeguarding involvement
- Evidence that positive behavioural support plans are utilised, and zonal observation and engagement used appropriately
- Evidence staff are receiving support

TF noted there are now reporting structures for all incidents to be received by the Health & Safety Group, the EDI Group and the Sexual Safety Group which gives the regular oversight of the incidents in detail with daily monitoring through the Corporate Safety Huddle, looking at the level of harm and if no harm reported this is returned to the handler to review. These incidents are then left open to the huddle until the handler has recorded

	<p>a level of harm. Datix reports are also discussed at the accountability reviews. It was noted 10 incidents relate to one patient, and this has been acknowledged and picked up in the huddle and CRMG and the staff member is getting enhanced support and an offer of options on how they wish to manage the situation.</p> <p>DR thanked TF for the good reporting showing numbers and levels of incidents and noted the earlier question of 'could it happen here'? enquiring in terms of incidents with 47 reported, having 22 patient to staff and 18 patient to patient but nothing of staff towards patient whether this was feasible. TF confirmed she has just completed the six-month sexual safety report going to QPaS in December and there are incidents included where patients have reported incidents by staff towards them. In each case these were reported to safeguarding and where appropriate the police to be investigated. Following the investigation there has not been any substantiated claims that the reported sexual safety incidents have occurred. Tracy however confirmed they are always taken seriously, safeguarded and escalated, noting the individual's history is taken into account but this would not preclude us doing the safeguarding referral and referral to police if required.</p> <p>It was agreed assurance was received.</p>
92/22	<p><b>Quality Accounts – Quality Priorities update</b></p> <p>CC presented the paper, which was noted, highlighting the progress made against the four quality priorities as agreed in last year's Quality Accounts.</p> <p>It was noted since the paper was circulated that for Priority 3, we have now got three patient safety partners in the organisation and hopefully this will continue to grow with engagement in the PSIRF work.</p> <p>HG presented a question on behalf of MM, requesting we add some measurable data going forward. It was agreed that CC will discuss with priority leads outside the meeting ready for the next report.</p> <p><b>Action- CC to add measurable data against each priority for the next update.</b></p>
93/22	<p><b>GP Survey Results</b></p> <p>MD gave apologies for Iqbal Hussain who was unfortunately unable to attend the meeting earlier than originally planned. MD explained she was asked to bring this to Quality Committee following her paper at QPaS on the GP Primary Care National survey results to show information on the work the GPs are doing following these results. The paper highlights the top three scores and bottom three scores aligned to the local ICS GP Surgery scores for each practice. Action plans from each practice are attached and are currently working through these actions to hopefully gain an improving in those areas on the next survey.</p> <p>MD noted the main issues are around access to appointments and getting through on telephone lines, but once patients have got through and accessed services experience is good. When this information is triangulated to the Friends and Family tests it shows most GP Practices are over 90% satisfaction.</p> <p>There is a lot of work going on from the digital perspective as well as supporting practices with the telephone lines issue and alternative options to book appointments.</p> <p>PE felt it was important to get this information as this is post Covid.</p> <p>MS raised the point showing for example King Street with a 20% rating of ease to get through to the practice by phone compared to the national average of 53% stating this is quite a gap and reflects most of our GP practices and wondered why we are getting this so wrong. MD explained she didn't have the answer for this but nationally there is a big</p>

issue around access and confirmed the organisation is concerned and currently looking at the telephone systems as all practices are supplied by the same telephone company. PE noted there are various options, but some would require significant investment.

CC enquired around the question saying the number of people not getting a time for the last GP appointment and wondered how they would know when to turn up. PE felt this could be for telephone appointments where a slot is given rather than an appointment time which worked in the height of lockdown but does not work for people's life's today. MD confirmed the results of this survey relates to Jan to April 2022.

LP commented on the issues regarding access, acknowledging that some of the results around this are worse than some neighbouring practices and whilst covid was an understandable issue this does not fully answer the problem but noted all our practices use the same telephone system, so we need to understand how this system handles the calls and if there is a more suitable system available. It was also noted that the Trust has enhanced the number of receptionists to pick up calls since the last survey so will be interesting to review the impact of this. It was noted the route to access appointment is really complicated with a number of slots for access by NHS111 for example, and LP gave assurance this is a key priority operationally to improve the access position.

PE noted that the GP survey has some high-level key indicators that effect the rest of the survey such as 'can you get through to surgery' and if yes 'can you get an appointment'. If the answer to these is no this marks the whole survey down, noting the other way to triangulate how practices are doing is to correlate with the practice list size, as what is happening to the list size contextualises it within the environment and answers questions of whether the patients prefer a specific surgery. LP agreed with the statement but noted there are some local surgeries, not Humber who have closed or are closing their lists which will have an impact on this.

PE noted as a GP, the service is more pressured now than he has seen in 35 years of practice and obviously whatever is done with the practices needs to be supportive and development without any extra pressure at the current time. LP felt this last point was really helpful and therefore assisting with the right and best technology is key in some of these solutions.

PE noted two observations where they needed help with access and whatever technology assists this but also noted it looks like the practices have not made best use of the PCN ARRS input with a lot of PCNs had recent changes but if practices are not feeling the investment at the current time, there is a lost opportunity. LP confirmed there is a very significant piece of work around this being completed mapping out what is being seen as SOP proportionate and having conversations around these positions, commenting upon ARRS roles going forward are key to our future position in primary care. LP noted there is a disproportionate position as it stands at the moment with PE commenting currently 15% of turnover is PCN budget but if the practice had the money, this would give 15% more investment.

PE thanked MD for the report and update.

94/22

**Quality and Patient Safety Group Minutes**

The minutes were noted with no queries raised.

95/22

**Items Arising from the meeting requiring Communication, Escalation or Risk Register consideration and any lessons learnt**

It was agreed there were no items to raise at today's meeting.

It was noted there were no lessons learnt from today's meeting

96/22

**Any Other Business**

HG explained today was TF's last Quality Committee as Deputy Director of Nursing as she

	<p>leaves the Trust mid-December but will be return to the Trust in a different role and may attend Quality Committee in that role in the future to present specific items related to her new portfolio. The new Deputy Director of Nursing is Kate Baxendale who currently works for RDASH who will join the Trust in February 2023.</p> <p>HG thanked TF for all her support to Quality Committee. TF thanked HG for her comments and commented it has been a real journey, when first coming to Quality Committee and doing shadow board learning how the committees and Board worked with assurance, noting it has been a pleasure being part of the committee and will hopefully attend in the future.</p> <p>PE thanked TF for her contribution on behalf of the committee.</p>
97/22	<p><b>Date and time of next meeting</b>  The date of the next meeting in February 2023 has been rearranged due to availability of the Chair. It was agreed a new date would be arranged and sent to members of the Quality Committee.</p>

**Agenda Item 25**

Title & Date of Meeting:	Trust Board Public Meeting – 29 March 2023														
Title of Report:	Assurance Report from Charitable Funds Committee Part A of 21 Feb 23														
Author/s:	Stuart McKinnon-Evans														
Recommendation:	<table border="1" data-bbox="539 663 1517 779"> <tr> <td data-bbox="539 663 935 701">To approve</td> <td data-bbox="935 663 1031 701"></td> <td data-bbox="1031 663 1410 701">To discuss</td> <td data-bbox="1410 663 1517 701"></td> </tr> <tr> <td data-bbox="539 701 935 739">To note</td> <td data-bbox="935 701 1031 739">X</td> <td data-bbox="1031 701 1410 739">To ratify</td> <td data-bbox="1410 701 1517 739"></td> </tr> <tr> <td data-bbox="539 739 935 779">For assurance</td> <td data-bbox="935 739 1031 779"></td> <td data-bbox="1031 739 1410 779"></td> <td data-bbox="1410 739 1517 779"></td> </tr> </table>			To approve		To discuss		To note	X	To ratify		For assurance			
To approve		To discuss													
To note	X	To ratify													
For assurance															
Purpose of Paper:	Through this report, the Charitable Funds Committee provides information and assurance to the Board from its February 21 2023 Part A meeting.														
Key Issues within the report:															
<p><b>Positive Assurance to Provide:</b></p> <ul data-bbox="140 1111 735 1182" style="list-style-type: none"> <li>• 30k grant secured from NHS Charities Together.</li> </ul>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul data-bbox="810 1111 1481 1480" style="list-style-type: none"> <li>• Discussions to take place with fund zone managers to ensure regular updates to the committee</li> <li>• Future fundraising strategy to be brought to the next committee</li> <li>• Clarification of action needed to utilised 2 grants totalling £150K secured for stalled garden project, not yet drawn down</li> <li>• New leadership and some current internal restructuring at Hey Smile</li> </ul>														
<p><b>Matters of Concern or Key Risks to Escalate:</b></p> <ul data-bbox="140 1599 767 1854" style="list-style-type: none"> <li>• Only £3K income from Smile in the last three months remains a concern</li> <li>• Approximately 25 outstanding wishes on a waiting list.</li> <li>• Delays to processing of wishes partly caused by fund zone managers not understanding their role</li> </ul>	<p><b>Decisions Made:</b></p> <ul data-bbox="810 1599 1525 1854" style="list-style-type: none"> <li>• No new decisions, but reinforcement of previous-agreed actions on joint work between Smile and Operations to develop list of fundraising initiatives, to support fundraising; communications about same; more efficient processing of wishes; reports back by zone managers</li> </ul>														
Governance:	<table border="1" data-bbox="539 1966 900 2107"> <tr> <td data-bbox="539 1966 911 2004"></td> <td data-bbox="911 1966 1038 2004">Date</td> </tr> <tr> <td data-bbox="539 2004 911 2107">Audit Committee</td> <td data-bbox="911 2004 1038 2107"></td> </tr> </table>		Date	Audit Committee		<table border="1" data-bbox="1050 1966 1374 2107"> <tr> <td data-bbox="1050 1966 1385 2004"></td> <td data-bbox="1385 1966 1517 2004">Date</td> </tr> <tr> <td data-bbox="1050 2004 1385 2107">Remuneration &amp; Nominations Committee</td> <td data-bbox="1385 2004 1517 2107"></td> </tr> </table>		Date	Remuneration & Nominations Committee						
	Date														
Audit Committee															
	Date														
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	X	Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	

### Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)				
√ Tick those that apply				
	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			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	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

### Committee Assurance Report – Key Issues

The Committee received the two related Insight and Finance reports:

Key issues are:

- Continued poor results on fundraising. Year to 31/1/23 funds raised total £26K, with less only c £3k raised in the last three months. The Committee requested more clarity about the fundraising strategy, to be provided at next meeting
- Updates were provided about Whitby; raffles; Christmas gift appeals; communications with staff
- 23 wishes have been submitted this year; in total 25 wishes (from this year and previously)

are yet to be processed; the Committee repeated its concern about apparent lack of clarity about the workflow, roles, and the speed of decision-making

- The Committee was frustrated that action was slow in asking zone managers (who are guardians of funds raised) to report back on their plans to progress projects
- 2 grants totalling £130K which had been secured to support projects and Walker St and Inspire have not yet been drawn down, with action in hand to re-invigorate the works
- Ongoing discussion between Hey Smile and the Trust about which elements of the arrangements should be run by which party (remitted to Part B)

The Committee noted the new leadership now in place at Hey Smile, and internal restructuring underway to provide a boost to the Health Stars work.

On the upside, £30K has been secured from NHS Charities Together to support the charity to improve performance. Further clarity was sought to ensure the deployment of that resource effectively is understood and optimised by all parties.

**Charitable Funds Committee Part A**  
**Minutes of the Charitable Funds Committee Meeting**  
**Held on Tuesday 12<sup>th</sup> December 2022**

**Present: Stuart Mckinnon-Evans, Clare Woodard, , Michele Moran, Francis Patton, Jamie Lewis, Andy Barber, Steve McGowan, Matthew Handley (observing until 09:43am), Lucy McRae (minute taker) , Hanif Malik, Dianne Roberts (on behalf of Pete Beckwith), Stella Jackson (observing), Claire Jenkinson (on behalf of Lynn Parkinson)**

**Apologies: Peter Beckwith, Sarah Bradshaw, Robert Atkinson**

38/22	<p><b>Declarations of Interest</b></p> <p>None disclosed.</p>
39/22	<p><b>Minutes of the Meeting held in September 2022</b></p> <p>Minutes of the meeting were accepted as an accurate record, subject to the amendment 'smiles golden to smiles goldie'.</p>
40/22	<p><b>Action List, Matters Arising and Work Plan 2022-2023</b></p> <p>The action log was updated accordingly.</p>
41/22	<p><b>Charitable Funds requests that require Committee Approval (over £5,000 up to £100,000)</b></p> <p>Nothing to discuss.</p>
42/22	<p><b>Insight Report</b></p> <p>CW reiterated points within the insight report including fundraising activity, update on campaigns/appeals, performance against KPI's and summary of wishes. £10,000 from league of friends has been secured for a wish in Malton. Various work is needed on KPIs, this is detailed in depth within the insight report. The stage three recovery grant for £66,000 has been received, signatures are being sought for this. CW noted there are various proposals to change the fund guardians list detailed in the paper, committee approval is needed. SMcG requested the changes detail 'from and to' so the fund guardian changes can be easily identified within the paper. SMcG noted fund guardians are not individuals, they are posts, therefore if employees leave their role, their replacement will naturally undertake the role. Approval is needed from LP prior to committee approval, the committee approves subject to LP approval. Amalgamation of funds into two funds (detailed on page 12 of the paper) was approved by the committee, CJ approved on LP's behalf. GP funds merge from Peeler House to King Street Cottingham was approved by the committee.</p> <p>A discussion took place on the Starbucks application, which is available, the deadline for this is Wednesday 21<sup>st</sup> December. HF is going to send further details on this to CW. SMcE enquired whether we will be ready to submit the charities together application by the deadline 31<sup>st</sup> , CW confirmed we are ready but a deep dive will be processed to gain more information prior to</p>

	<p>submission.</p> <p>FP highlighted concern on our income generation and cost base seeming very high at 50%, more money is being spent running the program than completing wishes. SMcG noted concerns have been expressed as a committee over the last few meetings, assurance is needed from health stars that change will be implemented in coming months. AB noted discussions have taken place on how health stars can work better to ensure wishes are complete. AB has previously discussed with MM the time spent on governance and administration to enable the fundraising to take place. Some ongoing work is very time-consuming which limits generating further funding.</p> <p>FP highlighted concern about the number of wishes. Various staff are not aware of process of wishes and making these easier for staff to do. CJ stated we need to encourage staff to request wishes and make this a natural process. More time and effort are needed from all staff to fulfil and request wishes. CW stated pre-covid, health stars were a physical presence within Trust HQ, now based virtually, communication has lessened and wishes are harder to fulfil and receive from staff. It may be beneficial to designate time to visit staff in person and show them how to input wishes. FP noted charity work is best done face to face, more discussion can take place. CW can provide COMMs with information to circulate if needed to promote health stars. A lack of engagement from COMMS is evident at present. AB noted choosing random wishes and following these through will challenge health stars and in turn, complete wishes and highlight to the trust these are being done. FP noted we need to ensure protocols are being followed when buying items linked to wishes as we are a healthcare organisation, we need to ensure items are fit for purpose.</p> <p>FP noted at present he could not quantify the impact the charity is having. SMcG noted an annual report is provided to the board to highlight the impact and give reassurance to the board. SMcG noted we need to further work on communications in relation to the fundraising. MM acknowledged FP's viewpoint and noted a social values report is also provided indicating the benefit of fundraising. AB noted there needs to be more reflection and celebration when wishes are completed.</p> <p>FP enquired what the £66,000 grant and £30,000 grant can be spent on. CW noted the £66,000 was developed as part of the stage 3 recovery grant, this was given to fund a health trainer. The £30,000 was granted to allow health stars to use the funds on areas of development, to allow the service to be better.</p>
43/22	<p><b>CFC Finance Report</b></p> <p>CW detailed all the points within the paper to the group. SMcE requested a further formatting within appendix B to include 'zone managers update'. A further date needs clarifying between AB and MM on the golf day, the one scheduled for 2022 was cancelled due to the queens passing. FP noted more clarification is needed on appendix B 'restricted funds' to indicate an explanation as to why the funds are restricted. AB noted the restricted and unrestricted funds are a split of each fund zone balance and this amount can only be spent on the particular area of fund zone.</p> <p>Further communication is needed on fund zone areas to ensure individuals are aware funds need spending. There is potential to liaise with the Charity Commission and request funds become unrestricted to allow there to be one pot of funding for each fund zone. DR asked whether the funds within appendix B include funds already committed to wishes. When wishes are requested, a check is carried out on the fund balance to ensure we are not overcommitting on unavailable funds. SMcG noted there is concern we have only fundraised £16,275.83 year to date but have approximately £29,000 overspend for Whitby. AB noted at present, the governance cost is higher than the charity running cost. Information on this can be provided by health stars. On a six-monthly basis, consideration on whether we apply for unrestricted funding for certain fund zones if funds are not being actively used (which may require Charity Commission approval)</p>

44/22	<p><b>Fund Accounts for Year End 31/03/22</b></p> <p>DR detailed the points in the paper in PB's absence. Debtors and creditors appear high in context of net assets. AB noted the major two aspects are, funds were allocated to us from two charitable funds and these funds have not been drawn down as yet. The funds have to be recorded in this format. The committee requested a change of wording on page 16 of the paper 'impairment' to 'increase in value'. Health stars will ensure this amendment is finalised. Amendments are needed on page 3 to reflect the changes of the golf day in 2022 which was cancelled. This paper relates to the previous financial year so there has been a change in figures. FP enquired how can we be assured the fund balances within this committee reconcile for the accounted for balance sheet of the 31<sup>st</sup> March each year. AB noted the 360 Accountants check this information and they raise no concern, the board has access to this information via the Xero system which supports the trust. The committee agreed to recommend all changes detailed above to the trust board.</p>
45/22	<p><b>To Review of the Meeting and Agree Content for Assurance Report</b></p> <p>Highlights of the report will be detailed within the assurance report. SMcE asked the committee if individuals felt we were 'Being Humber' through the meeting. The committee were in agreement we had followed the values of 'Being Humber'.</p>
46/22	<p><b>Items for Escalation or Inclusion on the Risk Register</b></p> <p>None to disclose.</p>
47/22	<p><b>Any Other Business</b></p> <p>AB noted this is his last health stars meeting and thanked the committee for their support.</p>
48/22	<p><b>Date and Time of Next Meeting</b></p> <p>Tuesday 21<sup>st</sup> February 2023</p>

Signed: ..... Chair: Stuart McKinnon-Evans

Date: .....

Title & Date of Meeting:	Trust Board Public Meeting – 29 March 2023			
Title of Report:	Board Strategic Development Meeting Agenda – April 2023			
Author/s:	Caroline Flint Chair			
Recommendation:	To approve		To discuss	
	To note	✓	To ratify	
	For assurance			
Purpose of Paper:	To provide, for information the agenda for the 26 April meeting			
Key Issues within the report:				
<b>Positive Assurances to Provide:</b>		<b>Key Actions Commissioned/Work Underway:</b>		
<ul style="list-style-type: none"> <li>Areas of discussion</li> </ul>		<ul style="list-style-type: none"> <li>As per agenda</li> </ul>		
<b>Matters of Concern or Key Risks to Escalate:</b>		<b>Decisions Made:</b>		
<ul style="list-style-type: none"> <li>Noting to escalate</li> </ul>		<ul style="list-style-type: none"> <li>N/A</li> </ul>		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Board update	✓

**Monitoring and assurance framework summary:**

**Links to Strategic Goals** *(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	✓			
Inequalities	✓			
Collaboration (system working)	✓			
Equality and Diversity	✓			
Report Exempt from Public Disclosure?			No	

## Board Strategic Development Meeting

### Agenda

26 April 2023, 9.30am for 10.00am start  
The Multi-Use Room, New Trust HQ, Willerby

		Lead	Action	Report format	Timings
1.	Apologies for Absence	CF	Note	verbal	10.00
2.	Notes from 22 February 2023 Meeting	CF	Note	✓	-
3.	People Strategy	SMcG	Discuss		10.05
4.	PROUD Strategy – review and next steps	SMcG	Discuss		11.05
	<b>Break</b>				11.35
5.	Digital	PB	Discuss		11.45
6.	Trust Strategy/Board Assurance Framework	MM	Discuss		12.15
7.	Provider Licence Changes (tbc – depending on the date of publication)	SJ	Discuss		12.45
	<b>Lunch</b>				13.15
8.	Board Development Programme (Real World)	MM	Discuss		13.45
9.	<b>Date, Time and Venue of Next Meeting</b>  28 June 2023, 9.30am, Multi-Use Room, New Trust HQ, Willerby				16.00