

**Trust Board Meeting 27 October 2021**  
**Agenda - Public Meeting**

For a meeting to be held at 9.30am Wednesday 27 October 2021, via Microsoft Teams

		Lead	Action	Report Format
<b>Standing Items</b>				
1.	Apologies for Absence	CF	To note	verbal
2.	Declarations of Interest	CF	To receive & note	√
3.	Minutes of the Meeting held on 29 September 2021	CF	To receive & approve	√
4.	Action Log and Matters Arising	CF	To receive & discuss	√
5.	Staff Story – Staff Wellbeing Upgrades	PBec	To receive & note	√
6.	Chair's Report	CF	To note	verbal
7.	Chief Executives Report	MM	To receive & note	√
8.	Publications and Highlights Report	MM	To receive & note	√
<b>Performance &amp; Finance</b>				
9.	Performance Report	PBec	To receive & note	√
10.	Finance Report	PBec	To receive & note	√
<b>Assurance Committee Reports</b>				
11.	Finance & Investment Committee Assurance Report	FP	To receive & note	√
12.	Humber Coast and Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative Collaborative Committee Assurance Report	PB	To receive & note	√
13.	Charitable Funds Accounts	PB	To receive & approve	√
<b>Corporate</b>				
14.	Freedom to Speak Up Update – Alison Flack, Freedom to Speak Up Guardian attending	MM	To receive & approve	√
15.	Constitution	MH	To receive & approve	√
16.	External Review of Governance	MH	To receive & note	√
17.	Emergency Preparedness Resilience and Response (EPRR) Assurance Process 2021-22	LP	To receive & approve	√
18.	Board Briefing Safeguarding Adults Review (SAR): published September 2021 by Norfolk Safeguarding Adults Board – Rosie O'Connell, Safeguarding Practitioner attending	HG	To receive & note	√
19.	Items for Escalation	All	To note	verbal



20.	<b>Any Other Business</b>		
21.	<b>Exclusion of Members of the Public from the Part II Meeting</b>		
22.	<b>Date, Time and Venue of Next Meeting</b> Wednesday 24 November 2021, 9.30am		



**Agenda Item 2**

Title & Date of Meeting:	Trust Board Public Meeting – 27 October 2021			
Title of Report:	Declarations of Interest			
Author/s:	Name: Caroline Flint Title: Chair			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	The report provides the Board with a list of current Executive Directors and Non Executive Directors interests.			
Governance: <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		Other (please detail) Monthly Board report	✓
Key Issues within the report:	<ul style="list-style-type: none"> <li>Contained within the report</li> </ul>			

**Monitoring and assurance framework summary:**

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

✓ Tick those that apply

✓	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
✓	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
✓	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	✓			To be advised of any future implications as and when required by the author
Quality Impact	✓			
Risk	✓			
Legal	✓			
Compliance	✓			
Communication	✓			
Financial	✓			
Human Resources	✓			
IM&T	✓			

Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

## Directors' Declaration of Interests

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

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

### Item 3

## **Trust Board Meeting** **Minutes of the virtual Public Trust Board Meeting held on Wednesday 29 September 2021 via Microsoft Teams**

- Present:**
- Rt Hon Caroline Flint, Chair
  - Mrs Michele Moran, Chief Executive
  - Mr Peter Baren, Non Executive Director
  - Mr Hanif Malik OBE, Associate Non Executive Director
  - Mr Francis Patton, Non Executive Director
  - Mr Dean Royles, Non Executive Director
  - Mr Mike Smith, Non-Executive Director
  - Mr Peter Beckwith, Director of Finance
  - Dr John Byrne, Medical Director
  - Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
  - Mr Steve McGowan, Director of Workforce and Organisational Development
  - Mrs Lynn Parkinson, Chief Operating Officer
- In Attendance:**
- Mrs Michelle Hughes, Head of Corporate Affairs
  - Mr James Collier, Communications Apprentice
  - Graham (for item 168/21)
  - Mrs Mandy Dawley, Head of Patient and Carer Experience and Engagement for items 168/21 & 181/21)
  - Mr Tom Nicklin, Patient Engagement Coordinator (for item 168/21)
  - Mrs Trish Bailey, General Manager (for item 183/21)
  - Mrs Debbie Davis, Lead Nurse Infection Prevention Control (for items 184/21 & 185/21)s
  - Mr Oliver Sims, Corporate Risk and Compliance Manager (for items 186/21 & 187/21)
  - Dr Mohammed Qadri, Consultant Psychiatrist& Guardian of Safe Working (for item 188/21)
  - Ms Rachael Sharp, Head of Safeguarding (for item 189/21)
  - Mrs Jenny Jones, Trust Secretary (minutes)

**Apologies:** None

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

- 165/21 **Declarations of Interest**
- The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they declare their interest and remove themselves from the meeting for that item.

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

166/21 **Minutes of the Meeting held 28 July 2021**

The minutes of the meeting held on 28 July 2021 were agreed as a correct record.

167/21 **Matters Arising and Actions Log**

The action log and work plan were noted.

168/21 **Graham's Story**

Graham attended the meeting supported by Mr Nicklin and Mrs Dawley to tell the Board his story through Learning Disability Services and the value of service user involvement. Graham shared details of his life and his achievements and successes over his lifetime. Graham likes to help people and believes that if you get your health right you can get on with the rest of your life. He liked to help people and to share his journey with others. Graham shared some photographs with the Board and certificates. He also spoke of the "ladder" he pictures in his mind which he uses to determine how far he has come

Graham has helped the Trust by being on interview panels and joining various forums. Mr Nicklin thanked Graham for all of his help.

Board members were delighted to hear that Graham is happy and loved everything he is involved with. Board members thanked Graham for attending the meeting and sharing his experiences. Graham had many quotes and views and members of the Board asked if they could use them in different areas which Graham was keen on.

169/21 **Chair's Report**

The Chair provided a verbal update on areas she has been involved in since her appointment on 16 September:-

- A recruitment process is underway for two Non Executive Directors to replace Mr Baren and Professor Cooke. In conjunction with the Governor Appointments, terms and Conditions Committee work is progressing with the recruitment. The Trust has engaged Gatenby Sanderson to assist with the process. The posts are live and it is hoped appointments will be finalised before Christmas.
- Attendance at the East Riding Health and Wellbeing Board workshop. Discussions include governance and structures in the Humber Coast & Vale (HCV) Integrated Care Service (ICS and the difference that will be made to service across the HCV.
- The Chair is continuing the work started by the previous chair to help shape the ICS. A meeting was held with Cllr Harrison and the HCV Director of Strategy and Partnership Development to discuss what the partnership should look like and how it relates to other work in the ICS.
- Attendance at the Bands 3 -7 leadership event to meet staff. In the future the Chair will try to see as many staff as she can at various meetings.
- The virtual market place at the Annual Members meeting was a great success and the Chair
- joined in these events which helped to give her more detail on services.
- The Chair joined the Mental Health Chairs weekly conference called which focussed on how things had gone over the last 18 months.
- A meeting was held to discuss the impending External Governance Review which will be taking place early 2022.

**Resolved:** The verbal updates were noted

## Chief Executive's Report

The report provided updates from each of the Directors along with a summary of activities undertaken by the Chief Executive. It has been an extremely busy time both from a system and Trust perspective. The following areas were drawn to the Board's attention:-

- More face to face meetings are being held under the Infection Prevention Control guidance.
- Staff Celebration Week was a success. The intention is to continue with rewards for staff and positive feedback has been received for what has been done.
- The Humber Youth Board members have decided to rename the group to the Humber Youth Action Group.
- A Health Service Journal (HSJ) Award has been won by Inspire the Patient Safety category for the Children's and Young People Team. Well done to all involved and to all finalists. Mrs Gledhill reported the Trust was shortlisted in four categories which is an accomplishment given the number of submissions they receive.
- The opening of the refurbished Whitby Hospital took place recently. It is a fantastic design that will benefit both staff and patients.
- Details of Awareness weeks that are taking place in October were detailed in the report
- The flu vaccination programme has commenced and will intensify over the next few weeks.
- The Chief Executive met with the new International Nurses who have come from various countries. They will be an asset to the organisation. Thanks were extended to everyone involved in making this possible.
- Office 365 – thanks to the IT team for their roll out of this.

Mrs Parkinson provided an update on the Covid 19 situation. She explained that infection rates remained high during August and going into September. Eleven patients in mental health units have tested positive meaning there is some reduction in bed availability. Staff absence rates are stable following the change in national guidance around being pinged and allowing staff who have been vaccinated to have a risk assessment in place so they can return to work.

Operational pressures remain high although demand for services has plateaued through the summer holiday period. Operational Pressures Escalation Levels (OPEL) pressures remain at 2/3 rating although some system partners have seen increased pressures and reported OPEL 4 for a period of time. Local pressures are being seen around discharges in the system.

In relation to care homes, it is a national requirement for any professional entering a care home from November to have had both Covid 19 vaccinations. An assessment of Trust staff who will be affected by this requirement is underway and early indications are showing there will be sufficient numbers of staff to work in care homes.

Child and Adolescent Mental Health Services (CAMHS) and Primary care are areas of pressures. There is a focus on waiting lists in these areas to ensure the organisation is in a position to meet the ongoing demand across all service areas. The capital work at Maister Lodge has been completed and recruitment is being finalised at which stage all beds will be able to open which will help reduce operational pressures.

Dr Byrne provided updates on the Covid 19 vaccination and flu programmes. He explained there has been media interest around the waning effectiveness of the vaccine. The vaccine was developed to reduce mortality from Covid 19 and to reduce hospital Intensive Care Unit (ICU) admission. The vaccine is doing what it was designed to do and there was always some indication that there would be some waning of effectiveness which would lead to milder symptoms. A booster programme for the over 50s has started and the Trust will be rolling out its programme shortly. The flu campaign is underway and Dr Byrne encouraged people to take up opportunities to have this. It can be given at the same time as the booster vaccination if required although 182 days gap between the second and third dose is needed. It is expected that the roll out will be 15 – 17 October for staff at the Lecture Theatre which has been used as a vaccination centre. Colleagues working in North Yorkshire will be able to access clinics from partners in the areas.

Mr Beckwith reported that in the new hospital programme 127 projects will be progressed by Ministers.

The Head of Corporate Affairs, Mrs Hughes reported that the Engaging with Members Governor Group is linking with the Humber Youth Action Group. She also highlighted that in August the new Intranet was launched, this had been developed with staff and provided the tools to easily access key information. This has been well received by staff as the numbers in the Communications update show.

Mr Patton congratulated the Inspire team on their award. In relation to the update from Mrs Parkinson, he asked if recruitment would be an issue for CAMHS, Psychiatric Intensive Care Unit (PICU) and Maister Lodge in relation to beds. He was informed that two PICU beds on Inspire are open and following successful recruitment, there are plans to open another two beds in December. Some caution is being exercised to ensure that people recruited have been fully inducted and trained. Maister Lodge beds will be opening in October.

In relation to Primary Care, Mr Patton asked if there would be additional pressures due to the booster and flu programmes. Dr Byrne said that Trust practices would be operating as business as usual for flu. The booster programme is commissioner led through the Clinical Commissioning Groups (CCGs). The booster programme has more flexible options with more community based pharmacies offering it which will take some pressure off the practices.

Mr Patton asked about Patient Safety Partners and how the right people would be recruited. Mrs Gledhill explained that there is close working with the Head of Patient and Carer Experience and Engagement and her networks to ensure that the right person is in post.

In response to a question from Mr Baren, it was agreed that the Workforce and Organisational Development Committee would review how effective the BAME network is at raising and dealing with health and well being issues of BAME staff. Mr McGowan confirmed there is an update on this area at each Committee meeting.

Mr Baren asked if the international nurses recruited were employed substantively or whether they are temporary positions. It was confirmed that the nurses are in substantive posts and will be working in community and physical health areas initially. They want to develop their skills and are pleased to be in the UK. Pastoral support is in place to support them as well as a peer support group. They have expressed a wish to learn how to use equipment and technology that is not available in their countries. Mr McGowan added that the recruitment is part of the workplan for workforce and the intention to recruit to 20 permanent roles. Mr Malik suggested that some wider support for the nurses with others who have similar cultural nuances could help individuals perhaps through a buddying scheme with people already working in the organisation. Mrs Gledhill reported that plans for a buddying scheme are in place as is additional pastoral support.

**Resolved:** The report was noted.

Workforce and Organisational Development Committee to review how effective the BAME network is at raising and dealing with health and well being issues of BAME staff **Action SMcG/DR**

171/21 **Publications and Highlights Report**

The report provided an update on recent publications and policy with updates provided by the Lead Executives. It was noted that Tom Cahill will be coming to speak at the ICS Mental Health and Learning Disability Conference in November.

Mr Patton suggested that there were some reports that were worthy of a discussion at the Workforce & Organisational Development Committee and these will be added to the next agenda.

**Resolved:** The report was noted.

172/21 **Performance Report**

Mr Beckwith presented the report relating to the current levels of performance as at the end of August 2021. Updates were provided for indicators which had fallen outside the normal variation range including Safer Staffing dashboard, Statutory and Mandatory training, Waiting Times, Improving Access to Psychological Therapies (IAPT) Recovery and Out of Area Placements.

Mrs Parkinson provided a verbal update on waiting times explaining there is a vigorous focus in this area. Children's Autistic Spectrum Diagnosis (ASD) over all is reducing. Hull's trajectory target is on track, however East Riding's trajectory has slowed down due to sickness absence in the team over the last two months. Measures to address this have been taken and including increasing the availability of appointments through the digital platform, Helios. It is expected that these actions will have an immediate effect. Recruitment of experienced staff is an issue across the system and is being raised at that level.

Mr Baren referred to the dashboard noting there were no red flags for which he congratulated all involved. He did note that the agency arrows were downward which was pleasing to see. However there was no information on doctors or consultants vacancy details which he felt should be included. The Chief Executive explained that a piece of work was done by Attain and Dr Byrne and Dr Fofie have completed some work on medical staffing about where we are in system and what the future is in relation to this area. The work has been to the Operational Delivery Group (ODG), the Executive Management Team (EMT) and the Workforce & Organisational Development Committee.

Mr McGowan explained that the consultant posts are part of the hard to recruit Task and Finish Group focus. A report is presented to the Workforce and Organisational Development Committee at each meeting. This is also backed up by a comprehensive recruitment campaign. A number of consultants have come into post over the last few years and this issue is not just a local one. Mr Baren suggested having a page in the performance report so that the Board could monitor any trends. The Chair was reluctant to duplicate the work the sub Committees are doing, but agreed trend information would be helpful. Mr Royles will discuss with Mr McGowan to see how this can be moved forward.

Mr Patton suggested a review be undertaken of what has to come to the Board and what can be delegated to the Sub Committees which may help to shape discussions. It was noted there is a list of items that must come to the Board,

Out of area placements figures appeared to have increased and Mr Patton asked if there was a specific reason for this. He was informed that an increase in the use of out of area PICU and mental health beds factors had impacted on this position alongside wards that had to be closed due to Covid positive patients. Estates work continues on inpatient wards to improve the environment which is affecting beds although PICU and Avondale are not closed. Trajectories are in place to eliminate out of area placements as is required by national

guidance going forward.

In terms of Autism details of the longest waits are discussed at the Quality Committee to provide assurance of the focus on these areas. Each service area is aware of individuals and there are some areas where the timescale does not stop until a diagnosis has been made. During this time contact is maintained with service users and their families.

**Resolved:** The report and verbal updates were noted  
Discussion to take place around providing trend details of agency posts to the Board **Action**  
**DR/SMcG/PB**

173/21

### **Finance Report**

Mr Beckwith presented the highlights from the finance paper at the end of August including:

- The Trust recorded an overall operating surplus of £0.245m which is in line with the ICS Months 1-6 expectation of a £0.315m surplus
- Within the reported position at Month 5 is Covid expenditure of £1.818m and income top up of £1.055m.
- Cash balance at the end of Month 5 was £23.718m
- The Year to Date Agency expenditure was £2.861m this is £0.248m less than the previous year's equivalent month 5 position.

Planning guidance for H2 is still awaited and the Board will be kept updated. Mr Baren noted the good report and the strong financial position the Trust is in. He asked how the Provider Collaborative financial information will be presented when it has gone live. Mr Beckwith explained that in the initial stages there will be a separate report so the Board can see the details.

**Resolved:** The report was noted.

174/21

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

The report provided an executive summary of discussions held at the meeting on 18 August 2021. A surplus of £13.1 million was noted in the Humber Coast and Vale area. The risk register and Board Assurance Framework was also reviewed at the meeting.

**Resolved:** The report was noted.

175/21

### **Charitable Funds Committee Assurance Report & 19 July 2021 Minutes**

A summary from the meeting held on 22 September 2021 and the minutes of the meeting held on 19 July 2021 were provided to the Board. Discussions at the meeting included the Whitby Appeal where £30 of a target of £130k has been raised. Fundraising is difficult at this item and the ration for donations has reduced. It is hoped that a relaunch of the Pennies from Heaven will take place in the future. At the meeting it was suggested that there is a Health Stars month to promote the work of the charity in a similar way to other awareness months,

Mr Smith commented that fundraising is difficult both locally and at a national level currently. However he noted the work of the organisation in spending money raised to ensure that staff are looked after.

**Resolved:** The report and minutes were noted.

176/21

### **Quality Committee Assurance Report**

Mr Smith, temporary Committee Chair, presented the report which summarised discussions

held at the meeting on 11 August 2021. The approved minutes of the meeting held on 2 June 2021 were also noted. The Committee reviewed the risk register and interrogated the Early Intervention in Psychosis (EIP) improvement plan and the ligature report. The Committee works hard to ensure patient safety is maintained.

**Resolved:** The report and minutes were noted by the Board.

177/21 **Workforce & Organisational Development Committee Assurance Report & 21 July 2021 Minutes**

The report provided the Board with details of discussions held at the September meeting. The minutes of the meeting held on 21 July were presented for information. Deep dives into specific areas are undertaken as appropriate at meetings to provide further information. A good report on absence was received at the meeting. A request was made for a review of statutory and mandatory training as there are some areas where compliance levels are not where they should be.

**Resolved:** The report and minutes were noted

178/21 **Mental Health Legislation Committee Assurance Report**

Mr Smith presented the report which provided an executive summary of discussions held at the meeting on 5 August 2021. The work of the Committee is supported by the Mental Health Steering Group and moving back to a business as usual position and ensuring that areas such as culture and transparency are clear. The Care Quality Commission (CQC) joined the meeting and saw how the data provided is used by the Committee and interrogated.

The Committee received a report around the existing policy for Associate Hospital Managers and how they discharge their powers. It also stated that a Governor could not be an Associate Hospital Manager although there has been a Governor in place for some time who is also a Hospital Manager. The Committee considered all of the information from a legal and independent perspective. Associate Hospital Managers cannot be employed by the organisation or Executives. The Mental Health Chair is a designated Hospital Manager. The Committee found that there was no reason why Governors should not be Associate Hospital Managers.

**Resolved:** The Board noted the report and verbal updates.

179/21 **Audit Committee Assurance Report**

The report was presented by Mr Baren and provided a summary of discussions held at the August 2021 meeting.

Mr Baren explained that at the meeting details internal audit reports were received and discussed. This included a clinical governance report that initially received limited assurance. This was taken through the Quality Committee where the actions were discussed and monitored which led to a subsequent report that gave a higher assurance.

The costs of the Clinical Negligence Scheme for the Trust (CNST) and insurance have increased and details were shared with the Committee. The Information Governance Annual Report was received at the meeting. It has also been circulated to Board members for information. Discussions took place around Subject Access Requests and the clinical time needed to respond to the requests given the cost to an individual is no longer in place. The number of requests increased last year.

**Resolved:** The report was noted.

180/21 **Humber Coast and Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative – Commissioning Committee Report**

An executive summary of discussions held at the meeting on Tuesday 24 August 2021 was presented to the Board. The Board held a timeout on 24 September which included a

detailed session on the providers collaborate covering governance, quality and finance . It was agreed at this meeting to rename the Commissioning Committee to the Collaborative Committee.

The controls in place are working well and Mr Baren has been impressed with the work of the team. The meeting was not quorate, but Mr Malik has now joined the Committee and the Terms of Reference will be amended to reflect this.

**Resolved:** The Board noted the report and verbal update.

181/21

### **Patient and Carer Experience Annual Report (2020/2021) including Complaints and Feedback**

Mrs Dawley presented the annual report and pulled out some highlights for the Board including:-

- The work of the Patient and Carer Experience team
- Surveys undertaken including the Community Mental Health Survey and the inpatient survey. System and processes re in place to understand what the information is telling us and develop action plans to ensure areas for improvement are taken forward.
- Virtual Awareness Weeks have been held including forums, church services and virtual sessions to share the work that is taking place
- Two virtual sessions planned in October one specifically on complaints and feedback, the other on this report
- A number of priorities have been identified to take forward including the role of the panel volunteer which will be rolled out in the near future. This will enable people to get involved in recruitment
- A training programme is in place through the Recovery College which provides bitesize sessions for both staff and the public
- Complaints were paused at the start of the lockdown period and restarted earlier than before the national unblocking took place. There was a reduction in the number of complaints when Covid hit but an increase is now being seen.

Mr Baren thanked Mrs Dawley for her work on the Youth Board which has held its first meetings. He attended a meeting and was inspired by the views of some of the participants and the workshops. Some of the young people have suffered from a lack of face to face meetings and he suggested that perhaps the groups could benefit from these style of meetings in the future. Mrs Dawley said that Trust guidance for meetings is being followed and is keen to have a blended approach as soon as guidance allows.

Mr Smith explained that the report has been considered by the Quality Committee and was strongly endorsed by the Committee for the work that is being done both during Covid and presently. He did caution that Mrs Dawley was doing a tremendous amount of work and needed to take care of herself.

Mr Patton felt the report was excellent and continued to deliver great things. The Chief Executive agreed acknowledging the pace of some of the work. In relation to complaints, she asked if there were any areas that were not receiving complaints as this can be an indication of whether things are not going right. Mrs Dawley will review to see if there are any areas that are not being raised.

The Chair noted that communication was a main feature of complaints and wondered if there were any common areas which may be something to look at going forward.

Dr Byrne thanked Mrs Dawley for all the work she has done over the past few years. The work of the team has been presented to NHS England. The strategy will be refreshed in 2022

**Resolved:** The annual report was noted.

182/21

**Quality Improvement Strategy (2021-2026) – Draft**

The strategy replaces the Quality Improvement Approach and was developed with the support of a member of the Patient and Carer Experience Forum following a consultation with Staff, Patients, Service Users and Carers. The strategy has been through the Trust's governance systems and was put in place following a Care Quality Commission (CQC) report which identified processes were not in place.

Attention was drawn to the work on training and how the NHS framework was adopting the process developed by the organisation to use bitesize sessions.

**Resolved:** The Board approved the strategy

183/21

**Clinical Review of Issues arising from the Transfer of Community Paediatric Medical Services of City Health Partnership to Hull University Teaching Hospitals NHS Trust and Humber Teaching NHS Foundation Trust**

The contractual commissioning of the Community Paediatric Medical Service was transferred from City Health Care Partnership to both Hull University Teaching Hospitals NHS Trust (HUTH) and Humber Teaching NHS Foundation Trust on 1 April 2019. On transfer it was found that there were delays in patient referrals and out-patient reviews, which impacted on the assessment and treatment pathways for these children, and may have caused harm.

The report provided a chronology of events which include the Trust accepting a transfer of neuro diverse cases, each of which were reviewed with Consultant Psychiatrist oversight.

Mrs Bailey explained this case began in 2018 with 2427 children were transferred to HUTH. All children were given a plan and their families contacted to state how services would be provided. Children were screened for any underlying health issues and signposted to appropriate services. Eleven children were identified as being at risk of potential harm which included undiagnosed conditions and families were contacted and supported.

Mr Baren asked if some of the harm was as a consequence of using multiple locum medics. Mrs Bailey explained that the quality of locums cannot be guaranteed however within the CAMHS community services there is dependence on locum Psychiatrists but there are robust quality checks in place. The organisation is fortunate at this time to have recruited a locum with a specific interest and learning in neuro diverse conditions.

The transition of some young people aged 17.5 meant additional work with adult services to ensure there was appropriate care in place when they turned 18. Dr Byrne said that the report showed what happens when there are complex services and the workforce issues faced both locally and across the NHS. A substantive workforce is always required, but when vacancies across the NHS show that more nurses, GPs and consultants are still needed. He was confident that the organisation has the governance arrangements in place to deal with this issue locally. The Chief Executive said this report will be taken into the provider collaborative work to look at quality and triangulation areas. She thanked Mrs Bailey for her work in this area and for dealing with it in an empathetic and supportive way for staff and families as it was a large undertaking. Mrs Parkinson said there has been learning as a system on issues. A clinical director is in post who oversees as part of the role, clinical quality and clinical governance and supports the Divisions.

Mrs Bailey was thanked for attending the meeting to present the report.

**Resolved:** The report was noted.

184/21

**Infection Prevention and Control (IPC) Strategy Refresh (2021-2022)**

Mrs Davies joined the meeting for this item. The current Trust IPC Strategy was developed in 2018 and since its introduction staff have become familiar with our vision and the goals we

are aiming to achieve.

Significant progress has been made against the majority of goals however the COVID-19 pandemic has severely slowed progress in the elements of the strategy where face to face patient and public engagement is required. Mrs Davies was disappointed that promotional activities had stopped due to the pandemic. The Chief Executive said the team should not be disappointed as they had done exceptional work during the pandemic and the amount of work they had undertaken was phenomenal. The Chair agreed especially given the extraordinary circumstances the organisation has been under.

**Resolved:** The Board approved the strategy

185/21

### **Infection Prevention and Control Annual Report 2020-2021**

The report provided assurance to the Board of the progress made in the prevention and control of healthcare associated infections (HCAI) for the reporting period from 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021. It provided an overview of the key work undertaken highlighting the progress and achievements made against year 3 of the Trust Infection Prevention and Control Strategy 2018-21. It also provided a summary of the work completed and challenges that have occurred as a consequence of the ongoing COVID-19 pandemic.

Attention was drawn to the 14 outbreaks which was a testament to the clinical teams that adhered to the processes in place to manage harm to both patients and staff. The Covid 19 response team made a significant difference in staff compliance levels in the first stage dealing with patient and clinical symptoms. There was real activity work on on donning and doffing and improvement of the facilities. There were challenges with some sites due to the environmental constraints. Clinical staff came up with creative solutions for the use of ppe including the ppe in a pocket. There are some lessons to be learned which will be taken on board.

Mr Baren congratulated the small team for the work they have done in difficult conditions. He recognised that patient safety is paramount and part of this is around patients being allowed to see their loved ones. Mrs Davies explained that visiting is discouraged in some areas which caused problems for some patients especially on Maister Lodge. In this case the ward staff showed visitors how to use ppe and allowed visits based on risk assessments.

Mrs Gledhill thanked Mrs Davies, the team and everyone involved in infection prevention control for the work undertaken. This included the Estates Team, Health and Safety and the support from a consultant microbiologist. Due to the flexibility in dealing with issues the organisation had been well supported.

**Resolved:** The annual report was approved by the Board.

186/21

### **Q2 2021/22 Board Assurance Framework**

The report provided an overview of the Q2 2021/22 Board Assurance Framework (BAF). Mr Sims explained there had been no change in the individual scores for strategic goals, however work that is taking place may result in some changes. The BAF is shared with Sub Committees who review the goals they have the lead for and make any changes.

Mr Patton referred to the first strategic goal and wondered what the nursing and consultant issues discussed should be added as it does reflect on patient safety. He also noted there are a number of actions that are due now. Mr Sims said that work is ongoing to review these and he acknowledged that a look ahead for actions that are due would be helpful to the Board and will see how this can be reflected in future reports.

**Resolved:** The Board Assurance Framework report was noted

187/21

### **Risk Register Update**

The report provided 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 June 2021.

Eleven risks were identified as scoring 15 or above and these are reviewed by the Operational Delivery Group (ODG) and the Executive Management Team (EMT) and the process is underpinned by the Divisions. Details were included in the report. No risks have been closed or de-escalated since the last report. The report also included details on the wider risk registers and the number and scores of the risks.

Dr Byrne asked if there is any benefit in linking the risk register to NHSE risk register to see if there are any similarities in risks. Mr Sims explained that EMT suggested that this is done on an annual basis. The Chief Executive felt it was also important, as the Integrated Care Service (ICS) develops, to review its risk register and to see if any risks needed to be considered for the organisation.

**Resolved:** The Board noted the report and thanked Mr Sims for attending.

188/21

### **Guardian of Safe Working - Annual Report**

Dr Mohammed Qadri, Guardian of Safe Working attended the meeting to present the report which identified any rota gaps, vacancies and issues relating to the safe working of junior doctors. Of particular interest were:-

- The progressive improvements with the on call working that have contributed to reduced travel time across sites and thereby providing better opportunity for rest period.
- The roll out of smart phones to junior doctors to ensure safer working has also been a significant change to further improve better safer working environments for junior doctor working on the on-call rota.
- Work is ongoing regarding reviewing the rest and sleep facilities for doctors working on call. The Trust has received money to review these facilities, however, progress was interrupted by the COVID outbreak. This has resumed in close collaboration with the Junior Doctors. Mr Beckwith explained that work is progressing with the Estates Team to achieve the preferred outcome to ensure the accommodation is appropriate for junior doctors
- A robust weekly training programme is in place where exploration of cases and scenarios that may be raised during on call and how they may be responded to

Dr Byrne thanked Dr Qadri for his report. He explained that if the accommodation is appropriate colleagues are more likely to perform higher and make less errors. It is about getting it right for junior doctors who work different shift patterns. In the long term it will help with recruitment and having the right facilities will encourage people to the organisation. Dr Byrne expressed his thanks to Dr Jennifer Kuehnle the previous Guardian of Safe working for her work.

The Chief Executive was pleased to see the recommendations about training and teaching for on call. She thanked the junior doctors for all their work and that the communication with staff and junior doctors will be monitored.

**Resolved:** The report was noted.

189/21

### **Safeguarding Annual Report**

Ms Sharp attended the meeting to present the annual report. She shared a brief presentation with the Board which showed highlights from the report. This included Multi agency work Safeguarding training uptake, response to domestic abuse, child neglect work and LADO/ allegations against staff concerns. During the year with the move to working from home with the team continuing to deliver a service and address any concerns around children and adults. Three new staff have joined the team and the team has been flexible and available to

teams who had any concerns.

The report and presentation identified the areas that have been of concern during the year and also celebrated successes and achievements include the duty desk with the Primary Care and Community Division.

A recent closed culture publication has been released which will be embedded into practices. The team has been involved in the long term segregation review. There has been a national increase in domestica abuse with hidden victims during the pandemic. The Trust achieved White Ribbon accreditation and has a policy and champions to support the work. Priorities for 2021/22 were detailed in the report. Work with the Patient and Care Experience team is taking place to identify volunteers to work with the safeguarding team.

Mrs Gledhill explained that the pressure the team is under is immense given what the new world has thrown up however the team has provided a quick response when contacted. Ms Sharp is leaving the organisation next month and will be missed.

Mr Baren thanked Ms Sharp for a comprehensive report that gave assurance that things are being handled efficiently. He commented about neglect of children as an area of focus given the environments we are living in, winter approaching and furlough ending and changes to Universal Credit, he felt these would place more pressure on families.

**Resolved:** The annual report was ratified by the Board.

190/21

#### **Standing Orders, Scheme of Delegation and Standing Financial Instructions - Annual Review**

Mrs Hughes presented the report and explained the annual review was brought forward from November to ensure any changes required in relation to the go live date of the Provider Collaborative and Commissioning Committee are reflected.

The key changes are additions to sections A and B to reflect that the activities via the Provider Collaborative should follow the same principles as the Trusts. An additional change to reflect that two Non Executive Directors are on the Commissioning Committee will also be made following approval to it's Terms of Reference earlier in the meeting. The change of name of the Commissioning Committee to the Collaborative Committee was approved as agreed by Board last week.

Mr Patton referred to the description of the assurance Committees suggesting that this should be consistent in the document. Mrs Hughes will review to ensure They have consistency.

Mr Baren suggested that the new Associate Non Executive Director role should be referenced in the document and Mr Smith asked for the delegation of powers for Associate Hospital Managers to be inserted into the document.

**Resolved:** Subject to inclusion of the the amendments identified, the Board approved the changes to Standing Orders, Scheme of Delegation and Standing Financial Instructions. Sub Committees descriptions to be amended to ensure they are consistent around the assurance role **Action MH**  
Associate Non Executive Director role to be included in the document **Action MH**  
Paragraph regarding delegation of powers for Associate Hospital Managers to be added **Action MH**

191/21

#### **A Framework of Quality Assurance for Responsible Officers and Revalidation, Annex D – Annual Board Report and Statement of Compliance**

This report summaries activity relating to appraisal and revalidation processes for 2020/2021. The Annual Organisation Audit (AOA) data is also attached for information. The document has been to the Workforce & Organisational Development Committee and was presented to

the Board for approval for the Chief Executive to sign the statement of compliance.

**Resolved:** The Board approved the Chief Executive signing the statement of compliance.

192/21 **Winter Plan – 2021/22**

Mrs Parkinson explained that the plan covered all relevant areas and has been developed and formulated based on what worked well during the winter of 2020/21 and within the context of the ongoing expectation that the Covid-19 pandemic will continue throughout the winter months.

This plan is overseen by the Emergency Preparedness, Resilience and Response (EPRR) command arrangements and the remit of our command structure has been expanded to include winter planning due to the interdependencies between our ongoing response to Covid- 19 and winter pressures.

Mr Baren asked about capacity for surge beds. Mrs Parkinson explained that there are plans to maximise every opportunity to have as much inpatient bed capacity as possible although there are workforce challenges to be considered. The Chief Executive said that the main focus is keeping services in place and the system is also seeing what it can do to support this.

**Resolved:** The report was noted.

193/21 **Items for Escalation**

No items were raised.

194/21 **Any Other Business**

No other business was raised

195/21 **Exclusion of Members of the Public from the Part II Meeting**

It was resolved that members of the public would be excluded from the second part of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

196/21 **Date and Time of Next Meeting**

Wednesday 28 October 2021 9.30am by Microsoft Teams

Signed ..... Date .....

Chair

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

Summary of actions from September 2021 Board meeting and update report on earlier actions due for delivery in October 2021						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
29.9.21	170/21	Chief Executive's Report	Workforce and Organisational Development Committee (W&OD) to review how effective the BAME network is at raising and dealing with health and well being issues of BAME staff	Director of Workforce & Organisational Development/Mr Royles	17 November 2021	The next W&OD Committee is on 17 <sup>th</sup> November and this will be discussed at this meeting.
29.9.21	172/21	Performance Report	Discussion to take place around providing trend details of agency posts to the Board	Director of Workforce & Organisational Development/Mr Royles/Mr Baren	17 November 2021	This will be included in the Insight report to be considered at the November meeting.
29.9.21	190/21(a)	Standing Orders, Scheme of Delegation and Standing Financial Instructions - Annual Review	Sub Committees descriptions to be amended to ensure they are consistent around the assurance role	Head of Corporate Affairs	September 2021	Document updated
29.9.21	190/21(b)	Standing Orders, Scheme of Delegation and Standing Financial Instructions -	Associate Non Executive Director role to be included in the document	Head of Corporate Affairs	September 2021	Document updated and reference included

		Annual Review				
29.9.21	190/21(c)	Standing Orders, Scheme of Delegation and Standing Financial Instructions - Annual Review	Paragraph regarding delegation of powers for Associate Hospital Managers to be added	Head of Corporate Affairs	September 2021	Document reviewed and delegation of power included
<b>Outstanding Actions arising from previous Board meetings for feedback to a later meeting</b>						
<b>Date of Board</b>	<b>Minute No</b>	<b>Agenda Item</b>	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Update Report</b>
30.6.21	133/21	Annual Non Clinical Safety Report 2020-2021 Report	Picture on the front cover to be reviewed and replaced with a more suitable one.	Director of Finance	July 2021	Replacement of Photo being arranged
30.6.21	133/21	Annual Non Clinical Safety Report 2020-2021 Report	It was agreed that the report should also go to the Quality Committee	Director of Finance	October 2021	Mr Dent is attending the Quality Committee on the 2 <sup>nd</sup> of November
27.8.21	144/21	Chief Executive's Report	Update on Peer Support Worker to come back to the Board in 6 – 8 Months	Chief Operating Officer	February 2022	Item not yet due

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

**Agenda Item 5**

Title & Date of Meeting:	Trust Board Public Meeting – 27 October 2021			
Title of Report:	Staff Story: Staff Wellbeing Upgrades			
Author/s:	Robert Atkinson – Deputy Director of Estates and Facilities			
Recommendation:	To approve		To receive & note	
	For information	X	To ratify	
Purpose of Paper:	To inform of the progress of the Trust Staff wellbeing upgrades works across the Trust			
<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		Other (please detail)		✓
<b>Key Issues within the report:</b>  <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<ul style="list-style-type: none"> <li>Presenting the Trust's progress of the Staff Wellbeing Upgrades.</li> <li>Highlighting the Trust Standards with regards to staff wellbeing areas.</li> </ul>			

**Monitoring and assurance framework summary:**

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

Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			√	

**Agenda Item 7**

Title & Date of Meeting:	Trust Board Public Meeting – 27 October 2021			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	To provide the Board with an update on local, regional and national issues.			
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly report to Board	✓
Key Issues within the report:	<ul style="list-style-type: none"> <li>Identified within the report</li> </ul>			

**Monitoring and assurance framework summary:**

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

Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

## Chief Executive's Report

### 1 Around the Trust

#### 1.1 Co-Production

The great work of the co-production group led by Mandy Dawley continues. Not only have they produced a co-production stamp,



but they are recruiting to patient safety champions in order to support our work in that area.

#### 1.2 Human Resources (HR) Winners

The winning continues with our HR Team being given award winning recognition by the Healthcare People Management Association (HPMA). Their Excellence in People Awards recognises and celebrates the work of HR, Organisational Development (OD) and workforce professionals across the UK and our HR Team won the Locum's Nest Award for HR Analytics. Well done!

#### 1.3 International Nurses

It was a pleasure to meet virtually with our 7 international nursing recruits who have started work with us. The skills and experience that they bring with them is extensive. They will be a great asset to the team

#### 1.4 Guardian Role

Freedom to Speak up Month has shown the importance of the work of our guardians in supporting staff to speak up. As Executive lead this work remains a focus for the Trust and staff.

#### 1.5 Humber Centre Staff Advocacy

It was great to meet in person with staff and patients from Ullswater Ward at the Humber Centre. The patients, staff and advocates have been working hard with the specialised commissioning team on services and service provision.

#### 1.6 Specialised Commissioning

To confirm that the Trust went 'live' becoming the specialised lead provider for secure services, eating disorders and children and young people services, working closely and in partnership with our providers and colleagues across the system.

#### 1.7 Right Care and Right Person Update

Work has continued with partners in relation to the Right Care, Right Person programme of work. The next stage is the implementation of the S136 (1-3 hour target) for patients requiring S136 or place of safety. This will be implemented from 1<sup>st</sup> November 2021. Non-recurrent funding has been identified to support this pilot which will be monitored over a 6 month period.

Further work is required to finalise the Memorandum of Understanding with Humberside Police and also the next stages of this programme in particular, development of a business case for street triage and an education and training programme.

## **2 Around the Integrated Care System (ICS)**

### **2.1 Digital**

The role of Digital Senior Responsible Officer (SRO) in the HCV ICS has changed with 'Foluke Ajayi taking on the SRO role. 'Foluke will be supported by Dylan Roberts as Deputy SRO, Andy Williams as the interim CDIO alongside the Digital Executive members to ensure all existing governance arrangements are continued and the Digital Strategy is progressed. 'Foluke will also continue to represent Digital on the ICS Transitional Executive Team and will chair the Digital Ops Forum.

### **2.2 NAViGO Chief Executive Appointment**

NAViGO has appointed Simon Beeton as its new Chief Executive. Simon will succeed Jane Lewington who will retain her commitment to NAViGO by becoming Chair of the board following the retirement of Tom Hunter.

Simon is an experienced senior executive with a strong operational record, Simon has worked at NAViGO since its formation and has over 25 years' experience working across mental health and local government.

### **2.3 Chair of the Integrated Care System (ICS)**

Humber, Coast and Vale Health and Care Partnership has announced that it has appointed Susan Symington as its designate Integrated Care System (ICS) Chair.

Each of England's 42 integrated care systems (ICSs) are required to appoint a Chair and a Chief Executive as part of the guidance issued to help embed ICSs in legislation by April 2022, subject to legislation approval.

Sue will also be appointed designate Chair of the anticipated NHS Integrated Care Board (ICB) and Integrated Care Partnership (ICP). Final appointment to the role of Chair of the ICS, ICB and ICP is dependent on the passage of the Health and Care Bill, and any potential amendments made to that Bill.

Sue is currently Chair of York and Scarborough NHS Foundation Trust.

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

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

As of the 14<sup>th</sup> October 2021 the confirmed cases of Covid-19 for Yorkshire and the Humber are:

<b>Positive Test and Trace Update – Case increase and latest 7-day rate per 100,000.</b>		
<b>Area</b>	<b>Actual increase in positive tests in latest 7 days (5<sup>th</sup> October – 11<sup>th</sup> October)</b>	<b>7 day rate per 100,000 for 7 days previous* (5<sup>th</sup> October – 11<sup>th</sup> October)</b>
East Riding of Yorkshire	1,566	456.3
Hull	880	339.6
North East Lincolnshire	549	344.5

North Lincolnshire	886/	512.9
Yorkshire and Humber	25,942	469.4
England	222,089	392.7
<b>Source:</b> PHE Daily Briefing		
<i>*Test results are updated every day and so rates are liable to change.</i>		

For the same period the 7-day rate per 100,000 population for Scarborough is 473.0, for Ryedale is 415.0 and Hambleton is 385.0.

As of 14 October 2021, there have been 1,478 hospital deaths due to COVID-19 across the Humber area. This includes 943 deaths registered by HUTH, 506 deaths registered by NLAG, 27 deaths registered by CHCP (East Riding Community Hospital) and 2 death registered by HTFT. York Teaching Hospitals NHS Trust recorded 657 deaths over the same period.

Due to the ongoing high infection rates in the population the Trust has recorded four new cases of a Covid-19 positive inpatient during the last month. Staff sickness absence related to Covid has remained stable at between 11 and 29 cases daily. The Covid- 19 Task Group continues to coordinate and oversee our response to any ongoing requirements. The group meets fortnightly, is chaired by the Deputy Chief Operating Officer and reports to the Executive Management Team (EMT). Twice weekly Sitrep reporting remains in place to monitor the ongoing impact of the pandemic on our services. The command arrangements will be quickly stood up again if required, this remains under close monitoring particularly as the infection rates have remained high in some areas.

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

Child and Adolescent Mental Health Services (CAMHs) are continuing to experience high demand for both community and inpatient services in line with the nationally anticipated surge due to the direct impact of the pandemic on children, young people and their families. Demand has continued to plateau during September and October, however this is not an untypical pattern due to the impact of school holidays and we continue to monitor this closely. Break down of placements for young people in residential care continues to lead to urgent and crisis admissions to mental health beds. System and ICS work is ongoing to enhance provision to support out of hospital care and investment has been approved to:

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

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

Focus continues on reducing waiting times in these services, particularly in relation to autism diagnosis. Our CAMH's PICU ward (Nova) remains open with two of its four beds available, and this has supported the clinical management of the very high complexity of patients within our general adolescent ward (Orion). We will open the remaining two PICU beds as soon as our newly recruited staff team are able to safely do that, and this is expected to be in early December 2021.

We continue to have a contingency plan through a mutual aid arrangement with Navigo to access additional mental health beds when required. The new capital scheme at Maister Lodge has progressed well and the unit has now been handed over to the operational service. This will provide up to five new functional older peoples beds and will be open as soon as recruitment to the new posts required has been completed and this is expected to be by the end of October 2021.

The new day treatment service continues to be effective at avoiding admission for some older people. Our overall bed occupancy has remained above its usual level in September and October with the pressures especially high for mental health, learning disability beds and our community beds at Malton and Whitby Hospitals, it has been between 74.9 - 82.1%. The overall number of available beds remains reduced due to the need to provide isolation/cohort beds for covid symptomatic and positive patients and infection control requirements, beds remain reinstated where alternative provision has been made in some areas for donning and doffing of PPE. To address this shortfall and ensure beds are available when required the Trust has continued to block book independent sector beds and the position is continuing to be monitored very closely. Nationally requirements are in place to eradicate the use of out of area beds and our services are implementing plans to achieve this, this remains a challenge however as covid safe working practice guidelines remain in place across the NHS.

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

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

### **Testing and Isolation Arrangements**

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

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

The Trust continues to encourage all staff to undertake twice weekly Lateral Flow Antigen Testing. Over 73,000 tests have been reported since December with 95 positive results which have been followed up by PCR tests and infection control procedures.

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

New self-isolation guidance for NHS staff came into effect on 16 August 2021 allowing fully vaccinated NHS staff and students who are identified as a contact of a positive Covid-19 case to no longer be expected to isolate and to return to work if the required safeguards are met and implemented.

## **Covid-19 Vaccine**

Planning has been in place to deliver the booster covid- 19 vaccine to staff with the programme expected to start on 15<sup>th</sup> October 2021. Dr John Byrne, Medical Director remains our senior responsible officer (SRO) for our covid vaccination programme and a task group has been established to deliver our plan.

Operational guidance has been issued by the government regarding the requirement for people working or deployed in care homes to have been fully vaccinated against Covid-19, unless exempt. In accordance with the new regulations which aim to ensure some of the most vulnerable in society are protected from Covid- 19, from 11<sup>th</sup> November 2021 all care home workers and anyone entering a care home will need to be fully vaccinated, unless they are exempt under the regulations. The timeline for implementation outlines that the last date for care home workers/visiting professionals to get their first dose of the vaccine, so that they are fully vaccinated by the time the regulations come into force, was 16<sup>th</sup> September 2021. This guidance therefore applies to our staff who access care homes. Operational managers have ensured that unvaccinated staff are fully aware of this requirement. Key service areas for the Trust are:

- Granville Court which, as it is a residential care facility, all staff working there need to meet the requirement and currently 95% are vaccinated.
- Community services in Scarborough, Ryedale and Whitby have 99.5% of staff that the requirement applies to vaccinated.
- The overall position for all community service areas (including mental health and learning disabilities) that the requirement applies to is 98.3%.

Processes are in place to address the position for the very small number of staff who are neither exempt nor vaccinated. Future recruitment to these areas will address the vaccination status of new staff. The position will continue to be monitored closely but based on the current position there are sufficient vaccinated staff available to meet clinical needs in care homes.

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

Our established robust systems to ensure that staff have access to the appropriate Personal Protective Equipment (PPE) remain in place. Stock continues to be received via a PUSH delivery system from the NHS Supply chain and SITREPS are used to determine the content and frequency of deliveries. Currently, the supplies of PPE are at good levels and we have not had any shortages of equipment. Whilst the government moved England to its final step (step 4) out of lockdown from 19<sup>th</sup> July. NHS England have instructed that Public Health England's infection prevention control guidelines and hospital visiting guidance remain in place for all staff and visitors. This means NHS visitor guidance stays in place across all health services including hospitals, GP practices, dental practices, optometrists and pharmacies to ensure patients and staff are protected. Staff, patients and visitors are expected to continue to follow social distancing rules when visiting any care setting as well as using face coverings, masks and other personal protection equipment.

## **Safe Working in our Environments**

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

## **Staff Health and Wellbeing**

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

Our staff have now experienced and worked through the pandemic for 18 months and in some areas service demand and operational pressures remain very high, they are continuing to tell us that they are feeling fatigued. Staff continue to have access to a range of options for wellbeing support and the Trust continues enhance its offer of wellbeing resources via the “ShinyMind” app. The Humber Coast and Vale Resilience Hub to support frontline staff remains operational and providing an increased offer of psychological and emotional wellbeing support for our staff.

Our communications team have continued their efforts to maintain a focus on staff health and wellbeing. Frequent “Ask the Exec” sessions continue and the last one took place on 30<sup>th</sup> September, these are positively received.

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

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

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

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

- Continuing to ensure that our covid related changes and interventions do not increase restrictive practices.
- Continuing to review clinical pathways to ensure that use of digital technologies promotes inclusion and maintains recovery rates.
- Considered the impact of the new requirements for staff to be vaccinated to enter a care home,

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

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

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

On 30<sup>th</sup> September, NHS England/Improvement published the 2021/22 **Priorities and Operational Planning Guidance: October 2021 to March 2022**. It reiterates that the priorities set out above remain in place. It remains committed to continue the focus on the five priority

areas for tackling health inequalities set out in the previous guidance and to seeing sustained progress across the areas detailed in the NHS Long Term Plan, including early cancer diagnosis, hypertension detection, respiratory disease, annual health checks for people with severe mental illness, continuity of maternity care, and improvements in the care of children and young people. It places emphasis on continuing to restore elective services and reduce waiting times. The key requirements are:

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

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

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

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

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

## **4 Director's Updates**

### **4.1 Chief Operating Officer Update**

#### **4.1.1 Redesigning Adult Inpatient Mental Health Services**

Following the approval of the Strategic Outline Business case and the submission of an expression of interest to the New Hospitals programme, the Project Board have met to consider the next stage of the project, its scope, engagement, resource and project leadership. The outcome of the meeting will be summarised and recommendations on the way forward will be made to the next Executive Management Team meeting.

#### **4.1.2 Hull and East Riding Neurodiversity Service.**

The proposal to progress a system-wide service for children and young people with neurodiverse conditions has taken shape across Hull and the East Riding of Yorkshire (ERY) over recent months. This has been facilitated by the Trust working in partnership with the ICS Neurodiversity project lead and has reported into the Hull and East Riding Children's Integrated Care Partnership (CICP) The plans were initiated in a place-based engagement event – "Let's Talk ...Children's Neuro Stuff".



The neurodiversity service will improve working relationships and integrated working for all services and teams involved in supporting families with neurodiverse needs.

The NHS Long Term Plan (2019) recognises there is more to be done for children and young people with neurodiversity specifically identifying that 'children and young people (CYP) with suspected autism or ADHD wait too long before being provided with a diagnostic assessment.'

### Scope of the Service

The Hull and ERY Children's Neurodiversity Service is aimed at children and young people aged 0 – 18 years (and will work with system partners to further develop the 18 to 25 years offer) with neurodiverse needs who are registered with a Hull or ERY GP, and/or attending a Hull or ERY school/educational setting.

The core services will include

- ASD and ADHD Services
- Children's Learning Disabilities Service
- Sensory Processing Service
- CYP SEND Sleep Service.

The core service will be supported by the wider range of interdependent services and teams across children's health, education and care services, and local voluntary and community sector services.

The Hull and East Riding Neurodiversity Service plans to become operational in January 2022 by opening the Single Point of Access to the service or the 'Front Door'.

### Aims of the service

To provide a single point of access for children/young people with neurodiverse needs, aged 0 to 18 years (with the 18-25 years core offer to be developed) and their parents/carers. The single point of access will bring together staff from core and interdependent services across health, education, social care, and the voluntary and community sector. Working in an integrated

approach the service will provide a needs-led service which will focus on early identification, early help and support, and the coordination of support services throughout the child or young person's care journey. Support will not be dependent on diagnosis and children will not be signposted to a waiting list without first having had a multi-disciplinary team (MDT) screening which identifies the correct pathway and an assessment of need.

**The benefits of the service for CYP and families include:**

- A single point of contact to gain earlier help and support for CYP and families with neuro diverse needs. This will be accessible by a single phone number and request for support form.
- To support a system's change which allows CYP and families to access support without the worry of thresholds or diagnosis but based on immediate presenting need.
- Delivery and management of a multi-disciplinary team (MDT) made up of professionals from health, education, VCS and social care to ensure the right support or intervention is offered including risk identification and management before any signposting to assessment pathways takes place.
- To increase the range of early help, information, advice and resources available to CYP and families with neuro diverse conditions.
- To ensure that communication with service users and referrers is timely, relevant, appropriate to need and maintained throughout the care experience.
- To increase engagement and personalisation in support plans and during the care experience.
- CYP and families will have a named worker who will be a key point of contact and who supports care-coordination eliminating the need for families to 'navigate' the system themselves.
- Offer support during the transition into adult services.

**Key accomplishments:**

- Service Branding- Logo competition winning entry confirmed. This was selected and created by the CYP via an online competition.
- Service email address now live and in use from September 2021. Separated referrals from CAMHS Contact Point.
- Neurodiversity data dashboard in process and data separating from CAMHS.
- Draft Service Specification progress and will be ready to go live in Jan 2022.
- Additional training in Sleep interventions agreed through non-recurrent funds. Training for Sleep Practitioners x 18 and basic sleep training offered across universal services.
- Sept 2021 Hull Sensory Service Health Service Journal award winners.
- Appointment by the Trust of the Band 8a Operational Lead to develop the front door services
- Pathway development and dual assessment ASD and ADHD training for Humber Neurodiversity teams.

**4.2 Director of Nursing, Allied Health and Social Care Professionals**

**4.2.1 International Nurse Recruits - Update**

The first cohort of 7 International Nurses have now arrived in the UK. They are due to sit their OSCE exam on 26th October in Oxford, following which they will go to their designated clinical area where they will work as a band 4 nurse until they receive their NMC PIN.

5 of the nurses are joining the team at Malton Hospital, 1 is joining the team at Granville Court and 1 is going into a developmental role in Primary Care. All nurses are on a 3-year visa which is specifically for our Trust. Our vision is that we can work with them to develop a career pathway at Humber.

There are another 8 nurses who have been recruited currently and are going through the required processes and will be arriving in cohorts in November 2021, December 2021 and February 2022.

Some of these nurses are mental health nurses. We are continually screening CV's and interviewing so the hope is that this number will continue to grow.

Our first cohort have feedback that they are extremely impressed with Humber and the welcome they have received and are looking forward to the journey ahead.

#### **4.2.2 White Ribbon Accreditation – Update**

Humber Teaching NHS Foundation Trust has completed the first year of our White Ribbon UK accreditation and implementation of the action plan. The plan in the first year focused on ensuring systems were in place around strategic leadership for domestic abuse, changing culture through raising awareness around male violence towards women and girls and seeking a better understanding of how services provided by the Trust respond to violence against women and girls.

The plan specially looked to educate staff in supporting women experiencing violence, how they respond to domestic abuse perpetrators, and how the Trust supports employees to challenge inappropriate behaviour and strengthen gender equality within the wider community.

#### **Progress to Date**

The month of October 2020 saw a detailed domestic abuse awareness campaign in line with national awareness month. The campaign activity included recorded sessions relating to coercive control, honour-based abuse and children affected by domestic abuse and diversity issues. In addition, further resources were cascaded through internal and external communications including social media. A virtual tool to heighten staff awareness of safeguarding was developed to assist staff working with service users via telephone and other virtual means.

There are currently 54 domestic abuse champions across Trust services covering North Yorkshire, Hull and East Riding. Domestic abuse champions have been essential in reinforcing the consistent message of domestic abuse as a priority area on the safeguarding agenda, awareness raising through the use of promotional materials and ensuring their colleagues have confidence in recognising and responding to domestic abuse.

HTNFT has raised its profile in domestic abuse work through work undertaken to obtain White Ribbon accreditation. The Trust is the first health organisation to receive White Ribbon status. This has led to partner health organisations seeking advice and support in becoming accredited.

HTNFT is seen as a high-profile organisation in our work around domestic abuse and promoting a culture of change across our partners. This was recognised when we presented to the Hull Safety Partnership and Hull CCG around the Trust domestic abuse standards compliance where feedback was given that the work the Trust had undertaken would be used as a gold standard for other organisations.

Since becoming accredited and undertaking awareness campaigns and domestic abuse focused training we have seen an increase in safeguarding referrals relating to domestic abuse. We have seen an increase of adult domestic abuse related referrals of 7.34% and an increase in child referrals of 2.36%. Duty calls coming into the safeguarding team are showing increased levels of professional curiosity, particularly in services with elderly service users.

#### **4.2.3 Allied Health Professionals (AHP) Professional Leadership Framework**

Opportunities to review and re-engineer the existing AHP professional lead roles across the Trust arose due to the retirement of two existing professional leads, one of whom was full time. The aim of the review was to strengthen the current professional leadership structure to ensure there is a degree of alignment, grounded in fairness, parity of esteem and equal opportunities, to support the ongoing aspiration for dedicated professional leaders across all professions in line with the goals in our Professional Strategy.

The review has resulted in identifying professional lead posts for Occupational Therapy, Physiotherapy, Speech and Language Therapy, Art Therapy and Dietetics where previously we

only had leads for Occupational Therapy, Dietetics and Art Therapy. All posts are part time allowing the staff member to remain clinically credible.

The roles of the professional leads for AHPs will be to support quality improvement initiatives such as the CMHT transformation, Discharge to Assessment, frailty and falls prevention, as well as the development of job plans for staff and the work on staff development including progression from band 5-6 posts, rotations, and student placements to aid staff retention.

They will support workforce development with a focus on developing new roles. A key emphasis of these roles would be to work collaboratively on quality outcome measures and clinical pathways providing a cohesive approach to demonstrate the added AHP value.

The postholders will be managed operationally by the operational managers and will be professionally accountable to the Head of AHPs in the nursing directorate.

### **4.3 Medical Director Updates**

#### **4.3.1 Pharmacy**

Pharmacy is working with the Research Team to apply for National Institute for Health Research (NIHR) funding to study the value of ward-based pharmacy technicians on mental health units. Pharmacy is also working with Dr Thomas Hunt (Associate Professor in Psychology, University of Derby) to study "Medicines Management Anxiety in Nurses working on In-patient Wards".

The team are currently working on updating the Self-administration of medicines procedure. Ensuring that we are able to offer self-administration to all patients who would like to and can do so safely in line with NICE guidance. This is part of a positive cultural shift towards enabling patients to be more aware of and in control of their care, and is part linked to feedback we have received from inpatient survey data analysis.

The Chief Pharmacist Working with the apprenticeship team to enrol pharmacy technician students onto the Level 3 Pharmacy Service course. The ambition is to starting with 2 students this financial year.

#### **4.3.2 Patient and Carer Experience Team**

The Patient and Carer Experience annual report including complaints and feedback (20/21) was shared with the Trust Board in September followed by two staff awareness sessions for staff in October.

On 3 November, the Trust is facilitating workshop number four to further develop the Humber Youth Action Group. At the workshop young people will be participating in a questions and answers session with Michele Moran and they will also be working with the Trust's Communications team to develop a recruitment and marketing plan for membership to the youth board.

To coincide with Remembrance Day 2021, there will be the launch of the Armed Forces Community Navigator to all staff across the Trust. An Armed Forces Community Navigator is someone who would be proud to advocate and champion the needs of service and ex-service personnel, and their families. As part of our commitment to the Armed Forces Covenant, we are hoping to appoint an Armed Forces Community Navigator in every Trust team.

#### **4.3.3 Quality Improvement**

##### **QI Strategy**

- Approved Sept 21
- Strategy working group planned with staff and patients and carers for end of November to look at the top level milestones for years 1 and 2 and what sub tasks are required.

- Attending all the PACE forums and Clinical Network groups to update on the strategy, build involvement and try to increase charter activity. Time to complete the charters continues to be raised

### **Training**

- Discussions underway with Hull University Teaching Hospital NHS Trust re delivering joint Quality Service Improvement and Re-design Practitioner training and possible joint conference
- Discussion with NHS Improvement re process for approval to offer a blended QSIR Practitioner training programme

### **Communications and Celebration**

- QI week – 8 – 12 November 2021 – Launch of QI Strategy and QI Stories to celebrate success
- Christmas Countdown – planning underway

### **QI Doctors Approach**

- Monthly meetings continue to be available for Doctors and Consultants to bring their QI ideas and activities
- New QI Champion appointed

#### **4.3.4 Research**

We've recently had a letter through from CRN thanking Trusts for their part in COVID research. The UK Government's Health Sub-Committee report published 12th October 2021 has highlighted the significant impact resulting from SARS-CoV-2 vaccine and Covid-19 therapy; prioritization, research and roll-out. On the back of this the Chief Operating Officer and Clinical Director of the Clinical Research Network for Yorkshire and Humber have recently written to us to acknowledge the considerable contributions to research that Yorkshire and Humber communities, partners and stakeholders have made over the last two years. As a Trust we have taken part in various COVID-19 research studies and continue to do so. Yorkshire and Humber, as a region, have recruited the highest numbers into COVID-19 vaccine trials in England and the second highest for COVID-19 research overall

#### **4.3.5 Post Graduate Medical Education**

Following the major disruption to postgraduate medical education during the COVID-19 pandemic, training recovery is an urgent priority. Funding has been allocated to Trusts by Health Education England (HEE), this dedicated fund has supported Humber Teaching NHS Foundation Trust to deliver 1:1 training recovery conversation, collate trainees' learning needs, support trainees with their individual training recovery plans and develop trust-level recovery solutions. A 'Recovery Tutor' role has been developed in response to the Trust scoping exercise completed by doctors in training. This time-limited, 12 month, post sits under, and is supported by the Trust Medical Education Department. The Recovery Tutor, once appointed, will form an integral part of the Medical Education Team.

In response to the national review of Foundation Training a new post has been developed in the Medical Education Team to lead on the coordination, development, and ongoing delivery of postgraduate training for foundation year trainees undertaking placements at Humber Teaching NHS Foundation Trust including the pastoral care and support . Dr Geeta Chitnis was appointed as Foundation Tutor and commenced in post on the 1<sup>st</sup> October 2021.

### **4.4 Director of Workforce & Organisational Development**

#### **4.4.1 HPMA Awards**

The Workforce and Organisation Development (OD) Team were successful at the recent Healthcare People Management Association (HPMA). Their Excellence in People Awards recognises and celebrates the work of HR, OD, and workforce professionals across the UK and at the recent awards, it was revealed that the team won the Locum's Nest Award for HR Analytics.

#### **4.4.2 Flu Vaccinations**

At the time of flu vaccination take up for front line workers is 26.7%. this is ahead of the same time last year.

Clinics will continue to be run and peer vaccinators will vaccinate within their areas over the coming weeks, however we will not get our next delivery until 12<sup>th</sup> November and most vaccines that we have now been provided.

#### **4.4.3 Staff Survey**

The 2021 NHS national staff survey is live and closes on 26<sup>th</sup> November At the time of writing the Trust has a completion rate of 23%, which is ahead of the national average. Data is provided for completion rates down to team level, these have been shared with managers across the trust to encourage take up.

Communications will continue throughout the period the survey is live.

### **4.5 Director of Finance Update**

#### **4.5.1 Cyber Security Updated**

There are two types of CareCert notifications,

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

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

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

	Issued	Deployed or no Action required	Awaiting deployment, action or testing	Not Applicable (do not use the system the Care Cert relates to)
High Priority	6	5	0	1
CareCert Bulletins	46	45	1	0

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

The Trust IT Servicedesk responded to 131 calls for Out of Hours support during June 2021.

#### **4.5.2 Staff Health and Wellbeing Project**

Works are continuing on the improvements to staff health and wellbeing areas, all sites have been contacted and packages of works have been let. A update is planned for this months board as part of the staff story.

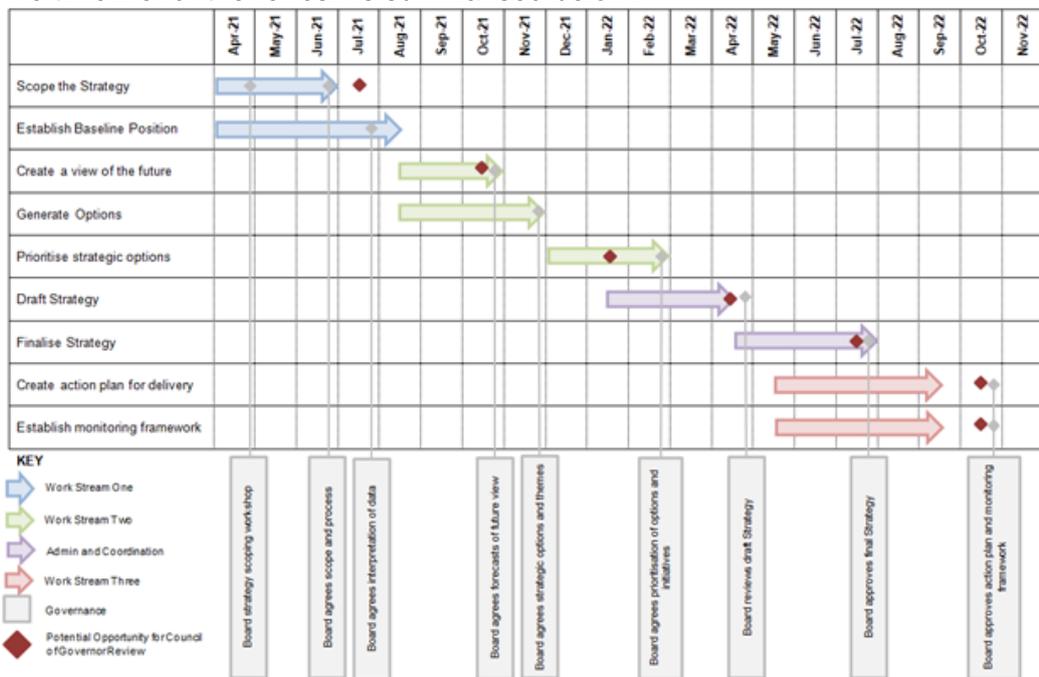
#### **4.5.3 Trust Strategy Refresh**

The strategy refresh is progressing in line with the planned timescales. Engagement with staff is

underway and is scheduled to complete by 5<sup>th</sup> November.

Alongside the staff engagement process, a series of strategy session with Non Executive Directors have taken place to discuss strategic options for the the Trust, reflecting on emerging ICS structures (Provider collaboratives, Place-based partnerships) and how these might relate to the Trusts services.

The timeline for the refresh is summarised below:



The engagement process will continue throughout October, to date over 250 staff have shared their views, some initial emerging themes include:

- Staff report positive responses on experience of working for Humber – teamwork, feel valued, feel looked after
- Feedback recommends that the strategy wording needs to feel more relevant to staff, patients and stakeholders – less jargon, easy read version, reference equality, diversity and health inequalities
- The refreshed strategy will need to align with other strategies under development - QI, Learning and Development Plan, Green Plan, Estates Strategy, Comms, PACE
- Staff reported various operational challenges, including service pressures (increased volume and acuity of patients), IT challenges, estates (space available, “too clinical”)
- Agile working was mentioned frequently as the biggest change which staff had experienced over the past two years. The experience had generally been positive, but some concerns were raised about supporting new staff
- Staff would welcome continued emphasis in the strategy on providing the best care for patients, supporting staff and importance of communication from managers
- There was some recognition among attendees at the sessions of the opportunities presented by ICS changes, but these were not universally understood

In response to comments made during the engagement process, it is proposed the the refreshed strategy be a short, focused document of no more than 6 pages. The language used to describe the Trust’s ambitions will be reviewed to ensure that the strategy is easily understood by all stakeholder groups and feels relevant to staff.

#### **4.5.4 Lead Provider Collaborative**

Following Board approval last month the Provider Collaborative went live on the 1<sup>st</sup> October with no caveats or special monitoring requirements from NHSE.

Going Live saw the trust take on lead provider responsibilities for the 3 pathways below with a combined commissioning budget of £28.3m for the second half of 2021/22.

- Adult Secure (Low/Medium)
- CAMHS
- Adult Eating Disorders

#### **4.5.5 H2 Planning**

The updated planning guidance for the second half of the financial year was issued on 30 September. It confirms that the operational priorities and the financial framework for the next six months will build on the requirements for the first half of the year

Further details of the H2 planning are being worked through by the ICS with confirmation of Blocks for H2 expected and planning submissions due mid/late November.

#### **4.5.6 Humber Centre Refurbishment**

Plans have been developed for the planned capital investment at the Humber Centre.

A project group has been established and Terms of Reference have been drafted for approval at Executive Management Team, the next stage will be to develop an engagement plan to discuss with staff and patient groups.

#### **4.5.7 Ward Refurbishments**

Ward refurbishment works have now completed at Avondale and PICU, contractors are on site at Newbridge's and Westlands. Millview is the last site to be refurbished and this is being developed to enable works to be progressed whilst still enabling the COVID ward.

Tenders have also been returned for the backup generator at Miranda House with works anticipated to commence in the new year due to the lead in time for equipment.

#### **4.5.8 Payroll Uplifts**

There were a number of pay uplifts processed by the Payroll Team in September, this included the Agenda For Change pay award, the GPs pay award and the non Agenda for Change Pay award. Payroll also processed the rolled up holiday pay for overtime payments, referred to as the Flowers payments in September.

#### **4.5.9 Electronic Patient Record - Project B**

The Trust has submitted an expression of interest to NHS England's project B to be one of the two Trust to develop their electronic patient record to make it a more effective systems and open up the electronic patient record.

The Trust presented its proposal to NHS England and been short listed and we now awaiting their final selection. If successful additional resourcing and funding to carry out this project will be provided by NHS England.

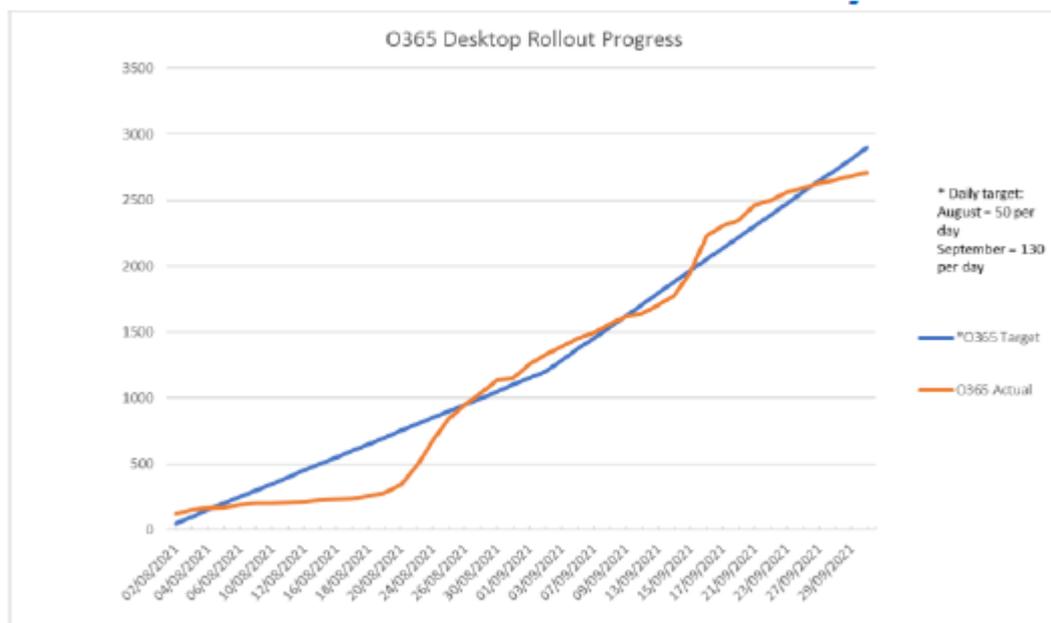
#### **4.5.10 Mental Health Safety Plans shared with Yorkshire Ambulance Service**

The Trust is now sharing its mental health safety plan with the Yorkshire Ambulance Services. This allows the Yorkshire Ambulance Services to provide the appropriate support to mental health patient, which could include them sending a mental health nurse to the patient or working with our own services to provide urgent care.

#### **4.5.11 Office 365 Update**

Good progress continues to be made with virtually all devices updated and any remaining devices updated once they are switched on (see graph below)

Progress and updates continue to be received by the Office 365 Project Group, which reports into EMT.



The number of Office 365 calls into the It helpdesk has reduced and several drop in sessions have been held, which have been well attended by staff.

The upgrade to Office 365 follows the Windows 10 migration and ensures the Trust are using modern technology which reduces the chance of cyber attacks against unsupported systems.

#### **4.5.12 Cyber Security Plan**

The Office of the SIRO have met to discuss the current Cyber Operational Readiness Security (CORS) remediation plan. A new plan has been developed based on the IG Toolkit and this will be presented to EMT and the Information Governance Group for approval.

#### **4.5.13 Emergency Care Data Sets**

The Trust has been asked by NHS England to be one of the first ten Trusts to develop community emergency care data sets

#### **4.5.14 Health Excellence Through Technology (HETT) Show**

Lee Rickles presented at the recent HETT show on the Unexpected New Opportunities and Challenges of Innovating Across Integrated Care Settings

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

Heads of terms have been negotiated on a building on the Willerby Hill site and plans are progressing towards developing a suitable layout and costs. Work on the buildings determine the critical path for the project. The Communication, engagement and stakeholder plans have been reviewed and updated and the staff that will be impacted by the change have been asked to join a steering group. The plan is for all aspects of the project to be coproduced with staff as the project moves into the delivery stage.

### **5 Trust Policies**

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

## **6 Communications Update**

### **Key Projects**

- **Brand Centre**

The Trust Brand Centre has seen another increase in the number of users over the last month. 274 of the 474 users are first time users. This data demonstrates that the communications around the Trust brand and the templates we have available are receiving engagement from our staff and increasing the activity of the website. Regular updates and improvements to the websites has provided purpose for staff revisiting the site and ensures that teams use the website as a first point of contact for all things relating to the Trust branding. The average session duration also suggests that people are finding what they're looking for quickly, as they become more familiar with the brand centre.

<b>Brand Centre analytics</b>	<b>Users</b>	<b>Page views</b>	<b>Avg Session Duration</b>	<b>Most viewed page</b>	<b>Most used Templates</b>
February	130	635	1:19 mins	/home/ (327 views)	Corporate
March	223	1,246	1:14 mins	/home/ (632 views)	Corporate
April	181	889	1:12 mins	/home/ (464 views)	Corporate
May	278	1,540	1:15 mins	/home/ (756 views)	Corporate
June	285	1,320	1:09 mins	/home/ (679 views)	Corporate
July	263	1,133	1:04 mins	/home/ (513 views)	Corporate
August	480	2,312	1:09 mins	/home/ (1,100 views)	Corporate
September	474	1.800	0:55s	/home/ (783)	Corporate

### **External Communications**

- **Service Support**

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

#### **Provider Collaborative Launch**

The Humber, Coast and Vale (HCV) Specialised Mental Health, Learning Disability and Autism Provider Collaborative officially launched on 1st October 2021.

We supported the team with communicating the launch with key stakeholders and audiences on a variety of platforms, including email marketing, website publication and HCV-wide communications.

#### **Recovery College ICS**

As part of some recent funding, it was important to our project management team that our Recovery College was promoted to both our internal and external audiences. We wanted to clarify that, not only are these courses free and useful for service users, but they're also perfectly useful for our staff, too. We therefore pulled together a communications plan to target these two key audiences.

### **Hornsea Internationally Recruited Nurses**

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

### **Recruitment East Yorkshire Campaign**

We recently partnered with other local organisations to promote relocating to the local area to work in healthcare. We put forward one of our newly recruited Psychiatrists who moved from Scotland to Swanland to join our Trust. Her interview was used as the feature story on Look North's lunchtime and evening news.

### **Governor Elections**

We are currently recruiting 7 new Governors to join our Trust Board. We have supported our Board Support team by pushing paid for social media advertisements online and publishing this opportunity on all of our internal and external channels.

- **Media Coverage**

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

We have worked closely with teams to develop stories that attract positive media attention and promote timely Trust and national key messages such as our first cohort of international nurses and the AMM campaign.

<b>Positive new stories published</b>		<b>Negative new stories</b>	
Local media	22	Local media	3
Humber website	15		
<b>TOTAL</b>	<b>37</b>		<b>3</b>

- **Awareness Days**

This is an extremely busy time of year for awareness days. Some of the most well received dates in September and so far in October have been World Mental Health Day, Speak Up Month, Stoptober, Domestic Abuse Month and Black History Month.

### **World Mental Health Day – 10 Oct**

Every year, we craft a large campaign for our audiences, to show where the public can seek help when they need it, and to address our internal health and wellbeing policies for staff.

In addition to this, this year we encouraged our staff to 'Do One Thing'. We supplied them with colouring sheets, mindful activities and recipes to get involved on the day and take time for themselves in this busy year.

We also worked with our Peer Support Workers and Thrive Group to develop 3 impactful videos to talk about lived experience with mental health and breaking down the stigma both at work and at home.

- **Awards**

We have recently won several awards across the Trust, for which the Communications team supported the services to submit to.

This includes being shortlisted for 4 HSJ Patient Safety Awards, at which our Sensory Processing service took home a finalist award.

We were also finalists for a Nursing Times Award, an RSPH Health and Wellbeing Award, and won a HPMA Award for HR Analytics and 2 Design in Mental Health Awards for our Inspire Unit.

- **Trust Website Update**

	<b>Target</b>	<b>Performance over period</b>
Bounce Rate	50%	62.53%
Social Referrals	12%  (a 10% increase in 2019 position)	3%

- **Social media**

	<b>Target</b>	<b>Performance over period</b>
Engagement Rate	4%	7%
Reach	+50,000 p/m	50,520
Link Clicks	1500 p/m	1,109

Although our reach wasn't quite as much as last month, we're up on link clicks and engagement rates have stayed similar, which indicates that audiences are more engaged with the content we are posting.

### **Internal Communications**

#### **Covid-19**

The team continue to support the communications of Covid-19 information and advice to staff including the roll-out of the staff COVID-19 booster vaccination programme.

We issued three separate communications inviting staff to book their appointment at Vaccination Clinic at the Lecture Theatre, Willerby Hill on either 15, 16, 17 October. Staff who lived or worked in Scarborough or York we invited to attend a clinic at York and Scarborough Teaching NHS Foundation Trust.

A webinar was hosted by Dr John Byrne to give staff the opportunity to ask any questions about the Covid booster and raise any concerns. The session was well received.

We arranged for some short vox pop videos to be filmed outside the Lecture Theatre on 15 Oct, capturing why staff 'grabbed a jab'. It's the hope we can share these snippets with staff via internal comms for any mop up communications over the coming month.

As of 13 October over 880 members of staff have booked an appointment. Staff who've had their booster vaccine at another venue, such as their GP, have been asked to inform us using an online form. This is important to ensure we keep track of vaccination figures so we can report back to NHS England accurately.

#### **Flu Vaccination Campaign**

Our flu campaign was launched on Wednesday, 15 September through a Solus email to all staff

from Steve McGowan, Executive Director of Humber Resources and Organisational Development and SRO for the Flu Vaccination Programme.

The flu vaccine is an important part of protecting our staff, our families, and the people we care for. This year it is even more important to have the vaccine due to Covid-19 being in co-circulation, and as last year, we will be offering the flu vaccination to all our staff.

Our campaign encourages all staff to LOOK out for details of when and where their Peer Vaccinator is holding their clinics and BOOK in directly with them. Staff can access information about the flu vaccination, including how to book and comprehensive FAQs, through our dedicated intranet page.

To support this year's campaign we are commissioning a short animation with voice overs from staff explaining why they feel it's important to have the flu vaccine. This will be shared over the coming month to help encourage those who haven't already had the vaccine, to book their appointment.

### **Annual Members' Meeting**

Following on from the success of the first virtual AMM last year, and due to COVID-19, we held our Annual Members' Meeting virtually on Wednesday, September 22 September. This year we also held our first ever virtual market stall event where attendees could find out more about the following services:

Mental Health and Secure Services  
Recruitment Services  
Voluntary Services  
IT Services (How IT supported staff through pandemic)  
Estates Services (Becoming a greener NHS)  
Learning Disabilities  
Malton & Scarborough Community Services  
Whitby  
Inspire & CAMHS  
SMASH, Early Help & ISPHNS  
YOURHealth  
Recovery College  
Patient and Carer Experience

The event was promoted on our intranet, website and social media channels and an invite was sent to our stakeholders. Approximately 100 people attended the event on the day.

### **Office365**

We have issued communications in our global newsletters and designed a desktop image to support the rollout of Office365 applications across the Trust. We will continue to offer comms support to the Office365 project group as the project move into the next phase.

### **Poppulo – Internal Emails**

Between 8 September and 13 October we issued 39 internal communications to staff. We are pleased to report that Open Rates have increased to 0.5% above the national average engagement rates, however our Click Through Rates remain low at 6.6%. This is something which we're going to monitor over the next couple of months. There have been

	<b>Trust average engagement rates</b>	<b>National Average</b>
Open Rate	65.5%	65%
Click Through Rates	6.6%	10%

## Intranet

Our new intranet platform has been visited 222,922 times between 8 September and 13 October.

	<b>Target</b>	<b>Performance over period</b>
Bounce Rate	40%	56.69%
Visits	+20% on 2020 average	+18.78%

Second to our home page which had 152,017 visits, our Lateral Flow Test recording from was the second most popular page with 5,330 visits within this period.

## Websites

Please note: All of our GP Practice website's have now moved over to a new internal hosting platform.

## 7 Health Stars

### Events

Health Stars continue to build strong relationships with the community, and we are delighted to update from the previous Community Events held for our wonderful Trust Charity:

- Namaste Hull Family Fun Day- 19th September which raised £2,000 for Health Stars
- Kelly Major Zumba Fitness Walk -26<sup>th</sup> September which raised £7,078 for the Whitby Hospital Appeal with more sponsorships being collected.

It is great to see strong relationships continuing to be built both internally and externally with new supporters for the charity coming forward.

## Dost Project

The team at the Dost Project have been working hard behind the scenes diversifying their working ways to provide support across the full geography patch. Whilst the BAME well-being and befriending service continues to support a number of individuals gaining new contacts within the community this period we have seen the team continue to be receptive to the needs of its beneficiaries and provide support in a number of new ways.

The highlights include:

Julie Taylor, Humber NHS Nursing Recruitment Project Lead, has been liaising with the Dost Project (*Dost Project - funded by Health Stars and sister Charity Health Tree Foundation with thanks to funding from NHS Charities Together*) to offer befriending services to the Trust's newest recruit of international nurses. BAME Wellbeing Coordinator Bibhash Dash had been in contact with the nurses even before they arrived in Hull (following quarantine). Once in Hull, Bibhash met with them on their very first day to offer face to face introductions. In addition, Bibhash also arranged an invite for the nurses to the Black History Month launch event organised by Hull-based BAME organisation 'Best Hope'. The nurses really enjoyed the event. The Dost project continues to provide befriending support to the nursing cohort which includes meet ups and advice on non-work matters.

## Wishes

The Health Stars team are continuously working hard granting wish requests which span the breadth of Humber Teaching NHS Foundation Trust. The team are currently processing 112 wish requests which are all currently in progress with more wishes being received on a daily basis.

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

- Allotment resources for Bridlington, Including seeds, equipment and storage
- Allotment resources for Driffield & Bridlington, a range of new equipment
- Allotment resources for Crystal Villas, including all new equipment and seeds to allow set up of new group
- Peri-Natal DBT resources. A full range of new equipment and toys to facilitate new group.

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

Together we can make a lasting impact across our Trust.

**Michele Moran**  
**Chief Executive**  
**October 2021**

**Agenda Item 8**

Title & Date of Meeting:	Trust Board Public Meeting – 27 October 2021		
Title of Report:	Publications and Policy Highlights		
Author/s:	Name: Michele Moran Title: Chief Executive		
Recommendation:	To approve		To receive & note
	For information	x	To ratify
Purpose of Paper:	To update the Trust Board on recent publications and policy.		
Governance: <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		Other (please detail)
Key Issues within the report:	<ul style="list-style-type: none"> <li>I. 2021/22 Priorities and Operational Planning Guidance</li> <li>II. Home for Good Care Quality Commission</li> <li>III. New Every Mind Matters campaign to improve people's mental health</li> <li>IV. Better Care Fund policy framework: 2021 to 2022</li> </ul>		

**Monitoring and assurance framework summary:**

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

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

## Publications and Policy Highlights

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

**1 2021/22 Priorities and Operational Planning Guidance** NHS England October 2021  
The NHS Operational Planning Guidance for 2021/22 published in March 2021 sets out our priorities for the year. The updated guidance for the second half of the year reconfirms these priorities and reflects the financial settlement for the NHS for the final 6 months of the year and the challenges that we must meet over this period, including seasonal pressures that are likely to be exacerbated by the ongoing impact of the COVID-19 pandemic.

**Lead: Director of Finance**

**H2 Planning Guidance (issued 30th September) confirms that the operational priorities and the financial framework for the next six months will build on the requirements for the first half of the year**

**Further details of the H2 planning are being worked through by the ICS with confirmation of Blocks for H2 expected and planning submissions due mid/late November with plans submitted to EMT and Board.**

## **2 Home for Good** Care Quality Commission 8 September 2021

The CQC report highlights how the right community support can improve outcomes for people with a learning disability, a mental health need and autistic people. The Care Quality Commission's Home for Good report celebrates examples of successful community support provided to people with complex needs.

- The report includes eight stories of people who have previously been placed in hospital settings, often called Assessment and Treatment Units and how all are now thriving in community services across England.
- These stories describe how people's lives have changed when they are given the opportunity to live in their own home, with a supportive staff team where they can exercise choice, independence and control alongside real participation in the community.
- Although there is no single model of care and support that explains why some community support works better than others the eight stories have common threads.

### *Key findings*

- Services are designed around each individual's needs and ambitions. They should be truly person centred.
- People shouldn't be kept in large campus style accommodation they should live in homes fit for their life. This is the case even when they have been in hospital for long periods. People being around other distressed people can make people's trauma worse.
- Good quality housing provision needs to be expanded. This might mean specially building property, or considerable adaption of an existing property.
- Providers need to better collaborate with clinical and health professionals, and community teams, including occupational and speech and language therapists. This must happen during service planning and once a service commences.
- Family involvement in all aspects of service planning and delivery (where the person wants this) increases the chance of a good outcome. This usually involves creating support close to the person's family home.

- People shouldn't be labelled as having 'challenging behaviour' – which includes self-harm and physical or verbal aggression – this should be understood as communication of distress or need. This understanding often comes through a formal adoption of the Positive Behaviour Support approach.
- CQC worked with Choice Support to speak with people around the country who had experienced good community care.

**Lead: Chief Operating Officer**

**Supporting our service users in our Learning Disability service to receive the right support in the community to achieve their best outcomes underpins our approach and delivery of our services, We have similar case examples of successes whereby service users have transitioned from long term hospital placements to homes in their local communities. We continue to work closely with our partners in the Transforming Care Partnership programme and are very focussed on this agenda.**

### **3 New Every Mind Matters Campaign to Improve People's Mental Health** Department of Health and Social Care 5 October 2021

A new campaign has been launched to help people with their mental wellbeing after half of adults in England say pandemic negatively impacted their mental health. This is the first campaign launched by the Office for Health Improvement and Disparities (OHID) with the aim of tackling health inequalities across the country and will help adults improve their mental wellbeing

The general public is urged to find "what works for me" to support their mental wellbeing as OHID launches the latest Better Health – Every Mind Matters campaign. The campaign empowers people to look after their mental health by directing them to free, practical tips and advice. By answering 5 simple questions through the Every Mind Matters platform, people can get a tailored 'Mind Plan', giving them personalised tips to help deal with stress and anxiety, boost their mood, sleep better and feel more in control.

**Lead: Chief Operating Officer**

**This campaign complements the wider work that we have in place to promote early access to support and help prevent the need to access secondary mental health services. We will ensure that this is added to the suite of resources that our services can signpost people to.**

### **4 Better Care Fund Policy Framework: 2021 to 2022** Department of Health and Social Care 1 October 2021

The policy framework sets out the national conditions, metrics and funding arrangements for the Better Care Fund in 2021 to 2022. Better Care Fund plans are jointly developed by health and social care partners in every area in England and support integrated, person-centred care in communities. The policy framework is intended for use by those responsible for delivering the Better Care Fund at a local level (such as clinical commissioning groups, local authorities, health and wellbeing boards) and NHS England. The document should be read alongside the [BCF Planning Requirements for 2021 to 2022](#).

**Lead: Director of Finance**

**This was discussed at the Finance and Investment Committee, noting the guidance related to the 2021/22 Better Care Fund.**

**Agenda Item 9**

Title & Date of Meeting:	Trust Board Public Meeting – 27 <sup>th</sup> October 2021			
Title of Report:	Performance Report - Month 6 (September)			
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	<p>This purpose of this report is to inform the Trust Board on the current levels of performance as at the end of September 2021.</p> <p>The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.</p>			
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	☑
	Charitable Funds Committee		Other (please detail)	
<b>Key Issues within the report:</b>  <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<p>Commentary for indicators that fall outside of normal variation is included below:</p> <p><b>Waiting Times</b> - The increase in CAMHS 52ww (which also impacts the incomplete waits target) relates to the Neurodiversity patients awaiting ADHD assessment only. This group of patients are currently incorporated onto the overall CAMHS waiting list. The objective of the service is to move these patients to an independent waiting list to create a greater transparency and focus for this patient group. Admin resource has been identified to undertake this task which requires a patient by patient adjustment to enable this and will take place over the coming months.</p> <p>As progress with ASD assessments has been made, many patient's NOT diagnosed with ASD have moved across to the ADHD waiting list, with their current waiting time remaining. This automatically inflates the number of long waiting patients</p>			

for ADHD, though their transfer would be very recent. To address this, the service are introducing from January 2022, a new global neuro assessment for patient upon receipt of their referral. This will ensure that patients are assessed by staff trained in Neurodiversity who are able to determine and to better predict which assessment is required (ASD or ADHD) and to complete the initial assessment at the time of receiving the referral. This development is in line with the Transformation project which has redeveloped the pathway management of referrals and created a 'new front door' for patients.

To address those already on the waiting list, the service are:

- reviewing transition cases with the adult team
- discussing opportunities with the service and our digital provider including the option to screen the waiting list to provide effective and prompt assessments to determine the correct assessment required (if any)
- introducing the one stop global assessment upon referral
- validate the long waiters to ensure their waiting time has been correctly recorded.

The Trust continues to focus efforts on the reduction of waiting times which has been a priority in order to reduce the number of long waiting patients. Weekly performance monitoring remains in place across those services with the longest waiting patients. Some services areas are still experiencing higher than usual levels of demand and activity due to increased need and complexity. This is being addressed through ongoing surge and winter planning. The full detailed waiting list appendix report is next due in December.

**Out of Area Placements** – The Capital Works to expand the bed base for Maister is complete and the additional 5 older adult beds are due to open in November 2021.

Demand for out of area beds has increased with the increase in ward closures due to Covid outbreaks in September affecting Westlands, Maister Lodge and PICU, also as a result of planned building improvement works impacting on the bed numbers available. The beds directly affected by closures throughout September equates to circa 200 lost bed days in addition to those bed days lost through continued low overall utilisation of the Covid Pod and an increasing trend for Delayed Transfers of Care.

Taking only the lost bed days into account that were as a direct result of ward closures, the out of area bed days used in September would have been below the March 2021 usage. This would have resulted in the lowest out of area bed usage in the last 6 months.

	<p><b>Staff Sickness Absence – Safer Staffing Dashboard</b>, whilst overall Trust sickness absence has not increased this month the dashboard shows higher than target levels of absence in some inpatient areas. Sickness absence is monitored closely and addressed with support from HR business partners. Focus is continuing on return to work interviews to ensure that where staff require support this is addressed. Short term and long term absences are reviewed at ward level and overseen at divisional level, where any underlying themes are identified supportive measures are put in place.</p> <p>The Executive Management team (EMT) considered removing the shading on the IBR which was introduced to indicate the start of the COVID pandemic, giving current activity is still impacted the decision was made for the shading to remain, and for this to be reviewed periodically,</p>
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**Monitoring and assurance framework summary:**

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

Financial Year  
2021-22

# INTEGRATED BOARD REPORT

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

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

Reporting Month:

Sep-21

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team

Caring, Learning and Growing



# Humber Teaching NHS Foundation Trust

## Integrated Board Report

For the period ending:

**Sep 2021**

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

# Humber Teaching NHS Foundation Trust

## Integrated Board Report

For the period ending:

**Sep 2021**

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

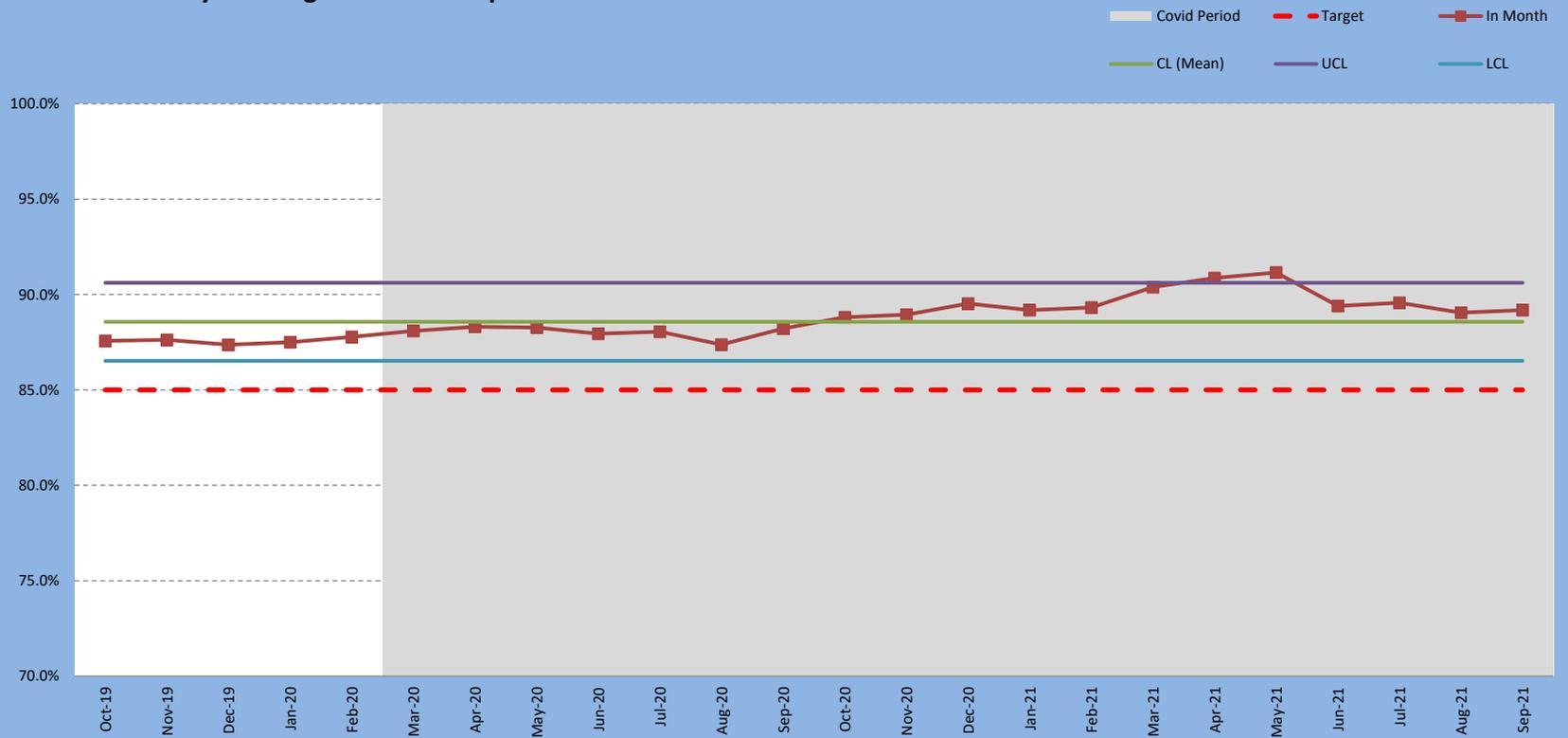
# PI RETURN FORM 2021-22

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Sep 2021**

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

**Mandatory Training - Overall Compliance**



Target: 85%  
Amber: 80%

Current month stands at 89.2%

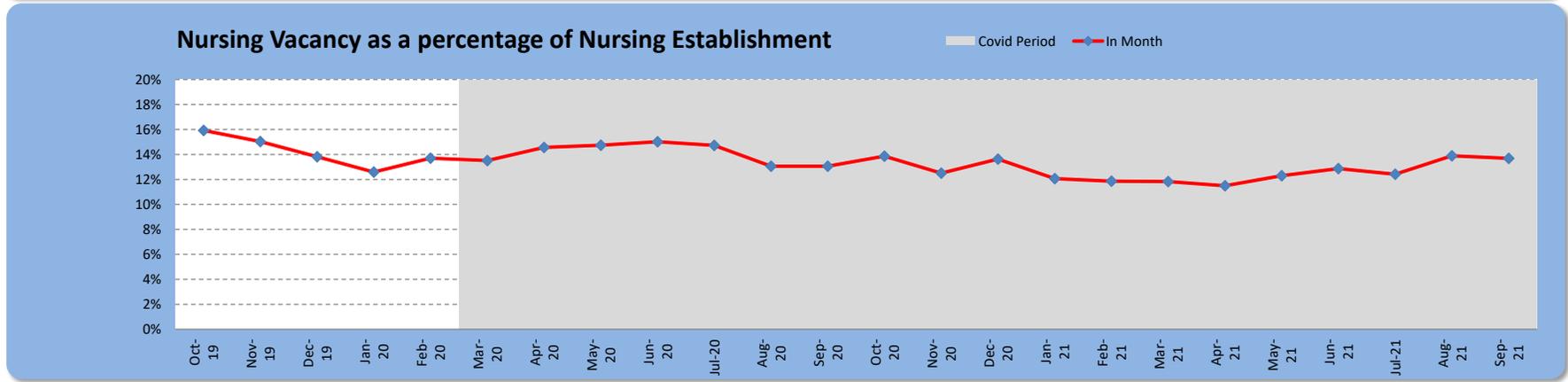
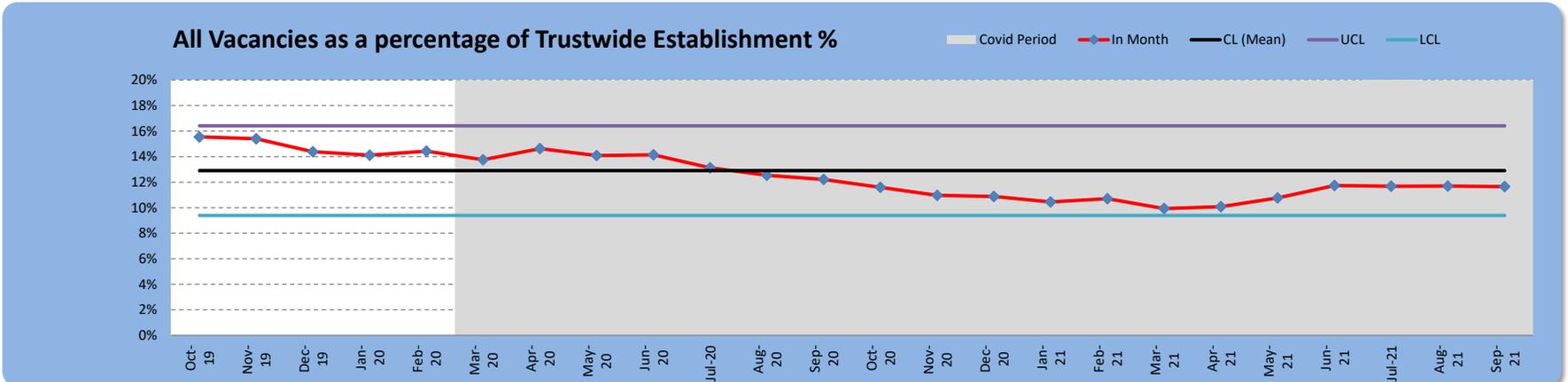
# PI RETURN FORM 2021-22

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Sep 2021**

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

KPI Type
WL 2 VAC



Breakdown for Month		
	Trustwide	Nursing
Est	3031.4	850.1
Vac	354.4	118.1
	11.7%	13.9%

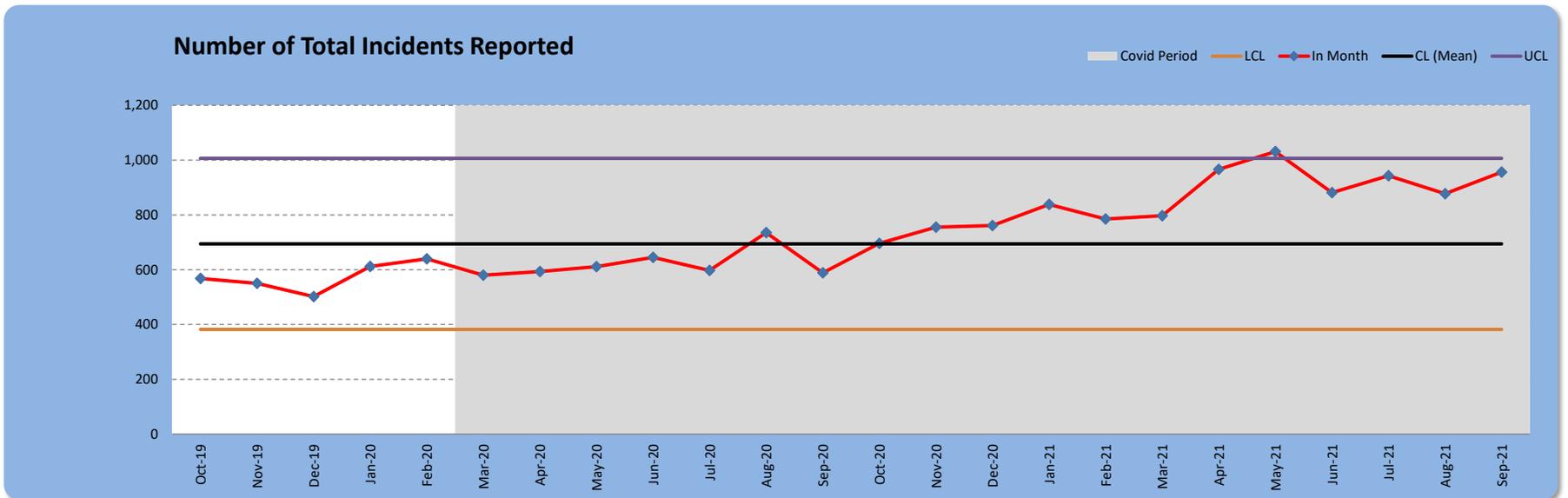
Current month stands at 11.7%

# PI RETURN FORM 2021-22

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Sep 2021**

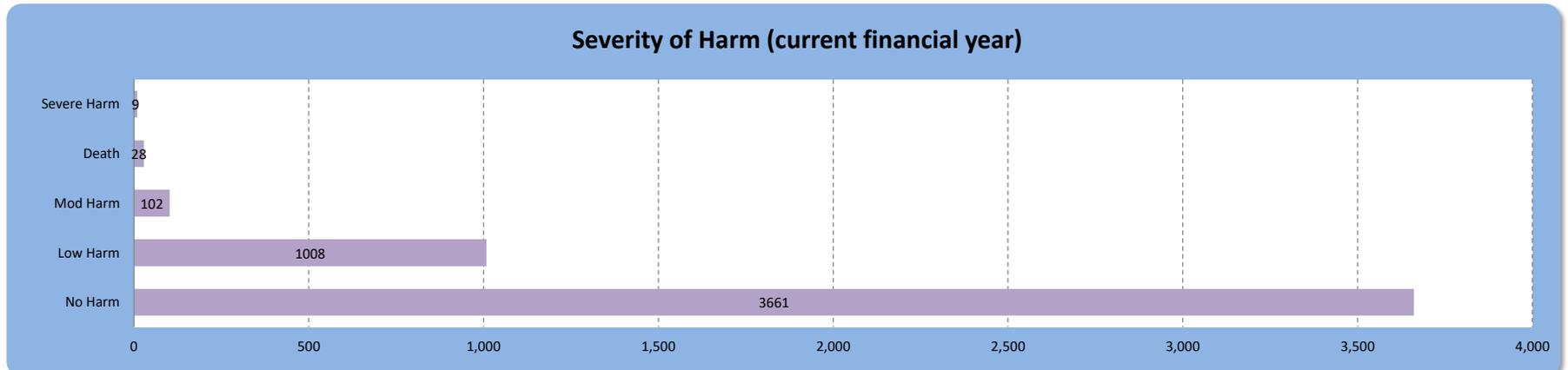
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Incidents	Total number of incidents reported on Datix	Hilary Gledhill	IQ 6



UCL: 1007  
LCL: 382

Current month stands at 956

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



# PI RETURN FORM 2021-22

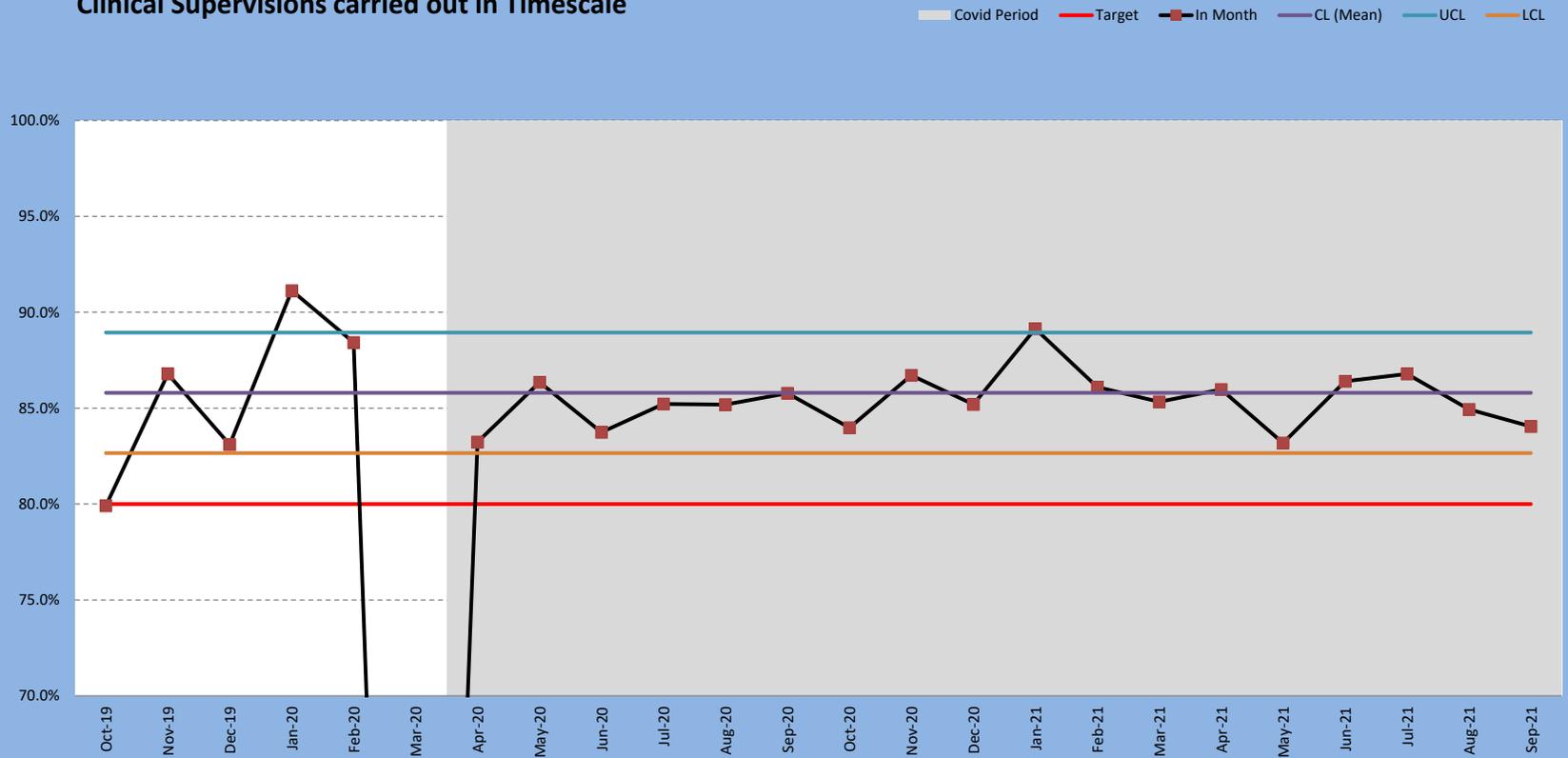
## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Sep 2021**

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

KPI Type
WL 9a

Clinical Supervisions carried out in Timescale



Target: 80%  
 Amber: 75%  
 Current month stands at 84.0%

# HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

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



Shown one month in arrears

Speciality	Units					Bank/Agency Hours				Average Safer Staffing Fill Rates				High Level Indicators										Indicator Totals	
	Ward	Speciality	WTE	OBDS (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		QUALITY INDICATORS (Year to Date)										Jul-21	Aug-21
										Registered	Un Registered	Registered	Un Registered	Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)		
Adult MH	Avondale	Adult MH Assessment	29.8	63%	18.1	31.4%	↓	1.5%	↑	73%	84%	106%	100%	1	13	4	0	66.7%	93.1%	80.0%	89.5%	1.8%	1.0	1	2
	New Bridges	Adult MH Treatment (M)	40.7	94%	9.48	15.1%	↑	8.3%	↓	75%	104%	97%	125%	0	21	0	0	89.5%	95.3%	69.2%	89.3%	1.4%	0.9	0	2
	Westlands	Adult MH Treatment (F)	32.9	96%	8.88	20.4%	↑	18.3%	↓	66%	97%	92%	136%	1	40	4	0	78.1%	86.9%	61.5%	68.2%	10.9%	2.0	4	4
	Mill View Court	Adult MH Treatment	25.3	96%	9.67	39.9%	↓	10.4%	↑	64%	68%	82%	90%	0	4	1	0	100.0%	95.3%	44.4%	87.5%	0.7%	5.8	3	4
	STARS	Adult MH Rehabilitation	38.9	100%	23.95	8.7%	↑	1.3%	↑	34%	63%	100%	100%	1	15	0	0	84.2%	93.3%	76.9%	85.2%	9.2%	0.0	4	4
	PICU	Adult MH Acute Intensive	30.9	57%	27.15	31.3%	↓	15.1%	↓	92%	105%	97%	139%	0	32	0	0	100.0%	85.6%	69.2%	76.5%	1.6%	2.0	2	0
OP MH	Maister Lodge	Older People Dementia Treatment	34.3	83%	30.30	15.8%	↓	0.0%	→	73%	100%	123%	92%	0	20	0	0	91.4%	93.9%	90.0%	92.3%	4.4%	3.0	1	1
	Mill View Lodge	Older People Treatment	24.5	100%	11.12	13.5%	↑	1.3%	↑	93%	106%	97%	108%	3	16	0	0	63.6%	95.9%	86.7%	76.9%	2.7%	0.0	3	2
Child & LD	Pine View	Forensic Low Secure	26.6	88%	7.48	19.1%	↓	0.0%	→	84%	76%	50%	99%	2	2	1	9	100.0%	94.5%	80.0%	78.9%	14.8%	3.2	4	2
	Derwent	Forensic Medium Secure	24.8	95%	11.46	32.4%	↓	0.0%	→	70%	91%	97%	109%	0	9	2	0	56.5%	94.4%	75.0%	88.2%	1.5%	1.4	0	3
	Ouse	Forensic Medium Secure	22.9	89%	6.30	14.5%	↓	0.0%	→	47%	87%	97%	94%	2	4	1	16	82.6%	96.8%	100.0%	88.9%	12.1%	1.8	4	3
	Swale	Personality Disorder Medium Secure	25.4	87%	10.59	47.6%	↓	0.0%	→	36%	123%	101%	146%	1	3	3	3	66.7%	93.3%	87.5%	77.8%	6.4%	3.0	2	3
	Ullswater	Learning Disability Medium Secure	24.9	57%	13.67	28.1%	↑	0.0%	→	76%	85%	100%	91%	0	24	3	4	95.5%	93.0%	66.7%	87.5%	15.0%	0.4	1	1
Child & LD	Townend Court	Learning Disability	32.9	51%	30.49	27.0%	↓	0.0%	→	41%	83%	56%	118%	2	64	1	0	43.8%	93.8%	83.3%	95.8%	7.3%	4.6	2	4
	Inspire	CAMHS	51.3	74%	22.23	34.8%	↓	14.5%	↓	46%	81%	70%	90%	7	62	0	0	100.0%	76.5%	62.5%	83.3%	9.5%	-0.3	2	2
CH	Granville Court	Learning Disability Nursing Treatment	40.4	n/a	n/a	28.2%	↓	19.2%	↓	98%	80%	101%	92%	1	2	0	0	90.5%	82.9%	75.0%	86.1%	7.5%	3.0	1	1
	Whitby Hospital	Physical Health Community Hospital	30.5	71%	12.72	1.6%	↑	2.4%	↓	83%	82%	96%	102%	1	0	0	0	88.2%	86.7%	88.2%	55.6%	4.1%	1.2	3	1
	Malton Hospital	Physical Health Community Hospital	24.0	90%	11.77	Not on eRoster	→	Not on eRoster	→	88%	97%	100%	97%	0	0	1	0	100.0%	73.7%	66.7%	52.6%	0.8%	5.0	2	2

# HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

## Exception Reporting and Operational Commentary

### Safer staffing dashboard narrative : August

3 wards have RN fill rates on days above the upper threshold and 11 wards are below the lower threshold. In most instances this means that shifts are being run with 1 qualified staff. However, CHPPD levels remain above the threshold.

The CHPPD targets for Ouse and Pineview have been adjusted to reflect the MHOST model data and both units are within or above target. The low fill rate for RNs on days for Swale is due to an error in the demand template (which is looking for 4 RNs instead of 2) which is being rectified. The low fill rates on STARS are because there is often 1 OT on shift during the day, but this will not be reflected in the demand template. This will be addressed in the next safer staffing review. The 100% bed occupancy is appropriate for the rehab nature of the ward. The vacancies on MVC remain at 5.8. They have a RN on a retire and return coming back, and they are currently out to advert for 3 RNs having been unsuccessful with previous recruitment. The ward has 2 regular bank staff who are working full time hours to cover, and the Modern Matron has been supporting with twilight shift 1-2 times a week. Malton's vacancies are being covered by agency staff and Matron and Charge Nurse covering until international recruits commence first week in November.

Westlands fill rates do not reflect the full time OT who is based on the ward and the 2 B7s who are also covering 2 shifts a week on average.

TEC have recruited 2 newly qualified staff, but they are still awaiting their PIN. Their supervision compliance has improved in sept to 54% and the clinical lead has a recovery plan for further improvement. The low fill rates on days does not reflect the additional shifts the clinical lead and ward manager undertake.

All the other units with low supervision have improved in September with the exception of MVL which has dropped to 48%. This is being addressed locally by the matron

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

### Changes to CHPPD internal threshold for Pine View and Ouse

The CHPPD targets on the safer staffing dashboard were initially internally set based on national model hospital data. This is based on organisational averages across all types of units including the community wards for integrated trusts. Ouse and Pine have consistently not met this target and it has been acknowledged that this is due to the nature of these wards and the lower dependency levels of the patients due to them being on a rehabilitation/discharge pathway. The MHOST tool has now been developed for different types of MH wards and they have collated model data for different areas based on the information submitted by participating trusts. There is currently no data for low secure services (Pineview) but we have reviewed the model data for medium secure services (average recommended CHPPD 7.3) and rehabilitation services (average recommended CHPPD 5.3) and agreed an aggregated target of 6.3 based on these which reflects the patient population (patients on a rehabilitation pathway) whilst also acknowledging the secure setting.

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

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

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

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

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



Humber Teaching  
NHS Foundation Trust

## Registered Nurse Vacancy Rates (Rolling 12 months)

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

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

	Jul-21	Aug-21	Sep-21
Maister Lodge	4	8	8
Mill View Lodge	5	2	7
Malton IPU	2	2	3
Whitby IPU	1	3	4

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

# Quality Dashboard

Description : Learning from Mortality Reviews

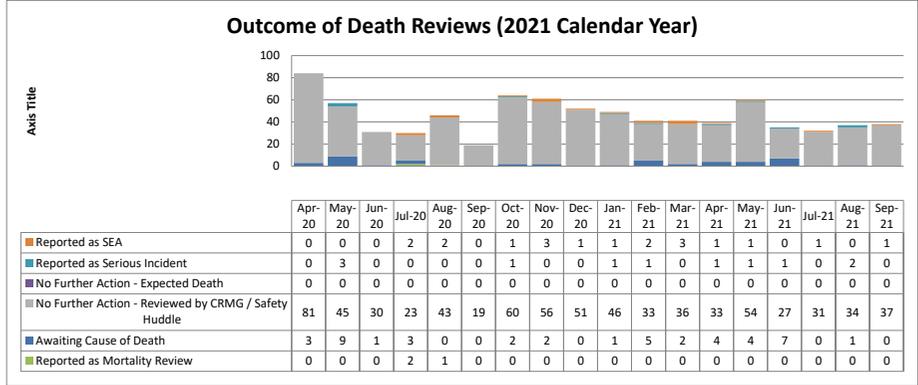
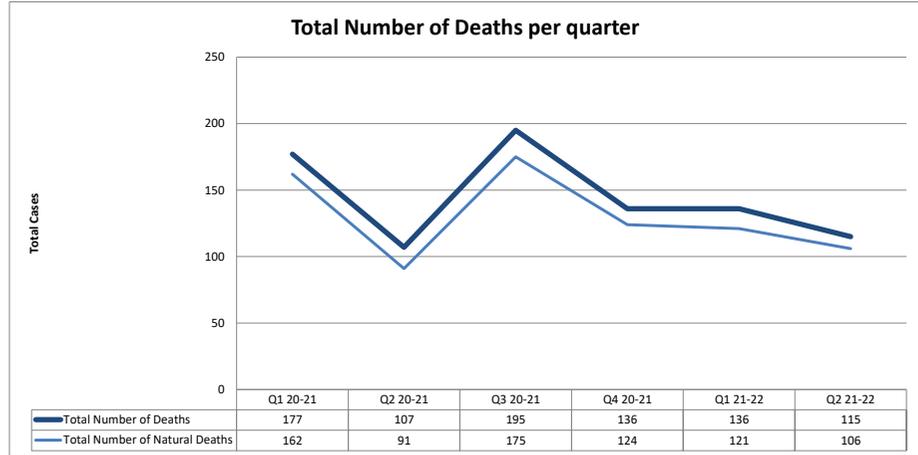
Summary of total number of deaths and total number of cases reviewed under the SI (Serious Incident) Framework or Mortality Review

**Total Number of Deaths and Deaths Reviewed (does not include patients with identified Learning Disabilities)**

	Q2 20-21	Q3 20-21	Q4 20-21	Q1 21-22	Q2 21-22	Last 12 months
Total Number of Deaths	107	195	136	136	115	582
Total Number of Natural Deaths	91	175	124	121	106	526
Proportion of Natural Deaths	85.0%	89.7%	91.2%	89.0%	92.2%	90.4%
Total Number of Deaths - Community Hospitals	2	2	2	2	6	12
Total Number of Deaths - MH Inpatients	0	1	2	1	2	6
Total Number of Deaths - LD Inpatients	0	0	0	0	0	0
Total Number of Deaths - Forensics Inpatients	0	0	0	0	0	0
Total Number of Deaths - All Community excl. MH	39	75	57	71	51	254
Total Number of Deaths - Addictions	6	7	5	5	8	25
Total Number of Deaths - MH Community	31	56	73	53	46	228

### Review Process

Reported as Mortality Review	3	0	0	0	0	0
No Further Action - Reviewed by CRMG / Safety Huddle	85	167	115	114	102	498
No Further Action - Expected Death	0	0	0	0	0	0
Reported as Serious Incident	0	1	2	3	2	8
Reported as SEA	4	5	6	2	2	15
Child Death Review	0	0	0	0	0	0
Statements Being Produced For Coroners	0	1	1	0	0	2
<b>Total Deaths Reviewed</b>	<b>92</b>	<b>174</b>	<b>124</b>	<b>119</b>	<b>106</b>	<b>523</b>
Awaiting Cause of Death	3	4	8	15	1	28
Not Yet Reported	12	17	4	2	8	31



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

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

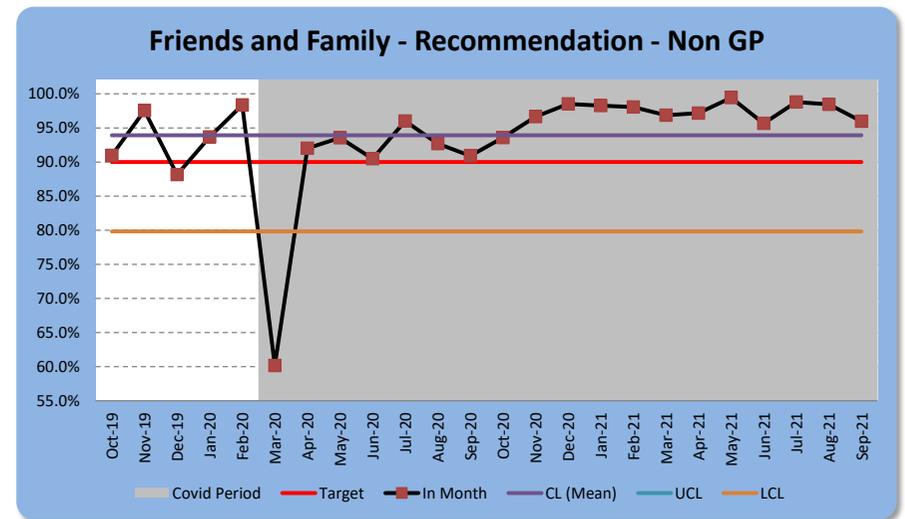
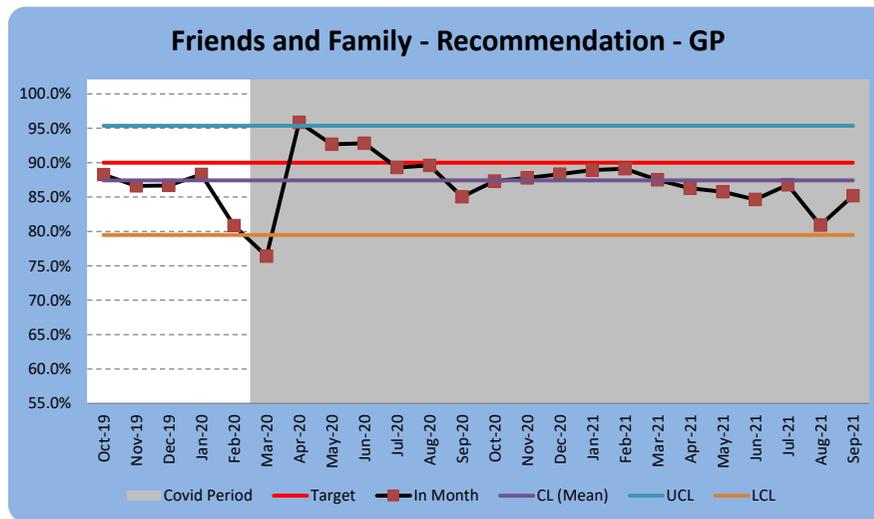
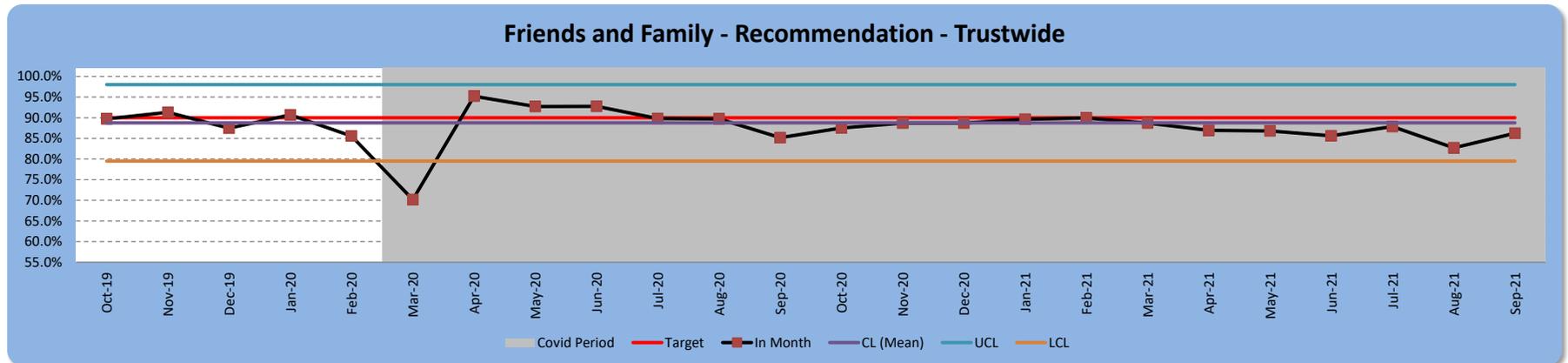
	Q2 20-21	Q3 20-21	Q4 20-21	Q1 21-22	Q2 21-22	Last 12 months
Number of LD Deaths in Inpatients	2	0	3	1	3	7

# PI RETURN FORM 2021-22

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Sep 2021**

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



Target: 90%  
Amber: 80%

Current month stands at 86.2%

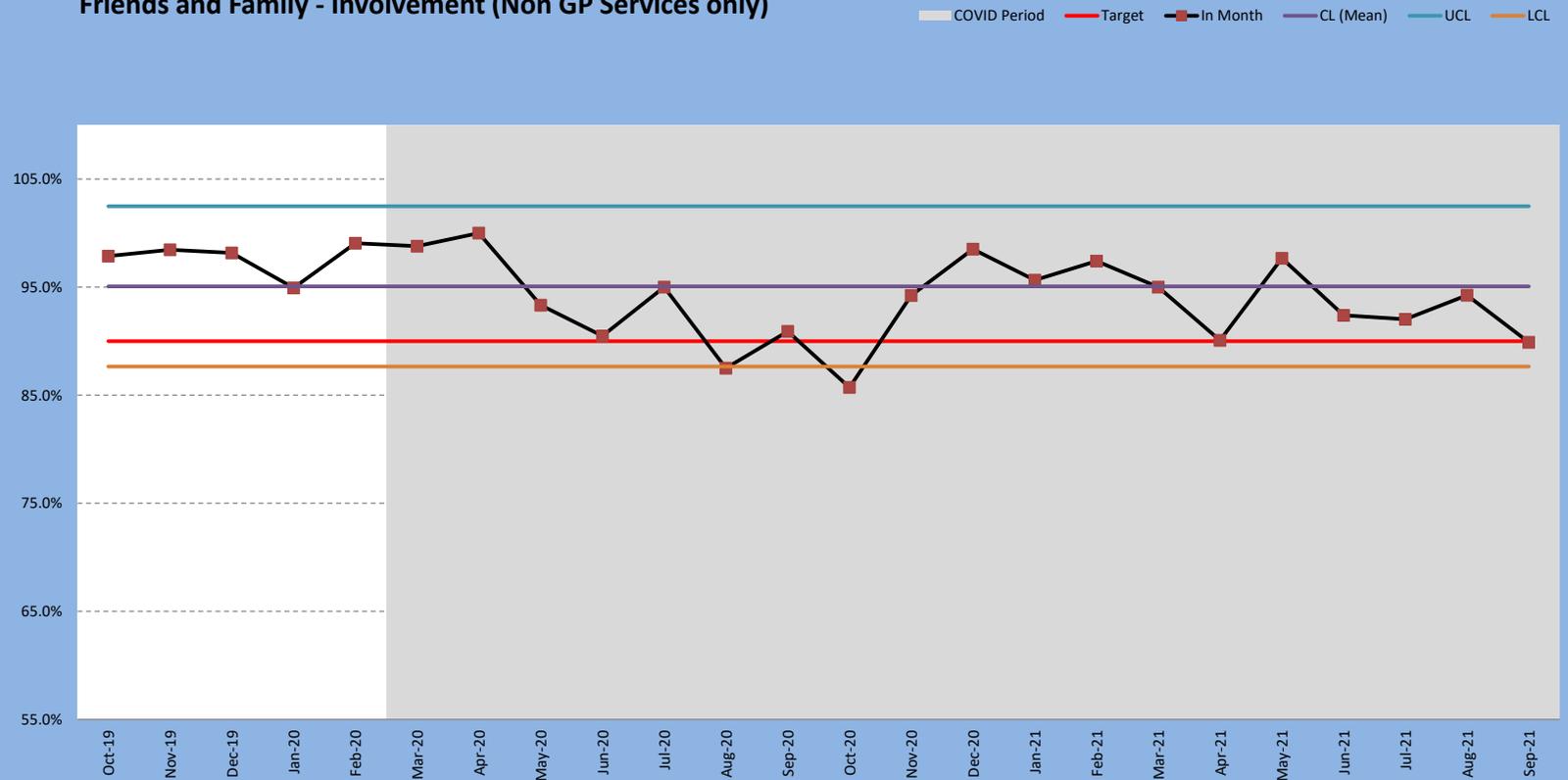
# PI RETURN FORM 2021-22

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Sep 2021**

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	John Byrne	CA 3c %

**Friends and Family - Involvement (Non GP Services only)**



Target: 90%  
 Amber: 80%  
 Current month stands at 89.9%

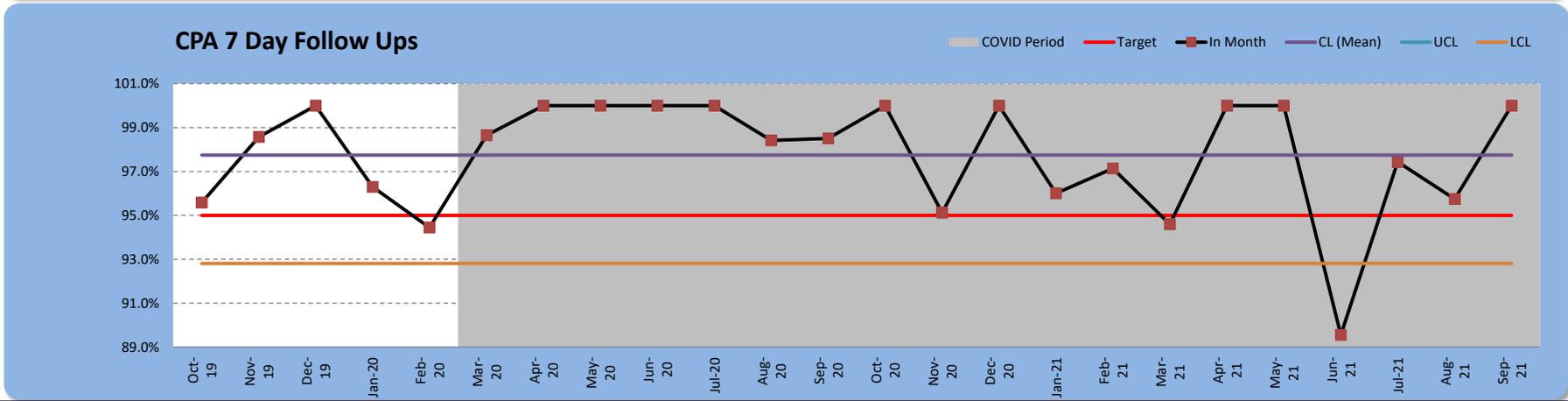
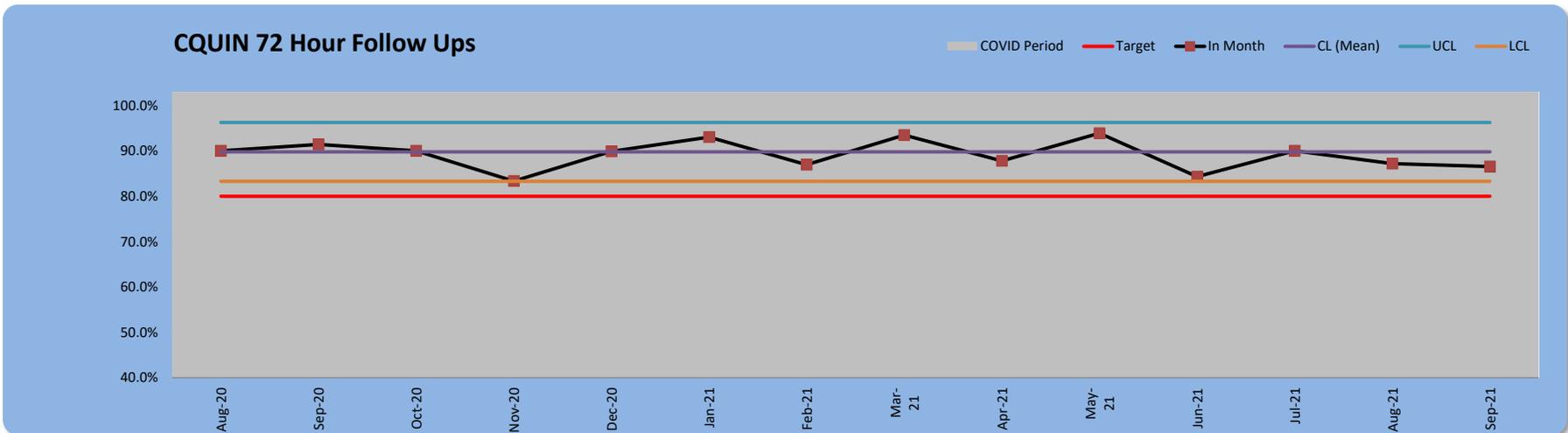
# PI RETURN FORM 2021-22

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Sep 2021**

Indicator Title	Description/Rationale	Executive Lead
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

KPI Type
OP 12



Target: 80%  
 Amber: 60%  
 Current month 72 hr stands at 86.5%

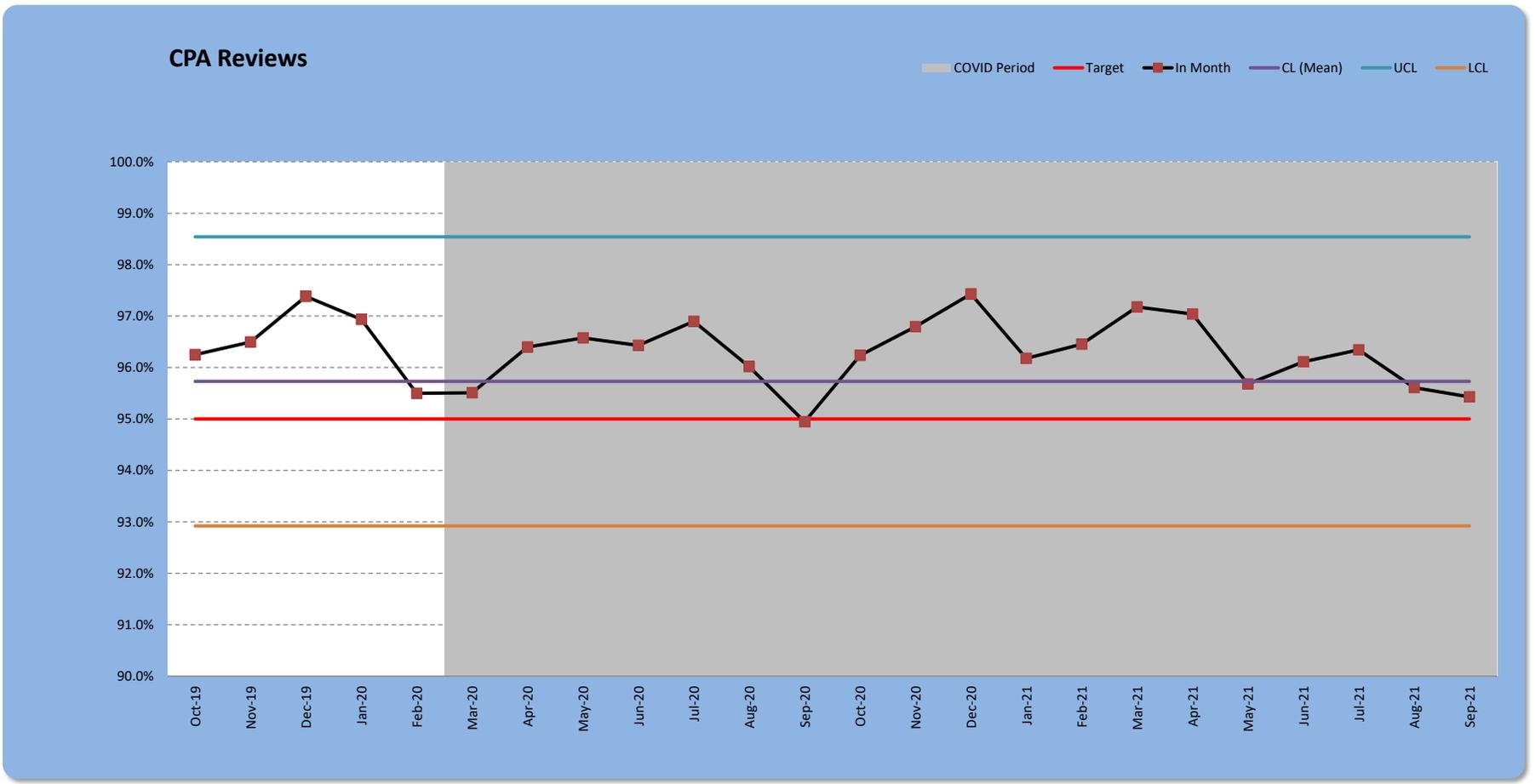
# PI RETURN FORM 2021-22

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Sep 2021**

Indicator Title	Description/Rationale	Executive Lead
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

KPI Type
OP 7



Target: 95%  
 Amber: 85%  
 Current month stands at 95.4%

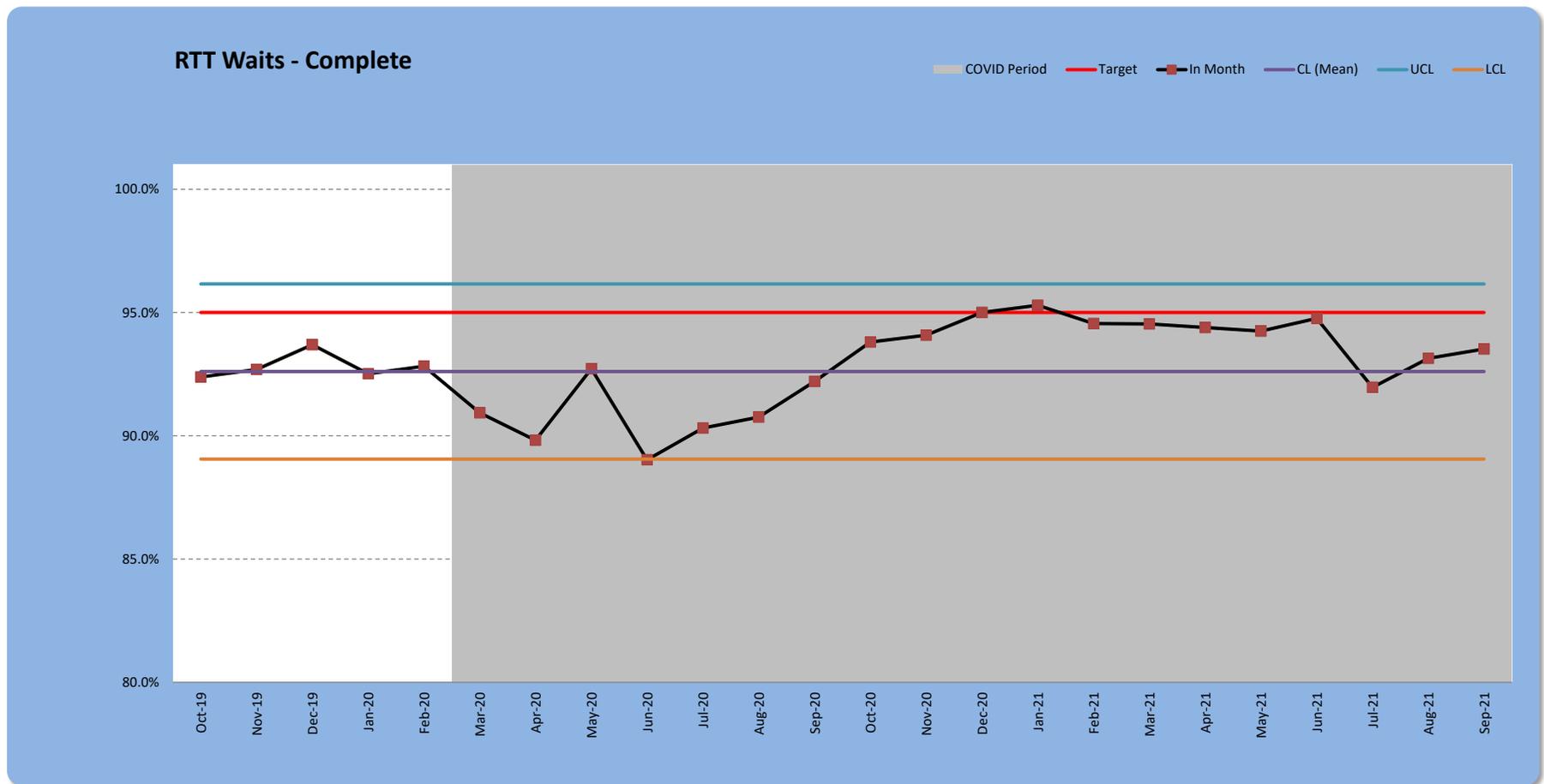
# PI RETURN FORM 2021-22

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Sep 2021**

Indicator Title	Description/Rationale	Executive Lead
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

KPI Type
OP 20



Target: 95%  
 Amber: 85%  
 Current month stands at 93.5%

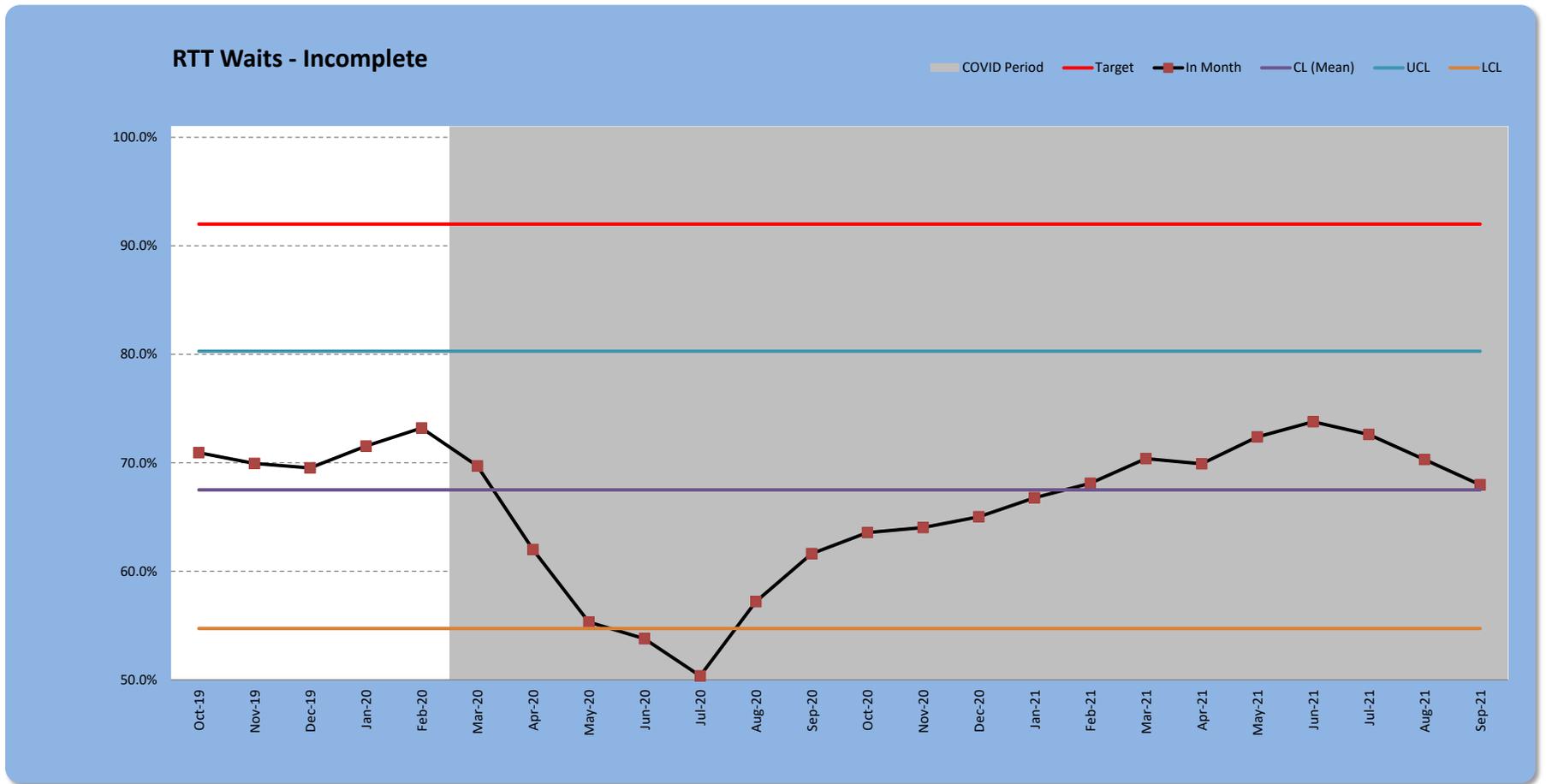
# PI RETURN FORM 2021-22

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Sep 2021**

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

KPI Type
OP 21



Target: 92%  
 Amber: 85%  
 Current month stands at 68.0%

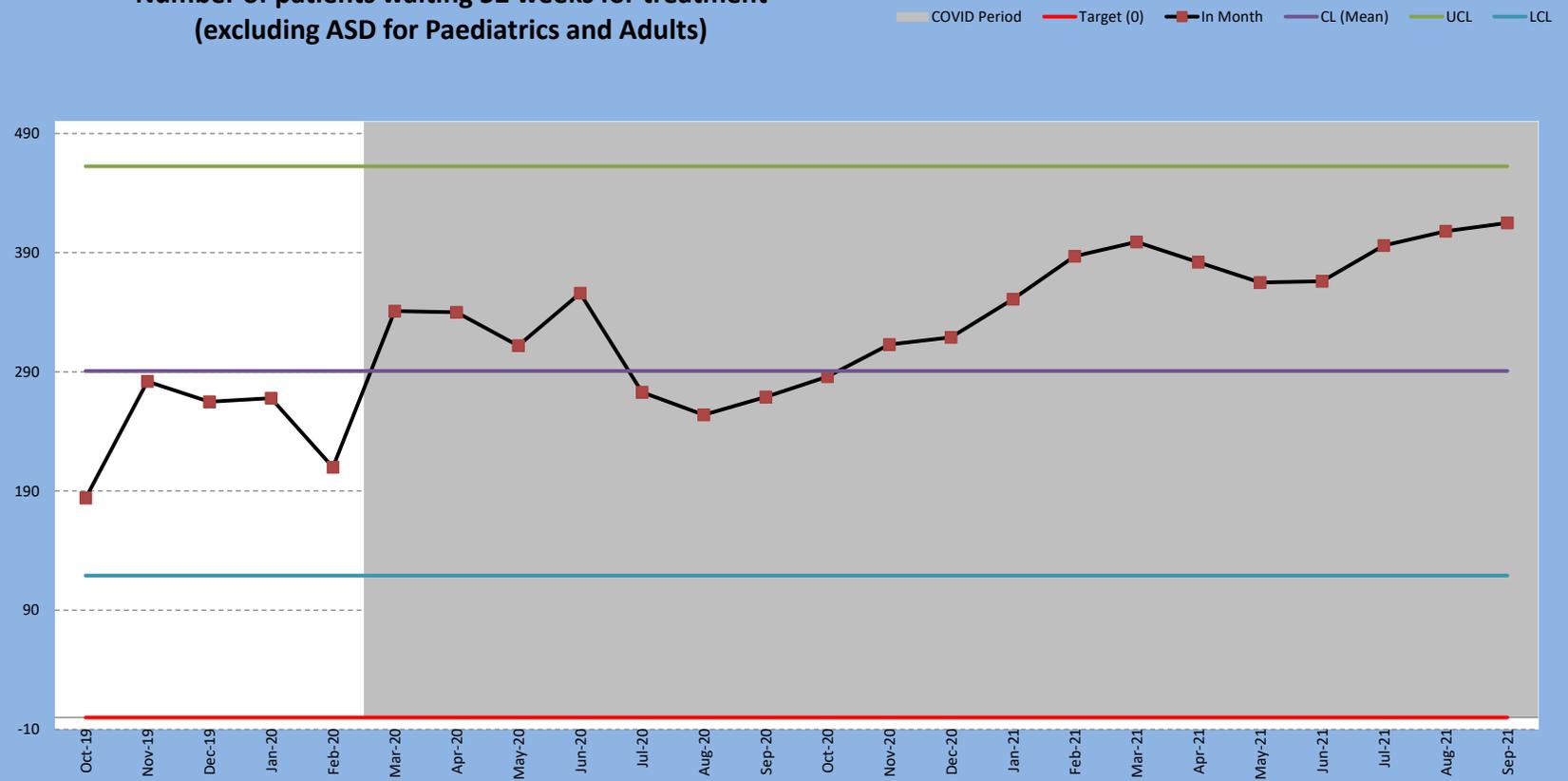
# PI RETURN FORM 2021-22

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Sep 2021**

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

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



Target: 0  
 Amber: 0  
 Current month stands at 415

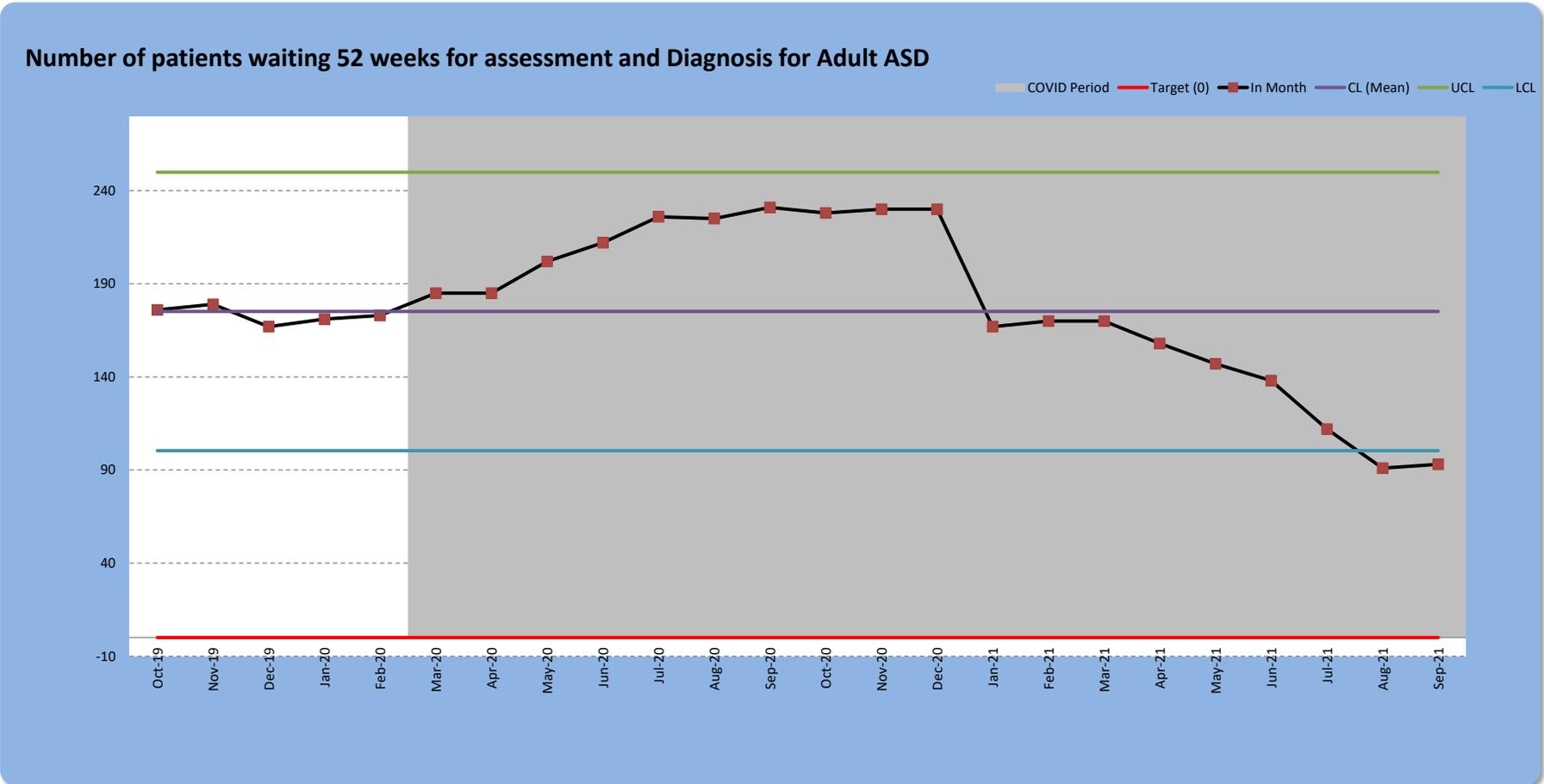
# PI RETURN FORM 2021-22

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Sep 2021**

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

KPI Type
OP 22u



Target: 0  
 Amber: 0  
 Current month stands at 93

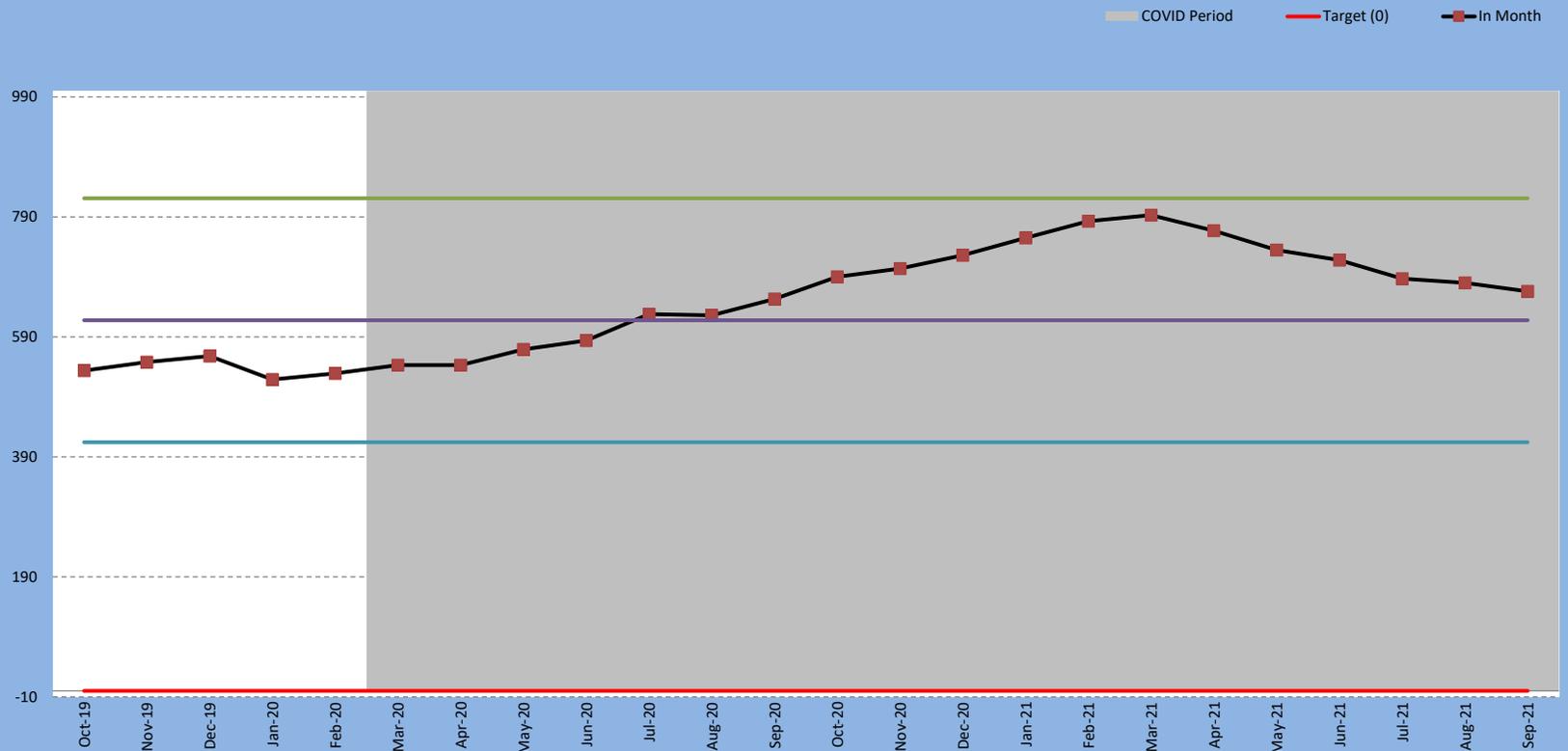
# PI RETURN FORM 2021-22

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Sep 2021**

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

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



Target: 0

Amber: 0

Current month stands at 666

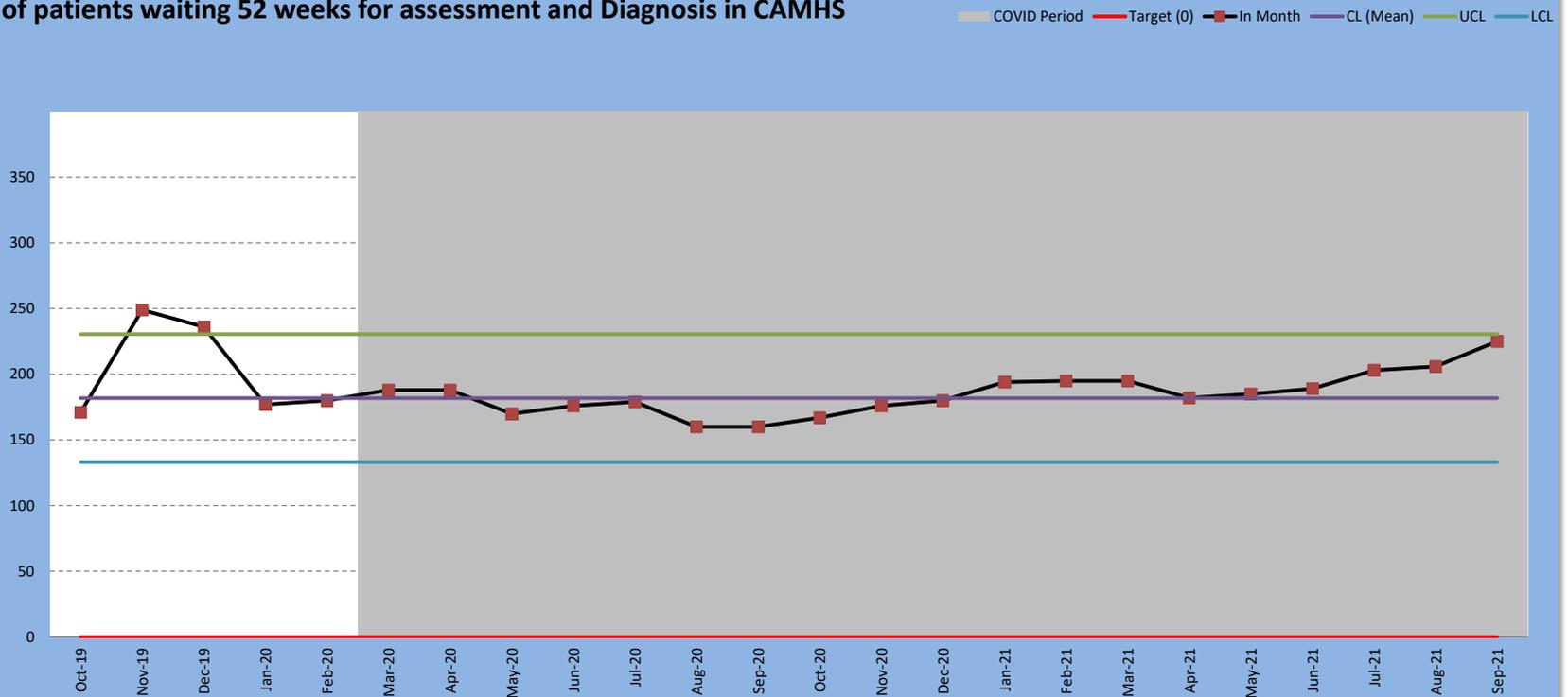
# PI RETURN FORM 2021-22

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Sep 2021**

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

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



Target: 0  
 Amber: 0  
 Current month stands at 225

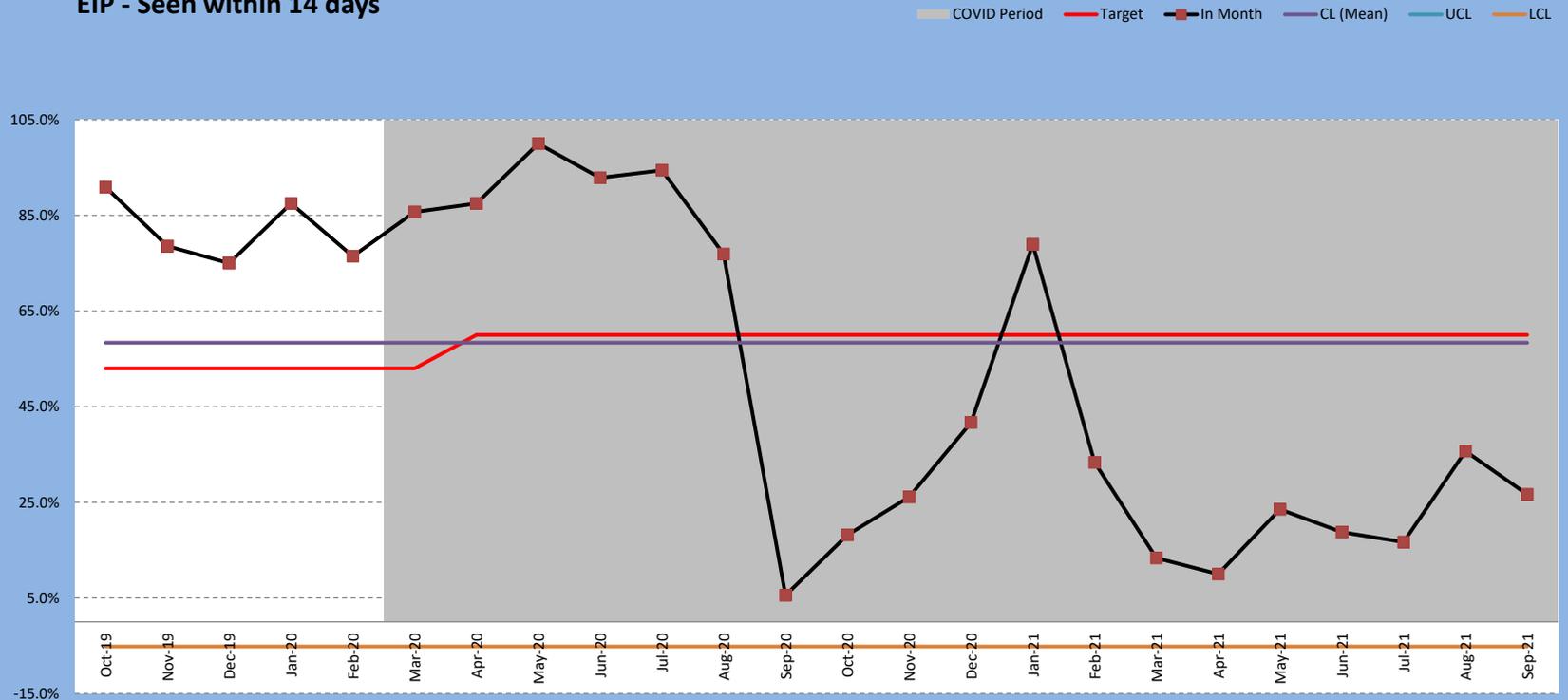
# PI RETURN FORM 2021-22

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Sep 2021**

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

**EIP - Seen within 14 days**



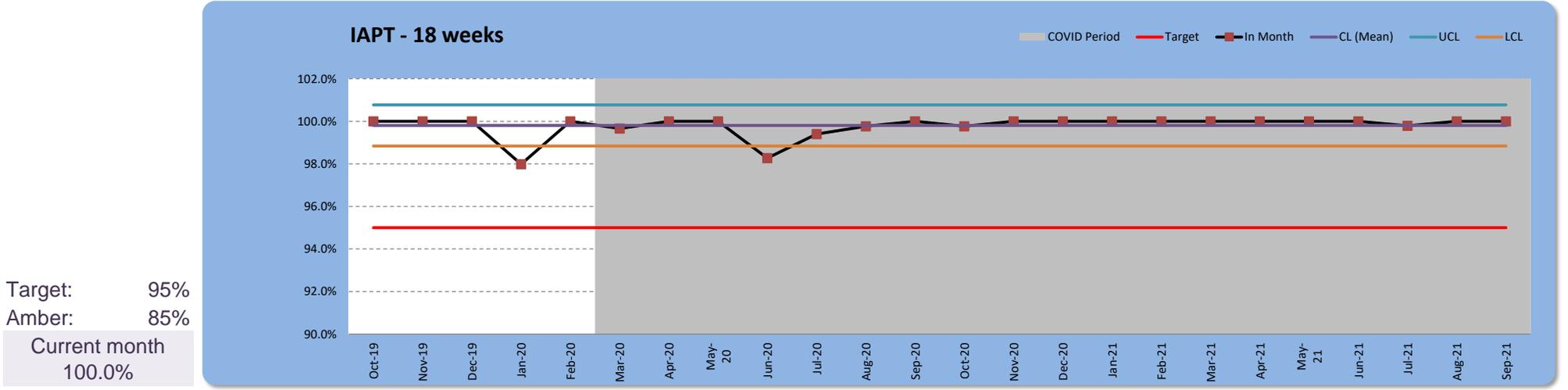
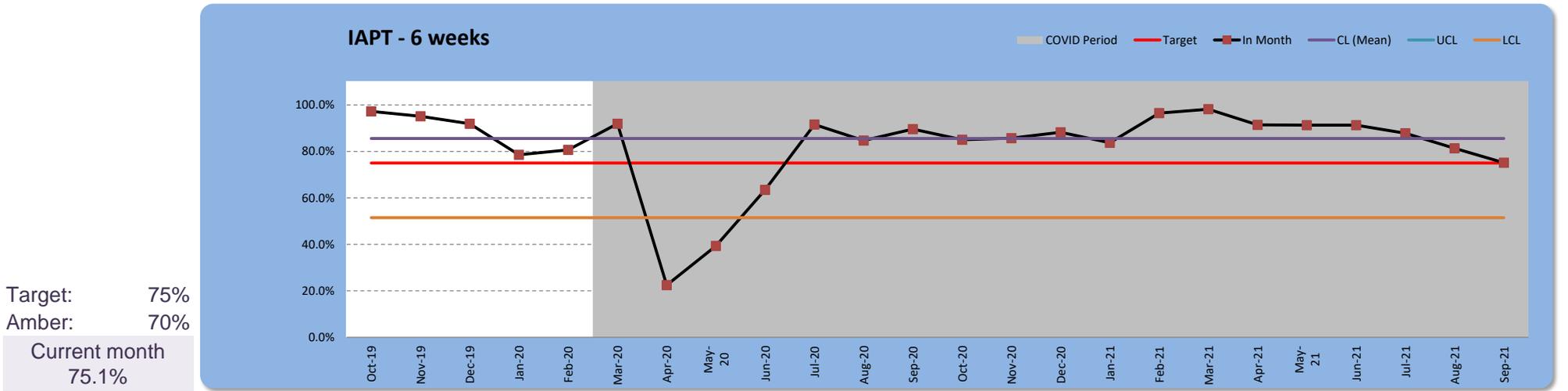
Target: 60%  
 Amber: 55%  
 Current month stands at 26.7%

# PI RETURN FORM 2021-22

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Sep 2021**

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



# PI RETURN FORM 2021-22

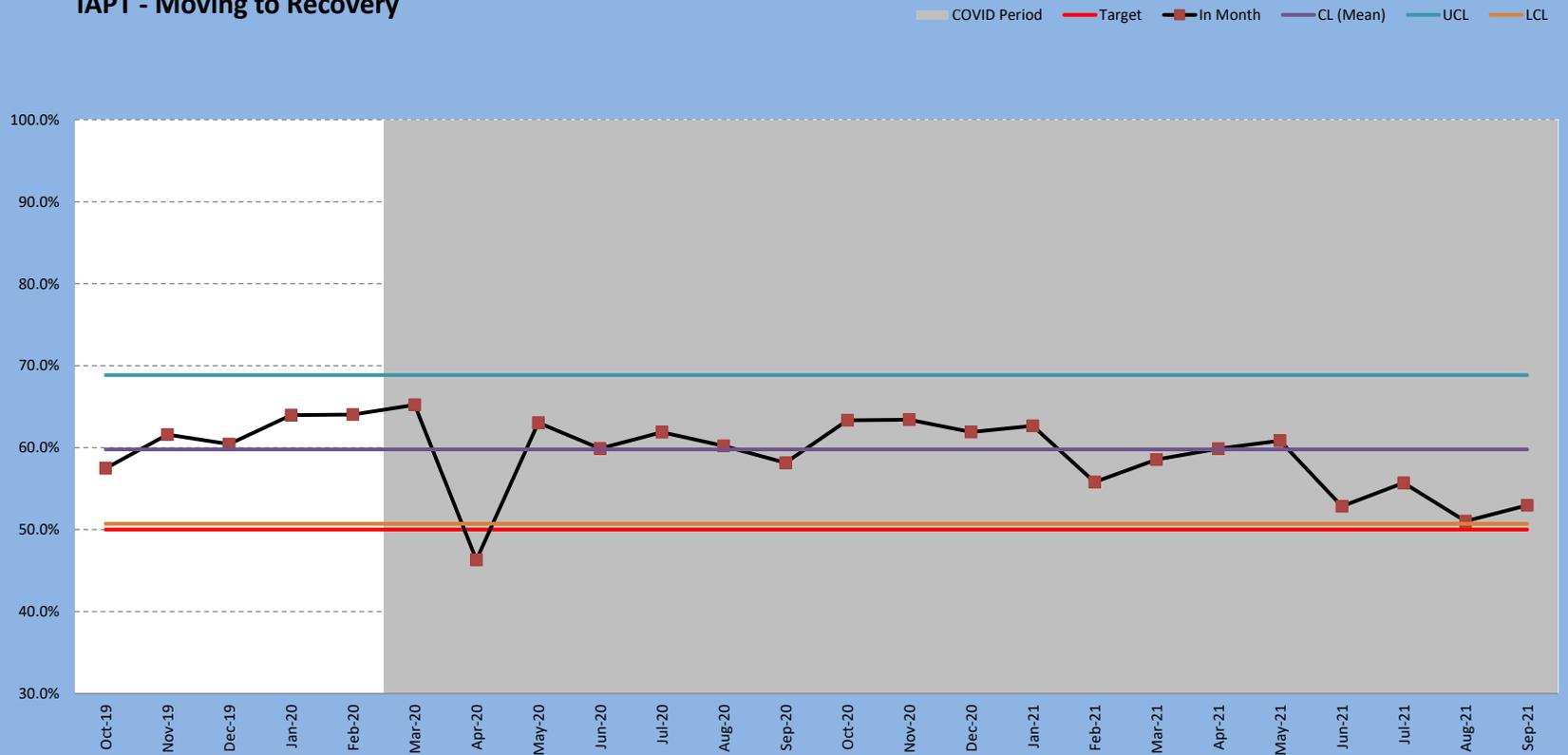
## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Sep 2021**

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

KPI Type
OP 11

IAPT - Moving to Recovery



Target: 50%  
 Amber: 45%  
 Current month stands at 53.0%

# PI RETURN FORM 2021-22

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Sep 2021**

Indicator Title

Description/Rationale

Out of Area Placements

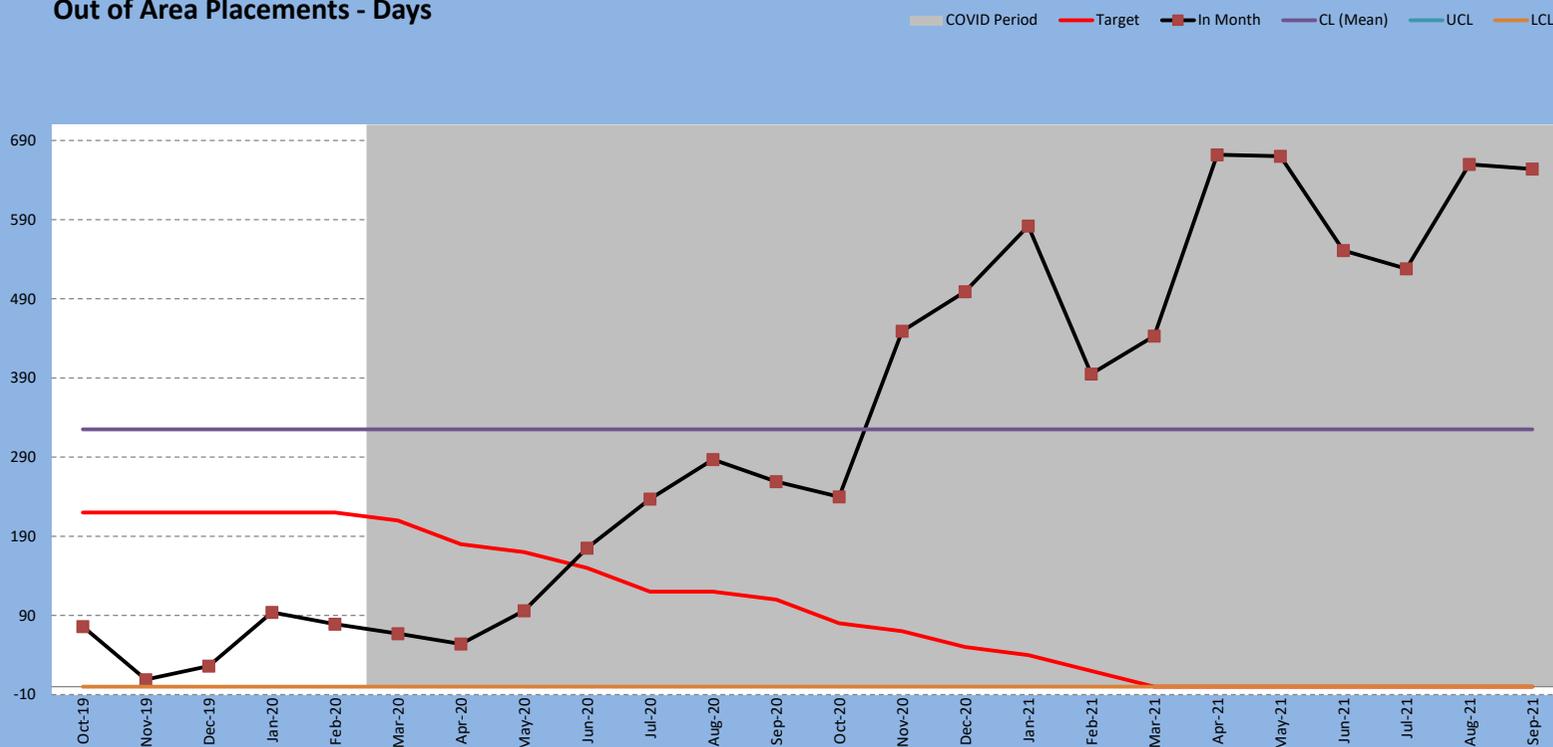
Number of days that Trust patients were placed in out of area wards

Executive Lead  
Lynn Parkinson

KPI Type

ST 4b

### Out of Area Placements - Days



**Total number of patients out of area within month 32**

**Patients OoA - Split**

	# days	# patients
Adult	245	13
OP	302	13
PICU	107	6

Target: 0

Amber:

Current month stands at 654

# PI RETURN FORM 2021-22

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Sep 2021**

Indicator Title

Description/Rationale

Executive Lead  
Lynn Parkinson

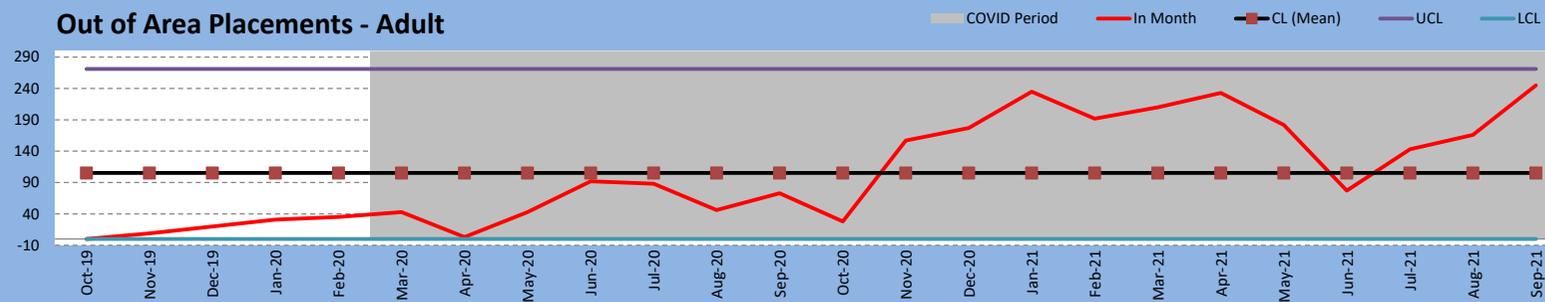
KPI Type

ST 4 split

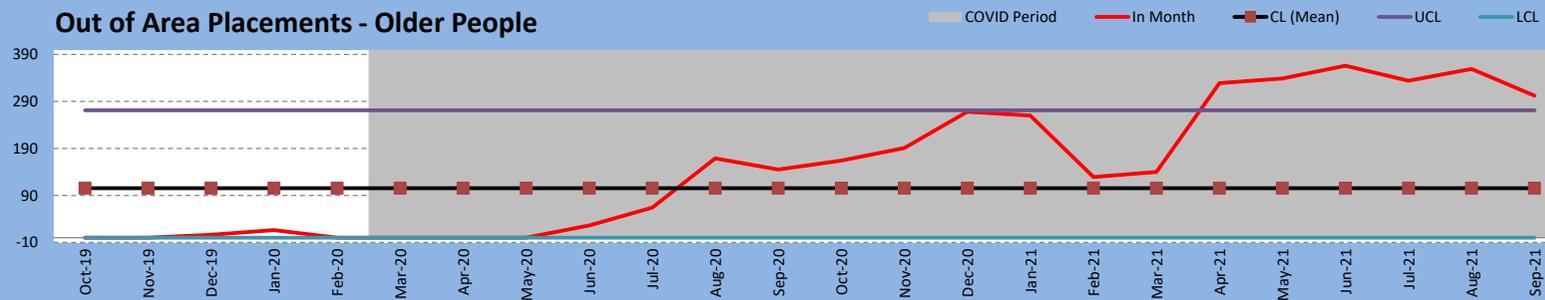
Out of Area Placements

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

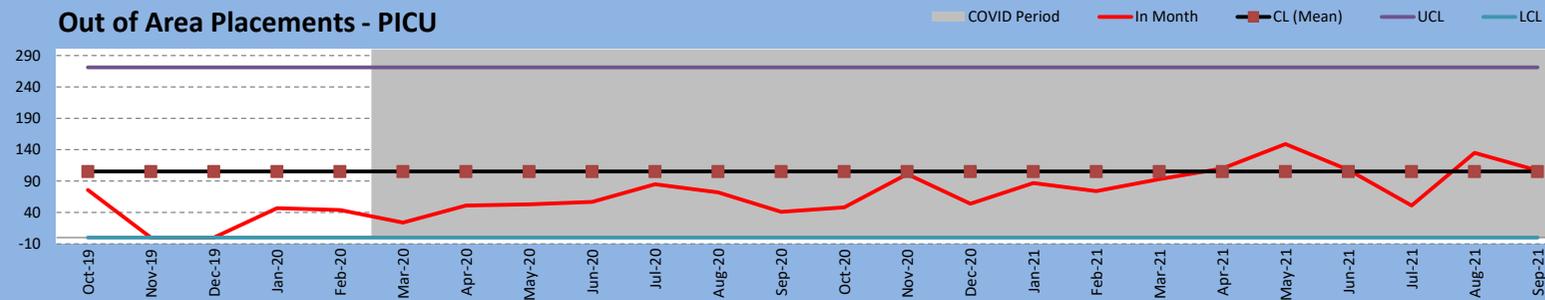
### Out of Area Placements - Adult



### Out of Area Placements - Older People



### Out of Area Placements - PICU



The split for the current month is as follows:

Sep-21	
245	Adult
302	OP
107	PICU
654	Total

# PI RETURN FORM 2021-22

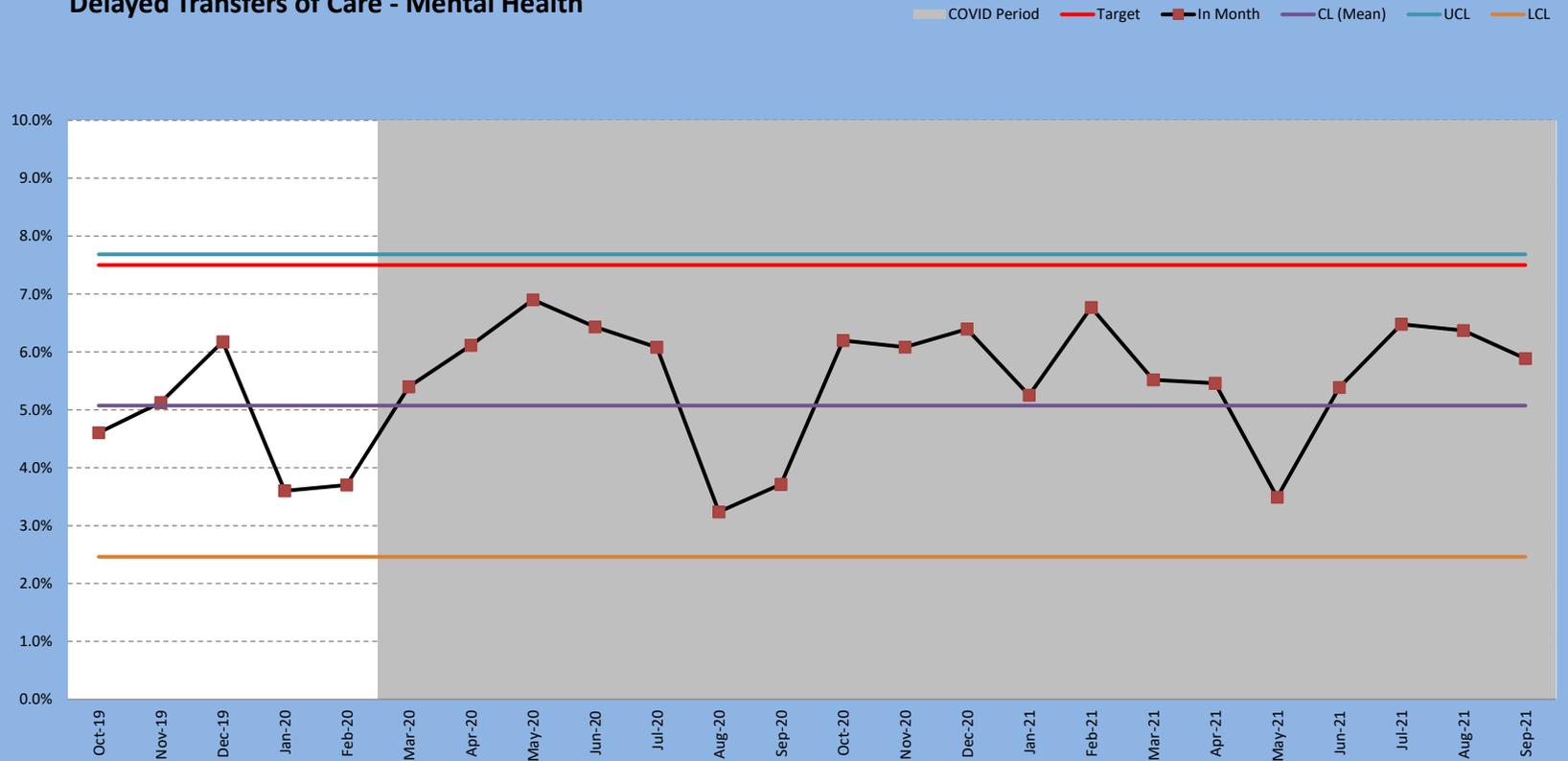
## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Sep 2021**

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

KPI Type
OP 14

**Delayed Transfers of Care - Mental Health**



Target: 7.5%  
Amber: 7.0%

Current month stands at 5.9%

# PI RETURN FORM 2021-22

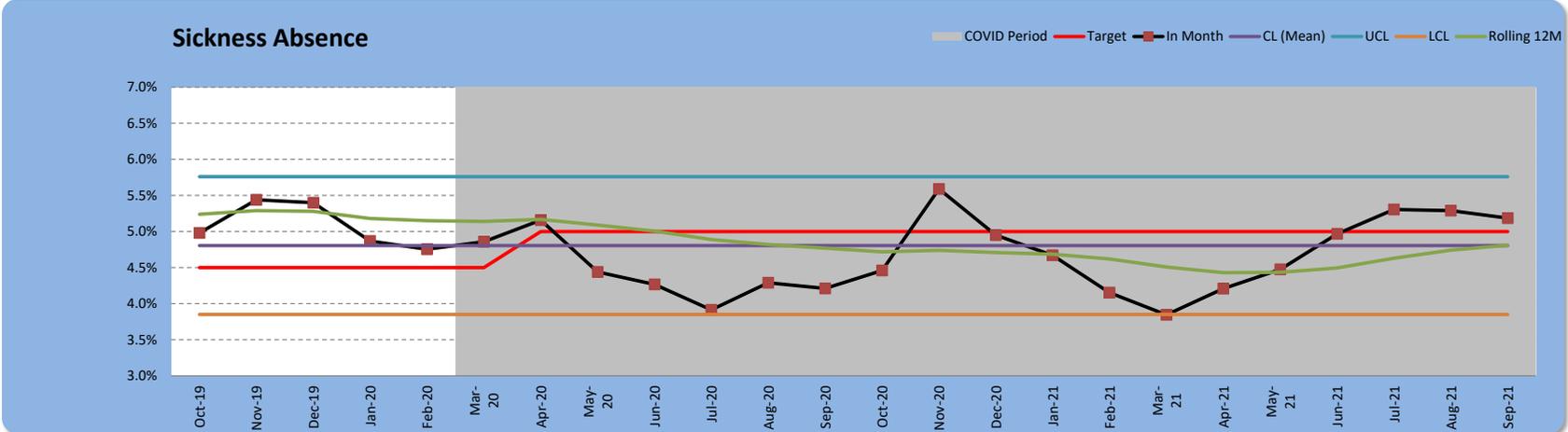
## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

Sep 2021

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

KPI Type
WL 1



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

# PI RETURN FORM 2021-22

## Goal 4 : Developing an Effective and Empowered Workforce

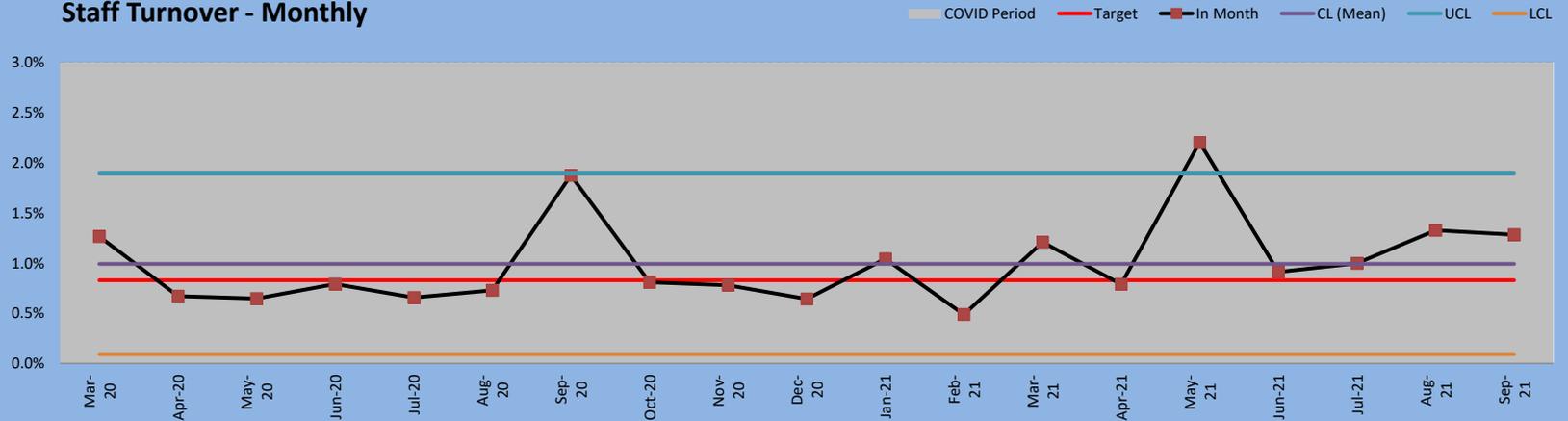
For the period ending: **Sep 2021**

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

KPI Type

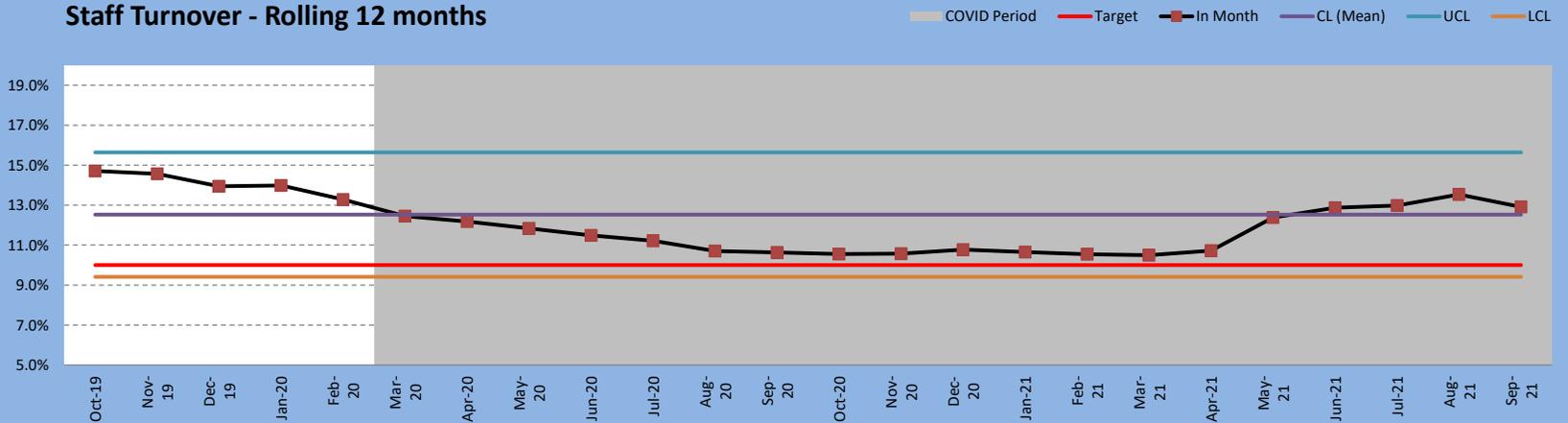
WL 3 TOM

### Staff Turnover - Monthly



Target: 0.83%  
 Amber: 0.70%  
 Current month stands at 1.3%

### Staff Turnover - Rolling 12 months



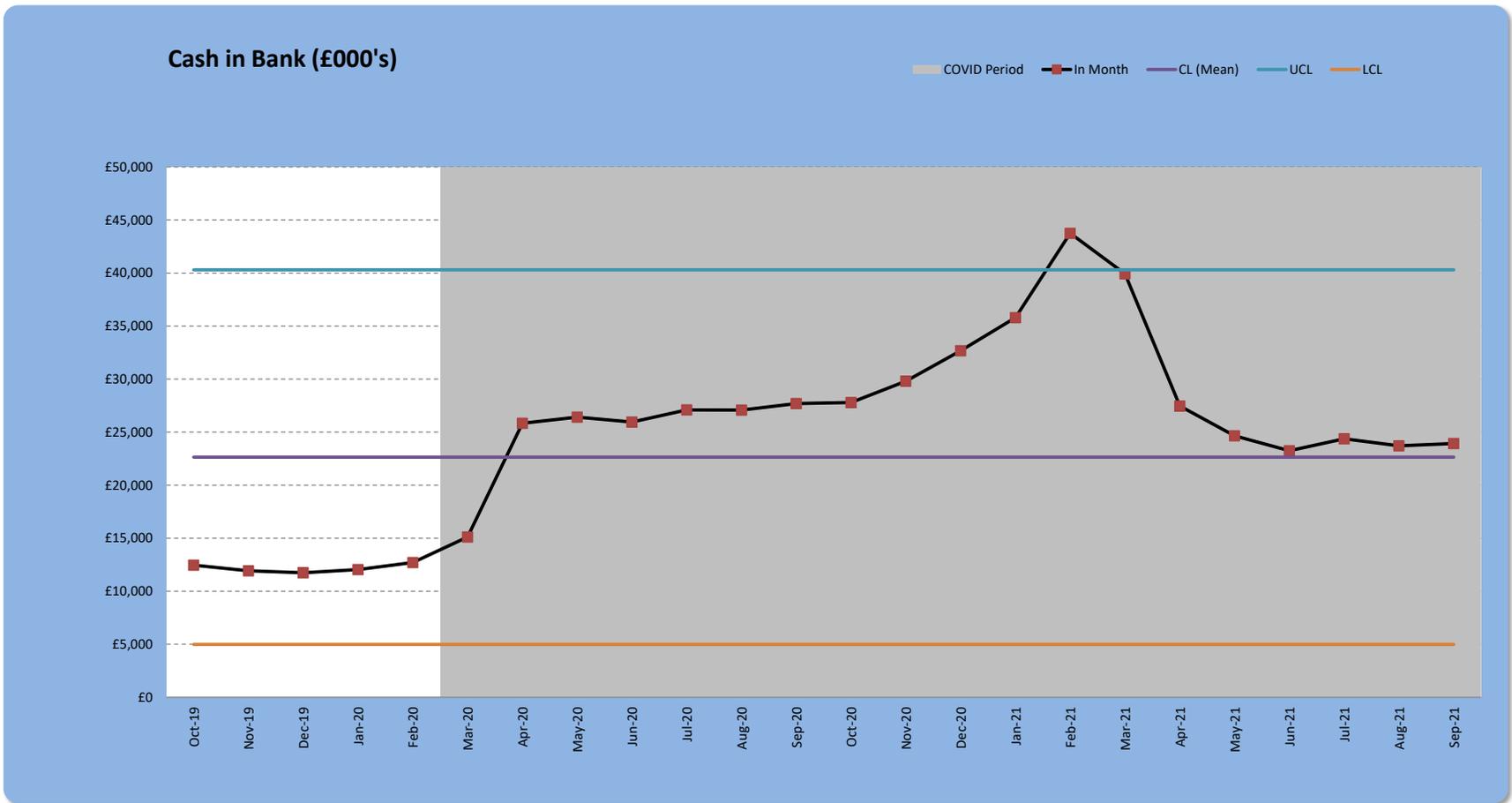
Target: 10%  
 Amber: 9%  
 Current month stands at 12.9%

# PI RETURN FORM 2021-22

## Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Sep 2021**

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



Current month stands at £23,927 ,000

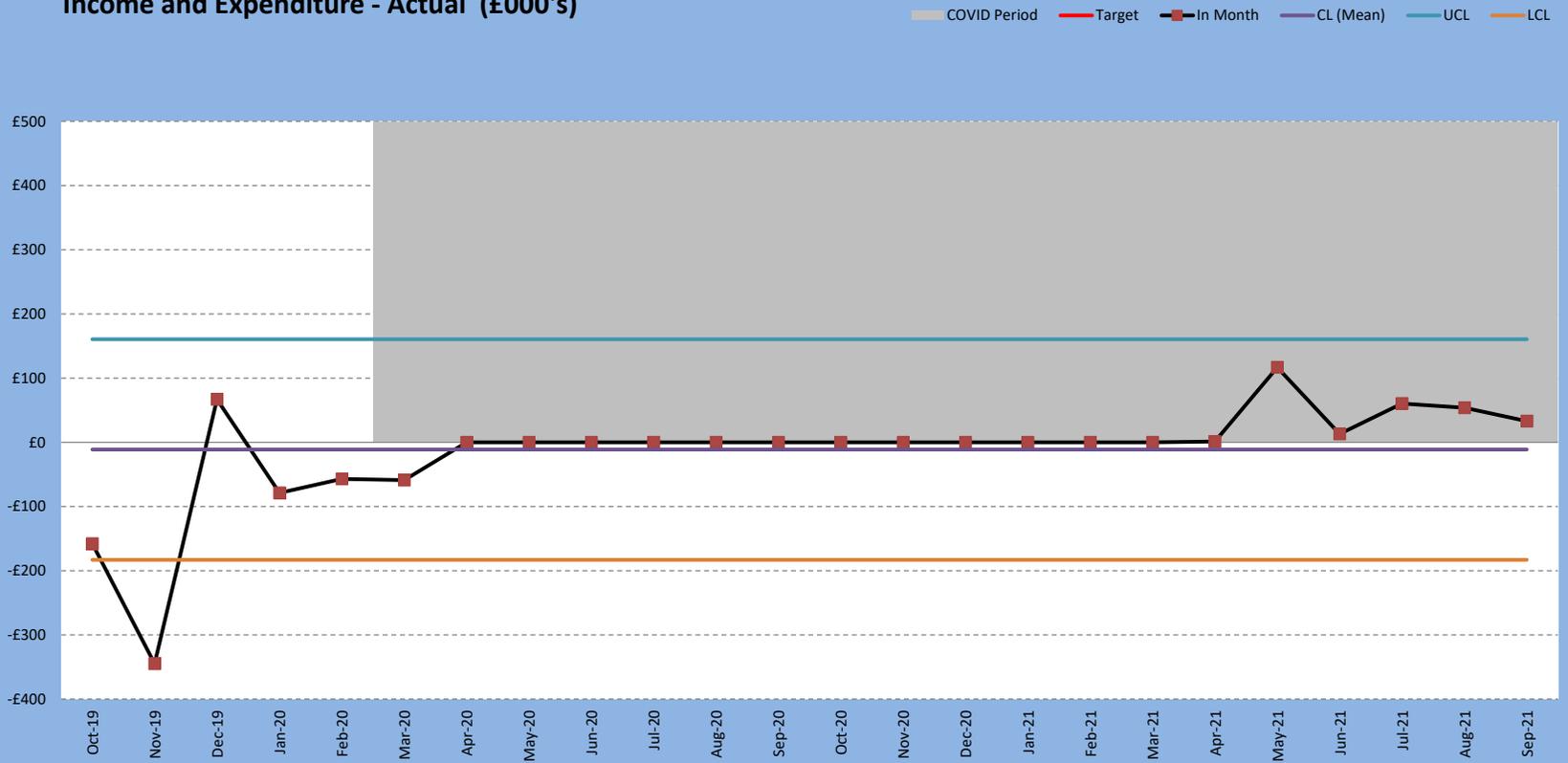
# PI RETURN FORM 2021-22

## Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Sep 2021**

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

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



Target:  
Amber:  
Current month stands at £33 ,000

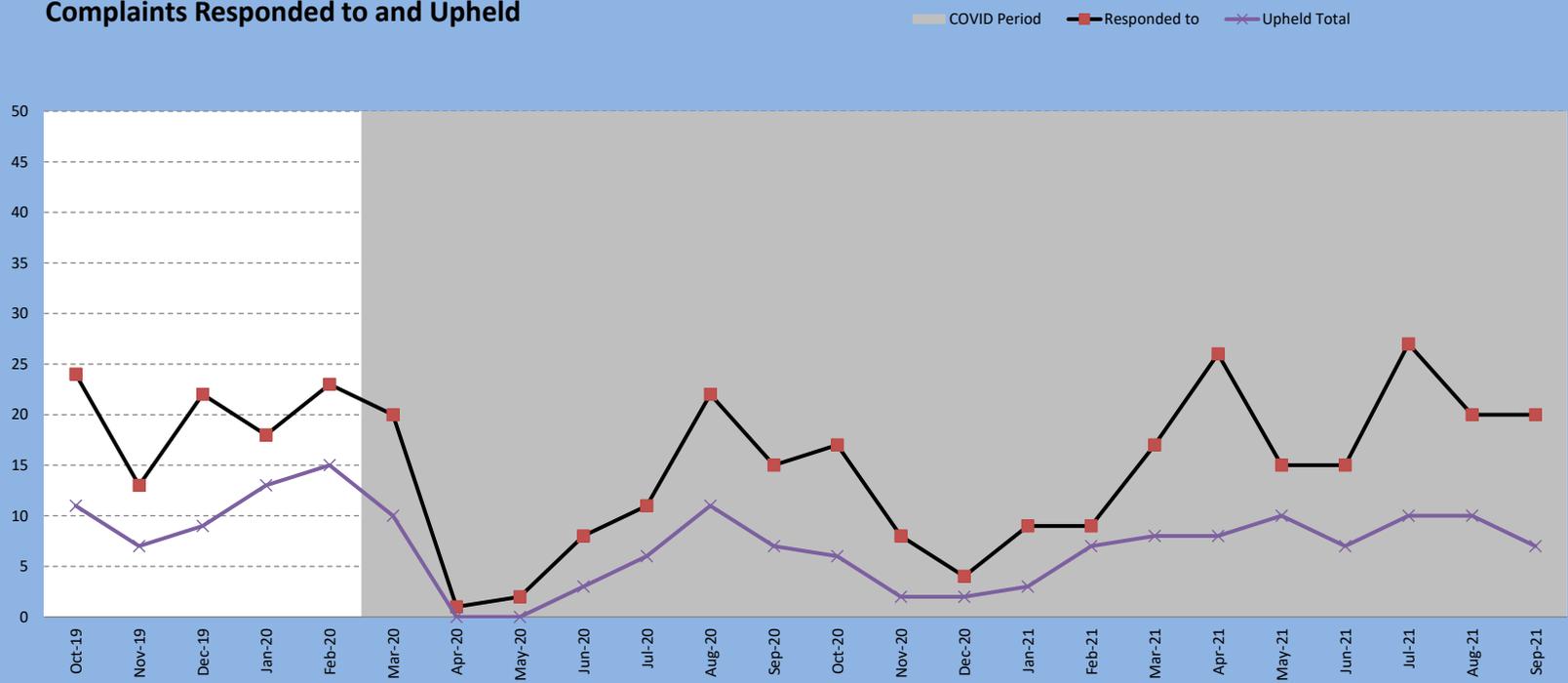
# PI RETURN FORM 2021-22

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

For the period ending: **Sep 2021**

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

**Complaints Responded to and Upheld**



Of the number of complaints responded to in the month 7 were upheld which equates to **35.0%**

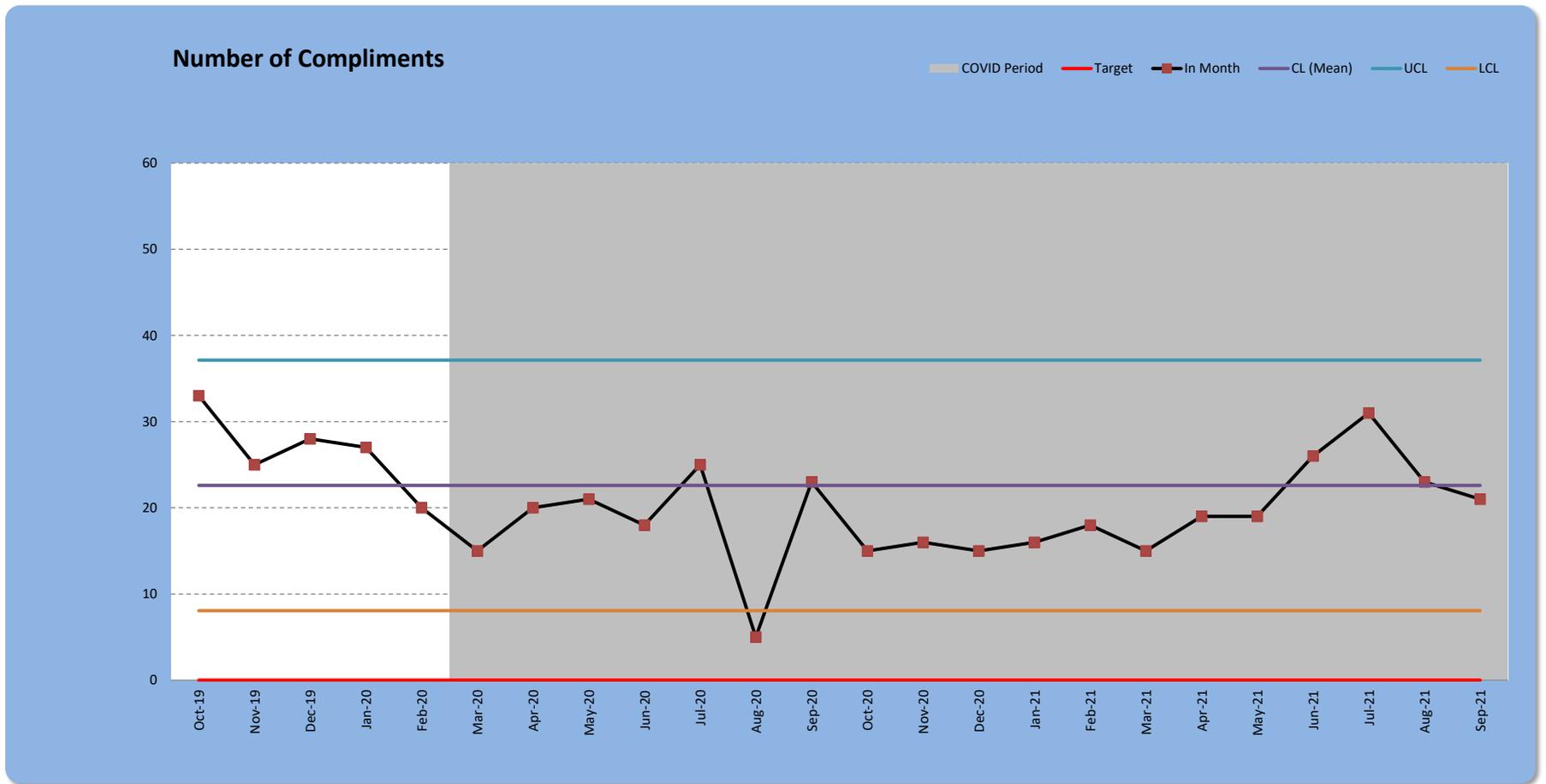
**YTD Upheld**  
**50.0%**

# PI RETURN FORM 2021-22

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

For the period ending: **Sep 2021**

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





Executive Team:

Chief Executive: Michele Moran

Chairman: Sharon Mays

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Director of Workforce and Organisational Development: Steve McGowan

Medical Director: John Byrne

Director of Nursing: Hilary Gledhill

Issue Date: 18/10/2021

**Agenda Item 10**

Title & Date of Meeting:	Trust Board Public Meeting – 27 October 2021		
Title of Report:	Finance Report 2021/22: Month 6 (September)		
Author/s:	Name: Peter Beckwith Title: Director of Finance		
Recommendation:	To approve		To receive & note <input checked="" type="checkbox"/>
	For information		To ratify
	The Trust Board are asked to note the Finance report for September and comment accordingly.		
Purpose of Paper:	This report is being brought to the Board members to provide the financial position for the Trust as at the 30 September 2021 (Month 6).		
	The report provides assurance regarding financial performance, key financial targets and objectives.  The Trust Board are asked to note the financial position for the Trust and raise any queries, concerns or points of clarification.		
Governance: <i>Please indicate which group or committee this paper has previously been presented to:</i>		Date	Date
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee		Workforce & Organisational Development Committee
	Finance & Investment Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Charitable Funds Committee		Other (please detail) Monthly Board report <input checked="" type="checkbox"/>
Key Issues within the report:  <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<ul style="list-style-type: none"> <li>The Trust recorded an overall operating surplus of £0.311m which is in line with the ICS Months 1-6 expectation.</li> <li>Within the reported position at Month 6 is Covid expenditure of £2.449m and income top up of £1.290m.</li> <li>Cash balance at the end of Month 6 was £23.906m</li> <li>The Year to Date Agency expenditure was £3.660m this is £0.022m more than the previous year's equivalent month 6 position.</li> </ul>		

**Monitoring and assurance framework summary:**

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

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

## **FINANCE REPORT – September 2021**

### **1. Introduction**

This report is being circulated to The Board to present the financial position for the Trust as at the 30th September 2021 (Month 6). The report provides assurance regarding financial performance, key financial targets and objectives.

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

### **2. Position as at 30 September 2021**

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

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

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

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

Table 1 shows for the period ended 30 September 2021 the Trust recorded a surplus of £0.278m, details of which are summarised in the table below.

Taking account of Donated Depreciation the overall Operating Total is a £0.311m surplus which is in line with the H1 requirements.

Table 1: 2021/22

Income and Expenditure

	21/22 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
<b>Income</b>							
Trust Income	130,102	11,156	12,866	1,711	64,708	66,546	1,838
Clinical Income	17,525	1,327	1,539	212	8,268	8,716	447
Covid 19 Income	3,737	865	791	(74)	3,737	3,766	28
<b>Total Income</b>	<b>151,365</b>	<b>13,348</b>	<b>15,197</b>	<b>1,849</b>	<b>76,713</b>	<b>79,028</b>	<b>2,314</b>
<b>Expenditure</b>							
<u>Clinical Services</u>							
Children's & Learning Disability	30,144	2,895	2,957	(63)	15,074	15,113	(39)
Community & Primary Care	29,059	2,735	2,875	(140)	14,540	14,695	(155)
Mental Health	50,217	4,895	4,955	(60)	25,795	25,337	457
Secure Services	11,860	1,126	1,105	22	5,849	5,734	114
	<b>121,280</b>	<b>11,651</b>	<b>11,892</b>	<b>(241)</b>	<b>61,257</b>	<b>60,879</b>	<b>378</b>
<u>Corporate Services</u>							
	<b>30,702</b>	<b>2,663</b>	<b>2,983</b>	<b>(319)</b>	<b>15,599</b>	<b>15,291</b>	<b>308</b>
<b>Total Expenditure</b>	<b>151,982</b>	<b>14,314</b>	<b>14,874</b>	<b>(560)</b>	<b>76,856</b>	<b>76,170</b>	<b>686</b>
<b>EBITDA</b>	<b>(618)</b>	<b>(966)</b>	<b>323</b>	<b>1,288</b>	<b>(143)</b>	<b>2,857</b>	<b>3,000</b>
Depreciation	2,942	245	241	4	1,471	1,446	25
Interest	148	12	16	(4)	74	99	(25)
PDC Dividends Payable	2,341	195	27	168	1,171	1,002	169
<b>Operating Total</b>	<b>(6,048)</b>	<b>(1,418)</b>	<b>38</b>	<b>1,457</b>	<b>(2,858)</b>	<b>311</b>	<b>3,169</b>
BRS	(6,363)	(1,464)	-	(1,464)	(3,173)	-	(3,173)
<b>Operating Total</b>	<b>315</b>	<b>46</b>	<b>38</b>	<b>(8)</b>	<b>315</b>	<b>311</b>	<b>(4)</b>
<b>Excluded from Control Total</b>							
Impairment	-	-	-	-	-	-	-
Local Government Pension Scheme	-	-	-	-	-	-	-
Donated Depreciation	70	6	5	0	35	33	2
<b>Ledger Position</b>	<b>245</b>	<b>40</b>	<b>33</b>	<b>(7)</b>	<b>280</b>	<b>278</b>	<b>(2)</b>
<b>EBITDA %</b>	<b>-0.4%</b>	<b>-7.2%</b>	<b>2.1%</b>		<b>-0.2%</b>	<b>3.6%</b>	
<b>Surplus %</b>	<b>-4.0%</b>	<b>-10.6%</b>	<b>0.3%</b>		<b>-3.7%</b>	<b>0.4%</b>	

## 2.2 Income

Trust Income is based on block arrangements with Commissioners that are fixed for Months 1 to 6. Trust Income is showing an overachievement of £1.838m. This is due to additional income of £1.665m being accrued on guidance from of NHSE who stated that the Month 6 position on pay should be neutral.

An element of this accrual will not be provided to the Trust and efficiencies will be required in months 7 – 12 to offset this, this forms part of the planning guidance for the second half of the year (H2)..

The additional £0.447m of Clinical Income relates to one off charges to Commissioners for Out of Area placements and Vaccination income undertaken on behalf of the PCNs.

### **2.3 Divisional Expenditure**

The overall Operational Divisional Expenditure is showing an underspend of £0.378m.

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

Children's and LD is reporting a £0.039m overspend year to date.

CAMHS Inpatient Service is reporting a significant pressure this financial year with a year to date overspend of £0.433m. The pressure to open the PICU beds and the acuity of the patients has resulted in increased staffing levels and pay is overspent by £0.393m. The cost of the doctors for the ward is £0.202m over spent year to date due to the difficulty recruiting and the use of agency consultants.

Nursing is £0.231m overspent due to the use of agency, maternity cover and the staffing levels required.

Within LD there are pressures particularly at Granville Court with a year to date overspend of £0.241m. The funding mechanism for Granville is being reviewed with Commissioners.

There are a number of compensating underspends in the Division which brings the position back to the £0.039m overspend.

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

Community and Primary Care is reporting an overspend of £0.155m.

Within Community services the main pressure at Month 6 relates to Scarborough and Ryedale which has experienced increases in staff recruitment and has also incurred Agency staff support which has resulted in an overspend. This is showing an overspend of £0.070m which is being closely monitored and the Commissioners are aware of the current pressure in demand which has increased throughout the Covid period.

Primary Care is showing an overspend of £0.067m.

#### **2.3.3 Mental Health**

The Division is showing an underspend of £0.457m. This is primarily due to vacancies across a number of service areas. There are agency staff being employed to fill essential roles and this is being constantly reviewed.

#### **2.3.4 Secure (Forensic) Services**

The year to date position of Secure Services is an underspend of £0.114m.

#### **2.3.5 Corporate Services**

Corporate Services are reporting an underspend of £0.308m.

### **3. COVID Expenditure**

At the end of September 2021 the Trust recorded £2.449m of Covid related expenditure and £1.290m of Income Top Up, details of which are summarised below:

**Table 2 Covid Costs**

Covid Costs	Total £m
Pay	0.867
Non Pay	1.582
Expenditure	2.449
Income Top Up	1.290
<b>Total</b>	<b>3.739</b>

**4. Cash**

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

**Table 3: Cash Balance**

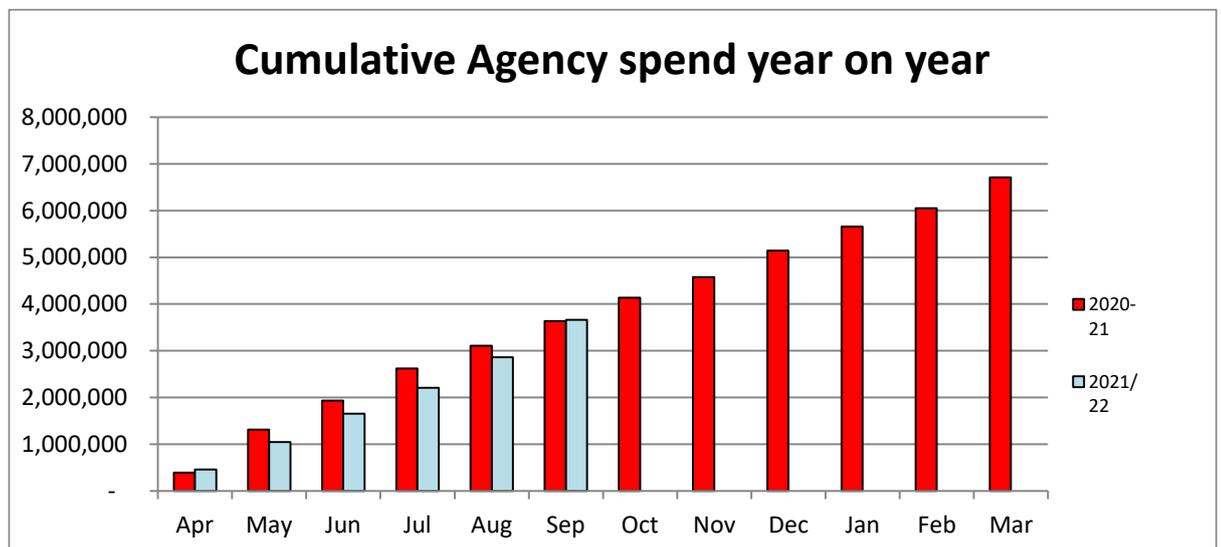
Cash Balances	£000s
Cash with GBS	23,515
Nat West Commercial Account	343
Petty cash	48
<b>Total</b>	<b>23,906</b>

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

**5. Agency**

Actual agency expenditure for September was £0.798m. The year to date spend is £3.660m, which is £0.022m above the same period in the previous year.

**Table 4 Agency Spend v previous year**



**Table 5**

**Agency spend by staff group**

Staff Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Total
	£000	£000	£000	£000	£000	£000	£000
Consultant	390	342	456	432	505	542	2,667
Nursing	27	152	106	81	58	186	610
AHPs	10	51	(1)	6	16	(11)	72
Clinical Support Staff	13	26	18	22	42	64	186
Administration & Clerical	17	20	24	17	30	18	126
<b>Grand Total</b>	<b>457</b>	<b>592</b>	<b>602</b>	<b>558</b>	<b>652</b>	<b>799</b>	<b>3,660</b>

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

**6. Statement of Financial Position**

Appendix 1 shows the statement of Financial Position and that there has a movement of £0.705m in Total Liabilities. The movement between the months is predominantly due to the Accrued Liabilities figure includes Tax, NI and other payroll deductions, as well as accruals. This amount will be paid over to HMRC in October.

**6. Recommendations**

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

Appendix 1

Statement of Finance Position

	Sep-21 £000	Aug-21 £000	Movement £000	Comments
<b>Non-current assets</b>				
Property, Plant & Equipment	89,185	88,892	293	Additions less depreciation
Intangible Assets	11,166	11,050	116	Additions less amortisation
<b>Total non-current assets</b>	<b>100,352</b>	<b>99,942</b>	<b>410</b>	
<b>Current assets</b>				
Cash	23,927	23,718	209	
Receivables	7,066	7,062	4	
Inventory	155	155	0	
Assets held for sale	599	514	85	
<b>Total current assets</b>	<b>31,747</b>	<b>31,449</b>	<b>298</b>	
<b>Current liabilities</b>				
Payables	4,052	3,699	353	
Accrued liabilities	15,971	15,062	909	Relates to Superann/Tax/NI
Other liabilities	6,300	6,835	-535	Release of deferred income to match expenditure
<b>Total current liabilities</b>	<b>26,322</b>	<b>25,596</b>	<b>726</b>	
<b>Net current assets</b>	<b>5,425</b>	<b>5,853</b>	<b>-428</b>	
<b>Long Term Liabilities</b>				
Non-current borrowings	3,511	3,565	-54	
Non-current- other liabilities	3,899	3,899	0	
<b>Total Long term Liabilities</b>	<b>7,410</b>	<b>7,464</b>	<b>-54</b>	
<b>Total Net Assets</b>	<b>98,366</b>	<b>98,331</b>	<b>35</b>	
Revaluation Reserve	16,250	16,250	0	
PDC	69,652	69,652	0	
Retained earnings reserve	14,537	14,504	33	
Other	(2,073)	(2,073)	0	
<b>Total Taxpayers Equity</b>	<b>98,366</b>	<b>98,333</b>	<b>33</b>	
<b>Total Liabilities</b>	<b>132,098</b>	<b>131,393</b>	<b>705</b>	

**Agenda Item 11**

Title & Date of Meeting:	Trust Board Public Meeting – 27 <sup>th</sup> October 2021																											
Title of Report:	Finance and Investment Committee Assurance Report																											
Author:	Name: Francis Patton Title: Non-Executive Director and Chair of Finance Committee																											
Recommendation	To approve		To note																									
	To discuss	√	To ratify																									
	For information	√	To endorse																									
Purpose of Paper:	<p>The Finance and Investment Committee is one of the sub committees of the Trust Board.</p> <p>This paper provides an executive summary of discussions held at the meeting on 20<sup>th</sup> October 2021 and a summary of key points for the Board to note.</p>																											
Governance	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Audit Committee</td> <td></td> <td>Remuneration &amp; Nominations Committee</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td></td> <td>Workforce &amp; Organisational Development Committee</td> <td></td> </tr> <tr> <td>Finance &amp; Investment Committee</td> <td>√</td> <td>Executive Management Team</td> <td></td> </tr> <tr> <td>Mental Health Legislation Committee</td> <td></td> <td>Operational Delivery Group</td> <td></td> </tr> <tr> <td>Charitable Funds Committee</td> <td></td> <td>Other (please detail)</td> <td></td> </tr> </tbody> </table>					Date		Date	Audit Committee		Remuneration & Nominations Committee		Quality Committee		Workforce & Organisational Development Committee		Finance & Investment Committee	√	Executive Management Team		Mental Health Legislation Committee		Operational Delivery Group		Charitable Funds Committee		Other (please detail)	
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Finance & Investment Committee	√	Executive Management Team																										
Mental Health Legislation Committee		Operational Delivery Group																										
Charitable Funds Committee		Other (please detail)																										
Any Issues for Escalation to the Board:	<p>The committee recommends that the Board: -</p> <ul style="list-style-type: none"> <li>• Notes the month six outturn showing a surplus of £0.311m.</li> <li>• Notes the month six BRS performance which is just behind plan.</li> <li>• Notes the assurance gained in terms of the Capital programme, Digital Delivery Plan and Safety report.</li> </ul>																											

**Executive Summary - Assurance Report:**

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

A summary of the key areas discussed are that Month six had an operational surplus of £0.278m, after donated depreciation the position is a surplus of £0.311m delivering on the ask from the ICS.

The Trust has a strong cash position and is controlling creditors and debtors well and the BRS programme continues to deliver if slightly behind plan.

The Committee received and gained assurance from reports on the Capital Programme, Digital Delivery plan and Safety report.

The Committee received the latest BAF and risk register which they signed off.

The Committee reviewed the Digital Delivery Group and Capital Programme Board & Estates Strategy Delivery Group Assurance reports.

**Key Issues:**

The key areas of note arising from the Committee meeting held on 20th October were:

- In terms of the Insight report the key issues raised were: -
  - At Month 4 the Humber Coast and Vale ICS recorded a £9.6m surplus, this represents a favourable variance to plan of £8.3m.
  - The Month 4 national position reported to the NHS England Board was a year-to-date position of £48.7bn (favourable variance against plan of £364m).
  - A new aligned payment and incentive (API) system will be introduced from next April under proposals from NHS England and NHS Improvement Details of how the system will operate are yet to be finalised, it is expected that payments to providers by integrated care boards will consist of two core components. A fixed element will cover an agreed level of activity and a variable element will reflect quality of care and any differences in actual activity levels compared with the planned levels. A variable rate set at 50% of unit prices is under consideration.
- In terms of month six an operational surplus position of £0.278m was recorded to the 30th of September 2021. After donated depreciation the position is a surplus of £0.311m which is in line with the Integrated Care System target of £0.315m for the period Months 1 to 6 (H1).
- Within the reported position is year to date Covid expenditure of £2.489m, and income top up of £1.290m. The Children's and LD Division has a year-to-date net underspend of £0.006m; the Community and Primary Care Division has a year to date net expenditure overspend of £0.004m (this includes a net deficit of £0.067m relating to Primary Care Sites); the Mental Health Division has a year to date net expenditure underspend of £0.725m; the Forensic Services Division is showing a year to date division net underspend of £0.098m and the overall Corporate position is an underspend of £0.302m. The committee sought and received assurance around vacancies and Primary Care where the key issues were lack of GP's and unbudgeted costs for Market Weighton. The committee also agreed for a deep dive on workforce from a financial perspective particularly the medical staffing strategy and skills mix.

The committee had a detailed discussion on Primary Care which, if Market Weighton is excluded, shows a considerable improvement in financial performance on previous years. The strategy of merging practices has proved successful but the pressure on recruiting GP's and use of locum's continues and should form part of the discussion on workforce at the December meeting.

Cash at the end of month six was £23.906m, aged debtors stood at £4.417m and aged creditors stood at £4.004m (£1.306m have been approved and can be paid on the system).

In terms of the BPPC the year-to-date performance for non-NHS invoices is 90%, and for NHS 80%. The Non-NHS performance remains stable and there has been a slight improvement in the NHS performance.

- The Committee received the month six BRS update which showed that the Divisional and Corporate Savings have been profiled at £1.438m for Month 6 and are showing savings of £1.152m which is an underachievement of £0.286m There are pressures with Community and Primary Care and Mental Health. Community and Primary Care have an under achievement of £0.036m relating to 2 schemes that were expected to deliver £0.071m annual savings. These schemes have been rated as Red and alternative schemes are being formulated. The shortfall will be met by non-recurrent savings. Mental Health is showing an underachievement of £0.250m and of this £0.230m will be required to be carried forward into 2022/23. The shortfall in year will be met from non-recurrent savings.
- The Committee received the BAF and Risk Register for quarter three and Strategic Goal 5. The only query was whether some of the risks had been rated too highly and for it to be reviewed at Executive.
- The Committee received a Capital Programme update which showed that the capital programme is £11.156m and includes additional funding from asset disposals (£1.541m) and a decarbonisation grant (£1.741m). Capital expenditure to date is £1.233m which is only 11% of the capital programme, however a further £2.5m has been committed. The programme will need to be managed in year to accommodate slippage, deferred asset sales and maximise use of the CDEL allocation.

Treatment of the £4.1m Yorkshire and Humber Care Records funding allocated in 2020/21 has been agreed with the auditors and with Hull City council. The £4.1m and associated expenditure will be added to the capital programme in 2021/22 however the committee requested a formal update report on the wider YHCR this for good governance.

NHSEI have confirmed that IFRS 16 will be implemented from April 2022

- The Committee received an update on the Digital Delivery plan and complimented the team on their achievements to date.
- The Committee received the Safety report for August to September and were assured that good practice was being utilised throughout the Trust to ensure safety.
- The Committee received assurance reports from the Digital Delivery Group and the Capital and Estates Group.

Title & Date of Meeting:	Trust Board Public Meeting – 27 October 2021																											
Title of Report:	Humber Coast and Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative – Collaborative Committee Report																											
Author/s:	Peter Baren Non-Executive Director and Chair of the Collaborative Committee																											
Recommendation:	To approve		To receive & note																									
	For information	√	To ratify																									
Purpose of Paper:	<p>The Collaborative Committee is one of the sub committees of the Trust Board</p> <p>This paper provides an executive summary of discussions held at the meeting on Thursday 30 September 2021 and a summary of key points for the Board to note.</p>																											
Governance:	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Audit Committee</td> <td></td> <td>Remuneration &amp; Nominations Committee</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td></td> <td>Workforce &amp; Organisational Development Committee</td> <td></td> </tr> <tr> <td>Finance &amp; Investment Committee</td> <td></td> <td>Executive Management Team</td> <td></td> </tr> <tr> <td>Mental Health Legislation Committee</td> <td></td> <td>Operational Delivery Group</td> <td></td> </tr> <tr> <td>Charitable Funds Committee</td> <td></td> <td>Other (please detail) <i>Collaborative Committee</i></td> <td><i>30 September 2021</i></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		Other (please detail) <i>Collaborative Committee</i>	<i>30 September 2021</i>			
	Date		Date																									
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Mental Health Legislation Committee		Operational Delivery Group																										
Charitable Funds Committee		Other (please detail) <i>Collaborative Committee</i>	<i>30 September 2021</i>																									
Key Issues within the report:	<p><b>FREED Champion – Eating Disorders</b> The Collaborative Committee ratified the decision to fund the FREED Champion post across Humber Coast and Vale.</p> <p><b>Partnership Agreement</b> Final Version has been shared with provider partners and approved by most partners.</p> <p><b>Financial Due Diligence</b> Additional Financial allocation for Enhanced Packages of Care £1.23 million.</p> <p><b>Change of Name</b> From Commissioning Committee to Collaborative Committee.</p> <p><b>Commissioning Team</b> In view of the changes in the NHS Commissioning System and to reflect our partnership the commissioning team name will change to Collaborative - Planning and Quality Team.</p>																											

## Monitoring and assurance framework summary:

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

### Executive Summary - Assurance Report:

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

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

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

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

## Key Issues:

Key areas for noting from the meeting on 24 August 2021:

### Partnership Agreement

The Final Partnership Agreement has been reviewed and approved by:

- ✓ NAViGO
- ✓ The Schoen Clinic
- ✓ The Priory Group
- ✓ Humber Teaching NHS FT

Post meeting note – Leeds and York Partnership have approved in principle but want a further version which includes the final Risk and Gain share agreement sharing with them for their October 2021 Trust Board meeting.

### Finance

NHS E have allocated additional £1.23 million for Enhanced Packages of Care. 2021/22 H2 funding for NHS Providers will be based on 2018/19 actual activity. For Independent Sector Providers it will be on actual 2021/22 activity in H2. We continue to be in a favourable financial position as a collaborative.

### Quality Assurance and Improvement

Draft Governance framework and metrics report has been shared with providers for comments. Serious Incident Process is nearing completion and will be shared at the next Collaborative Committee. TUPE of NHS E Case Managers has concluded and 2 Band 8A Case Managers will TUPE on 1 October 2021.

### Work Streams

It was agreed that the style and content of the work stream reports will be revamped from 1 October 2021 in line with Go Live and that additional information is now available to the Provider Collaborative.

### CAMHS

- Number of young people receiving care outside of natural clinical flow at 10 September 2021 was 11 which includes 1 young person in CAMHS medium secure which is the responsibility of NHS E to fund as it is Phase 2 of Provider Collaborative
- Mill Lodge had closed temporarily due to a positive Covid-19 patient but is now reopen
- If both Mill Lodge and Inspire were fully operational and did not have the current staffing issues, then all outside of natural clinical flow patients could be treated in HCV (with the exception of those in secure care)
- Continued significant pressure on both community and in-patient teams due to increased referrals and acuity.

### Adult Eating Disorder

- Currently 1 person in a bed outside of HCV. Rharian Fields are in the process of reviewing this person and agreeing discharge plan
- FREED Champion - business case and service specification were shared at the PCOG and approved
- NHS E have commissioned a further 2 beds from NAViGO – Rharian Fields – this is short term to support Midlands and south of England who are struggling with bed capacity.

The Collaborative Committee ratified the decision to fund the FREED Champion post across Humber Coast and Vale.

## Adult Secure

- 73 people out of area – this is a reduction of 87 during the last 12 months
- NHSE are keen to adopt and promote the HCV RAG rating system for bed planning
- Secure Community Forensic Team is to be reviewed with partners to further enhance the model
- Stockton Hall Hospital are to commence building works on site which will mean changes to the 24 bedded wards. This may result in 6 of the HCV patients moving to alternative care setting during the building works
- The Collaborative, Planning and Quality team are working with Humberside Transforming Care partnership to review the LD Forensic Outreach liaison service.

## **Risk Register**

The Risk Register was reviewed at the meeting and agreed to change the name to the Collaborative Risk Register and highlight the differences between issues for the Collaborative overall and the Trust as Lead Provider.

**Agenda Item 13**

Title & Date of Meeting:	Trust Board Public Meeting – 27 <sup>th</sup> October 2021			
Title of Report:	Charitable Funds Accounts			
Author/s:	Peter Beckwith Director of Finance			
Recommendation:	To approve	✓	To receive & note	
	For information		To ratify	
Purpose of Paper:	The purpose of this paper is for the Trust Board to approve the annual accounts for the year ended 31 <sup>st</sup> March 2021.			
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	12/11	Other (please detail) Trust Board	
Key Issues within the report:	<p>The unaudited accounts are attached for approval, key components include:</p> <ul style="list-style-type: none"> <li>• Trustee's Annual Report 2020/21</li> <li>• Independent Examiners Report</li> <li>• Annual Accounts 2020/21</li> </ul> <p>The accounts were reviewed and recommended for approval (<i>subject to minor amendments which have now been incorporated</i>) by the Charitable Funds Committee on the 22<sup>nd</sup> September 2020.</p> <p>Once approved by the Board the accounts will need to be submitted by the 31<sup>st</sup> January 2022.</p>			

**Monitoring and assurance framework summary:**

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

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

**Report of the Trustees and**  
**Unaudited Financial Statements for the Year Ended 31 March 2021**  
**for**  
**Humber Teaching NHS Foundation Trust**  
**Charitable Funds**

DRAFT

360 Accountants Limited  
18-19 Albion Street  
Hull  
East Yorkshire  
HU1 3TG

**Humber Teaching NHS Foundation Trust**  
**Charitable Funds**

**Contents of the Financial Statements**  
**for the Year Ended 31 March 2021**

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**Humber Teaching NHS Foundation Trust**  
**Charitable Funds**

**Report of the Trustees**  
**for the Year Ended 31 March 2021**

The trustees present their report with the financial statements of the charity for the year ended 31 March 2021. The trustees have adopted the provisions of Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019).

Throughout 2020/2021 The Humber Teaching NHS Foundation Trust Charitable Funds working name Health Stars gathered real pace as a proactive charity.

Our Corporate Trustee continues to take positive steps forward across the Humber Teaching NHS Foundation Trust, with the CQC rating remaining at good through a global pandemic, partnership work between Trust staff teams and the charity enable care to go over and above what the core NHS can provide, enabling patient and carers journeys to be a comfortable and memorable one. The Charity is in a position to partner and support both capital projects and small changes which make a big difference to our patients, carers and employees.

The transparent and easy access to charitable funds has encouraged services to maximise charitable funds, with 69 wishes (grant requests) in 2020/2021 whilst numbers of wishes have been reduced significantly this year due to the impact of COVID19. The core focus this year was on supporting staff during the pandemic with the provision of food hampers, this was funded thanks to grants from NHS Charities Together through their highly successful fundraising appeal. Additional investments have been made into areas such as creating chill out rooms and sensory areas for both patients and staff through the most detrimental part of the pandemic, Purchasing of SaeboStim One machines to support patients rehabilitation journeys post stroke and the printing of the bereavement booklet which will make a lasting impact for many years to come. Through our connection to the HEY Smile Foundation, the commissioned deliverer of our Charity, we have built many relationships with local businesses capitalizing on corporate volunteering and gifts in kind.

In 2020/21 a grant from NHS Charities Together for the benefit of those from Black Asian Minority Ethnic communities adversely affected by COVID-19 was received. This led to the "Dost" project being established by Health Stars in partnership with neighbouring NHS Charity the Health Tree Foundation. This project is providing befriending to BAME communities.

Most significantly in the last 12 months, we have launched our second appeal, The Whitby Hospital Appeal supporting the £13.1 million rebuild of Whitby Hospital. The Appeal has seen both the Trust operational teams and Charity team work in partnership with independent dementia friendly consultants and community engagement groups to identify a number of enhancements which will add sparkle to the hospital.

This Appeal has been a significant part of the charity's work in the last 2 months. With the investment of substantial resources from Humber Teaching NHS Foundation Trust, Health Stars and Smile team.

The Charitable Fund's Committee carries out the responsibilities of the Trustees (Directors of the Humber Teaching NHS Foundation Trust) working closely with our commissioned charity services (HEY Smile Foundation) and their seconded team members.

In the operational year, the charity's strategy and operations plan continued to be delivered enabling the Charity to move to be a strategic partner of the Humber Teaching NHS Foundation Trust.

The Humber Teaching NHS Foundation Trust and its executive team remain committed and passionate about charitable funds within the Humber Teaching NHS Foundation Trust and look forward to reporting on successes over the next three years and beyond.

Finally, we'd like to say a huge thank you to all of our supporters who have helped us to have such a fantastic year. This Charity represents true partnership working to have the best possible resources available for the ever-changing needs of health care across the Humber Teaching NHS Foundation Trust service area.

**Humber Teaching NHS Foundation Trust**  
**Charitable Funds**

**Report of the Trustees**  
**for the Year Ended 31 March 2021**

**Our Vision**

Health Stars contributes to a thriving healthcare environment for NHS teams and their patients by embracing generosity and investing in innovation.

**Our Mission**

We promote the development of exceptional healthcare, which goes above and beyond NHS core services, through the investment in people, environments, resources, training and research.

**OBJECTIVES AND ACTIVITIES**

**Significant activities**

In the reporting year, Health Stars continued to develop and operate a clear and transparent system to access charitable funds across the Humber Teaching NHS Foundation Trust services The Circle of Wishes, for patient, carer and employee benefit in line with the objects of the charity and special purpose funds.

The central fund has NHS wide objectives and shall hold the trust fund upon Humber Teaching NHS Foundation Trust to apply the income at their discretion so far as permissible, the capital, for any charitable purpose relating to the NHS.

In 2020/21 the charity recruited a part time fixed term role of Whitby Hospital Appeal coordinator who is supporting the Whitby Hospital Appeal.

As highlighted in the reporting year, 69 requests for enhancements were delivered by the Charity, which continues to be a positive year on year growth despite the many challenges we have all faced through the global pandemic. Work is underway to refresh the charity and grow staff awareness of the charity and how charitable funds can be accessed in order to make a difference to service areas within Humber Teaching NHS Foundation Trust. A close working relationship has been established with the Trust communications team and we anticipate that 2021/2022 will see further growth and involvement for Health Stars.

**Public benefit**

The public benefit is further tested through the Wish process by carrying out the following asks of each wishee;

- Is the Wish an enhancement of the current statutory provision
- Explain how the patient or patients will see a benefit
- Finally, would you put a pound in a collection box for this ask (Public perception).

**ACHIEVEMENT AND PERFORMANCE**

**Fundraising activities**

In the reporting year, the Trustees continued to commission the HEY Smile Foundation to deliver the operations of the charity and provide additional strategic leadership.

Along with the supportive leadership of the Corporate Trustee, principal advisor and patient and carer engagement enables us to decide upon the most beneficial way to use the charitable funds held and donated within the year.

The Charity also continues to receive communication from our investment bankers CCLA Investment Management Ltd (COIF Charitable Funds), the Charity Commission and Health Stars is an active member of the Association of NHS Charities.

Health Stars has expanded its fundraising efforts to match the ambition of the Trustees to provide greater access to charitable funds to its beneficiaries across the Humber Teaching NHS Foundation Trust service area. Therefore our income now derives from individuals, corporate supporters, grant-giving trusts, direct donations from grateful families and our range of fundraising activities.

**Humber Teaching NHS Foundation Trust**  
**Charitable Funds**

**Report of the Trustees**  
**for the Year Ended 31 March 2021**

**FINANCIAL REVIEW**

**Investment policy and objectives**

The Charity has a deposit account with CCLA Investment Management Ltd (COIF Charitable Funds). Dividends are paid into a high-interest deposit account which remains greater than a standard current account.

The Charity also has 510 COIF Charities Investment fund income units with a value of £7,560 at the end of March 2021.

The Charity has endeavoured to maximise the return from the resources in the COIF Deposit Funds as we have no fixed commitments on these funds to require any significant movement in the next six months.

The Charitable Fund's Committee reviews the investments and banking arrangements taking advice from our professional advisors each year. There were no additional investments or realised investments during 2020/2021

**Reserves policy**

Our reserve policy states to have a minimum of six months of operating costs in the bank.

**FUTURE PLANS**

At the beginning of the financial year the COVID-19 pandemic had begun and the UK moved into Lockdown. At this point it was unclear the impact of the pandemic on the charity but we have since identified a significant reduction in wishes received based on previous years. Thanks to the charities ability to be agile and responsive we have been able to respond to the needs of our staff and patients at Humber Teaching NHS Foundation Trust and support in diverse ways. The Charity established its next major fundraising appeal supporting Whitby Hospital which was launched in January 2021. The next year will include delivering the key Whitby Hospital Appeal, returning to fundraising events as restrictions begin to lift and making the most of the opportunities to receive grant income from NHS Charities Together. The Charity will also continue to support the DOST project.

**Humber Teaching NHS Foundation Trust**  
**Charitable Funds**

**Report of the Trustees**  
**for the Year Ended 31 March 2021**

**STRUCTURE, GOVERNANCE AND MANAGEMENT**

**Charity structure**

The Charity was incorporated by a declaration of trust deed dated 15th January 1996 and all funds held on Trust as at the date of registration was either part of the unrestricted funds, designated or restricted funds. These funds are allocated under an Umbrella charity.

The Corporate Trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objects of each fund. By designating funds, the Charity respects the wishes of our generous donors to benefit patient care and advance the good health and welfare of patients, carers and staff. Where funds have been received which have specific restrictions set by the donor, the donation will be ring-fenced for a specific area within the broader relevant fund.

The charitable funds available for spending are allocated to specialities within the Humber Teaching NHS Foundation Trust's Directorate management structure. Each allocation is managed by use of a designated fund within the general unrestricted funds.

The Board of Trustees manage the funds on behalf of the Corporate Trustee. The Board of Trustees consists of Executive and Non-Executive Directors. Executive Directors are subject to the Trust's recruitment policies.

The Chair gives new members of both the Humber Teaching NHS Foundation Trust Board and the Charitable Funds Committee a briefing on the current policies and priorities for the charitable funds. A guided tour of the beneficiary Humber Teaching NHS Foundation Trust's facilities and any additional training that their role(s) may require is also offered.

Acting for the Corporate Trustee, the Charitable Funds' Committee is responsible for the overall management of the Charitable Funds. The Committee is required to:

- Provide support, guidance and encouragement for all its income-raising activities while managing and monitoring the receipt of all income. Control, manage and monitor the use of the fund's resources.
- Ensure that "best practice" is followed in the conduct of all its affairs and fulfilling all of its legal responsibilities.
- Ensure that the Investment Policy approved by the Foundation Trust Board, as Corporate Trustee, is adhered to and that performance is continually reviewed while being aware of ethical considerations. Keep the Humber Teaching NHS Foundation Trust Board fully informed on the activity, performance and risks of the Charity.

The accounting records and the day-to-day administration of the funds are dealt with by the Finance Department and the Health Stars Charity manager, based at Humber Teaching NHS Foundation Trust, Beverley Road, Willerby, East Yorkshire.

The fundraising, grant-making and other administration of funds is dealt with by The Health Stars at the same address.

**Principal charitable fund advisor to the board**

Under a scheme of delegated authority approved by the Corporate Trustee, the principle charitable fund advisor has overall responsibility for the management of the Charitable Funds. The arrangements for approval of charitable fund expenditure under the scheme of delegation of the Corporate Trustee, are as follows:

**Delegation limits**

- Up to £1,000 Authorisation from Health Stars Fundraising Manager and Fund Guardian
- £1,001 - £4,999 Further authorisation from Director of Finance and Service Lead
- £5,000 - £25,000 Further authorisation from Charitable Funds Committee
- £25,001 and above To be noted by Humber Teaching NHS Foundation Trust Board via assurance report

The finance officer acts as the principal officer overseeing the day-to-day financial management and accounting for the charitable funds during the year. Operational support to the financial administration continues to be provided by HEY Smile Foundation. The Independent Examiners are 360, Chartered Accountants based in Hull. All the financial procedures are operated through the XERO finance system.

**Humber Teaching NHS Foundation Trust**  
**Charitable Funds**

**Report of the Trustees**  
**for the Year Ended 31 March 2021**

**STRUCTURE, GOVERNANCE AND MANAGEMENT**

**Key personnel**

The Humber Teaching NHS Foundation Trust Chief Executive and Chair take an active interest in the Charity aiding its delivery and priority alongside the following;

Executive Lead for Health Stars  
Director of Finance, Senior Risk Officer for Humber Teaching NHS Foundation Trust  
Chair of Charitable Funds Committee  
CEO of Hull and East Yorkshire Smile Foundation  
Head of Smile Health  
Fundraising manager

**Working in partnership**

We are delighted to work with a range of community partners including the range of League of Friends across our service area. Likewise, we look to work with funders not just request investment whether they are corporate, community partners or individual donors.

**Risk management**

The Corporate Trustee is responsible for managing risk issues for the Charity, which is underpinned by the internal policies and procedures of the Humber Teaching NHS Foundation Trust, including;

Code of Conduct;  
Standing Orders;  
Standing Financial Instructions and Scheme of Delegation;  
Charitable procedures, fundraising, grant management; and  
Fraud Policy.

In the reported year, no major risks to which the Charity is exposed have been identified and considered. They have been reviewed and systems established to mitigate those risks. The most significant risk identified is the continued investment into the fundraising costs as we look to expand the charity's services. These have been carefully considered, and there are procedures in place to review the reserves policy and to ensure both spending and firm financial commitments remain in line with income.

Income and expenditure are regularly monitored. Listings of income and expenditure and the balance on individual funds are examined on a monthly basis to detect trends as part of the risk management process to avoid unforeseen calls on reserves.

**REFERENCE AND ADMINISTRATIVE DETAILS**

**Registered Charity number**

1052727

**Principal address**

Finance Department  
Mary Seacole Building  
Beverley Road, Willerby  
Hull  
East Yorkshire  
HU10 6ED

**Humber Teaching NHS Foundation Trust**  
**Charitable Funds**

**Report of the Trustees**  
**for the Year Ended 31 March 2021**

**Trustees**

Charitable funds received by the Charity are accepted, held and administered as Funds and Property Held on Trust for purposes relating to the health service in accordance with the National Health Service Act 1977 and the National Health Service and Community Care Act 1990. These funds are held in Trust by the corporate body.

The Humber Teaching NHS Foundation Trust is the Corporate Trustee of the Charitable Funds governed by the law applicable to Trusts, principally the Trustee Act 2000 and the Charities Act 2011.

The Humber Teaching NHS Foundation Trust Board devolved responsibility for the on-going management of funds to the Charitable Funds Committee that administers the funds on behalf of the Corporate Trustee.

The names of those people who serve as agents for the corporate Trustee, as permitted under regulation 16 of the NHS Trusts (Membership and Procedures) Regulations 1990, is as follows as at 31st March 2021;

Mrs S Mays	Chair, Non-Executive Director
Mrs M Moran	Chief Executive
Mrs H Gledhill	Director of Nursing, Quality and patient experience
Mr P Beckwith	Director of Finance

Prof M Cooke	Non-Executive Director
Mr M Smith	Non-Executive Director
Mr P Baren	Non-Executive Director
Mr F Patton	Non Executive Director
Mr D Royles	Non-Executive Director

Mr S McGowan	Director of Human Resources
Mrs L Parkinson	Chief Operating officer
Dr J Byrne	Medical Director

The Directors do not receive remuneration or expenses from the Charity.

**Independent Examiner**

360 Accountants Limited  
18-19 Albion Street  
Hull  
East Yorkshire  
HU1 3TG

**Bankers**

National Westminster Bank Plc  
34 King Edward Street  
Hull  
East Yorkshire  
HU1 3SS

Approved by order of the board of trustees on ..... and signed on its behalf by:

.....  
Mr P Beckwith - Trustee

**Independent Examiner's Report to the Trustees of  
Humber Teaching NHS Foundation Trust  
Charitable Funds**

**Independent examiner's report to the trustees of Humber Teaching NHS Foundation Trust Charitable Funds**

I report to the charity trustees on my examination of the accounts of Humber Teaching NHS Foundation Trust Charitable Funds (the Trust) for the year ended 31 March 2021.

**Responsibilities and basis of report**

As the charity trustees of the Trust you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ('the Act').

I report in respect of my examination of the Trust's accounts carried out under section 145 of the Act and in carrying out my examination I have followed all applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

**Independent examiner's statement**

I have completed my examination. I confirm that no material matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

1. accounting records were not kept in respect of the Trust as required by section 130 of the Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a true and fair view which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

Andrew Mark Steele FCA FCCA  
ICAEW  
360 Accountants Limited  
18-19 Albion Street  
Hull  
East Yorkshire  
HU1 3TG

Date: .....

**Humber Teaching NHS Foundation Trust**  
**Charitable Funds**

**Statement of Financial Activities**  
**for the Year Ended 31 March 2021**

	Notes	Unrestricted fund £	Restricted fund £	Endowment fund £	<b>31.3.21 Total funds £</b>	31.3.20 Total funds £
<b>INCOME AND ENDOWMENTS FROM</b>						
Donations and legacies		38,464	-	-	38,464	58,577
<b>Charitable activities</b>						
Patient Education, Welfare & Amenities		151,450	7,587	-	159,037	105,700
Investment income	2	561	-	-	561	2,681
<b>Total</b>		<b>190,475</b>	<b>7,587</b>	<b>-</b>	<b>198,062</b>	<b>166,958</b>
<b>EXPENDITURE ON Charitable activities</b>						
Patient Education, Welfare & Amenities	3	46,388	17,271	-	63,659	36,141
Staff Education, Welfare & Amenities		28,532	-	-	28,532	16,819
Contribution to Healthcare		78,166	5,821	-	83,987	46,166
<b>Total</b>		<b>153,086</b>	<b>23,092</b>	<b>-</b>	<b>176,178</b>	<b>99,126</b>
Net gains/(losses) on investments		-	-	-	-	(265)
<b>NET INCOME/(EXPENDITURE)</b>		<b>37,389</b>	<b>(15,505)</b>	<b>-</b>	<b>21,884</b>	<b>67,567</b>
<b>RECONCILIATION OF FUNDS</b>						
<b>Total funds brought forward</b>		<b>281,931</b>	<b>390,190</b>	<b>7,560</b>	<b>679,681</b>	<b>612,114</b>
<b>TOTAL FUNDS CARRIED FORWARD</b>		<b>319,320</b>	<b>374,685</b>	<b>7,560</b>	<b>701,565</b>	<b>679,681</b>

The notes form part of these financial statements

**Humber Teaching NHS Foundation Trust**  
**Charitable Funds**

**Balance Sheet**  
**31 March 2021**

	Notes	Unrestricted fund £	Restricted fund £	Endowment fund £	<b>31.3.21 Total funds £</b>	31.3.20 Total funds £
<b>FIXED ASSETS</b>						
Investments	7	-	-	7,560	7,560	7,560
<b>CURRENT ASSETS</b>						
Debtors	8	14,830	130,000	-	144,830	132,625
Cash at bank		359,377	245,285	-	604,662	544,309
		<u>374,207</u>	<u>375,285</u>	-	749,492	676,934
<b>CREDITORS</b>						
Amounts falling due within one year	9	(54,887)	(600)	-	(55,487)	(4,813)
<b>NET CURRENT ASSETS</b>		<u>319,320</u>	<u>374,685</u>	-	<u>694,005</u>	<u>672,121</u>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<u>319,320</u>	<u>374,685</u>	7,560	<u>701,565</u>	679,681
<b>NET ASSETS</b>		<u><u>319,320</u></u>	<u><u>374,685</u></u>	<u><u>7,560</u></u>	<u><u>701,565</u></u>	<u><u>679,681</u></u>
<b>FUNDS</b>	10					
Unrestricted funds					319,320	281,931
Restricted funds					374,685	390,190
Endowment funds					7,560	7,560
<b>TOTAL FUNDS</b>					<u><u>701,565</u></u>	<u><u>679,681</u></u>

The financial statements were approved by the Board of Trustees and authorised for issue on ..... and were signed on its behalf by:

.....  
Mr P Beckwith - Trustee

**Humber Teaching NHS Foundation Trust**  
**Charitable Funds**

**Cash Flow Statement**  
**for the Year Ended 31 March 2021**

	Notes	31.3.21 £	31.3.20 £
<b>Cash flows from operating activities</b>			
Cash generated from operations	1	<u>59,792</u>	<u>(56,286)</u>
Net cash provided by/(used in) operating activities		<u>59,792</u>	<u>(56,286)</u>
<b>Cash flows from investing activities</b>			
Sale of fixed asset investments		-	(265)
Revaluation of investments		-	265
Interest received		<u>561</u>	<u>2,681</u>
Net cash provided by investing activities		<u>561</u>	<u>2,681</u>
<b>Change in cash and cash equivalents in the reporting period</b>			
		<u>60,353</u>	<u>(53,605)</u>
<b>Cash and cash equivalents at the beginning of the reporting period</b>		<u>544,309</u>	<u>597,914</u>
<b>Cash and cash equivalents at the end of the reporting period</b>		<u><u>604,662</u></u>	<u><u>544,309</u></u>

The notes form part of these financial statements

**Humber Teaching NHS Foundation Trust**  
**Charitable Funds**

**Notes to the Cash Flow Statement**  
**for the Year Ended 31 March 2021**

<b>1.</b>	<b>RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES</b>	<b>31.3.21</b>	<b>31.3.20</b>
		<b>£</b>	<b>£</b>
	<b>Net income for the reporting period (as per the Statement of Financial Activities)</b>	<b>21,884</b>	<b>67,567</b>
	<b>Adjustments for:</b>		
	Losses on investments	-	265
	Interest received	<b>(561)</b>	<b>(2,681)</b>
	Increase in debtors	<b>(12,205)</b>	<b>(71,493)</b>
	Increase/(decrease) in creditors	<b>50,674</b>	<b>(49,944)</b>
	<b>Net cash provided by/(used in) operations</b>	<b>59,792</b>	<b>(56,286)</b>
		<hr/> <hr/>	<hr/> <hr/>
<b>2.</b>	<b>ANALYSIS OF CHANGES IN NET FUNDS</b>		
		At 1.4.20	Cash flow
		£	£
	<b>Net cash</b>		<b>At 31.3.21</b>
	Cash at bank	<b>544,309</b>	<b>604,662</b>
		<hr/>	<hr/>
		<b>544,309</b>	<b>604,662</b>
		<hr/>	<hr/>
	<b>Total</b>	<b>544,309</b>	<b>604,662</b>
		<hr/> <hr/>	<hr/> <hr/>

**Humber Teaching NHS Foundation Trust**  
**Charitable Funds**

**Notes to the Financial Statements**  
**for the Year Ended 31 March 2021**

**1. ACCOUNTING POLICIES**

**Basis of preparing the financial statements**

The financial statements of the charity, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Charities Act 2011. The financial statements have been prepared under the historical cost convention, with the exception of investments which are included at market value.

**Income**

All income is recognised in the Statement of Financial Activities once the charity has entitlement to the funds, it is probable that the income will be received and the amount can be measured reliably.

**Expenditure**

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

**Taxation**

The charity is exempt from tax on its charitable activities.

**Fund accounting**

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

**Pension costs and other post-retirement benefits**

The charity operates a defined contribution pension scheme. Contributions payable to the charity's pension scheme are charged to the Statement of Financial Activities in the period to which they relate.

**2. INVESTMENT INCOME**

	<b>31.3.21</b>	31.3.20
	<b>£</b>	£
Deposit account interest	<b>561</b>	2,681
	<u>          </u>	<u>          </u>

**Humber Teaching NHS Foundation Trust**  
**Charitable Funds**

**Notes to the Financial Statements - continued**  
**for the Year Ended 31 March 2021**

**3. CHARITABLE ACTIVITIES COSTS**

	Direct Costs £	Support costs (see note 4) £	Totals £
Patient Education, Welfare & Amenities	48,787	14,872	63,659
Staff Education, Welfare & Amenities	16,144	12,388	28,532
Contribution to Healthcare	69,959	14,028	83,987
	<u>134,890</u>	<u>41,288</u>	<u>176,178</u>

**4. SUPPORT COSTS**

	Management £	Finance £	Governance costs £	Totals £
Patient Education, Welfare & Amenities	14,272	-	600	14,872
Staff Education, Welfare & Amenities	12,388	-	-	12,388
Contribution to Healthcare	13,346	82	600	14,028
	<u>40,006</u>	<u>82</u>	<u>1,200</u>	<u>41,288</u>

**5. TRUSTEES' REMUNERATION AND BENEFITS**

There were no trustees' remuneration or other benefits for the year ended 31 March 2021 nor for the year ended 31 March 2020.

**Trustees' expenses**

There were no trustees' expenses paid for the year ended 31 March 2021 nor for the year ended 31 March 2020.

**6. STAFF COSTS**

	31.3.21 £	31.3.20 £
Wages and salaries	35,535	24,556
Social security costs	1,325	1,861
Other pension costs	338	499
	<u>37,198</u>	<u>26,916</u>

The average monthly number of employees during the year was as follows:

	31.3.21	31.3.20
Employed staff	<u>3</u>	<u>3</u>

No employees received emoluments in excess of £60,000.

Employed Staff are employed by The HEY Smile Foundation on behalf of the Charity.

**Humber Teaching NHS Foundation Trust**  
**Charitable Funds**

**Notes to the Financial Statements - continued**  
**for the Year Ended 31 March 2021**

**7. FIXED ASSET INVESTMENTS**

		Listed investments £
<b>MARKET VALUE</b>		
At 1 April 2020 and 31 March 2021		<u>7,560</u>
<b>NET BOOK VALUE</b>		
At 31 March 2021		<u>7,560</u>
At 31 March 2020		<u>7,560</u>

There were no investment assets outside the UK.

**8. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR**

	31.3.21 £	31.3.20 £
Trade debtors	143,705	132,625
Prepayments	1,125	-
	<u>144,830</u>	<u>132,625</u>

**9. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR**

	31.3.21 £	31.3.20 £
Trade creditors	54,287	3,613
Other creditors	1,200	1,200
	<u>55,487</u>	<u>4,813</u>

**10. MOVEMENT IN FUNDS**

	At 1.4.20 £	Net movement in funds £	At 31.3.21 £
<b>Unrestricted funds</b>			
General fund	281,931	37,389	319,320
<b>Restricted funds</b>			
Restricted	390,190	(15,505)	374,685
<b>Endowment funds</b>			
Endowment Fund	7,560	-	7,560
<b>TOTAL FUNDS</b>	<u>679,681</u>	<u>21,884</u>	<u>701,565</u>

**Humber Teaching NHS Foundation Trust**  
**Charitable Funds**

**Notes to the Financial Statements - continued**  
**for the Year Ended 31 March 2021**

**10. MOVEMENT IN FUNDS - continued**

Net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
<b>Unrestricted funds</b>			
General fund	190,475	(153,086)	37,389
<b>Restricted funds</b>			
Restricted	7,587	(23,092)	(15,505)
<b>TOTAL FUNDS</b>	<u>198,062</u>	<u>(176,178)</u>	<u>21,884</u>

**Comparatives for movement in funds**

	At 1.4.19 £	Net movement in funds £	At 31.3.20 £
<b>Unrestricted funds</b>			
General fund	311,272	(29,341)	281,931
<b>Restricted funds</b>			
Restricted	293,017	97,173	390,190
<b>Endowment funds</b>			
Endowment Fund	7,825	(265)	7,560
<b>TOTAL FUNDS</b>	<u>612,114</u>	<u>67,567</u>	<u>679,681</u>

Comparative net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Gains and losses £	Movement in funds £
<b>Unrestricted funds</b>				
General fund	41,769	(71,110)	-	(29,341)
<b>Restricted funds</b>				
Restricted	125,189	(28,016)	-	97,173
<b>Endowment funds</b>				
Endowment Fund	-	-	(265)	(265)
<b>TOTAL FUNDS</b>	<u>166,958</u>	<u>(99,126)</u>	<u>(265)</u>	<u>67,567</u>

**Humber Teaching NHS Foundation Trust**  
**Charitable Funds**

**Notes to the Financial Statements - continued**  
**for the Year Ended 31 March 2021**

**10. MOVEMENT IN FUNDS - continued**

A current year 12 months and prior year 12 months combined position is as follows:

	At 1.4.19 £	Net movement in funds £	At 31.3.21 £
<b>Unrestricted funds</b>			
General fund	311,272	8,048	319,320
<b>Restricted funds</b>			
Restricted	293,017	81,668	374,685
<b>Endowment funds</b>			
Endowment Fund	7,825	(265)	7,560
<b>TOTAL FUNDS</b>	<u>612,114</u>	<u>89,451</u>	<u>701,565</u>

A current year 12 months and prior year 12 months combined net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Gains and losses £	Movement in funds £
<b>Unrestricted funds</b>				
General fund	232,244	(224,196)	-	8,048
<b>Restricted funds</b>				
Restricted	132,776	(51,108)	-	81,668
<b>Endowment funds</b>				
Endowment Fund	-	-	(265)	(265)
<b>TOTAL FUNDS</b>	<u>365,020</u>	<u>(275,304)</u>	<u>(265)</u>	<u>89,451</u>

**11. RELATED PARTY DISCLOSURES**

During the year transactions undertaken with the HEY Smile Foundation, the commissioned supplier of charitable services to Humber Teaching NHS Foundation Trust, totalled £38,616. Andrew Barber, CEO of Smile, is a governor of Humber Teaching NHS Foundation Trust.

As at 31 March 2021, the charity owed The HEY Smile Foundation £53,100 (2020 - £2,634).

As at 31 March 2021 the charity was owed £100 (2020 - £nil) by The HEY Smile Foundation.

**Humber Teaching NHS Foundation Trust**  
**Charitable Funds**

**Detailed Statement of Financial Activities**  
**for the Year Ended 31 March 2021**

	31.3.21 £	31.3.20 £
<b>INCOME AND ENDOWMENTS</b>		
<b>Donations and legacies</b>		
Donations	38,464	53,459
Legacies	-	3,460
Gifts in kind income	-	1,658
	38,464	58,577
<b>Investment income</b>		
Deposit account interest	561	2,681
<b>Charitable activities</b>		
Grants	159,037	105,700
<b>Total incoming resources</b>	198,062	166,958
<b>EXPENDITURE</b>		
<b>Charitable activities</b>		
Grant funding of activities	96,274	32,971
Governance costs	38,616	35,670
	134,890	68,641
<b>Support costs</b>		
<b>Management</b>		
Wages	35,535	24,556
Social security	1,325	1,861
Pensions	338	499
Advertising	218	612
Sundries	2,515	1,320
Travel	75	116
	40,006	28,964
<b>Finance</b>		
Bank charges	82	121
<b>Governance costs</b>		
Independent examination	1,200	1,400
<b>Total resources expended</b>	176,178	99,126
<b>Net income before gains and losses</b>	21,884	67,832
<b>Realised recognised gains and losses</b>		
Carried forward	20,684	66,432

This page does not form part of the statutory financial statements

**Humber Teaching NHS Foundation Trust**  
**Charitable Funds**

**Detailed Statement of Financial Activities**  
**for the Year Ended 31 March 2021**

	31.3.21	31.3.20
	£	£
<b>Realised recognised gains and losses</b>		
Brought forward	<b>20,684</b>	66,432
Realised gains/(losses) on fixed asset investments	-	(265)
<b>Net income</b>	<b>21,884</b>	67,567

DRAFT

**Agenda Item 14**

Title & Date of Meeting:	Trust Board Public Meeting – 27 October 2021			
Title of Report:	Freedom to Speak Up Trust Board Update (October 2021)			
Author/s:	Michele Moran, Chief Executive and Executive Lead for Freedom to Speak Up  Alison Flack, Freedom to Speak Up Guardian			
Recommendation:	To approve	<b>YES</b>	To receive & note	
	For information		To ratify	
Purpose of Paper:	To provide the Board with an update on the work of the Freedom to Speak Up Guardian and speaking up across the Trust.			
		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report:	<p>The Vision and Strategy (2019-2022) for speaking up are due to be refreshed and will be presented to the Trust Board following consultation across the Trust.</p> <p>The policy and procedure for speaking up is due to be refreshed and has been reviewed against the recommendations from the National Guardians Office. This will be presented to the workforce committee for approval.</p> <p>Speak Up Month in October has seen a variety of events across the Trust to raise awareness of the important of speaking up and the Guardian's role.</p> <p>Speak up cases remain comparable to those in similar size provider Trusts.</p>			

**Monitoring and assurance framework summary:**

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

√ Tick those that apply

<b>Yes</b>	Innovating Quality and Patient Safety
------------	---------------------------------------

<b>Yes</b>	Enhancing prevention, wellbeing and recovery			
<b>Yes</b>	Fostering integration, partnership and alliances			
<b>Yes</b>	Developing an effective and empowered workforce			
<b>Yes</b>	Maximising an efficient and sustainable organisation			
<b>Yes</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	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	



**Humber Teaching**  
NHS Foundation Trust

## **Freedom to Speak up Guardian Update Report – October 21**

The following report provides an update on the activities undertaken as part of the Freedom to Speak Up processes and the role of the Guardian.

### **National Guardians Office (NGO)**

During September 2021, Dr Henrietta Hughes OBE stepped down from her role as the National Freedom to Speak Up Guardian. A recruitment process is currently underway to appoint a new lead.

The National Guardians Office has recently published a report which analyses the themes and learning from a review completed into the speak up culture at Blackpool Teaching Hospitals. A internal review of this will be completed and the Trust Board will be kept updated on any learning or changes in practice recommended from this.

### **Yorkshire and Humber Regional Guardian's Network**

Our Guardian's continue to play an active role in the regional network by attending regional monthly meetings and peer support meetings.

### **Freedom to Speak Up Trust Strategy (2019-2022)**

Our Freedom to Speak Up Vision and Strategy (2019-2022) remains in place but is now due for review. We will continue to work together to ensure that all members of staff feel safe and confident to speak out and raise their concerns.

Our refreshed strategy will be updated and presented to the Board later in the year following consultation with our staff governors, operational development group, executive management team and staff side representatives.

### **Freedom to Speak Up Policy and Procedure**

Our Freedom to Speak up Policy and Procedure has recently been reviewed in light of National Guardian's Office updates. This will be presented to the workforce committee later in the year for final approval.

### **Training for Staff**

All new staff joining the Trust now undertake Level 1 NGO Speak Up training as part of their induction programme and the training is available through the training diary.



Level 2 NGO Speak Up training has now been published and we are looking at how we can ensure all our managers have completed this through the Trust's leadership and development programmes.

### **Board Commitment and Support**

The Freedom to Speak Up Guardian and Deputy meet with the Chief Executive and Executive Lead for speak up on a monthly basis and brief the Executive Lead on all cases raised through speak up. A quarterly meeting is also held with the Trust's Chairman and the Senior Independent Non-Executive Director.

### **Number of Speak Up Concerns Received from 1 April 2020 until 31 March 2021**

During the period 1 April 2021 until 31 September 2021 we have received 15 concerns through Freedom to Speak Up. This is a similar level of reporting to that of the same period last year and is not an outlier compared to other Trusts of a similar size or service provider.

It is important to note that if more than one staff member raises the concern this is counted by the number of staff raising the concern.

2018/19	42
2019/20	58
2020/21	24

### **Types of Concerns**

During this time period the speak up concerns raised fall into the following categories:-

- Human resource processes i.e. grievances, signposting.
- Allegations of bullying and harassment
- Lack of team working.
- Relationships with manager.
- Equality and diversity.

The following areas have raised concerns through the speak up route:-

Learning Disabilities  
Mental Health services  
Whitby Hospital  
Corporate services

The staff members reporting concerns have ranged from health care assistants, administrative staff, qualified nurses, medical and social workers.

## **Speak Up Month – October**

During October, we have participated in the annual Speak Up Month initiative that is supported by the National Guardian's office. We held a number of virtual events to meet staff and talk about the role of speaking up in the Trust.

A number of speak up concerns have been resolved by listening to concerns and providing support and advice as to the most appropriate route for resolution and the Freedom to Speak Up Guardian and Deputy Guardian work closely with the Trust's HR team to signpost staff where appropriate.

During this period, no staff member reported feeling detriment to themselves as a result of speaking up through the Guardian route. A number of staff noted that their speak up concerns had been resolved and they would use the speak up route again.

## **Learning from concerns that have been raised**

An important aspect of speaking up is to ensure that any learning from concerns is shared and that improvements are made.

As a result of learning the following areas have been improved:-

- Communications between staff teams.
- We are currently looking at how we can further support staff through our HR and Freedom to Speak up processes by piloting a buddying system through Freedom to Speak up in the first instance.
- Team building events.

During the period from 1 April 2021 to 31 September 2021, there has been one external independent investigation commissioned by the Chief Executive and Executive Lead for speaking up. The Chief Executive and Executive Lead has also requested a separate review of a specific operational area where there has been an increase in reporting.

On a regular basis, the team review the agreed actions from speak up concerns to ensure that learning has been implemented and also shared across the Trust.

## **Raising Awareness of the Freedom to Speak up Guardian Role and Function**

We continue to promote the Guardian role virtually across the Trust by attending team meetings and publishing regular communications through the Trust communications programme. This has been strengthened during COVID 19 period. The Chief Executive also continues to raise awareness through the Chief Executive communication channels.

## **Continuing to support our staff to raise their concerns during COVID 19**

Regular communications about the role of the Guardian and the continued importance of speaking up during this time have been published in the COVID 19 staff communications.

### **Gaining feedback from our staff**

When a staff member has raised a concern with the Guardian, where possible a letter is sent from Michele Moran, as the Chief Executive to thank staff for raising their concerns and to ask them to complete a questionnaire regarding their experience of reporting a concern. The response rate has been low this year and we need to look at how we improve this.

### **Review of Completed Actions – 2021/22**

Review of HFT Speak Up Strategy, Policy and procedure to align with the new guidance received from the National Guardians Office to be shared with the December Trust Board for approval once consultation has been completed across the Trust forums.

Review the outcome of the staff survey results to develop an action plan targeting specific areas of the Trust. Completed

Continued focus on equality and diversity – meeting planned with the Trust's Equality and Diversity Lead. Completed

Continue to promote the work of the Guardian across the Trust. This is ongoing we promote the Guardian and speaking up on a continual basis through the Trust's communication channels. October is speak up month and we have arranged a number of virtual sessions for our staff to meet with the Deputy Freedom to Speak Up Guardian.

Review process for gaining feedback from our staff who raise their concerns. This will be completed during November 2021.

**Agenda Item 15**

Title & Date of Meeting:	Trust Board Public Meeting – 27 October 2021			
Title of Report:	Constitution			
Author/s:	Name: Michelle Hughes Title: Head of Corporate Affairs			
Recommendation:	To approve	✓	To receive & note	
	For information		To ratify	
Purpose of Paper:	To propose amendments to the Constitution to reflect the role of the Trust as Lead Provider			
<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		Other (please detail) Report to Council of Governors	7/10/21	
Key Issues within the report:	<p>The changes proposed are identified within the report</p> <p>The Council of Governors approved the changes at its meeting on 7<sup>th</sup> October 2021</p>			

**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
Compliance	✓			

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

## Constitution

### 1. Introduction

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

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

To ensure this is reflected in the Constitution three updates are proposed as detailed below for Board approval. The Council of Governors approved the changes on 7<sup>th</sup> October 2021.

### 2. Proposed Changes

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

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

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

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

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

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

### *Significant Transactions:*

On review of paragraph 46, Significant Transactions no change is required or recommended as surplus income will be distributed to other service providers through commissioning arrangements. The role of the Council of Governors in any transaction that meets the threshold of a significant transaction remains unchanged.

### **Recommendation**

- To approve the changes detailed above which were approved by the Council of Governors on 7<sup>th</sup> October 2021.
- Subject to approval by the Trust Board the changes will become effective immediately.

October 2021

**Agenda Item 16**

Title & Date of Meeting:	Trust Board Public Meeting– 27 October 2021			
Title of Report:	External Review of Governance			
Author/s:	Name: Michele Moran    Michelle Hughes Title: Chief Executive    Head of Corporate Affairs			
Recommendation:	To approve		To receive & note	X
	For information		To ratify	
Purpose of Paper:	To update the Trust Board on plans to undertake an external review of governance as required under NHSI Guidance.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	9/21
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	/
Key Issues within the report:	An external provider has been selected to undertake the review. The process is outlined in the report.			

**Monitoring and assurance framework summary:**

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

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

## **External Review of Governance**

### **1. Background**

NHSI guidance 'developmental reviews of leadership and governance using the well-led framework' says Trusts should carry out an external review of their governance every three years. However, in keeping with the Single Oversight Framework NHSI use to identify the level of support providers need, they provide extra flexibility based on individual circumstances. This means they can agree longer timeframes for review up to a maximum of five years on a 'comply or explain' basis.

An external governance review was last undertaken in May 2017. At the May 2020 Board it was agreed to extend the three-year period based on our CQC Well Led rating of Good in 2018 and our 2019 inspection rating where we retained our Well Led rating of Good which indicated there was continued flexibility to agree when to do this within the period up to May 2022. Since this time there has been additional assurance received via our internal annual review of the Board and committee effectiveness and feedback from CQC in January 2021 following their Transitional Monitoring Assessment.

An update was provided to the July 2021 Board in relation to potential timetable and procurement of a provider for the review within the five-year period.

### **2. Selection of a Provider**

The NHS Shared Business Services Framework for Multidisciplinary Consultancy Services to procure external support was used to select a provider. Following a competition exercise to identify a suitable provider, 3 submissions and expressions of interest were received and have been reviewed.

The 3 bid submissions were all similar in approach and quality in that they met the brief, provided similar method statements, all have experience of well led reviews and those involved all had strong CV's. The bids were evaluated on an 80% quality and 20% price and all 3 were high quality bids, the only differentiator was price.

Following evaluation Grant Thornton has been selected. The project mobilisation will begin in December with feedback and reporting in March 2022.

### **3. The Review**

The review will consist of two key phases – planning and fieldwork and feedback and reporting. An outline of these phases is attached as appendix 1.

An interview schedule and information requests will be received at the end of October and will be centrally coordinated. The Head of Corporate Affairs will act as project sponsor working with the Director of Clinical Governance, Sue Cordon who will be the Project Director for Grant Thornton.

Structured interviews, workshops and observation of Trust Board meetings and key committees will form part of the review with feedback and reporting due in March 2022. To ensure observation of committees fit with the dates of the review, these have already been selected and are listed below. These dates are the first part of a series of meetings and once the plan has been developed and agreed will be shared with Board.

- Trust Board 26<sup>th</sup> January
- Finance and Investment Committee 19<sup>th</sup> January
- Workforce & Organisational Committee 19<sup>th</sup> January
- Commissioning Committee 21<sup>st</sup> January
- Quality Committee 2<sup>nd</sup> February
- Mental Health Legislation Committee 3<sup>rd</sup> February
- Audit Committee 8<sup>th</sup> February

Initial discussions regarding timings indicate the organisation of documents and meetings will be undertaken by the end of December so that the fieldwork can start early in the new year.

A Board self-assessment against the 8 CQC Key Lines of Enquiry (KLOEs) will be one of the information requests. The Board timeout session in December will be undertaking a self-assessment.

A key part of the process includes a Board seminar in March to discuss the findings and this will be scheduled as part of the review.

#### **4. Recommendation**

To note the appointment of Grant Thornton to undertake an external review of governance and the process this will take.

<b>Planning and Fieldwork</b>		<b>Feedback and Reporting</b>
<p><b>Project mobilisation (December 2021)</b></p> <ul style="list-style-type: none"> <li>• Project plan and contract</li> <li>• Agree approach with project sponsor</li> <li>• Information request</li> <li>• Interview schedule</li> <li>• Risk assessment</li> <li>• Populate issues log</li> <li>• Develop key questions and plans for interviews</li> </ul>	<p><b>Fieldwork (January-February 2022)</b></p> <ul style="list-style-type: none"> <li>• Structured interviews, workshops and observation of the Trust Board meetings and key Board Committees, based on Well-Led guidance and our experience of how this has worked most effectively at other clients</li> <li>• Divisional deep-dives - Structured interviews and observations of key business and governance meetings to assess how governance works within nominated Divisions' services; how issues are escalated; and how lines of communication and accountability work throughout the structure</li> <li>• Regular feedback and communication –weekly 'touch down' meetings with your project sponsor</li> <li>• Capture issues arising</li> <li>• Assess further evidence</li> </ul>	<p><b>Scoring, confirm and challenge, and reporting (February –March 2022)</b></p> <ul style="list-style-type: none"> <li>• Discuss and resolve issues as they arise</li> <li>• 'Confirm and challenge' meeting plus follow-up</li> <li>• Update KLOE ratings</li> <li>• Draft report</li> <li>• Board seminar to discuss findings and test recommendations</li> <li>• Trust comments on report for factual accuracy and agrees recommendations</li> <li>• Final report</li> <li>• Board finalisation of agreed action plan</li> </ul>
	<p><b>Review and triangulate findings (February 2022)</b></p> <ul style="list-style-type: none"> <li>• Re-assess issues, triangulate, update issues log</li> <li>• Re-focus; further analysis</li> <li>• Initial scoring</li> <li>• Prioritised next steps</li> </ul>	<p><b>Post review catch-up</b></p> <p>Post review catch-up usually scheduled 6–9 months post review to discuss progress</p>

**Agenda Item 17**

Title & Date of Meeting:	Trust Board Public Meeting - 27 <sup>th</sup> October 2021			
Title of Report:	Emergency Preparedness Resilience and Response (EPRR) Assurance Process 2021-22			
Author/s:	Name: Lynn Parkinson Title: Accountable Emergency Officer			
Recommendation:	To approve	✓	To receive & note	
	For information		To ratify	
Purpose of Paper:	<p>NHS Trusts are required to undertake an annual self-assessment against the Emergency Preparedness, Resilience and Response (EPRR) core standards, as part of NHSEIs annual assurance process. As a result of events in 2020 the assurance process was not wholly completed, therefore some of the standards are felt to not reflect current best practice and are under review. Consequently, the number of standards has been reduced this year from 54 core standards down to 36 and the deep dive standards are reduced from 8 to 7. This report sets out Humber Teaching NHS Foundation Trusts self-assessment of current compliance against the EPRR organisational core standards, the required actions and delivery time frame to address gaps.</p> <p>Following approval by the Trust Board on 27th October 2021, the compliance statement, and assessment will be submitted to the North East and Yorkshire Regional EPRR Team Lead by 29th October 2021.</p> <p>Appendix A – Statement of Compliance Appendix B – Core standards and action plan</p>			
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	28.09.21
	Charitable Funds Committee		Other (please detail) Annual Report	
<b>Key Issues within the report:</b>  <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<ul style="list-style-type: none"> <li>A pragmatic approach has been taken (as advised by NHSEI) in that we have considered that the plans are still current and meet the evidence requirements of the standards however, its acknowledged that these are due for review and therefore have an action to complete.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Failure to meet the NHSEI deadline for the assurance process would risk being categorised as non-compliant against the core standards for EPRR.</li> <li>• Failure to meet the NHSEI compliance requirements could lead to Humber Teaching NHS FT not being 'properly prepared for dealing with a relevant emergency'. This is a responsibility placed on NHS funded providers under the Civil Contingencies Act (2004) and the Health and Social Care Act 2012.</li> </ul>
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**Monitoring and assurance framework summary:**

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

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

### **1. Introduction**

The NHS needs to be able to plan for and respond to a wide range of emergencies and business continuity incidents that could affect health or patient safety. Under the Civil Contingencies Act (2004) and Health and Social Care Act 2012, NHS organisations and providers of NHS funded care must show that they can effectively respond to emergencies and business continuity incidents while maintaining services to patients. This work is referred to in the health service as 'Emergency Preparedness, Resilience and Response' (EPRR).

### **2. NHSE EPRR Core Standards assurance process**

The NHS EPRR Core Standards were introduced to clearly set out the minimum standards expected of NHS organisations and providers of NHS funded care with respect to emergency preparedness, resilience, and response.

The NHSE EPRR Core Standards enable agencies across the country to share a common purpose and to coordinate EPRR activities in proportion to the organisation's size and scope. In addition, they provide a consistent cohesive framework for self-assessment, peer review and assurance processes.

These standards will be reviewed and updated as lessons are identified from testing, national legislation, and guidance changes and/ or as part of the rolling NHSE EPRR governance programme.

### **3. Trust NHS EPRR Core standards**

The Trust received the 2021/22 assurance email from the EPRR regional team on the 29<sup>th</sup> July 2021 outlining the process and expectations for this year's submission.

The letter, from Steven Groves, National Director of EPRR for NHSEI, thanked Trusts for their continued support over the last 18 months and explained as a result of events in 2020 that the previous core standards did not receive their tri-annual review and, as a consequence, not all the standards are felt to reflect current practice. Therefore, they have removed a small number of standards to accommodate this year's assurance process until a full review can be undertaken. This year there are 36 applicable standards in place of the usual 54, and there are 7 deep dive standards focussed on oxygen supply; this section does not influence the overall compliance rating for the Trust.

We will comply with this request by:

- Self-assessing our compliance with the standards and submitting our statement of compliance and action plan by 29<sup>th</sup> October 2021 to the North East and Yorkshire Regional EPRR Lead

### **4. Previous Years Position 2020-21**

Due to the continued response required in 2020 for Covid19, NHSEI wrote to

organisations in August 2020 asking them to review their action plans to improve their level of compliance against the previous years 2019/20 core standards submission. We did this, and it raised our compliance level for that period from substantial to fully compliant. The improvement reflected training that had taken place and a testing programme being implemented for the Incident Coordination Centre.

## 5. Current Position

We have self-assessed the Trust against this years 36 applicable core standards and 8 deep dive standards. Any standard that has been rated partially or non-compliant has been automatically transferred over into an action plan and this will form the Trust improvement plan for the 12 months to follow. It must be noted at this point that it has been recognised by NHSEI that organisational EPRR teams are facing a period of 'catch up' and have advised that a pragmatic view be taken when self-assessing against the standards given the prolonged response to Covid19 in the last 18 months. We have, therefore on that basis, rated ourselves as compliant against some standards where the evidence requirements have been fully met but an action has still been applied, the rationale for this is that the document is deemed still current until such time it can be reviewed and replaced.

Our overall position for this year has therefore been determined as substantially compliant with us meeting the criteria of between 89-99% compliance with the core standards. Our total compliance figure is, out of 36 core standards we have complied with 33, therefore we stand at 91.7%.

This is a reduction from the full compliance reported last year which is a direct result of the focus required on the response to the Covid19 emergency over the last 18 months, capacity however is now available to reintroduce business as usual tasks alongside the continuing response to Covid19.

## 6. Compliance with Core Standards for Overall Preparedness for 2021-22

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Noncompliant
Governance	5	5	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	7	7	0	0
Command and control	1	1	0	0
Response	3	2	1	0
Warning and informing	3	2	1	0
Cooperation	2	2	0	0
Business Continuity	7	7	0	0
CBRN	6	5	1	0
<b>Total</b>	<b>36</b>	<b>33</b>	<b>3</b>	<b>0</b>

Deep Dive – Oxygen Supply	Total standards applicable	Fully compliant	Partially compliant	Noncompliant
Medical Gases Governance	1	0	1	0

Medical Gases Planning	2	2	0	0
Medical Gases Workforce	1	1	0	0
Oxygen Systems Escalation	1	1	0	0
Oxygen Systems	2	2	0	0
<b>Total</b>	<b>7</b>	<b>6</b>	<b>1</b>	<b>0</b>

**Overall assessment:**

Substantially compliant

## 7. Actions

**Standard 11 and 12 – *In line with current guidance and legislation the organisation has effective arrangements in place to respond to critical and major incidents***

- Rated as compliant as Major Incident Plan in place but requires review post Covid19 – to be completed by December 2021

**Standard 30 – *The organisation has Incident Co-ordination Centre (ICC) arrangements***

- Rated as partially compliant as there are physical arrangements which have been tested in place, but the Major Incident Plan is required to reflect the virtual working arrangements and identify ICC arrangements for the North Yorkshire area of the Trust – to be completed by end of November 2021

**Standard 37 - *The organisation has arrangements to communicate with partners and stakeholder organisations during and after a major incident, critical incident or business continuity incident.***

- Rated as partially compliant, Media policy is in place although requires amend to define advice on appropriate use of personal social media to staff during an incident response – to be completed by November 2021

**Standards 56, 57 & 58 – HAZMGT/CBRN**

- Rated as compliant as CBRN plan in place, but requires review post Covid19 – to be completed by March 2022

**Standard 68 -CBRN – *Staff training decontamination***

- Rated as partially compliant, CBRN plan in place but requires targeted training post Covid19 – to be completed by March 2022

Of the CBRN standards requiring actions the EPRR team has an invitation to attend North Lincs and Goole NHS Foundation Trusts internal CBRN training which will support and help frame the training requirement and update of plans for Humber FT.

All the above have been added to the core standards action plan tab as part of the final submission and have achievable completion dates within the 2021/22 financial year.

## 8. Business Continuity– Deep Dive

This year's EPRR assurance deep dive is Oxygen Supply and has been completed by the Estates Department. Out of the 7 standards applicable the Trust has fully complied with 6

and partially complied with 1, there are 2 actions of which have achievable completion dates applied.

## **Actions**

### **Deep Dive 1 – Medical Gases Governance**

- Rated as partially compliant, Medical Gases Group and Chair to be established in line with HTM02-01 Part B and managed by the Estates Mechanical Compliance Manager upon appointment. In the interim the audit action plan will be monitored by the Health & Safety Group to demonstrate progress and governance. Completed by 1<sup>st</sup> April 2022

### **Deep Dive 3 – Medical Gases – Planning**

- Rated as compliant, Medical Gases Policy in place and revision will be supported by the approved engineer. Completed by End December 2021.

## **9. Conclusion**

This Action Plan will become the part of the Trusts EPRR work programme for the remainder of 2021-22 and this will be monitored regularly as part of the EPRR quarterly reports to the Operational Delivery Group.

## **10. Recommendations**

The Trust Board are asked to:

- Consider the compliance self-assessment, rating and associated guidance and provide feedback accordingly.
- Approve the overall compliance rating and associated action plan for submission to NHS England on 29th October 2021

**Yorkshire and the Humber Local Health Resilience Partnership (LHRP)  
Emergency Preparedness, Resilience and Response (EPRR) assurance 2021-2022**

**STATEMENT OF COMPLIANCE**

**Humber NHS Teaching Foundation Trust** has undertaken a self-assessment against required areas of the EPRR Core standards self-assessment tool v1.0

Where areas require further action, **Humber NHS Teaching Foundation Trust** will meet with the LHRP to review the attached core standards, associated improvement plan and to agree a process ensuring non-compliant standards are regularly monitored until an agreed level of compliance is reached.

Following self-assessment, the organisation has been assigned as an EPRR assurance rating of **Substantial** (from the four options in the table below) against the core standards.

Overall EPRR assurance rating	Criteria
<b>Fully</b>	The organisation is 100% compliant with all core standards they are expected to achieve.  The organisation's Board has agreed with this position statement.
<b>Substantial</b>	The organisation is 89-99% compliant with the core standards they are expected to achieve.  For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
<b>Partial</b>	The organisation is 77-88% compliant with the core standards they are expected to achieve.  For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
<b>Non-compliant</b>	The organisation compliant with 76% or less of the core standards the organisation is expected to achieve.  For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.  The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.

I confirm that the above level of compliance with the core standards has been agreed by the organisation's board / governing body along with the enclosed action plan and governance deep dive responses.

\_\_\_\_\_  
Signed by the organisation's Accountable Emergency Officer

\_\_\_\_\_  
Date signed

27/10/2021

27/10/2021

Date of Board/governing body meeting

Date presented at Public Board

\_\_\_\_\_  
Date published in organisations Annual Report

Please select type of organisation: **Mental Health Providers**

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	5	5	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	7	7	0	0
Command and control	1	1	0	0
Response	3	2	1	0
Warning and informing	3	2	1	0
Cooperation	2	2	0	0
Business Continuity	7	7	0	0
CBRN	6	5	1	0
<b>Total</b>	<b>36</b>	<b>33</b>	<b>3</b>	<b>0</b>

Deep Dive - Medical Gases	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	1	0	1	0
Planning	2	2	0	0
Workforce	1	1	0	0
Escalation	1	1	0	0
Oxygen Systems	2	2	0	0
<b>Total</b>	<b>7</b>	<b>6</b>	<b>2</b>	<b>0</b>

Overall assessment:	Substantial Compliance
Instructions:	
Step 1: Select the type of organisation from the drop-down at the top of this page	
Step 2: Complete the Self-Assessment RAG in the 'EPRR Core Standards' tab	
Step 3: Complete the Self-Assessment RAG in the 'Deep dive' tab	





Ref	Domain	Standard	Detail	Evidence - examples listed below	Manual Health Procedure	Continuity/Event Procedure	Operational Evidence	Self assessment SAC	Action to be taken	Lead	Timeline	Comments	
<p><b>Non-Plan - Process Knowledge</b></p> <p><b>Standard: Oxygen Supply</b></p>													
001	Oxygen Supply	Medical gases - governance	The organisation has in place an effective Medical Gas Committee as detailed in Health Technical Memorandum HTM53:02 Part 2	<ul style="list-style-type: none"> <li>MC Committee meets annually in a minimum of 4 meetings</li> <li>Minutes of Committee meetings are maintained</li> <li>MC Committee reports progress and any issues to the Chief Executive</li> <li>MC Committee develops and maintains organisational policies and procedures</li> <li>MC Committee develops the resilience/correspondence plans with relevant standard operating procedures (SOPs)</li> <li>MC Committee reviews risk onto the organisational risk register and Board Assurance Framework when appropriate</li> <li>MC Committee reviews Authorising Engineer's annual signed and stamped action plan to address issues, there being evidence that this is reported to the organisation's Board</li> </ul>	If applicable	If applicable	Trust does not currently have a Medical Gas Committee. An Authorised Engineer for medical gases is appointed by Trust Staff who undertakes an annual audit. An action plan is developed from the audit, with actions undertaken by setting up a Medical Gas Team.	<p>Red (not compliant) - Not compliant with core standard. The organisation's work programme does not include a plan to address this within the next 12 months.</p> <p>Green (fully compliant) - Fully compliant with core standard.</p>	Establish a Medical Gas Committee in line with HTM53:02 Part 2	Rob Adkinson / Estates Mechanical Compliance Manager when appointed	Apr 22	Audit actions will be taken through Health & Safety Group and Medical Gas Group and Chair can be established. This will be managed by the Estates Mechanical Compliance Manager upon appointment	
002	Oxygen Supply	Medical gases - planning	The organisation has robust and tested Business Continuity and/or Disaster Recovery plans for medical gases	<ul style="list-style-type: none"> <li>HTM organisation has reviewed and updated the plans and are they available for use</li> <li>HTM organisation has assessed its capacity and performance using the national toolkits</li> <li>HTM organisation has documented plans (signed and stamped) to achieve restoration of identified shortfall in infrastructure capacity requirements</li> <li>HTM organisation has documented plans (signed and stamped) to achieve restoration of capacity by re-allocated assets across the site</li> <li>HTM organisation has clear plans for where oxygen cylinders are used and this has been discussed and there should be an agreement with the supplier to know the location and distribution so they can deliver an emergency order, an delivery time and number of cylinders and any exclusion procedure in the event of an emergency (e.g. understand if there is a maximum limit to the number of cylinders the supplier has available)</li> <li>Standard Operating Procedures exist and are available for staff regarding the use, storage and operation of cylinders (the materials and security policies)</li> <li>HTM organisation has benching points available to support access for additional equipment as required</li> <li>HTM organisation has a clear plan for staff education and training (e.g. housekeeping practices)</li> <li>HTM organisation has a comprehensive needs assessment to identify training and education requirements for safe management of medical gases</li> </ul>	If applicable	If applicable	The Estates Business Continuity Plan is in place for the use of medical gases. Flow rates at SRCH (only hospital facility) and medical gases are known and maximum capacity of system established. Estates and Procurement have arrangements with supplier (SRCH) for the emergency supply of oxygen if required. Medical Gas Services have cylinders stored across the site. Designated areas of oxygen cylinders in place. SOPs in place for rapid medical gas systems, including training for staff.	Fully compliant	N/A	N/A	N/A	N/A	
003	Oxygen Supply	Medical gases - planning	The organisation has used Appendix 1 to the HTM 02:01 part 4 to support the planning, installing, upgrading or fit of a new or replacement oxygen supply system	<ul style="list-style-type: none"> <li>MC organisation has clear guidance that includes delivery frequency for medical gases that identifies key requirements for safe and secure deliveries</li> <li>HTM organisation has policy to support consistent calculation for medical gas consumption to support supply requirements</li> <li>HTM organisation has policy for the maintenance of pipework and systems that includes regular checking for leaks and testing of oxygen regulators</li> <li>MC organisation has utilised the checklist retrospectively as part of an assurance or audit process</li> </ul>	If applicable	If applicable	PPM for piped gas infrastructure. Practice of maintenance measures in place. Medical gas delivery frequency arrangements in place with demand.	Fully compliant	Review Medical Gas Policy	Rob Adkinson / Estates Mechanical Compliance Manager when appointed	End Dec 2021	Policy will be reviewed with the support of the Authorised Engineer	
004	Oxygen Supply	Medical gases - workforce	The organisation has reviewed the skills and competencies of identified roles within the HTM and has assurance of evidence for these functions	<ul style="list-style-type: none"> <li>MCB description/journal specifications are available to cover each identified role</li> <li>HTM training of staff to ensure staff have the skills and competence to carry out their role</li> <li>MCB description/journal specifications are available to cover each identified role and attendance is monitored as completed to training requirements</li> <li>MCB description/journal specifications are available to cover each identified role</li> <li>MCB description/journal specifications are available to cover each identified role</li> </ul>	If applicable	If applicable	Currently one qualified AP, plus support from externally commissioned staff, further supported by an independent AC. Further plans to recruit an additional qualified AP within the organisation. Training packages in place for all roles.	Fully compliant	N/A	N/A	N/A	N/A	
005	Oxygen Supply	Oxygen systems - evaluation	The organisation has a clear escalation plan and processes for management of large oxygen demand	<ul style="list-style-type: none"> <li>MCB roles and have been reviewed and updated for 'range of severity' risk multi-disciplinary oxygen incident</li> <li>MCB are informed and aware of the requirements for managing the delivery of oxygen</li> <li>MCB are available for the 'good housekeeping' practices identified during the pandemic surge and include, for example, Medical Director sign off for the use of HTM53</li> </ul>	If applicable	If applicable	Arrangements in place as SRCH for daily oxygen demand requirements, which have been discussed during the pandemic.	Fully compliant	N/A	N/A	N/A	N/A	
006	Oxygen Supply	Oxygen systems	The organisation has an accurate and up to date technical file on its oxygen supply system with the relevant instruction for use (IFU)	<ul style="list-style-type: none"> <li>MCB reviewed and updated instructions for use (IFU), where required as part of Authorising Engineer's annual verification and report</li> </ul>	If applicable	If applicable	Training is in place for those that use and operate the piped medical gas systems, which has been reviewed by HTM.	Fully compliant	N/A	N/A	N/A	N/A	
007	Oxygen Supply	Oxygen systems	The organisation has undertaken a risk assessment in the design of the medical oxygen installation to produce a safe and practical design and ensure that a safe supply of oxygen is available for patient use and how to document in Health Technical Memorandum HTM53:02.6.6	<ul style="list-style-type: none"> <li>MCB has a risk assessment as per section 6.6 of the HTM 02:01</li> <li>MCB has a risk assessment as per section 6.6 of the HTM 02:01 (please indicated in the organisational evidence column the date of your last review)</li> </ul>	If applicable	If applicable	Review in 2020 and assessed as suitable for patient oxygen. Risk assessments undertaken when interventions are made.	Fully compliant	N/A	N/A	N/A	N/A	

Ref	Domain	Standard	Detail	Evidence - examples listed below	Organisational Evidence	Self assessment RAG Red (not compliant) = Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months. Amber (partially compliant) = Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months. Green (fully compliant) = Fully compliant with core standard.	Action to be taken	Lead	Timescale	Comments
11	Duty to maintain plans	Critical incident	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a critical incident (as defined within the EPRR Framework).	Arrangements should be: • current (although may not have been updated in the last 12 months) • in line with current national guidance • in line with risk assessment • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	The Trust has a Major Incident Plan and associated plans in place to manage critical, major and business continuity incidents, this plan is still current until a revised version is available. The plan was not updated in 2020 due to Covid19 and therefore requires review and amends as part of the lessons learned from its implementation.	Fully compliant	Review of MIP and amends to incorporate lessons learned and Covid19	LJ/RIB	Dec-21	
12	Duty to maintain plans	Major incident	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a major incident (as defined within the EPRR Framework).	Arrangements should be: • current (although may not have been updated in the last 12 months) • in line with current national guidance • in line with risk assessment • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	The Trust has a Major Incident Plan and associated plans in place to manage critical, major and business continuity incidents, this plan is still current until a revised version is available. The plan was not updated in 2020 due to Covid19 and therefore requires review and amends as part of the lessons learned from its implementation.	Fully compliant	Review of MIP and amends to incorporate lessons learned and Covid19	LJ/RIB	Dec-21	
30	Response	Incident Co-ordination Centre (ICC)	The organisation has Incident Co-ordination Centre (ICC) arrangements		The Trust has an identified ICC within Trust Headquarters. With the current agile working arrangements which are a result of Covid19 this is to be included as part of the review of the Major Incident Plan. The ICC was used in the initial stages of the Covid19 pandemic and is fully kitted out to support the command and control arrangements.	Partially compliant	Review of MIP and amends to incorporate lessons learned and Covid19. Changes to agile working arrangements to be included and identification of ICC in north of the path.	LJ/RIB	Dec-21	
37	Warning and informing	Communication with partners and stakeholders	The organisation has arrangements to communicate with partners and stakeholder organisations during and after a major incident, critical incident or business continuity incident.	• Have emergency communications response arrangements in place • Social Media Policy specifying advice to staff on appropriate use of personal social media accounts whilst the organisation is in incident response • Using lessons identified from previous major incidents to inform the development of future incident response communications • Having a systematic process for tracking information flows and logging information requests and being able to deal with multiple requests for information as part of normal business processes • Being able to demonstrate that publication of plans and assessments is part of a joined-up communications strategy and part of your organisation's warning and informing work	The Trust has single point of contact mailboxes which are used for communication during and after an incident. There is a process for tracking information flows and logging of requests whilst in an incident. It also has a media policy which outlines the role of the Marketing and Communications Team during a major incident. The EPRR team also conducts and records 6 monthly communication tests.	Partially compliant	Media policy needs amends to define appropriate use of social media use during an incident response.	RK/Comms Tea	Nov-21	
56	CBRN	Telephony advice for CBRN exposure	Key clinical staff have access to telephone advice for managing patients involved in CBRN incidents.	Staff are aware of the number / process to gain access to advice through appropriate planning arrangements	The Trust has a CBRN plan that details who and where to contact which is located on the Trust intranet.	Fully compliant	Current plan stands until review post Covid19 can be done.	LJ/RIB	Mar-22	
57	CBRN	HAZMAT / CBRN planning arrangement	There are documented organisation specific HAZMAT / CBRN response arrangements.	Evidence of: • command and control structures • procedures for activating staff and equipment • pre-determined decontamination locations and access to facilities • management and decontamination processes for contaminated patients and facilities in line with the latest guidance • interoperability with other relevant agencies • plan to maintain a cordon / access control • arrangements for staff decontamination • plans for the management of hazardous waste • stand-down procedures, including debriefing and the process of recovery and returning to (new) normal processes • contact details of key personnel and relevant partner agencies	The Trust has a CBRN plan that explicitly details all of the required actions to be taken in terms of HAZMAT/CBRN response and contains action cards.	Fully compliant	Current plan stands until review post Covid19 can be done.	LJ/RIB	Mar-22	
58	CBRN	HAZMAT / CBRN risk assessments	HAZMAT / CBRN decontamination risk assessments are in place appropriate to the organisation.  This includes: • Documented systems of work • List of required competencies • Arrangements for the management of hazardous waste.	• Impact assessment of CBRN decontamination on other key facilities	It is beyond the scope of the Trust to manage suspected CBRN incidents internally and specialist assistance would be sought from external agencies. The Trust would implement its CBRN plan and dynamically risk assess the risk to others and staff as identified in the Action cards. The LRF has a community risk register and risk assesses industrial premises etc. the EPRR risk register is informed by this. The Trust has a waste management policy and waste management standard operating procedure that includes the removal of hazardous waste.	Fully compliant	Current plan stands until review post Covid19 can be done.	LJ/RIB	Mar-22	
68	CBRN	Staff training - decontamination	Staff who are most likely to come into contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.	Evidence training utilises advice within: • Primary Care HAZMAT / CBRN guidance • Initial Operating Response (IOR) and other material: <a href="http://www.pisp.org.uk/what-will-pisp-do/training/">http://www.pisp.org.uk/what-will-pisp-do/training/</a> • All service providers - see Guidance for the initial management of self presenters from incidents involving hazardous materials - <a href="https://www.england.nhs.uk/publication/epr-guidance-for-the-initial-management-of-self-presenters-from-incidents-involving-hazardous-materials/">https://www.england.nhs.uk/publication/epr-guidance-for-the-initial-management-of-self-presenters-from-incidents-involving-hazardous-materials/</a> • All service providers - see guidance 'Planning for the management of self-presenting patients in healthcare setting': <a href="https://webarchive.nationalarchives.gov.uk/20161104231146/https://www.england.nhs.uk/wp-content/uploads/2015/04/epr-chemical-incidents.pdf">https://webarchive.nationalarchives.gov.uk/20161104231146/https://www.england.nhs.uk/wp-content/uploads/2015/04/epr-chemical-incidents.pdf</a> • A range of staff roles are trained in decontamination technique	The Trust has a CBRN plan that explicitly details all of the required actions to be taken in terms of HAZMAT/CBRN response including training and this is based on information in the national guidance documents. The IOR DVD is also available on the Trust intranet along with the CBRN plan.	Partially compliant	Review and refresh in line with current requirements including Covid19 and reinstatement of training.		Mar-22	
DD1	Oxygen Supply	Medical gases - governance	The organisation has in place an effective Medical Gas Committee as described in Health Technical Memorandum HTM02-01 Part B.	• Committee meets annually as a minimum • Committee has signed off terms of reference • Minutes of Committee meetings are maintained • Actions from the Committee are managed effectively • Committee reports progress and any issues to the Chief Executive • Committee develops and maintains organisational policies and procedures • Committee develops site resilience/contingency plans with related standard operating procedures (SOPs) • Committee escalates risk onto the organisational risk register and Board Assurance Framework where appropriate • The Committee receives Authorising Engineer's annual report and prepares an action plan to address issues, there being evidence that this is reported to the organisation's Board.	Trust does not currently have a Medical Gases Committee. An Authorised Engineer for medical gases is appointed by Trust DoF, who undertakes an annual audit. An action plan is developed from the audit, with actions undertaken by acting AP within Estates Team.	Partially compliant	Establish a Medical Gases Committee in line with HTM02-01 Part B	Rob Atkinson / Estates Mechanical Compliance Manager when appointed	01/04/2022	Audit actions will be taken through Health & Safety Group until Medical Gases Group and Chair can be established. This will be managed by the Estates Mechanical Compliance Manager upon appointment
DD3	Oxygen Supply	Medical gases - planning	The organisation has used Appendix H to the HTM 0201 part A to support the planning, installing, upgrading of its cryogenic liquid supply system.	• The organisation has clear guidance that includes delivery frequency for medical gases that identifies key requirements for safe and secure deliveries • The organisation has policy to support consistent calculation for medical gas consumption to support supply mechanisms • The organisation has a policy for the maintenance of pipework and systems that includes regular checking for leaks and having de-icing regimes • The organisation has utilised the checklist retrospectively as part of an assurance or audit process.	PPM for piped gas infrastructure. Reactive maintenance measures in place. Medical gas delivery frequency arrangements in place with demand.	Fully compliant	Renew Medical Gases Policy	Rob Atkinson / Estates Mechanical Compliance Manager when appointed	End Dec 2021	Policy will be renewed with the support of the Authorising Engineer

**Agenda Item 18**

Title & Date of Meeting:	Trust Board Public Meeting - Wednesday 27 October 2021			
Title of Report:	Board Briefing Safeguarding Adults Review (SAR) : Joanna, Jon and Ben published September 2021 by Norfolk Safeguarding Adults Board			
Author/s:	Executive Lead: Hilary Gledhill, Director of Nursing Allied Health and Social Care Professionals. Authors: Rosie O'Connell Safeguarding Practitioner, Trish Bailey, Divisional Clinical Lead, Patti Boden, Divisional Clinical Lead, Paula Phillips, Secure Services General Manager.			
Recommendation:	To approve		To receive & note	
	For information	X	To ratify	
Purpose of Paper:	<p>To provide a summary of findings in relation to the recently published Safeguarding Adults Review commissioned by Norfolk Safeguarding Adults Board concerning the deaths of three Cawston Park Hospital Patients.</p> <p>The paper also presents the outcome from a review of the findings in the report and the Trust position against the findings by senior clinical and safeguarding staff in the Trust</p>			
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other Learning Disability Clinical Network	✓
Key Issues within the report:	<p>In April 2019 Norfolk Safeguarding Adults Board (NSAB) commissioned a Safeguarding Adults Review (SAR) into the deaths of two adults at a private hospital, Cawston Park. In December 2020 the death of a third patient was included in the SARs remit. The deceased, Joanna, Jon and Ben were in their 30s, had learning disabilities and had been at Cawston Park for 11, 24 and 17 months respectively. They died between April 2018 and July 2020.</p> <p>The report identifies key learning areas that all NHS Trusts nationally should take into account.</p>			

**Monitoring and assurance framework summary:**

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

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

## **Report for Joanna, Jon and Ben – Safeguarding Adults Review published September 2021 by Norfolk Safeguarding Adults Board**

### **1. Background**

In April 2019 Norfolk Safeguarding Adults Board (NSAB) commissioned a Safeguarding Adults Review (SAR) into the deaths of two adults at a private hospital, Cawston Park. In December 2020 the death of a third patient was included in the SARs remit. The deceased, Joanna, Jon and Ben were in their 30s, had learning disabilities and had been at Cawston Park for 11, 24 and 17 months respectively. They died between April 2018 and July 2020.

#### **1.1 Pen Portrait Joanna**

Joanna was described by her parents as “happy and fun-loving. She loved music, loved Michael Jackson, discos, karaoke, going to see musicals and pottery”. Joanna was born with a learning disability and later started to experience seizures at the age of 17 to 18 years old and her parents said they “took over her life”. Joanna was further diagnosed with obstructive sleep apnoea and given a Continuous Positive Airway Pressure (CPAP) machine to wear overnight so that she had more energy in the day, Joanna would use this but required staff support to put it on, take it off and clean it. Joanna’s mental health problems became more apparent when her grandmother died and the number of seizures increased. Joanna also started to describe thoughts of suicide and self-harm, on occasions acting on the thoughts of self harm. Joanna was admitted to Cawston Park under s.3 of the Mental Health Act (MHA) in October 2016.

The primary cause of death for Joanna was found to be sudden unexpected death in epilepsy (SUDEP) and although the Coroner did not find Joanna’s death was contributed to by neglect, the jury raised concerns about Cardio Pulmonary Resuscitation (CPR) not being administered and other areas of concern to do with staffing ratios, communication, quality of audits and spot checks, quality of training, lack of communication with family, fear of blame culture stopping care of patients in response to emergency situation, governance and control and patient information not being available to all staff.

#### **1.2 Pen Portrait Jon**

The SAR was not able to gather the perspective of Jon’s family. Jon was known to his commissioners as a “complex person with complex needs” and Cawston Park records held little detail of his life other than to say he “had a long history of aggressive behaviour and temper tantrums. This extended to deliberate self-harm”. On admission to Cawston Park he started to report stomach aches, painful limbs, headaches, chest pains and non-specific pains. He also experienced apparent seizures and had “haphazard” sleeping patterns.

Jon was restrained over 90 times whilst at Cawston Park and 30 of these incidents resulted in supine restraint. He was placed in seclusion on over 65 occasions. Overall Jon was involved in 333 incidents, the majority being assaults on others.

Jon’s death resulted from swallowing part of a plastic cup. The Coroner found that Jon had reported difficulty with breathing “a few hours” before collapsing. CCTV footage showed that prior to collapsing Jon was “pale, struggling and rolling around the dining room floor. He told staff “I cannot breathe. I am dying”. Staff were seen on CCTV standing around him, a nurse did eventually get oxygen for him but it took several minutes for CPR to be initiated. The cause of death for Jon was hypoxic brain injury following a cardiac arrest, acute laryngeal obstruction, and aspiration of a plastic cup. The Coroner concluded death by “misadventure”.

#### **1.3 Pen Portrait Ben**

Ben was described by his mother as a “happy little boy”. As he got older he started to show aggression towards his parents. Ben was eventually moved into a care home where he spent the rest of his

childhood before being admitted to Cawston Park following an incident of violence and aggression at the care home.

Ben's mother visited him often when first admitted and he had a MENCAP worker to take him out on visits. This was eventually stopped by the hospital. Ben became withdrawn and aggressive and his mother didn't see him for a long period after that due to the Covid-19 restrictions. When she visited again Ben had put on weight, and on one occasion had shaved his eyebrows off after getting access to a razor despite being on 1:1 staffing levels. Ben also needed to use a CPAP machine. One evening he told his mother "mummy my side is hurting". She immediately attended Cawston Park to see he was "gasping for breath and a grey colour... he was begging me to take him home". She asked staff to take Ben to the hospital. Her last memory of Ben is of him trying to run to her in the car as she was leaving.

During the hours before his death Ben was approached by a staff member (seen on CCTV) who then "rough handled him by pushing him roughly and dragging him down by his arms before hitting his head area with an open hand. The carer then looked up to make sure that there was no one looking and hit (Ben) again in the head area with the back of his hand". The following morning Ben went into cardiac arrest and died later that day in the general hospital.

## 2. Safeguarding Adult Review Summary of Findings

- The relatives of Joanna, Jon and Ben were concerned about indifferent and harmful practices, the unsafe grouping of certain patients, excessive use of restraint and seclusion, over medication and physical inactivity
- There was a lack of information recorded for Joanna (179 days), Jon (1 day) and Ben (450 days)
- Professionals made undocumented assumptions about mental capacity when they declined care or treatment, leading to a decline in physical health
- Joanna, Jon and Ben's lack of physical inactivity increased their risk of obesity, high blood pressure, high blood cholesterol, diabetes and heart disease
- Activities in which particular patients had an interest in were not pursued
- The hospital did not seek vital information about people's pre-hospital lives from carers, and there was little evidence to suggest carers and families were acknowledged or supported as equal partners in the care of their loved ones
- The hospital was disadvantaged by the absence of accurate and timely information flowing up to managers and directors and down to staff and patients. Little may be discerned of the hospital's corporate and financial governance and how this is intertwined with clinical governance
- The hospital was not working to the model of an assessment and treatment unit meaning its operation was not in line with the Transforming Care Programme.

The full report can be found here:

[SAR-Rpt-Joanna-JonBen\\_FINAL-PUBLICATION02-June2021.pdf](https://www.norfolksafeguardingadultsboard.info/SAR-Rpt-Joanna-JonBen_FINAL-PUBLICATION02-June2021.pdf)  
([norfolksafeguardingadultsboard.info](https://www.norfolksafeguardingadultsboard.info))

## 3. Key learning identified

Following review of the report by the Trust's Safeguarding Practitioner and senior divisional clinical staff the following key learning points from the SAR are listed below, with a position statement in relation to our self-assessment against each finding.

### 3.1 Accountability

**There were a very high number of placements at Cawston Park commissioned by out of county CCG's, involving a variety of different funding authorities. This meant face to face review was rare and independent oversight limited. This in turn limited accountability, communication and information sharing for day to day and safeguarding issues.**

*HTNHSFT Response*

When a Care, Education and Treatment Review (CETR) is due the NHSE/I case manager will contact the ward to arrange this. The ward will host the review and ensure those involved in the persons care attend and contribute to it. Completed reviews are recorded on Lorenzo and any recommendations or actions taken forward. Actions remain the responsibility of NHSE/I to ensure they are completed. Following the Covid-19 pandemic, NHSE/I case managers are now starting to visit services in person again to complete the 8 weekly reviews. When a person is admitted onto an inpatient ward part of the admission pathway is to consider the persons family/friends/carers and how the person would like them to be involved in their care. This could be participation in ward meetings and arrangements for contact. Safeguarding Champions are in all teams across our inpatient services to ensure there is a daily focus on safeguarding issues. The Safeguarding Team support the champions and clinical teams providing oversight of any Datix incidents that are reported via the corporate safety huddle. Given the nature of our services the Trust has a high level of incidents of safeguarding reported evidencing good awareness of safeguarding in our clinical teams.

### **3.2 Professional curiosity and challenge**

**The quality of reviews, advocacy and professional fact finding was equally limited. The report highlights how evidence of risks were noted but not acted on. Staff must not take things they are told at face value, should ask for evidence and make sure they are listening to the voice of the person, not just the provider.**

The Safeguarding Team have created and shared learning resources on professional curiosity across the Trust via Global and Midweek email additionally dedicated training has been delivered by the East Riding Safeguarding Adults Board. Professional curiosity is also embedded in the Integrated Adults and Childrens Safeguarding training. Trust Safeguarding children and adult policies direct practitioners to contact the Safeguarding Team for advice and inform them of any referrals/concerns that need to be raised to the Local Authority. Safeguarding practitioners encourage practitioners to be curious, challenge existing norms and explore the concerns with the person, not just the family/carer or care provider. Services have a close link with Cloverleaf Advocacy service who regularly attend ward meetings and hold drop-in sessions on site (Covid-19 allowing).

The Safeguarding Team work closely with clinical staff and the Mental Health Legislation Team to provide independent oversight of any person entering or requiring reviewing in seclusion or long-term segregation. Reports of seclusion and LTS are produced weekly for senior staff and the executives. Where seclusion is prolonged the Director of Nursing along with the Medical Director will make enquiries of the clinical team and will in addition participate in extended seclusion and LTS reviews to oversee the care is in line with policy, provide support and escalation to the wider system if needed.

### **3.3 Trauma of transition**

**Some of the individuals experienced a high number of moves in their lifetimes, some at very short notice. Place hunting in crisis situations may be unavoidable; but much more attention needs to be given to these points of transition to minimise the impact.**

#### *HTNHSFT Response*

Changes to the CETR policy, led by NHSE/I, mean that people admitted to a Humber Teaching NHS Foundation Trust inpatient unit will have a CETR following admission. Assessments completed by the admitting ward will consider the impact a move from one setting to another has had on a person and whether this move has been poorly planned or rapid; staff will be clinically curious and consider whether the move will influence behaviour or future decisions and design the persons care and treatment plan with this in mind. Transitions from inpatient services are carefully planned with sufficient time and support in place to ensure the service can meet the persons needs and the placement can be maintained.

The Trust are committed to using a trauma informed care approach, and patients have been involved in the design of this. The Humber Centre have recently introduced a trauma awareness training session that will be rolled out to all staff. The Psychology team will also be delivering training on trauma next year.

### **3.4 Meaningful support for individuals with behaviours that challenge others**

**Staff often did not recognise self-soothing or employ appropriate diversion techniques. Some of the language used to describe behaviours – “kicking off”, “pushing boundaries”, “histrionic”, “tricky” – puts blame on the person without recognising the context. Where necessary, assumptions about behaviour must be challenged to promote more individualised service responses. The SAR also identified the significant lack of meaningful activity for patients which in itself impacted negatively on their physical, emotional and psychological health.**

#### *HTNHSFT Response*

Humber Teaching NHS Foundation Trust employ Speech and Language Therapists, Occupational Therapists, Art Therapists and Activity Coordinators to assess, plan and support a persons Positive Behavioural Support Plan (PBSP) and carry out meaningful activity in line with their preferences and individual care plans and risk assessments. These professionals are embedded within learning disability services and recruitment is ongoing. Learning Disability services have a psychiatrist on site and a dedicated community-based specialist learning disability GP with a focus on identifying underlying physical health issues that may result in distressed behaviours. Humber Centre also have access to a visiting GP, and both services work closely with the Primary Care Teams to meet the physical health care needs of people using our services. Humber Centre have now employed a full time, permanent, consultant psychiatrist whose speciality is learning disability and are recruiting for an education/teacher post to support the educational needs and ambitions of those who use the service. Monthly audits on record keeping are completed by Ward Managers using MyAssure and actions are taken as necessary to improve record keeping. The Safeguarding Team explore use of appropriate and non-victim blaming language in the Integrated Children and Adults Safeguarding training package as well as the Domestic Abuse package.

### **3.5 Resist normalisation**

**In settings which support people who have a range of complex needs, there may be a higher number of concerns involving ‘minor’ incidents, often requiring no further safeguarding intervention. It is important however to ensure that every incident is considered both as a unique event and also in the context of others in the same setting. Another issue identified through the SAR was the normalisation of racist abuse towards staff by the patients.**

#### *HTNHSFT Response*

All Datix incidents are reviewed in the daily corporate safety huddle. A member of the safeguarding team is always in attendance. Any potential safeguarding concerns raised here are sent immediately to the Safeguarding Team for review. Any incidents of a racist nature are also reviewed in the huddle and flagged appropriately so that they can be reviewed in the Zero Tolerance meeting. Safeguarding and racist incidents are overseen and monitored by the Safeguarding Team and monitored by senior clinical staff with actions taken as appropriate. Reports are made to the Safeguarding Forum, QPAS and the Quality Committee.

Guidance has been shared with inpatient units on incidents between patients that may result in a safeguarding concern; this includes reporting repeated and minor incidents between two patients and also incidents that may impact on others in the same setting. The Safeguarding Team work in an open and transparent way and report concerns to the Local Authority in line with the appropriate Safeguarding Adult Board policy. Staff are encouraged not to normalise behaviour based on the complex needs some of our patients have.

### **3.6 Where the victim of abuse doesn’t want to ‘complain’**

**Sometimes people who have been abused by others will say they don’t want to make a fuss / don’t want to make a complaint. The confidence of staff to explore this is key – does the person feel at risk in their environment, do they feel it will make things worse for them, do they think there is no point because nothing changes? Helping them to understand more about safeguarding and the processes which can support them is central to responsibilities to protect those who are supported by services. Information may still need to be shared, or action taken, especially where other adults may be at risk.**

#### *HTNHSFT Response*

People using Trust services are encouraged to voice and raise concerns, and staff asked to support them in doing this by having open and honest conversations. Trust Safeguarding policies and

procedures explore the importance of engaging with the person you are concerned about and engaging advocacy services where appropriate.

The Making Safeguarding Personal agenda is firmly embedded in adult safeguarding practice in the Trust and training, paperwork and incident reporting systems have been updated to include this area of focus. An audit was completed by the Safeguarding Team in 2020 on Making Safeguarding Personal and how evident it was in practice. There was evidence of good practice however Making Safeguarding Personal was only noted in half of the S42 enquiries reviewed. As a result of this a feedback form was created so that service user views and wishes can be captured more effectively. Further support was provided by the participating Local Authority to ensure service user views are central to the enquiry.

When a safeguarding concern needs to be raised and consent of the person is overridden due to duty of care, staff ensure the reasons of this are explained to the person and reassurance given that they will remain involved in the process if they wish to. Safeguarding adults and Mental Capacity Act 2005 training explores capacity and consent with regards to raising safeguarding concerns and how practitioners can support people who do not wish to 'complain'.

### **3.7 Prevention**

**Providers need to be carrying out effective risk assessments, including environmental risk, and taking action to manage known risk. Involving and listening to family and friends, welcoming them as equal partners wherever possible (and in line with the adult's wishes), using their perspectives to inform how a person's care and support is designed and provided is essential.**

#### *HTNHSFT Response*

The 6 principles of safeguarding (Care Act 2014) are embedded in Trust policy and procedures and are explored in safeguarding training and all interactions with staff by the safeguarding team; this includes the importance of preventing harm occurring. When working with people who are at risk of neglect or abuse, practitioners take steps to address vulnerabilities, assess risk and put measures in place to minimise any identified risks.

The Trust has recently introduced a new training package on 'Clinical Risk Assessment and Management', this is being rolled out to practitioners and focusses on clinical risk being central to safe practice. Clinical staff carry out a range of risk assessments and reviews over the period of time the person is receiving care and treatment and seek to engage the person or their families/carers in this process. These risk assessments are recorded on Lorenzo and any significant risk or complex case is escalated in the Trust via complex case meetings, clinical risk management group meetings and other lines of communication between clinical staff and senior management.

Humber Teaching NHS Foundation Trust have an established Reducing Restrictive Interventions (RRIs) group for staff as well as an RRI group for patients. Staff are trained in 'Stopping over medication of people with a learning disability' (STOMP) and using Personal Behaviour Support Plans (PBSPs) to prevent the use of more restrictive practice. Where it appears a RRI has been used unnecessarily or inappropriately there are robust systems in place to capture and investigate this and put in place any learning as a result, this includes following duty of candour as well as providing input and oversight from the Safeguarding Team where appropriate.

## **4. Summary**

The review provides evidence that there are a number of proactive measures including monitoring and oversight in place to ensure that what happened to Joanna, Jon and Ben could not happen to people using Humber Teaching NHS Foundation Trust services. However, this report has also identified some areas that need strengthening further.

### **4.1 Safeguarding training**

Training compliance for level 3 training in certain areas of the Trust is under the levels required of us by the CCG. It is essential that training compliance improves across the Trust so we can be confident that all staff are able to identify and respond to safeguarding concerns. This is being closely monitored by the Safeguarding Team and the training program has been adapted to give staff members more

opportunities to attend. The team are also working closely with divisional leads and service managers to explore why compliance levels are low and how this can be improved. The hybrid approach of MSTeams and personal learning that is also required appear to be affecting compliance. Work is underway to bring the training back to face-to-face training. However, referrals and contact with the safeguarding team remains good across all services indicating staff awareness of the importance of safeguarding.

#### **4.2 Staffing**

Inpatient wards are reporting that they do not always have enough staff members on shift. On these occasions they may have to rely on staff members from different services or use bank/agency staff who are not familiar with service users. Low and inconsistent staffing groups can be risk indicators of closed cultures and therefore this area requires some strengthening. This is already in progress as both Townend Court and the Humber Centre have recently employed staff members with specialist expertise and experience in learning disabilities and continue to recruit to increase staffing levels. Trust staff are aware of closed cultures and incident reports evidence staff are quick to report any areas of practice that fall below acceptable levels.

#### **4.3 Discharging patients to appropriate placements**

There continues to be a lack of specialist community services available for those with learning disabilities and behaviours that challenge others. This increases the risk of those using our services having a delayed discharge or being discharged to an inappropriate placement. Humber Teaching NHS Foundation Trust must continue to work closely with community services and commissioners to prevent this and take proactive steps to ensure transition to community services are done in a safe manner.

#### **4.4 Opportunities for joint working across the Trust**

Humber Teaching NHS Foundation Trust have a wide variety of services to support people with learning disabilities or autism in both the Childrens and Learning Disability Services division and the Secure Services division. When there are staffing or resource issues in one division managers must continue to work together to ensure those using our services have equal access to support wherever they are and continue to have their needs met.