Trust Board Meeting 26 February 2020
Agenda - Public Meeting

For a meeting to be held at 9.30am Wednesday 26 February 2020, in the Conference Room, Trust Headquarters

		Lead	Action	Report Format
	Standing Items			
1.	Apologies for Absence	SM	To note	verbal
2.	Declarations of Interest	SM	To receive & note	√
3.	Minutes of the Meeting held on 29 January 2020	SM	To receive & approve	√
4.	Action Log and Matters Arising	SM	To receive & discuss	√
5.	Patient Story – How the Market Weighton Patient Participation Group (PPG) Supports the Practice	JB	To receive & note	√
6.	Chair's Report	SM	To note	verbal
7.	Chief Executives Report	MM	To receive & note	√
8.	Publications and Highlights Report	MM	To receive & note	√
	Performance & Finance			
9.	Performance Report	PBec	To receive & note	√
10.	Finance Report	PBec	To receive & note	√
11.	NHS Operational Planning Guidance 2020/21	MM/ PBec	To receive & note	√
	Assurance Committee Reports			
12.	Quality Committee Assurance Report & 5 December 2019 Minutes	MC	To receive & note	√
13.	Mental Health Legislation Committee Assurance Report	MS	To receive & note	√
14.	Finance & Investment Committee Assurance Report	FP	To receive & note	√
15.	Audit Committee Assurance Report	PB	To receive & note	√
	Quality and Clinical Governance			
16.	Quality Accounts Local Indicators	HG	To receive & note	√
	Strategy			
17.	Operational Plan 2020	PBec	To receive & note	√
18.	Items for Escalation	All	To note	verbal
19.	**Any Other Business**			
20.	**Exclusion of Members of the Public from the Part II Meeting**			
21.	**Date, Time and Venue of Next Meeting** Wednesday 25 March 2020, 9.30am in the Conservatory/Fitness Suite, Alfred Bean Hospital, Bridlington Road, Driffield, YO25 5JR			

Caring, Learning and Growing

Title & Date of Meeting:	Trust Board Public Meeting – 26 February 2020				
Title of Report:	Declarations of Interest				
Author/s:	Name: Sharon Mays Title: Chair				
Recommendation:	To approve		To receive & note	✓	
	For information		To ratify		
Purpose of Paper:	The report provides the Board with a list of current Executive Directors and Non Executive Directors interests.				

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

Key Issues within the report:	Contained in the report

Monitoring and assurance framework summary:

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

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Directors' Declaration of Interests

Name	Declaration of Interest
Executive / Directors	
Ms Michele Moran Chief Executive (Voting Member)	• Appointed as a Trustee for the RSPCA Leeds and Wakefield branch • Chair of Yorkshire & Humber Clinical Research Network
Mr Peter Beckwith, Director of Finance (Voting Member)	• Sister is a Social Worker for East Riding of Yorkshire Council • Son is a Student at the St Mary's Health and Social Care Academy
Mrs Hilary Gledhill, Director of Nursing (Voting Member)	No interests declared
Dr John Byrne, Medical Director (Voting Member)	• Executive lead for Research and Development in the Trust. Funding comes into the Trust and is governed through the Trust's Standing Instructions • Senior Responsible Officer for the Local Health Care Record Exemplar (LHCRE).
Mrs Lynn Parkinson, Chief Operating Officer (Voting Member)	No interests declared
Mr Steve McGowan, Director of Human Resources & Diversity (Non Voting member)	No interests declared
Non Executive Directors	
Mrs Sharon Mays – Chairman (Voting Member)	• Trustee of Ready Steady Read • Sister is Head of Compliance Standards and Information at Tees Esk and Wear Valley NHS Foundation Trust
Mr Peter Baren, Non Executive Director (Voting Member)	• Senior Independent Director Beyond Housing Limited • Son is a doctor in Leeds hospitals
Mr Mike Cooke, Non Executive Director (Voting Member)	• Trustee, Yorkshire Wildlife Trust • Chair of Yorkshire Wildlife Trust • Consultant Advisor, University of York • Advisor , National Institute for Health Research • Independent Executive Mentoring Coach • Chair of NIHR International Collaboration Panel Steering Group to embed Applied Research in Health Care Settings • Chair of Knowledge and Dissemination Panel, University of York Mental Health Network Plus NIHR grant • Chair, Cochrane Common Mental Disorders Expert Advisory Board
Mr Mike Smith, Non Executive Director (Voting Member)	• Director MJS Business Consultancy Ltd • Director Magna Trust • Director, Magna Enterprises Ltd • Owner MJS Business Consultancy Ltd

	• Associate Hospital Manager RDaSH • Associate Hospital Manager John Munroe Group, Leek • Non Executive Director for The Rotherham NHS Foundation Trust
Mr Francis Patton, Non Executive Director (Voting Member)	• Chairman, The Cask Marque Trust • Treasurer, All Party Parliamentary Beer Group • Industry Advisor The BII (British Institute of Innkeeping) • Managing Director, Patton Consultancy • Non Executive Director and Chairman, SIBA, The Society of Independent Brewers • Director, Fleet Street Communications • Chairman, Barnsley Facilities Services Limited • Non Executive Director Barnsley NHS Foundation Trust
Mr Dean Royles, Non Executive Director (Voting Member)	• Director Dean Royles Ltd • Director Inspiring Leaders Network • Owner Dean Royles Ltd • Advisory Board of Sheffield Business School • Strategic Advisor Skills for Health • Associate for KPMG

Trust Board Meeting – Public Meeting
Minutes of the Trust Board Meeting held on Wednesday 29 January 2020 in the Conference Room, Trust Headquarters

Present:	Mrs Sharon Mays, Chair
	Mrs Michele Moran, Chief Executive
	Mr Peter Baren, Non-Executive Director
	Prof Mike Cooke, 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, Interim Head of Corporate Affairs
	Mrs Jenny Jones, Trust Secretary
	Mr Adam Dennis, Communications Officer
	Ms Jennie Bradley, Business Development Consultant, Quality Health (for item 04/20)
	Mrs Mandy Dawley, Head of Patient and Carer Experience and Engagement (for item 04/20)
	Mrs Patti Boden, Senior Nurse
	2 Members of the public

Apologies:	None

01/20 **Declarations of Interest**
Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any other items on the agenda presented anyone with a potential conflict of interest, they declare their interests and remove themselves from the meeting for that item.

02/20 **Minutes of the Meeting held on 27 November 2019**
The minutes of the meeting held on 27 November 2019 were agreed as a correct record with the following amendments:-

192/19 – Chief Executive Report
The 10th para. 3rd line was amended to read "…..showcased the work of the organisation including …."

193/19 Performance Report
The penultimate paragraph was amended to read "...whether these are apprenticeships or how people will be retained is needed."

03/20 **Matters Arising and Actions Log**
The actions list was discussed.

04/20 **2019 Community Mental Health Survey**
Ms Jennie Bradley, Business Development Consultant from Quality Health attended to present the results from the survey. The survey is a mandatory annual national survey

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organised by the Care Quality Commission (CQC) and delivered on behalf of the CQC by Quality Health. Ms Bradley provided details of the Trust's results in comparison to the national data. Four new questions relating to treatment history, medication purpose and side effects and views on the quality of care were included in the survey and five questions around care and services, information on medicines and NHS Therapies were removed.

The survey results were based on a random sample of 822 with a respondent rate of 247 (30%). The survey period was 1 September to 30 September 2018.   Professor Cooke felt the true results would be seen if they were triangulated with other data from the Friends and Family Test for example. He commented that there is heavy reliance on the Community Mental Health Teams (CMHTs) and the Trust does not have a large number of inpatient beds. It was noted that there is a national pilot to reshape CMHTs which may be able to be used. Professor Cooke asked if the organisation is struggling to appoint some qualified staff, whether the use of Pharmacists and peer support workers could be considered in order to maintain focus in some areas. He was informed that this is happening.

The Chief Executive felt this was a solid report which was very similar to the last year's report. Maintaining the results in light of the growing demand and capacity teams are facing is commendable. The organisation continues to look at community teams and how they are working including looking to appoint more Pharmacists who are more qualified around the pharmacology things.

Mrs Parkinson, Chief Operating Officer, said the approach taken with the survey is for teams to own it and the results to ensure that changes happened. As a consequence a session at the Senior Leadership Forum was hosted by the CMHT. Pharmacists and Pharmacy Technicians are in the plans with further recruitment planned into CMHTs. A presentation was given to the Board last year on Peer Support Workers and by April 2020, twelve will have been recruited and other areas are looking at this role. The workers will have a training plan as part of that role which is being embraced by community teams. Actions to support training will have a bespoke service which is already embedded with the teams in Hull. Sustainable Transformation Partnership (STP) funding is agreed to roll out Peer Support Workers further.

Professor Cooke was pleased to see improvement being made, but recognised that with the survey results showing some decline in areas, some services need further improvement. Dr Byrne commented that this was a solid report and acknowledged that the Trust is ambitious and wants to do more. It is important to take into context the focus there has been over the last year in terms of physical health which is important to people with mortality groups. Things are not going to change overnight and the cultural attitude takes time to change. It is about the information and what are the right things to focus on this year. Last year was the first time that teams have taken ownership of their data at a senior leadership level. There are now over 100 real staff champions to ensure that more patients provide feedback. Professor Cooke recognised the work that has been done to promote patients becoming more involved.

The Chair agreed that this was a good debate to have and personally felt the results showed a good solid performance with some areas requiring improvement. Mrs Dawley, Head of Patient and Carer Experience and Engagement explained that CMHTs were involved in a workshop late last year which included service users. A number of actions were agreed and plans completed. Actions were assigned to individuals to take back to their teams for discussion. Quarterly updates will be provided through the strengthened governance processes. Staff champions for patient experience are attending a session to develop their role and to see what they are doing. A template is being developed for each team to identify their top three priorities for delivering patient experience.   The Friends and Family Test (FFT) is a "must do" on the action list as it is undertaken, but it could be done better.

A number of the Trust's East Riding GP Practices are going onto MJOG which is a text based patient feedback system allowing quick and easy communication with practices. At present from the two Hull GP Practices approximately 300 responses are received a month and it is

expected this will increase significantly with the additions. The Patient Experience team are going into inpatient units and completing surveys with patients and having conversations to get the feel for how it is on the unit. Once the process is embedded the staff champions will become involved in the process.

The Chair thanked Mrs Dawley for progressing the work that is being undertaken and looked forward to reading about the journey in the assurance reports to the Board from the Quality Committee.

The Chair thanked Mrs Bradley for attending to present the survey results.

05/20 **Chair's Report**
The Chair explained that it has been a busy month and provided an update in relation to the work she has undertaken since the last meeting. This included:-

- Continuing with visits including working with Health Stars in Whitby and Malton to look at developing connections with the community and future fund raising opportunities
- Christmas visits which included delivering the prizes for the best dressed Christmas tree competition. The Chair thanked Board members for their generous donations.
- Team visits to the Perinatal Service and to Townend Court. There is a lot of positive and fantastic work taking place
- Attending the NHS Minster Carol Service and the Trust carol service
- Attending various sub Committees of the Board as part of the annual programme and seeing the strengthened governance processes in place
- Attending the NHS Leaders meeting at the end of last year. This was a good event to provide information on the forthcoming legislation changes
- Three new Governors start on 1 February 2020. Mr Mike Oxtoby, Service User and Carer public Governor has resigned. The Chair on behalf of the Board and the Council of Governors thanked Mr Oxtoby for his support and contribution to the Trust. Meetings with appointed Governors continue to take place developing relationships and driving good practice across the organisation.

Resolved: The verbal updates were noted.

06/20 **Chief Executive's Report**
The report provided updates from each of the Directors along with a summary of activities undertaken by the Chief Executive who drew the Board's attention to the following areas:-

Around the Trust
Visits to a number of teams in the Adult inpatient areas and School Nurses. Teams report that demand continues to exceed expectations and trajectories. The Trust is working closely with commissioners to take this forward.

Healthcare Financial Management Association (HFMA) Yorkshire and Humber Conference
The outcome of the awards is awaited with the Trust shortlisted for 2 awards for Finance Team of the Year, and Iain Omand shortlisted for Finance Professional of the year. Well done to everyone for the recognition.

Child and Adolescent Mental Health Services (CAMHS) – Inspire Opening
The opening of Inspire was a great success. Visitors were impressed by the build, design and the services that are offered and how unclinical the environment is.

Mrs Parkinson reported that at the open day complimentary comments were received about the environment and the clinical model. Other provider organisations were interested in the clinical model and how they may be able to use it. Connections with the community services gives focus and ensures that community pathways are working well. Staff team training that

was undertaken before the opening prepared them well and they are a very positive and motivated team. Two locum consultants have been recruited The unit is following a phased plan for admissions and has had admissions.

The Chair congratulated all involved in the opening. It was also clear from the involvement of Health Stars the difference that the fundraising had made to the unit. Mrs Parkinson agreed stating that without this additional fundraising, items would not have been provided which will make a difference to young people.

Greatix
Greatix is now in place which looks at patient safety in a different way and concentrating on what went well.

Shadow Secretary Higher Education and Further Education
Emma Hardy MP is now the Shadow Secretary Higher Education and Further Education. Emma was a teacher prior to being an MP.

New Year Honours
Diana Johnson MP received a DBE (Dame Commander) in the 2020 New Year Honours.

New Guidance
New guidance has been published which extends the legal rights to Budgets which links to the NHS Plan.

East Riding & Hull Provider Alliance
The Integrated Care Partnership is now known as the Integrated Care Alliance and is progressing well. Good governance processes are in place to help reduce duplication of meetings.

The Integrated Care Service (ICS) will go live in April 2020. It is clear that ICS will have oversight of all organisations in the Humber Coast and Vale (HCV) which now includes Hambleton, Richmondshire and Whitby. However organisations within the HCV will keep their own sovereignty. The structure is being established and clinical lead posts to lead clinical engagement will be advertised. The Chief Executive suggested that at the next Board Time Out that a session on progress and how the Trust contributes to the ICS is held before the go live date. Assemblies will be set up for lay members and Non Executive Directors.

Brexit
Mr Beckwith, Director of Finance, reported that the exit date is 31 January with the final implementation date being 31 December 2020. No further meetings are planned, however in late summer meeting are likely to be arranged to discuss deal preparations.

Coronavirus
Mrs Gledhill, Director of Nursing, reported that the Trust is following guidance from Public Health England which has been circulated to staff. All preparations have been made within the organisation including identification of isolation rooms if required. Visits will be made to all GP surgeries and Minor Injuries Units (MIUs) to check that the information has been received and that they are aware of actions to be taken. Work is ongoing to review Personal Protective Equipment (PPE) supplies to check there are sufficient quantities.

Flu
The Trust is at 73% uptake which is higher than last year which is positive. The peer vaccinators programme worked well. Dr Byrne thanked the Communications team for their targeted campaign which helped to increase uptake.

Approved Clinician Development Day
Mr Patton was pleased to see this initiative and asked for further information. Dr Byrne will

circulate the information to Board members.

Strategic Goals Refresh Monitoring Framework
The Chair explained that agreement has been reached that when the Executive Management Team (EMT) has signed off the work it will come to the Board before it starts working through the Sub Committees.

Self Neglect, Neglect and Self Harm
Professor Cooke congratulated Mrs Gledhill and the team on the work they have done in these areas.

Website
Mr Baren noted the changes made to the website. Given the presentation on the CMHT survey received, he asked if there was any potential for signposting to information via the website and whether this has been considered in the development plans. Mrs Hughes, Interim Head of Corporate Affairs, confirmed that the front page of the website has been changed updated and initial signposting has been improved but the website is on an old platform and will need investment to ensure it is fit for purpose. As part of the plans to develop this, the team have been liaising with the Head of Patient and Carer Experience and Engagement and linking with groups to with a view to ensuring it provides information that can be accessed in a way that is accessible to all. When funding has been identified the plan in place will be taken forward.

Policy Ratification
The Self Neglect, Neglect and Hoarding Policy was ratified by the Board.

Resolved: The report, verbal updates and ratified policy were noted.
Session to be provided at the next Board Time Out on progress and how the Trust contributes to the ICS to be held before the go live date. **Action MM**
Dr Byrne to circulate information on the Approved Clinician Day to Board members **Action JB**

07/20   **Publications and Highlights Report**
The report provided an update on recent publications and policy with updates provided by the Lead Executives.

Dr Byrne informed the Board that NHS Complaints report has been through the Executive Management Team (EMT) and will be going through the Quality and Patient Safety (QPAS) group and the Quality Committee.

Resolved: The report was noted.

08/20   **Performance Report**
Mr Beckwith, Director of Finance, presented the report which showed the majority of indicators were within normal variation, the exceptions being waiting times, improving Access to Psychological Therapies (IAPT) (6 weeks) and Appraisals. The Trust remains segmented under the Single Oversight Framework within segment 2, 'targeted support in relation to finance and use of resources', which is consistent with the Trust's approved Financial Plan.

Mr Baren referred to the Quality Dashboard which covered inpatient units. He asked if there are any future plans to replicate this for community teams. Mrs Gledhill reported that a dashboard already exists for some services and additional teams are being added. The Executive Management Team (EMT) is currently reviewing the dashboard. The Chief Executive explained that the robustness of the dashboard data is being tested prior to inclusion in the Performance Report. The content of the Performance Report is being considered at a future EMT time out to ensure it does not get too unwieldy.

In relation to under 18 admissions to adult units, Mr Baren asked what the table referred to on

page 24. Mr Beckwith will review and circulate an updated table outside the meeting. Mr Baren queried whether there would still be under 18 admissions to an adult unit with the opening of the new Inspire unit. Mrs Parkinson explained that due to the phased opening it might not be possible to meet the demand currently. Lessons learned from other units around quality and safety have shown that a phased opening is beneficial. However there is no guarantee that out of area placements for young people would be eradicated. There is the inpatient Child and Adolescent Mental Health (CAMHS) team who try to prevent unnecessary admissions. The Chief Executive said that before Christmas there was a young person who had to be put onto an adult ward, however the inpatient team were able to stay with the young person on the ward and when the unit opened they were transferred.

Mr Patton noted the good trends for the Care Programme Approach and that the trajectory is on track. He commented on return to treatment (RTT) which continues to deteriorate asking if there were reasons for this. Mrs Parkinson reported that this is due to incomplete episodes where service users started, but did not complete treatment.

The CAMHS waiting times are improving and a reduction in CAMHS core services is being seen. In December a further cohort of 150 children and young people service users came through via Hull University Teaching Hospitals with inherited waiting times. Additional capacity has been agreed and is in place. It is expected that this will be the last cohort and a reduction should start to be seen. The Chair thanked Mrs Parkinson for the additional narrative asking that in future reports for this type of information to be included.

In terms of Improved Access to Psychological Therapies (IAPT) Mr Patton noted that there has been a steady decline over recent months. The Board was informed that some services have been transferred in and some pathways have waiting times. Initially the organisation wanted to separate out IAPT and primary care, but the reporting system does not allow this so it is being done manually. Plans are in place to address issues rapidly. Professor Cooke commented that this is a critical service to GPs and asked if communication could be made with them to explain the delays. Mrs Parkinson confirmed this is already happening through the practices and the Primary Care Networks (PCNs) and there is support from the Clinical Commissioning Group (CCG).

Mandatory training was showing an improved position, however appraisal compliance has reduced and Mr Patton asked if this is being addressed. Mr McGowan, Director of Workforce & Organisational Development, explained that Accountability Reviews are taking place in the next few weeks and he will be asking about the plans to improve performance quickly as part of the reviews. Staff are rewarded for completing their appraisal, mandatory training and having the flu vaccination and they will be reminded of this.

Mr Smith referred to the Friends and Family test noting that if there are problems with appointments, this may be reflected in feedback which ultimately will affect the variances. Dr Byrne explained that each practice produces an annual report and comparisons can be made with each practice. MJOG is a new system that is being introduced where it is hoped that the increase in patient feedback will increase the variances. This is an area of challenge in primary care and community data and there are fluctuations which is also affecting at national and regional levels due to capacity and demand. Action plans are in place to improve this position. It was confirmed that data can be triangulated using the practice data, complaints and PALS and waiting list information. The Friends and Family Test is beneficial but does have weaknesses. The Head of Patient and Carer Experience and Engagement has been asked to work with practices, via the Quality and Patient Safety group (QPAS) and Quality Committee, to review and benchmark practices.

Professor Cooke recognised the good work that is being done on workforce, noting that vacancies have stabilised, but that the work needs to continue to keep the momentum going. He commented that there are over 700 people waiting over 12 months in adult and paediatric ASD. He felt that if the paediatric side could be resolved the Trust could build up its reputation and become the centre of excellence it is working towards. The Chair said there

was agreement previously to include more trajectories in this area. Mrs Parkinson confirmed these are updated monthly and can be circulated to the Board.

Mrs Gledhill pointed out that on the Quality Dashboard, Malton Hospital is showing 0% for Basic Life Support (BLS). She explained this was due to a cohort of Health Care Assistants who were due training. The Resuscitation Officer has now completed the training with them and the updated compliance is at 45%. The Chair noted that the indicators for Malton in most areas are below compliance. Mrs Gledhill conformed that a significant amount of work is underway at Malton Hospital to improve the position and action plans are in place. The compliance issues will also be raised at the Accountability Reviews. Agency staff are also being used to help with the recruitment problems.

Resolved: The report and verbal updates were noted
An updated table re under 18 admissions to be circulated outside the meeting. **Action PBec**
ASD trajectories to be circulated to the Board **Action LP**

09/20   **Finance Report**
The report presented by Mr Beckwith showed the financial position for the Trust as at the 31st December 2019 (Month 9).

- An operational deficit position of £0.266m was recorded to the 31st December 2019.
- Expenditure for clinical services was lower than budgeted by £1.788m.
- Expenditure for Corporate Services was £0.108m lower than budget.
- A BRS Risk Provision of £1.244m was included in the reported position.
- Cash balance at the end of December 2019 was £11.740m (Underlying Government Banking Service Cash position was £11.298m)
- Capital Spend as at the end of December was £7.864m
- At Month 9 the Trust has breached its agency ceiling.

The ceiling for agency spend has been reached due to some locums converting to agency. There is also the impact of the new CAMHS unit medical staffing to be added, NHS Improvement is aware of the situation. Professor Cooke asked what the impact will be on the financial control total if this position continues or worsens. Mr Beckwith explained that the use of resources score would be impacted and the Trust could potentially reduce to a 3.

Mr Patton noted that in month Corporate Services had performed negatively. Mr Baren referred to the GBS Bank Balance table asking if more money is expected for CAMHS. He was informed this related to the VAT issue and potential reclaim of it.

Mr Royles asked about the capital programme spend and whther the Trust is on track for the budget. Mr Beckwith confirmed this is on track, noting there is pressure with the CAMHS unit.

Resolved: The report was noted.

10/20   **Finance and Investment Committee Assurance Report**
Mr Patton presented the report which covered discussions held at the December meeting including:-

- month eight performance and focus on key areas including the Primary Care recovery plan.
- forecast delivery of the NHSI control total at yearend.
- work undertaken on the Operational and Corporate Services Budget Reduction Strategy for 2020/21.

The Budget Reduction Strategy (BRS) has been updated. A report was received from the Capital Estates Group.

Resolved: The report and verbal updates were noted.

11/20 **Quality Committee Assurance Report and 9 October 2019 Minutes**
An executive summary of discussions held at the meeting on 5 December 2019 was presented. The minutes of the meeting held on 9 October 2019 were also presented for information

Professor Cooke asked the Board if discussions around being a high reliability organisation needed to continue especially with the new innovations the Trust is introducing such as Greatix. It was agreed this would be a good topic for a future Board time out.

At the meeting policies were reviewed along with the Safeguarding and Research Strategies. A multi disciplinary presentation on the Adult Mental Health Clinical Model was received. It is important that the clinical model is used across the services with the right trajectories. The Committee would also like to see more service user involvement in the work.

Dr Byrne suggested that a Board session on Quality Improvement and Patient safety would be helpful as there has been a lot of work undertaken since the initial session a couple of years ago and it was timely to review this. The Chair supported this suggestion. The Chief Executive suggested it would be helpful before that session for Professor Cooke as Committee chair, herself and the Chair to meet

Mrs Gledhill reported that following the introduction of Greatix, four reports have been submitted which will be taken to the Clinical Risk Management Group (CRMG) for a winner to be selected.

Resolved: The report and minutes were noted
High reliability organisations discussions to be continued at a future Board Time Out
Action JB
Quality Improvement and patient safety Board development session to be arranged
Action JB
Meeting to be arranged with Professor Cooke, Chief Executive and Chair prior to the Quality Improvement and patient safety development session **Action MM/SM**

12/20 **Charitable Funds Committee Assurance Report and 12 November 2020 Minutes**
Details of the meeting held on 22 January 2020 and the minutes from 12 November 2019, were provided for information. Of particular note were:-

- the insight report including the 2020 event plan and suggested its launch to encourage the Trustees and Board members to identify which event they would like to be involved with/take part in
- Reviewed and noted the wishes and agreed to develop these into the finance report
- Welcomed the re-opened Café and its partnership with Autism plus, with positive feedback received
- Review of the risk register

The Board noted the significant progress made with the Impact Appeal which has made a difference to young people and the unit. Health Stars are looking forward to coming to the Part III Board meeting to discuss their work. Acknowledgment has been made of the continuity issues with changes in the team. A flow chart is being produced to show the process for charitable funds.

Mr Smith attended the meeting as an observer and found it useful and informative. He also spent some time with the team as part of his other Non Executive Director role.

Resolved: The report and minutes were noted.

13/20   **Workforce & Organisational Development Assurance Report & 20 November 2019 Minutes**

An executive summary of discussions held at the meeting held on 22 January 2020 was presented by Mr Patton. Highlights included:-

- Information from the Workforce Insight Report.
- An update provided on the recruitment and retention summit and ensuing plans.
- Assurance gained on the actions taken on the must do actions appertaining to workforce from the Care Quality Commission (CQC) report.

Sickness continues to be an issue and other areas discussed included appraisals and statutory and mandatory training. Committee discussions took place around retiring, retire and return and the flexibility for people wanting to return to work. A presentation on the PROUD work was well received.

Resolved: The report and minutes were noted.

14/20   **Safer Staffing 6 Monthly Report**

The report outlined the outcomes of the review of safer staffing requirements across the in-patient units using the National Quality Board (NQB) guidance and NHS Improvement 'Developing Workforce Safeguards' reporting requirements which states the need for a comprehensive review of staffing at team level which is reported to the Board twice a year.

Overall the majority of units are maintaining adequate and safe fill rate requirements and performance. Review of establishments has confirmed that units are adequately resourced and minimum staffing levels are appropriate

Sickness and vacancies have increased across all areas and this is the major factor in lower fill rates and Care Hours per Patient Day (CHPPD). Mrs Gledhill explained that there is no benchmarking data for community hospitals. In terms of the table provided in Section five of the report Mrs Gledhill explained that the previous data will be included in future reports. A verbal update of the previous figures was given.

Mr Royles referred to the actions and summary where there was reference to sickness noting that there will always be Human Resources issues but that the Trust should not be spending more on agency costs. He felt that the narrative in the results section did not convey a sense of urgency. Mrs Gledhill explained that this is a transactional piece of work resulting in a Board report. Herself and Mrs Parkinson meet regularly with Band 6 staff to go through the data in detail. It is difficult to capture all the actions at the meeting, but Mrs Gledhill will take the comments away and try to incorporate changes in the next report.

The report is scrutinised by the Quality Committee and Professor Cooke said there is reasonable assurance rather than strong assurance. However there is sound evidence there is a good connection between the Board and ward which there may not have been previously. Mr McGowan suggested that as the report has a focus on staffing that the Workforce Committee should receive the report. It was agreed that the Committee chairs would discuss with the relevant Executives and agree a way forward.

Dr Byrne thought that flow into units needed to be better understood given the care hours and staffing pressures. Mrs Parkinson said this has been previously discussed and an establishment review starting with mental health services is underway.

The Chair agreed with the comments made by Mr Royles around language used in the report. She also referred to the definition of reasonable evidence, sound evidence and what this meant. Mrs Gledhill will include the definition significance in future reports.

Resolved: The report was noted

Quality and Workforce Committee chairs to discuss with Executives which Committee the

report should go to **Action MC/FP**
Definitions and significance of reasonable evidence and sound evidence to be included in future reports **Action HG**

15/20   **Safeguarding Strategy 2019-2022**
The strategy is 'a continuing journey' promoting patients and staff at the forefront of the Trust's priorities to continuously improve the quality of safeguarding practice and enhance prevention and wellbeing. It will promote continued and strengthened partnership working with patients, staff and our safeguarding partners in line with national best practice and local need.

This is our first safeguarding strategy which encompasses both child and adults safeguarding reflecting our strategic aim of embedding 'think family' across all of our services. There are three Safeguarding Boards whose guidance the Trust follows. It is an incredibly busy area of work for the team.

Professor Cooke commented that the strategy is about safeguarding and if the organisation moves into more specialised areas different specific elements of safeguarding may be required.

The Chair noted that quarterly and annual reports are due to come to the Board however this is currently not on the workplan. Mrs Gledhill confirmed that the quarterly reports will go through the Quality Committee with anything of importance included in the Chief Executive's report. An annual report will come to the Board and the workplan will be amended to reflect this.

Resolved: Subject to the amendment regarding reporting, the strategy was ratified by the Board.
Annual report to the Board to be added to the workplan **Action HG**

16/20   **Draft Research Strategy**
The Chief Executive declared an interest in this item and did not take part in any discussions relating to finance as chair of the Yorkshire and Humber CRN.

The new Research Strategy identified three priorities which are aligned to the overall Trust strategy goals which are:

Priority 1: Research embedded as a core component of clinical services
Priority 2: Enhanced community involvement and awareness
Priority 3: Growing our strategic research presence and impact

The strategy sets out the associated objectives for each of the three priorities, as well as indicators for what success is expected to look like which were developed through extensive consultation with staff at various levels within the organisation.

The strategy looked forward to future years and the ambitions of the team. Mr Smith thought this was an excellent document that promoted research into patient care and it was pleasing to see the future aspirations.

Professor Cooke referred to the smart objectives that go well with staff and give a strategic presence. He congratulated the team on their work in encouraging people to get involved in research. Mr Royles felt it would be useful to have some measures around success suggesting these could be included in the performance report. He asked whether research is making a financial contribution to the Trust. Ms Hart explained that it makes a contribution to the overheads, but the aim is to have a neutral cost position. Dr Byrne explained that

research is not a large income generator and some funds are small, but the benefit to patients is large. Professor Cooke explained that three years ago research was not measured apart from knowing the number of patients involved in trials and the number of people involved in studies. It was agreed to review this for future reports.

The Chair welcomed the smart objectives and ambitions within the strategy which will help to make a difference to peoples' lives.

Resolved: The Board approved the Strategy

17/20   **Research & Development Report**
The report presented by Ms Hart provided assurance to the Board that work continues to enhance research in the Trust and ensuring the Trust's obligations in relation to the delivery of National Institute for Health Research (NIHR) Portfolio research and performance targets are met. She drew the Board's attention to the following areas:-

The Trust is the third highest recruiting performer out of twenty two in Yorkshire and Humber in relation to percentage against targets. It was noted that three years ago the numbers of patients in clinical trials and numbers of trials Humber patients were in started to be reported to Board. Work has also started in Bridlington to increase research opportunities as part of the Bridlington Health Town initiative due to a successful funding bid.

Successful Research Capability Funding from DHSC has allowed additional capacity for the research team. This was achieved by recruiting at least 500 people and is being used to support two clinicians working with academic colleagues on research grants Implementation of the PINCER safety tool in all but one of the Trust's GP practices.

Mr Baren queried about the end date of 2033 for the FIP-MO study asking if this was correct and why this was so far away. Ms Hart will review and the information will be circulated around the Board

Resolved: The report was noted
Details of the query around the FIP-MO study to be circulated to Board members **Action JB**

18/20   **NHS Pensions Letter**
The Chief Executive presented the report for information explaining that this was issued prior to the elections. The letter is being sent out to relevant staff at the request of NHS England/Improvement.

The Board noted that although the government has said it will under write any costs as a consequence of the change this was not mentioned in the letter. The letter is issued on the basis that the government will underwrite the costs.

Resolved: The report was noted with the comment on underwriting the costs

19/20   **Council of Governors Public Minutes 22 October 2019**
The minutes of the meeting held on 22 October 2019 were presented for information.

Resolved: The minutes were noted

20/20   **Any Other Business**
No other business was raised.

21/20   **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.

22/20   **Date and Time of Next Meeting**
Wednesday 26 February 2020, 9.30am in the Conference Room, Trust Headquarters

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

Action Log:
Actions Arising from Public Trust Board Meetings

Summary of actions from January 2020 Board meeting and update report on earlier actions due for delivery in February 2020 *Rows greyed out indicate action closed and update provided here*						
Date of Board	**Minute No**	**Agenda Item**	**Action**	**Lead**	**Timescale**	**Update Report**
29.1.20	06/20(a)	Chief Executive's Report	Session to be provided at the next Board Time Out on progress and how the Trust contributes to the ICS. To be held before the go live date.	Chief Executive	March 2020	In the planning stage with ICS Chair and Director
29.1.20	06/20(b)	Chief Executive's Report	Dr Byrne to circulate information on the Approved Clinician Day to Board members	Medical Director	February 2020	E mailed 12.2.20
29.1.20	08/20(a)	Performance Report	An updated table re under 18 admissions to be circulated outside the meeting.	Director of Finance	February 2020	E mailed 13.2.20
29.1.20	08/20(b)	Performance Report	ASD trajectories to be circulated to the Board	Chief Operating Officer	February 2020	Circulated with Board papers
29.1.20	11/20(a)	Quality Committee Assurance Report and 9 October 2019 Minutes	High reliability organisations discussions to be continued at a future Board Time Out	Medical Director	June 2020	To take place at June Board Time Out
29.1.20	11/20(b)	Quality Committee Assurance Report and 9 October 2019 Minutes	Quality Improvement and Patient Safety Board Development Session to be arranged	Medical Director	June 2020	To take place at June Board Time Out
29.1.20	11/20(c)	Quality Committee Assurance Report and 9 October 2019 Minutes	Meeting to be arranged with Professor Cooke, Chief Executive and Chair prior to the Quality Improvement and	Professor Cooke	June 2020	To be arranged

Date	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
			Patient Safety development session			
29.1.20	14/20(a)	Safer Staffing 6 Monthly Report	Quality and Workforce Committee chairs to discuss with Executives which Committee the report should go to	Professor Cooke/Francis Patton	February 2020	Agreement reached for future reports to go to both Committees
29.1.20	14/20(b)	Safer Staffing 6 Monthly Report	Definitions and significance of reasonable evidence and sound evidence to be included in future reports	Director of Nursing, Allied Health and Social Care Professionals	June 2020	Item not yet due
29.1.20	15/20	Safeguarding Strategy 2019-2022	Annual report to the Board to be added to the workplan	Director of Nursing, Allied Health and Social Care Professionals	February 2020	Annual report added to the workplan for November
29.1.20	17/20	Research & Development Report	Details of the query around the FIP-MO study to be circulated to Board members	Medical Director	February 2020	Details circulated 10.2.20

Outstanding Actions arising from previous Board meetings for feedback to a later meeting

Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
25.9.19	148/19(a)	Patient Story - Co-Production in the Development of the Peer Support Worker Role	A report will be submitted to EMT regarding recruitment, career pathway and how the work can be taken forward. Following discussion at EMT, an update will be included in a future Chief Executive's report.	Chief Operating Officer	January 2020	Pathways have been developed to recruit peer support workers and a trajectory is in place to recruit to 12 roles by the end of April 2020
27.11.19	193/19	Performance Report	An update on the changes to the IAPT trajectories to be included on the front sheet of the next Performance Report.	Chief Operating Officer	January 2020	Update included in performance report
27.11.19	205/19	Board Assurance Framework	An explanation on the actual vacancies and updated narrative to be included on future front	Chief Executive	March 2020	To be actioned from the next report

			sheets.			

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

Title & Date of Meeting:	Trust Board Public Meeting - 26th February 2020			
Title of Report:	Patient Story – How the Market Weighton Patient Participation Group (PPG) Supports the Practice			
Author/s:	Name: Joan Fletcher Title: Market Weighton PPG Chair Name: Mandy Dawley Title: Head of Patient and Carer Experience and Engagement			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	To inform Board members of how the Market Weighton PPG supports the Practice.			

	Name of group (please list all)	Date	Name of Group *(continued)*	Date
Governance: *Please indicate which group or committee this paper has previously been presented to:*	Meeting took place with the Head of Patient and Carer Experience and Engagement, Senior Patient and Carer Experience and Engagement Coordinator and Market Weighton PPG Chair to discuss the Board story.	15.1.20		

Key Issues within the report:	The key messages of the Board story are:
	
	• To inform the Board members of how the Market Weighton PPG supports the Practice including:
	   o Acts as a critical friend to the Practice
	   o Informs and supports patients in the waiting room when new initiatives are initiated and implemented
	
	• To highlight achievements the Practice has made over the past five years.

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

Caring, Learning and Growing

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

How the Market Weighton Patient Participation Group (PPG) Supports the Practice

1. **Introduction**
   The purpose of this update is to inform Board members of how the Market Weighton PPG supports the Practice.

2. **Attendance at the Board meeting**
   In attendance will be Joan Fletcher (Market Weighton PPG Chair), Sue Smith (Practice Manager) and Mandy Dawley (Head of Patient and Carer Experience and Engagement). The format of the story will be by Joan talking with the Board and sharing her experiences. There will not be a formal presentation or written story.

3. **Key Messages**
   Joan would like to provide the following messages to the Board:

   - To inform the Board members of how the Market Weighton PPG supports the Practice including:
     - Acts as a critical friend to the Practice
     - Informs and supports patients in the waiting room when new initiatives are initiated and implemented

   - To highlight achievements the Practice has made over the past five years.

Title & Date of Meeting:	Trust Board Public Meeting – 26 February 2020				
Title of Report:	Chief Executive's Report				
Author/s:	Name: Michele Moran Title: Chief Executive				
Recommendation:	To approve		To receive & note	✓	
	For information		To ratify	✓	
Purpose of Paper:	To provide the Board with an update on local, regional and national issues.				

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

Key Issues within the report:	• Identified within the report • Ratification of the policies identified in the report

Monitoring and assurance framework summary:

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

Caring, Learning and Growing

Chief Executive's Report

1.1 Around the Trust:
- During the month I met with a large number of our Social workers. Challenges and issues do appear to be settling though the work remains busy and there is a need to publicise the role and specific duties of these professionals.

- Meet Michele this month was again with our non clinical staff in corporate services. Every staff's role affects patients' lives and the work of the corporate staff is immense in making Humber the successful organisation that it is.

- My breastfeeding Guardian role has involved me supporting cards to offer mums who breastfeed in public, which still remains an issue for some mums.

1.2 British Journal of Cardiac Nursing's Year of the Nurse and Midwife – January 2020
Amanda Goode, Advanced Nurse Practitioner, is the Nurse of January 2020 in The British Journal of Cardiac Nursing's Year of the Nurse and Midwife. Well done to Amanda.

1.3 HSJ Filming
The HSJ filming visited and filmed why we are the provider of the year, the team were really impressed by our staff and services, more on this in the communications section of the report.

1.4 Humber Coast and Vale
I have taken on the Humber Coast and Vale Lead for Learning Disabilities and Autism

1.5 Meetings with National Lead for Mental Health Programme
I have met Claire Murdock, the National Lead for mental health programme twice during the month, Claire's focus remains following the mental health investment standard and meeting the national key performance indicators set out in the long term plan, Claire is impressed by the work of Humber.

1.6 Rising Star Awards
Lizzie Plummer, Children's Physiotherapist, good luck as she has been shortlisted down to the final three for Rising Star, in the upcoming Allied Health Professionals (AHP) and Social Care Awards which are due to take place in March. Good luck to Lizzie!

2 Around the Region

2.1 Interim Chief Operating Officer - NHS Hull Clinical Commissioning Group (CCG)
Erica Daley has been successfully appointed as Interim Chief Operating Officer, supporting Emma Latimer for all day-to-day operational business of NHS Hull Clinical Commissioning Group (CCG).

2.2 Interim Chief Operating Officer - East Riding of Yorkshire CCG (ERY CCG).
Paula South has been successfully appointed Interim Chief Operating Officer supporting Emma for all day to day business of the East Riding of Yorkshire CCG (ERY CCG).

2.3 NHS England Locality Director
Interviews for NHS E Locality Director will take place during this month.

2.4 Public Health Lead
Ann Burrows from Public Health England is the Humber, Coast and Vale public health lead

2.5 Cancer Collaborative Managing Director
Yvonne Elliott has been appointed as Cancer Collaborative Managing Director

2.6 Humber, Coast and Vale Health and Care Partnership – Integrated Care System Accelerator Programme

There is an expectation that, through the ICS, partner organisation will coordinate the transformation of health and care across settings and collectively manage system performance. This will include oversight and assurance the operational and financial performance of NHS and NHS funded organisations, whilst recognising that individual organisations will retain individual (and statutory) accountabilities.

In its Operating Plan for 2019/20, the Humber, Coast and Vale Health and Care Partnership set out its ambition to achieve ICS status by April 2020.

The ICS Accelerator Programme is an intensive programme of hands-on support, facilitation and shared learning.

In June and July 2019, the senior leaders in the Humber, Coast and Vale Health and Care Partnership completed a self-assessment of the Partnership's maturity against the ICS maturity matrix.

The self-assessment enabled the identification of areas of strength and those where there was a need for further development against the key areas. A programme was developed that focussed around four areas of development for the Partnership which were:

- Collective partnership working
- System operating arrangements
- Stakeholder engagement
- Population health management

During the period between October 2019 and January 2020, under the auspices of the ICS Accelerator Programme, partner organisations have been working together through a series of activities and events to facilitate the development of the Partnership.

Through a series of workshops that have included senior leaders, chairs, non-executive directors, elected members and lay members, the Partnership has:

- reaffirmed its purpose of **"improving and sustaining the health and wellbeing of**
- **the population of Humber, Coast and Vale"**.
- agreed a set of principles and values to underpin the purpose that include:

  o focusing on and succeeding across the Triple Aims of **improving health and wellbeing, improving care and achieving sustainability**
  o being a "system of (open) systems" where responsibilities (and resources) sit at the most local level(s) that is practical and effective (i.e. "**subsidiarity**")
  o being **selective** (but not self-selective) when promoting, sponsoring and enabling collaboration and integration
  o having **dominion** over key decisions that impact the design and operations of the Partnership
  o **connecting** with partners, citizens and service users
  o being **honest** and **open** with each other and our organisations
  o **evolving** and **adapting** the arrangements over time, in the light of circumstances as they change around us
  o preferring to blend our **local talent** to design and implement change. agreed to refine and document its operating arrangements in accordance with the above.

Alongside the ICS Accelerator Programme, the Partnership has also been selected to

participate in a national Population Health Management (PHM) Development Programme. The overriding objective for the Programme is to support the Partnership to make better use of available data and local intelligence to improve health outcomes for people in their communities.

Population Health Management is about applying advanced analytics and intelligence to design interventions that will improve the health of local populations, in particular, specific groups or cohorts of populations.

The ambition through the programme will be to build collective capability in PHM across Humber, Coast and Vale (e.g. within Primary Care Networks, commissioners, providers, local authorities, and other community partners). This will enable partners to make informed, data-driven decisions that support teams to work together to make best use of collective resources to achieve practical and tangible improvements in the health and wellbeing of our communities.

At the core of the PHM Development Programme is an intensive 20-week programme designed to support the Primary Care Networks (one in each of our six places) to begin using population health management approaches to improve health outcomes of selected cohorts of the population in their areas.

Key actions in the Continual Development Plan include:

- documenting the agreed ways of working and operating arrangements in a Partnership Memorandum of Understanding;
- exploring and agreeing how we can work together more effectively to improve the health and wellbeing of our population, working with our Local Authorities and through the Health and Wellbeing Boards;
- further consideration of the role and contribution of Non-Executive / Lay Member / Elected Members; and
- finalising the approach to effective clinical / health and care professional engagement and the voluntary and community sector.

2.7 East Ridings Health and Wellbeing Board
East Ridings Health and Wellbeing Board met in February and received the Children's Safeguarding report and also heard about the changes to the Board as it transitions into a partnership jointly led by the Local Authority, Clinical Commissioning Group and Police. The Board received an update from the leisure service (which Humber works closely with) who have had over 6 million visits this year.

3 National Updates

3.1 Secretary of State for Health
Matt Hancock remains as Secretary of State for Health

4 Director's Updates

4.1 Chief Operating Officer Update

4.1.1 Inspire Update
Inspire, our new Child & Adolescent Mental Health inpatient unit became operational on the 22nd January 2020 with an initial agreement to open 4 general adolescent beds. These were filled quickly with a mixture of planned admissions and repatriations of young people from out of area. The opening of Inspire marks a national step-change in Children and Adolescent Mental Health Services delivery as a service that has been shaped with young people at its heart. Young people and their families were involved in each stage of the building from identifying a suitable location, designing interiors and developing the best practice and services that will be used during treatment. Patients, carers and staff teams have responded very positively to the opening and

dialogue is ongoing with NHS England commissioners and local community teams across Humberside to prioritise further admissions. We will have 6 beds open on the 17th February and all 9 general adolescent beds by 2nd March 2020.

A workshop has been held recently to bring all staff and stakeholders together across our community child and adolescent services. Our intention is to continue to utilise the platform of the very positive development of the inpatient service to ensure that our community services too are progressive and provide exemplary support to the young people and their families which they work with. The workshop focussed on how we can build further on the Thrive Model (an integrated, person centred and needs led approach to delivering mental health services for children, young people and their families).

4.1.2 Care Services New Structure Update
The new simplified operational structure came into effect in October 2019 which grouped the clinical services into four service areas each with a general manager reporting to the Chief Operating Officer and a clinical lead reporting to a new Clinical Director role. This change provided a significant opportunity to ensure that leadership and managerial roles are strengthened and focused on achieving effective delivery of the Trust's strategic goals, values, objectives and priorities. The new service areas are:

- Community and Primary Care Services
- Children's and Learning Disability Services
- Secure Services
- Mental Health Services

Following the completion of a management of change process five vacancies existed in the restructure at this level:

- General Manager for Secure Services
- Clinical Lead for Secure Services
- Clinical Lead for Community and Primary Care
- Clinical Director
- Deputy Chief Operating officer

All of these posts have now been recruited to with the exception of the Deputy Chief Operating Officer which remains in a recruitment process (this post is currently filled by an Interim Deputy Chief Operating Officer – Clive Brookes). A revised structural diagram will be circulated as soon as employment checks are completed setting out the names of the new appointments. These post holders are being prioritised for places on the Proud leadership programme to ensure that they are being supported and developed to be as impactful as they can be.

4.1.3 Recovery Strategy Update
Work has commenced over recent months to review and update the trusts recovery strategy – "Bridging the Gap – 2017-2020". This strategy sets out a number of aims:

- To continue to support the transformation of the culture of the organisation in order to encompass a recovery focussed approach in all aspects of its work.
- To describe the overarching principles for a recovery oriented approach at Humber Teaching Foundation NHS Trust
- To describe key objectives that will drive forward recovery oriented practice within Humber NHS Foundation Trust
- To describe the governance arrangements for assuring continuous improvement within our services and the wider organisation

These aims are supported by a number of key objectives:

- Create a sustainable and efficient Recovery College
- Develop and grow Employment support within the Trust
- Support and develop the health and wellbeing of staff
- Support the continued development of Peer Support Workers across the Trust Services
- Develop Recovery College alliances and partnerships
- Embed an approach of life beyond illness.

Having commenced the review it became clear that we have a number of opportunities to strengthen our approach, further embed our recovery principles and make a more substantial offer to our service users. Workshops have been held with key staff and service users and this has led to a proposal that is currently being implemented to bring a range of services together under the umbrella of a "Prevention, Recovery and Wellness Service". By doing this, services that were previously fragmented will come together to significantly enhance our offer across all areas of the trust. These services are:

- Health trainers
- Social Prescribing
- Smoking Cessation
- Weight management
- Recovery College
- Individual Placement Support/Positive Assets Employment support
- Volunteer service
- Peer support workers

Synergies exist between all of these service elements that are based on the recovery principles, in making this change we are creating a single point of access and maximising the impact and effectiveness of these services. Even though the commissioning geography differs across some of these service elements we will now be able to describe this as a significant integrated service offer, particularly when we are engaging with key stakeholders such as Primary Care Networks. This change is also supportive of our Community Mental Health Team (CMHT) transformation programme and the key primary mental health care developments this is focussed on.

Whilst this work has been progressing the remit of the recovery college has also been considered and led to changes in the focus of the prospectus. By working more closely with the third sector and ensuring that our programme compliments opportunities that already exist across our communities, we have been able to provide a much stronger emphasis on the psychoeducational offer in our prospectus. This enables us to strengthen the opportunity for our service users to manage their conditions and achieve their recovery goals.

Our work to develop peer support worker roles has progressed and we now plan to have fifteen post holders in place in April 2020 across a number of service areas. A robust development, training and support plan will be in place to ensure that the introduction of these roles is successful.

In light of this work the current strategy is being updated and will be completed by April 2020.

4.2 Director of Nursing, Allied Health and Social Care Professionals

4.2.1 Care Quality Commission (CQC) – Independent Review into its Regulation of Whorlton Hall

The Care Quality Commission (CQC) has published the findings of an independent review into how it dealt with concerns raised by Barry Stanley-Wilkinson; a CQC inspector who had inspected Whorlton Hall in 2015 and had raised concerns at that time. CQC did not publish the findings until June 2019. The independent review focuses in particular on concerns raised about the draft report prepared in 2015, and how they were addressed through CQC's internal processes.

The report makes recommendations around CQC processes in summary as follows:

- CQC must ensure that secure and effective arrangements are in force for the collection and storage of physical notes and electronic records made in the course of gathering evidence at inspections.

- CQC to improve how they assess learning disability and mental health hospitals; CQC should consider what further improvements can be made to the systems that pull together information about a service.

- CQC should re-examine the quality assurance processes it has designed and applied to inspections and report-writing to ensure that they are delivering cost-effective, valuable "quality assurance" at the right points in the system

- CQC should urgently consider the potential benefit in producing legal advice, available across all directorates about the Commission's duties under sections 46(1)(c) and 61(3) of the Health and Social Care Act 2008 to "publish a report"….

  It should also ensure that policy advice on inspection methodology is clear and is consistent with the legislation in all respects.

- CQC should review its current approach for examining complaints from providers about inspections to ensure that lessons have been learned from the shortcomings of the Whorlton Hall complaint investigation in 2015.

- CQC formally write to Mr. Stanley-Wilkinson as recommended (and accepted by management) in relation to the second and third elements of the internal review of his whistleblowing concern: "They should be thanked for taking the time and the energy to raise the concerns affording CQC the opportunity to look and learn from them."

  "There should be an apology that the person was not fully involved in the complaints investigation and outcome prior to the outcome letter being sent to the provider."

- Noting the updated CQC "Speak Up" policy (September 2018) CQC should consider building more confidence in the process by ensuring wherever possible that reports of the action planned or taken are part of the feedback to the complainant.

All recommendations have been accepted by the CQC

4.2.2 Briefing from the Deputy Chief Inspector of Hospitals and lead for Mental Health.
The January meeting of the North East and Humber Mental Health Forum which brings together CEOs/Directors of Nursing and Chief Operating Officers across the region was attended by Kevin Cleary who was appointed as the Deputy Chief Inspector of Hospitals and the lead for mental health in August 2019.

Kevin discussed the findings from the Whorlton Hall independent review and briefed the meeting as follows:

- Following lessons learnt from Whorton Hall the CQC inspection model will change

- Well led inspections may be unannounced going forward

- CQC attendance at Board meetings will be unannounced going forward

- Approach to safety Key Lines of Enquiry (KLOE) will change as many organisations require improvement.

  There will be a consultation in respect of this to look at 'what does patient safety really mean'. More focus on patient safety cultures and consideration as to how they can be measured.

- Mental Health Act reviews- going forward there will be more focus on Human Rights

- Focus on Child and Adolescent Mental Health Services (CAMHS) waiting list. Unlikely you will be rated more than requires

  improvement if you have a waiting list.
- Inspections will be briefer and more focused

- Looking to get reports down to 6 pages for publication

- Consultation on well led to be undertaken

Given the focus on human rights we will aim to raise staff awareness via existing safeguarding related training.

Work is ongoing regarding reducing the CAMHS waiting list. Reports regarding the CAMHS waiting list have been provided to the Quality Committee. A reduction in waits was noted at the January meeting.

We will contribute to the consultations regarding 'well led' and 'patient safety' and keep the Quality Committee informed in terms of the CQC direction of travel in relation to both of these areas.

4.2.3 Coronavirus- Update
The Trust continues to receive information in relation to the management of patients/staff who may present with corona virus. Information is coming from a variety of sources all of which is being submitted to the Trusts Infection Control Specialist who is the lead for:

- Communications to staff
- Ensuring requirements are met
- Working with emergency planning colleagues to ensure we are prepared should there be an outbreak affecting our service delivery

We have tested our preparedness via scenarios.

4.3 Medical Director

4.3.1 Telemedicine in Addictions Randomised Control Trial
Dr Soraya Moyet will be giving an oral presentation on her work in the Telemedicine in Addictions Randomised Control Trial that she is participating in at the European Opiate Addiction and Treatment Association 14th European Congress in May in Grenoble.

4.3.2 Research Conference Speaker
Professor Anthony Avery, Professor of Primary Healthcare at the university of Nottingham has been added as one of the keynote speakers for our Humber City Of Research 111 conference in May. He is an acknowledged national and international expert in the field of patient safety with a strong link to medication management.

4.3.3 Medical Education

The Medical Education team has secured funding for a clinical Teaching Fellow for Humber Teaching NHS FT from August. This type of role has been adopted in the acute sector with the dual purpose of improving the quality of education and experience for under and postgraduates. In addition it offers the fellows a pathway into their desired speciality where with education being a key component of their professional development as their career moves forward. This appointment is an integral part of the departments plan to enhance the quality of our education output.

4.4 Director of Workforce and Organisational Development (OD)_Update

4.4.1 Staff Survey 2019
Results were announced nationally on 18th February. There were internal communications across the Trust and detailed work will take place at both leadership and senior leadership forums. Presentations will be made to each respective trust committee on what the trust is doing to address the feedback received in the survey.

4.4.2 Recruitment
The Trust recently placed an order for the TRAC recruitment system. Used by many NHS trusts, TRAC will improve accessibility to recruitment information for managers and speed up the process of processing applications. Go live will be 5th May.

4.4.3 Workforce and OD Roadshows
The Workforce and OD team have commenced a number of drop in sessions and roadshows across our sites away from Headquarters.

4.4.4 January Senior Leadership Forum
The forum in February saw presentations from the Director of Workforce and OD on workforce performance measures, a session in preparation for the next CQC inspection, a workshop on consultation on what we want the Humber brand to be, and an update on the new Grievance resolution policy and procedure.

4.4.5 Menopause awareness sessions for managers and staff
A number of sessions have been arranged for managers and staff commencing on 5th March to help raise awareness of the menopause and the support we have in place.

4.5 Director of Finance Updates

4.5.1 Healthcare Finance Management Association (HFMA) Awards
I am delighted to report that the Trust was successful in the 2 categories it was shortlisted against at the HFMA Yorkshire and Humber Awards 2020.   The finance team have won the award for 'Finance Team of the Year' and Iain Omand, Deputy Director of Finance has been awarded 'Finance Professional of the Year'.

4.5.2 VAT Review
Her Majesty's Revenue and Customs (HMRC) have contacted the Trust for a VAT compliance inspection in March. The inspection will check the Trusts VAT returns and records from April 2018 to March 2019 with particular emphasis on income and capital transactions. HMRC will also be reviewing the systems in place to record VAT transactions. The Trust VAT advisors have also been informed so that they can assist with any queries arising

4.5.3 Flowers Review
The Flowers review relates to a case brought against East of England Ambulance Service, and concerns the calculation of holiday pay in that staff who regularly undertake overtime or work beyond the normal shifts should have these taken into account when calculating holiday pay.

No guidance has been issued by NHSI/E, however the Trust may want to consider making a provision at year end for any potential future liability.

4.5.4 Lead Provider Collaborative

Work is continuing in relation to the Lead Provider Collaborative.   The Trust are out to advert for a

Project Lead and work on governance and due diligence will be discussed at the next Trust Board Time out.

4.5.5 Air Conditioning

The Trust has recently commissioned an external survey for all its air conditioning units to enable the results to be logged on the governments database in relation to the Energy Performance of Building Regulations.

The Trust has not logged this information previously, and this information is not part of any statutory returns the trust makes.   A full review of all estates compliance requirements has been instigated, the outcome from which will be reported to the Finance Committee once complete.

4.5.6 HFMA Mental Health Technical Forum

The Trust have presented to the HFMA Mental Health Technical Forum on its recent success at the Health Service Journal Awards.   The presentation was well received and the Trust has now applied to become a member of the Forum.

5 Trust Policies

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

Policy Name	Approving Committee	Date Approved	Lead Director
Grievance Resolution Policy & Procedure	Workforce & Organisational Development (OD) Committee	22/1/20	Director of Workforce & OD
Induction Policy	Workforce & OD Committee	22/1/20	Director of Workforce & OD
Transitioning at Work Policy	Workforce & OD Committee	22/1/20	Director of Workforce & OD
Equality & Diversity Policy	Workforce & OD Committee	22/1/20	Director of Workforce & OD

6 Communications Update

Marketing and Communications Strategic Plan

Our Marketing and Communications Plan has been refreshed to set out our approach to the delivery of our vision and strategy through how we communicate and engage our audiences with our key messages.

The update has been informed by the previous Communications Strategy, research undertaken to develop the 'Refreshed Strategic Objectives for 2019-2022' and visits across the Trust between July and December 2019. It focuses our communications around five aspirational key messages that form the foundation of the plan and provide a thread that runs throughout our communications activity.

Trust Brand

Research is currently taking place to develop the Trust brand within the wider NHS brand guidelines. A fresh look at our visual identity will ensure that we differentiate the Trust, reinforce our values and personality, position ourselves as a credible and recognisable provider, emphasise the wide range of services we deliver and optimise the benefits of been a part of the NHS family.

To do this we are involving all parties in the co-creation process to create a strong and believable visual identity. Workshops to understand current brand perceptions and aspirations have been held at Patient and Carer Experience Forums (Whitby, Scarborough and Hull) and at Leadership Forums (Senior Leadership and the new Band 3-7 Leadership Forum). A wider survey will capture the views of all staff and give the opportunity for stakeholders to share their thoughts.

Following the completion of this stage of research the team will develop a creative to be tested with staff and stakeholders and launched in June 2020.

Recruitment Advertising
The team are providing a full in-house creative marketing campaign to position the Trust as a good place to work and to differentiate the Trust from other NHS and non NHS organisations in the competitive NHS recruitment market. Contribution includes full campaign creative, recruitment website, social media advertising, PR, video, print and advertising.

HSJ Provider of the Year
The communications team worked with the HSJ to create a film in celebration of our Provider of the Year win in October 2019. Interviews took place with staff from across the Trust and the crew filmed on location at a SMASH session and at Townend Court. The film will be used to shine a light on the work of the Trust who were held us as an example of a Trust demonstrates real commitment to patient and carer engagement, treating staff with respect and dignity, and making quality improvement part of the role of every member of staff to maximise patient safety across all its services.

Media

Media Round Up
- Nine articles were posted on the Trust's external website between 16 January and 11 February 2020. The average time spent on news pages, along with the bounce rate have improved significantly compared to last period with over 3800 visits to read Trust news over the period.

Positive media highlights include:
- Health Trainers New Year's Resolution services in East Riding & North Yorkshire (That's TV Humber)
- Trust HQ Café opened in collaboration with Autism Plus (BBC Radio Humberside & That's TV Humber)

Website

Despite the website still requiring mobile optimisation, we attracted over 17% more new website visitors than in 2019.

	2019	2020	% change
Users	11,973	14,073	+18%
Sessions	15,749	18,076	+15%
Page Views	35,586	40,009	+13%
Bounce Rate *	64%	66%	+2%

Intranet

The use of our intranet continues to improve amongst our teams with over 82,000 page views in the period.

	Dec 19	Jan 20	% change
Users	9,016	12,030	+33%
Sessions	46,295	58,901	+27%

Page Views	100,143	130,181	+29%
Bounce Rate *	64.07%	63.53%	-0.84%

Social Media

Impressions	Engagements	Link Clicks	Growth
62,045	40,404 (+70% on previous period)	2,176 (+38% on previous period)	3%

- Content posted for #ChildrensMentalHealthWeek posts featuring a recruitment position sent over 115 people to the job advert on NHS jobs.
- Videos have been viewed across our social channels were viewed over 500 times during this period.

Campaigns

Key campaigns over this period included:

#hellohumber
In February we are launching a new year-long campaign on social media to showcase our services, teams, staff, the locations we cover demonstrating how we work together to support our patients, services users, carers and their families.

#hellohumber will visit locations across the Trust, spending a day looking behind the scenes at a service or department to celebrate the people and their work. The coverage will support our recruitment efforts, demonstrating to interested candidates why the Trust is a great place to work as well as helping current staff feel special and valued for the work they do. The campaign will support the Marketing and Communications team to build connections across the wider Trust, encouraging teams to share their good news and improving understanding of the support available.

The first location will be Avondale in February followed by Whitby in March in line with the build work on site and the Research and Development Team in May as they host their annual conference.

Safer Sleep Week Campaign
The team have worked with the ISPHNS team and in partnership with CHCP colleagues to mark Safer Sleep Week (w/c 9 March). The campaign created by the team will see the launch of a new 'Welcome to the World' greetings card to be given to all new parents across Hull and the East Riding at the first post-natal appointment (10-14 days after birth. The card offers a softer way to share vital information about safer sleep in a format that will be openly displayed in the homes of parents across the region. The team have also supported the wider campaign which includes walk from Hull to East Riding children's centres and activity at local rugby matches.

The creative challenge was to get the safer sleep message to as many new parents as possible in a way that it could be shared with new fathers and wider family and support system. The card encourages parents to display it and share it with anyone who may care for the child. The print of the cards was supported by Health Stars and will ensure that all new parents in the East Riding are reached with this important message.

National Apprenticeship Week (NAW)
We supported the Trust's Apprenticeship Lead Marie Dawson with NAW by helping to record and edit three podcasts to promote to benefits of undertaking an apprenticeship. We also helped with the content and design of a flyer and designed a desktop advert to promote the success of apprentices and highlight the huge benefits to the Trust that these roles can bring.

Year of the Nurse and Midwife
A detailed communications plan to promote and celebrate Year of the Nurse and Midwife has been

approved by Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professional.

The main theme of our celebrations is Nursing through the Decades series which will interview staff who trained in the different decades, starting with the 1970s. We will also be theming supporting the NHS Big Tea and Wear Blue to Say Thank You national events which will take place in July.

Key Dates

- The 2020 Annual Members Meeting will be held on Thursday, 17 September 2020, Kingston Suite, KCOM Stadium, Hull. **Please note this is a new date.**

7 Health Stars Update

7.1 Health Stars Café with Autism Plus
The Health Stars café is now open at Trust HQ. The café is in partnership with Autism Plus. The team in the café have been really pleased with the feedback they've received so far and how popular the café has been.

7.2 Valentine's Day Bake Sale
Health Stars held their first event of 2020 in the café on Friday 14th February, it was a Valentines Bake Sale. A huge thank you to all those that donated cakes and went along with buy a cake on the day. The love was spread across the trust through the Valentines card that Health Stars and the Comms team produced together to encourage people to share a kind word to their colleagues and make a donation to Health Stars.

7.3 Health Stars Quiz Night
Health Stars is hosting its first quiz night on Thursday 26th March at the Mercure Hull Grange Park. It starts at 6.30pm and they are looking for teams of 4-6 people. It's £10 per person, this includes the quiz and food on the evening. It's looking like it will be a great event and I'm looking forward to finding out who will take the winners title on the night.

7.4 Avondale
Health Stars have had a burst of wishes from Avondale and are pleased to be working with the team there more closely to deliver these wishes and do further fundraising to support their plans for the future. Please keep putting your wishes into Health Stars.

Michele Moran
Chief Executive
February 2020

Agenda Item 8

Title & Date of Meeting:	Trust Board Public Meeting - 26 February 2020			
Title of Report:	Publications and Policy Highlights			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	
	For information	x	To ratify	
Purpose of Paper:	To update the Trust Board on recent publications and policy.			

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	15/1
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	

Key Issues within the report: *Please ensure you also complete the monitoring and assurance framework summary below:*	I. Monitoring the Mental Health Act Care Quality Commission II. NHS Long Term Plan to boost nurse apprenticeships III. Digital triage in health services IV. Population Health Management: Understanding how integrated care systems are using population health management to improve health and wellbeing

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

Caring, Learning and Growing

Compliance	√			future implications
Communication	√			as and when required
Financial	√			by the author
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 on recent publications and policy.

Monitoring the Mental Health Act Care Quality Commission 6 February 2020

Monitoring the Mental Health Act is the CQCs annual report on the use of the Mental Health Act (MHA). It looks at how providers are caring for patients, and whether patients' rights are being protected.
https://www.cqc.org.uk/sites/default/files/20200206_mhareport1819_report.pdf

Lead: Medical Director

This report will be discussed at the Mental Health Legislation committee and shared with Hospital Managers forum. Throughout the report, they have considered how agreed human rights principles – Fairness, Respect, Equality, Dignity and Autonomy (FREDA) – are applied to people affected by the Mental Health Act. There is an emphasis on such areas as seclusion, equality and diversity as well patient participation in their own care. In addition, there is guidance on what 'Good ' looks like in terms of board oversight and governance looks like.

NHS Long Term Plan to boost nurse apprenticeships NHS England 10 February 2020

England's most senior nurse has called on NHS organisations to boost the number of nursing apprenticeships they offer to local people, to help deliver the health service's Long Term Plan to improve patient care. Almost 1,800 new nursing apprentices have already started their training over the last couple of years – but NHS chiefs want thousands more to be given the opportunity to earn while they learn.

The new NHS recruits are given a triple package of on-the-job training, free tuition fees and an annual wage, meaning people of all ages have a chance to earn while they learn to provide care. Increasing nursing apprentices is just one part of a turbocharged national recruitment campaign, helping deliver the Government's commitment to increase the nursing workforce in England by 50,000. The push sits alongside the wide-ranging 'We are the NHS' recruitment campaign, which has seen applicants for nursing degrees increase by 6% year on year. The NHS is determined to invest in home grown talent with plans to go much further over the coming year as part of the International Year of the Nurse and Midwife 2020 marking the 200th anniversary of Florence Nightingale's birth.

In guidance published by NHS leaders recently, local organisations were asked to review their workforce plans for the coming year and ensure apprenticeships form part of them, making full use of the apprenticeship levy. 3,910 nursing associate apprentices also started their training in health and care in the last year. The new role of nursing associate can support registered nurses to focus on providing clinical care by performing routine tests, care and treatment, while offering new and existing NHS staff another option for career development by earning a foundation degree.
As well as boosting apprenticeships the NHS will look abroad as well as at home, with a new international recruitment campaign set to be boosted, while the We are NHS campaign has already increased nursing university applicants for nursing by 6% in the last two years.

Lead: Director of Workforce & Organisational Development

Growing our Apprenticeship offer is part of the Recruitment Task and Finish Group and this action is being led by the Deputy Director of Nursing.

Digital triage in health services Care Quality Commission January 2020

The CQCs first pilot focused on the use of digital triage tools in healthcare services. A digital triage tool is software that tells a patient what to do or where to go next in their care pathway. It can be software that:

- supports clinicians to make decisions
- supports non-clinical staff to interact with patients
- people interact with themselves

The CQC worked with healthcare providers, people who use services, clinicians, technology suppliers, and other stakeholders. Together agreed what care providers and tech suppliers need to do so that people receive high-quality care through these tools. The CQC used this to identify and consider how to update our methods - to help regulate these services better. They also considered how other parts of the healthcare system could support high-quality care. https://www.cqc.org.uk/sites/default/files/20200122_Digital-triage-in-health-services_sandbox-report.pdf

Lead: Director of Finance

As a Trust we agree with the report that central bodies can provide more help and assistance in the application and testing of regulation for digital technology. As a Trust we do apply the standards which are referenced in the CQC document. This is likely to have duplication of work between ourselves and partners who use the same digital solution.

The reports details what good looks like, which is very similar to the NHS Digital design principle which our digital services have started to apply. As an action from the report, we will start to apply the detailed statements with section 7 as part of all our digital projects.

Population Health Management: Understanding how integrated care systems are using population health management to improve health and wellbeing NHS England 4 February 2020

This case study looks at how integrated care systems are using population health management to improve health and wellbeing. https://www.england.nhs.uk/wp-content/uploads/2020/02/phm-integrated-care-in-action-case-study.pdf

Lead: Chief Executive

We in Humber Teaching NHS FT are leading the way in providing a Population Health management solution which will support not only our work in Humber Coast and Vale bit also the wider Yorkshire and Humber systems. As the host organisation for one of the 5 national exemplar sites for LHCRE (Local Health Care Record Exemplar) we have over seen the successful investment of 7.5 million pounds which is enabling all relevant Health and Care providers to share their data sets. This step is enabling us to develop data sets which will help inform commissioning intentions and clinical operations, but more importantly optimise clinical care through a shared care record.

Title & Date of Meeting:	Trust Board Public Meeting– 26th February 2020				
Title of Report:	Performance Report - Month 10 (January)				
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead				
Recommendation:	To approve		To receive & note	✓	
	For information		To ratify		
Purpose of Paper:	This purpose of this report is to inform the Trust Board on the current levels of performance as at the end of January 2020. The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.				

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	18/2
	Charitable Funds Committee		Other (please detail)	

Key Issues within the report: *Please ensure you also complete the monitoring and assurance framework summary below:*	**Exception reporting and commentary is provided for each of the reported indicators:** The majority of indicators are within normal variation, the exceptions being - Clinical Supervision, where compliance is above the upper control limit at 91.2% - Friends and Family Test (Involvement), where performance in month has fallen to 94.9% but still exceeds the 90% target. - Waiting Times, detailed narrative for which is included in the exception reports - IAPT waiting times have fallen following the adoption of the lead provider model and the inherited waiting list position. Work to finalise the waiting list and produce trajectories is currently in progress. - Appraisals rates have improved but remain marginally below the lower control limit.

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		

Caring, Learning and Growing

INTEGRATED BOARD REPORT

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

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

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team

Caring, Learning and Growing

Humber Teaching NHS Foundation Trust
Integrated Board Report

For the period ending:	**Jan 2020**	

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

Strategic Goal 1	Innovating Quality and Patient Safety		Strategic Goal 4	Developing an effective and empowered workforce
Strategic Goal 2	Enhancing prevention, wellbeing and recovery		Strategic Goal 5	Maximising an efficient and sustainable organisation
Strategic Goal 3	Fostering integration, partnership and alliances		Strategic Goal 6	Promoting people, communities and social values
Key Indicators	The following is a list of indicators highlighted within this report and the Goal to which they are set against. Other than the Safer Staffing dashboard, each indicator uses SPC charts			

Dashboard	Safer Staffing	A dashboard to provide overview on a number of clinical indicators for the Trust's inpatient units across all services
Dashboard	Mortality	Learning from Mortality Reviews
Goal 1	Incidents	Total number of incidents reported on Datix
Goal 1	Mandatory Training	A percentage compliance for all mandatory and statutory courses
Goal 1	Vacancies	Variance between the budget (funded) establishment and actual staff in post. Note that not all vacancies are funded
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	CPA - 7 day follow ups	Percentage of patients who were on CPA and had a follow up within seven 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:	Jan 2020

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 have been assessed but continue to wait more than 18 weeks for treatment
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	Admissions of Under 18s	Number of patients aged 17 and under who were admitted to an adult ward
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 4	PADRs	Percentage of staff who have received a Performance and Development Review within the last 12 months
Goal 5	Finance - Cash in Bank	Review of the cash in the Bank (£000's)
Goal 5	Finance - Use of Resource Score	The Single Oversight Framework assesses the Trust's financial performance across different metrics
Goal 5	Finance - Income and Expenditure	Review of the Income versus Expenditure (£000's) by month
Goal 6	Complaints	Two charts showing the number of Complaints Received (1) and the number of Complaints Responded to and Upheld (2)
Goal 6	Compliments	Chart showing the number of Compliments received by the Trust by month

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jan 2020**

Narrative
Above Target

Target:	85%
Amber:	75%

Current month stands at 87.5%

Mandatory Training - Overall Compliance

Legend: Target — In Month — CL (Mean) — UCL — LCL
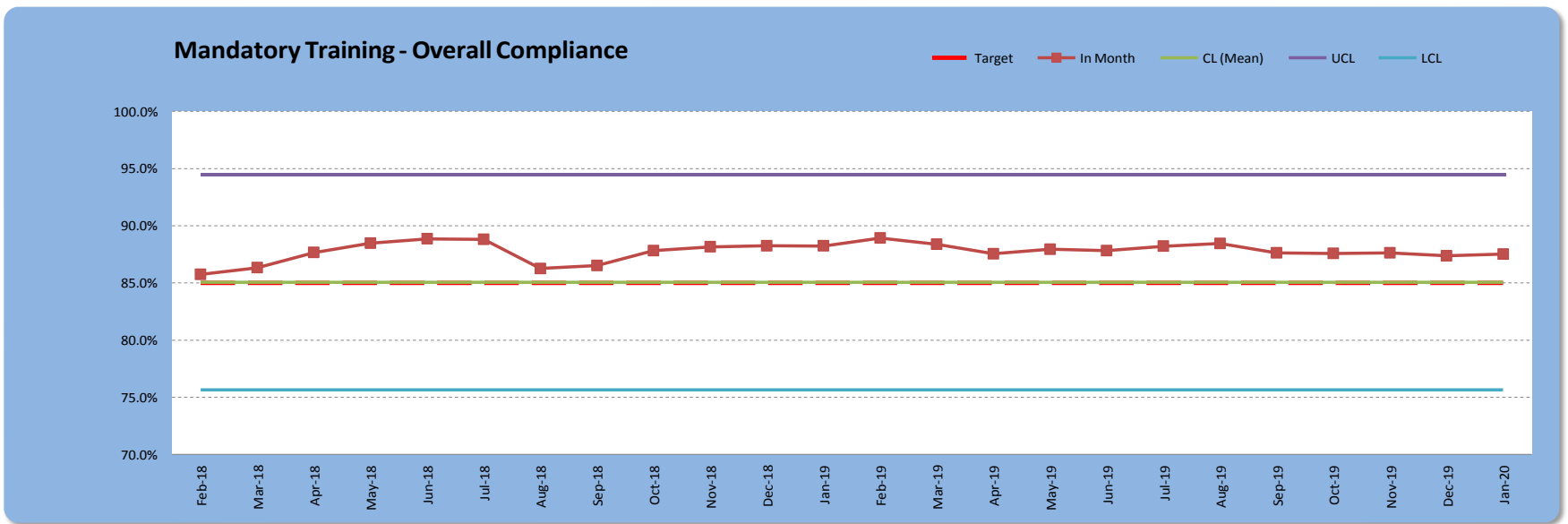
Exception Reporting and Operational Commentary

Performance remains above target. All managers have access to ESR supervisor self service so they can review performance via the dashboard. More detailed information regarding those courses below target is provided to the Workforce and OD Committee.

Business Intelligence

There are 18 individual courses monitored in the IQPT dashboards. There are seven courses below target (IG 90.8%, PATS 70.2%, MAPA/DMI 84.7%, BLS 65.5%, ILS 78.1%, POVA 58.3% and MHA 67.3%).

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jan 2020**

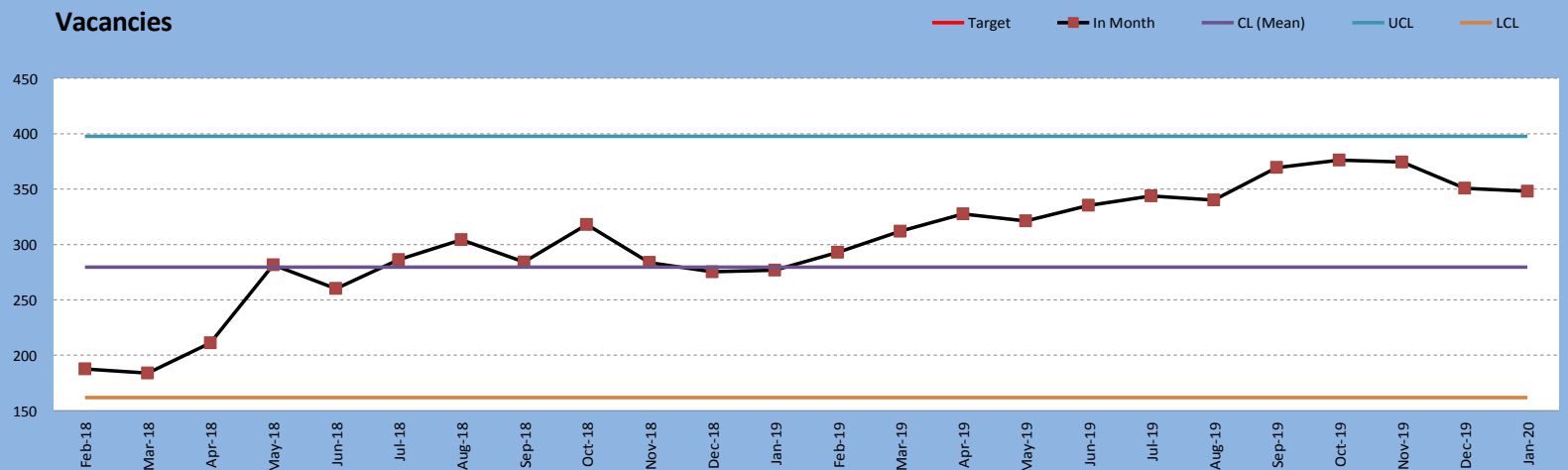| Indicator Title	Description/Rationale		KPI Type
Vacancies (WTE)	Variance between the establishment and actual staff in post. This information is taken from the Trust financial ledger.	**Executive Lead Steve McGowan**	WL 2 VAC

Narrative
within control limits

Target: TBC
Amber: TBC

Current month stands at 348.0

Vacancies

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

Exception Reporting and Operational Commentary

Qualified nursing (103.5 WTE vacancies of 821.7 WTE roles) and Consultants/GPs (19.4 WTE of 64.7 WTE roles) represent the most difficult roles to fill. Care Divisions are formulating plans to address vacancies and the new Recruitment task and finish group met for the first time in January. More information on vacancies is provided to the Workforce and OD Committee.

Breakdown of Vacancies per Division

Vacancy Rates per Division	Jan WTE	%
Mental Health Planned Care	51.0	13.2%
Mental Health Unplanned Care	71.6	14.3%
338 Secure Services	27.0	11.9%
338 Childrens and Learning Disability	83.3	13.1%
338 Community and Primary Care	57.3	10.6%
338 Corporate Services	57.8	11.1%

Percentages are based on the vacancy rates per division not on the Trust vacancies as a whole

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

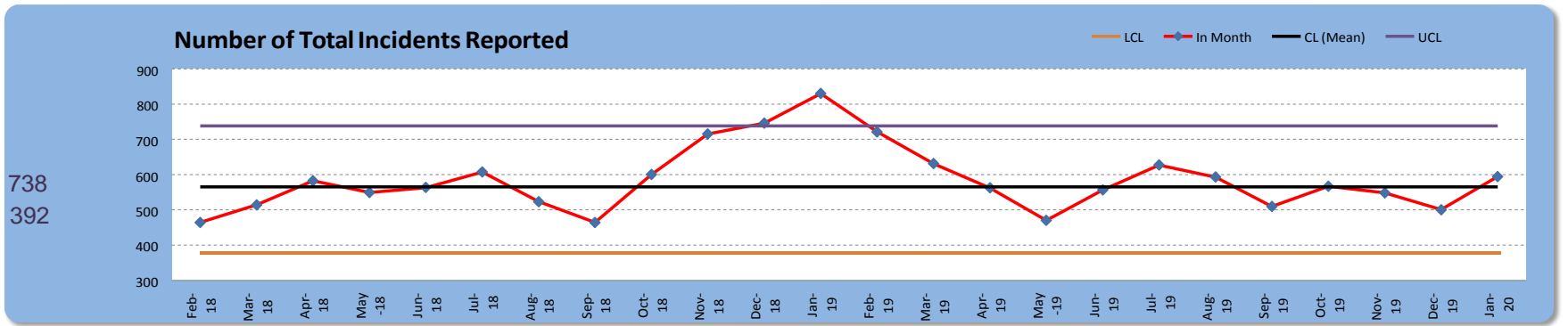**For the period ending:**   **Jan 2020**

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

Narrative
Within Control Limits

UCL: 738
LCL: 392

Current month stands at 594

Number of Total Incidents Reported

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

Top five themes of incidents reported in the current financial year (Year to Date)

Top 5 Themes

- Medication Error (Prescribing, Dispensing, Administration and Adverse Drug Reactions Only)
- Pressure Ulcer / Moisture Lesion etc.
- Violence & Aggression - Physical
- Death Of Patient
- Self Harm
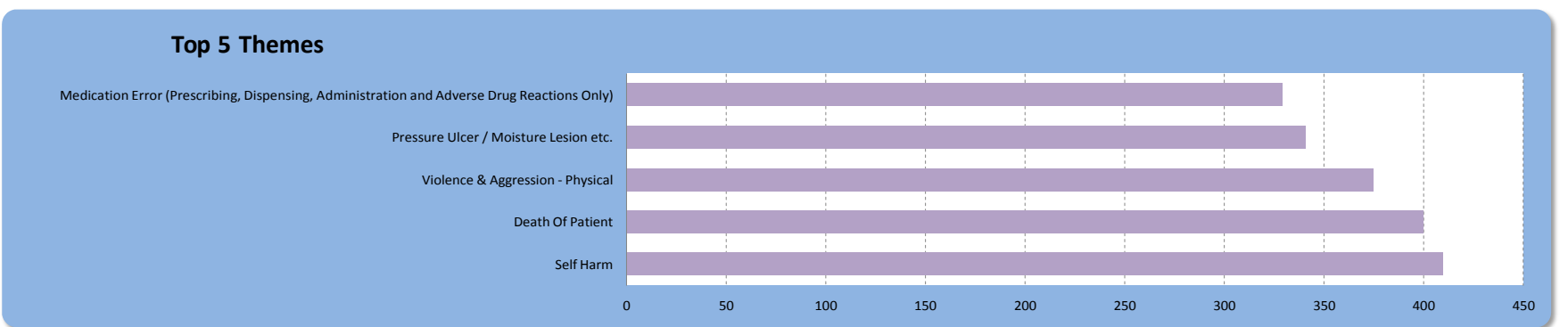
Exception Reporting and Operational Commentary

January 2020 had the highest incident reporting rates across the Trust is the past 6 months and had an 18.8% increase when compared with December 2019. This increase in incident reporting can be in part attributed to the opening of the Inspire CAMHS unit which has reported 34 incidents for the month.

For January 2020, 92.5% of the total reported incidents resulted in no harm or low harm. The highest reported category of incident for the month was 'Pressure Ulcer / Moisture Lesion' (not all acquired in our care), 80.8% of these incidents were recorded as either no harm or low harm, with 19.2% recorded as moderate harm. In line with revised national guidance, the reported harm linked with pressure ulcer incidents is now reflective of the severity of the pressure ulcer and not necessarily the level of harm caused by the Trust.

For the year-to-date (April 2019 to January 2020), 'Self-Harm' remains the highest reported category of incident, with 'Death of Patient' (inclusive of expected deaths) the next highest reported and 'Violence and Aggression – Physical' being the third highest reported incident category All reported incidents continue to be monitored on a daily basis by the Corporate Huddle.

Business Intelligence

As the Trust diversifies and acquires business, the number of incidents may increase/decrease to reflect this. Currently the RAG rating is based on the number of incidents outside the Upper and Lower Control Limits.

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jan 2020**

Narrative

Performance above target

Target: 80%
Amber: 75%

Clinical Supervision chart — Legend: Target, In Month, CL (Mean), UCL, LCL. X-axis: Apr-18 through Jan-20. Y-axis: 60.0% to 95.0%.

Exception Reporting and Operational Commentary

There has been an improvement in the compliance rate to 91.2% in January from 83.4% in December and remains above target. The response rate has dropped to 78% from 90%. The Humber Centre has commenced the pilot for the recording of supervision onto ESR. The system needs to be adjusted so that managerial supervision and clinical supervision can be recorded separately. Once this has been established a rolling programme of moving all teams across to reporting on ESR will be progressed and completed by July 2020. This will improve the quality and consistency of reporting

Business Intelligence

85 from 109 teams provided a response in January (78%). Teams who do not provide a return are being actively managed by the divisions and reminders sent out by BI team. The process in BI has been updated to capture all entries of supervision across a six week period for the relevant month.

HUMBER TEACHING NHS FOUNDATION TRUST
SAFER STAFFING QUALITY DASHBOARD

Staffing and Quality Indicators	
Contract Period:	2019-20
Reporting Month:	Dec-19

NHS Humber Teaching NHS Foundation Trust

Speciality	Ward	Speciality	WTE	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day Registered	Day Un Registered	Night Registered	Night Un Registered	Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	PADRs	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Nov-19	Dec-19
Adult MH	Avondale	Adult MH Assessment	34.6	63%	16.40	15.6%	↑	6.3%	↓	92%	81%	100%	113%	0	0	0	0	82.8%	89.5%	91.7%	94.1%	90.6%	3.2%	2.2	1	0
Adult MH	New Bridges	Adult MH Treatment (M)	44.0	97%	10.34	3.9%	↑	7.3%	↓	78%	107%	98%	104%	3	4	0	0	78.9%	97.5%	100.0%	100.0%	69.0%	1.9%	3.0	2	3
Adult MH	Westlands	Adult MH Treatment (F)	42.2	89%	9.63	25.2%	↑	12.0%	↓	88%	93%	89%	101%	4	0	0	0	86.7%	90.0%	72.7%	78.3%	52.8%	16.3%	5.6	3	2
Adult MH	Mill View Court	Adult MH Treatment	39.4	95%	8.47	12.2%	↑	4.5%	↑	90%	97%	93%	108%	0	0	0	0	100.0%	88.7%	66.7%	82.4%	81.3%	5.7%	3.8	1	2
Adult MH	Hawthorne Court	Adult MH Rehabilitation	30.4	56%	10.07	31.5%	↓	0.4%	↑	78%	77%	94%	105%	0	3	0	0	83.3%	90.2%	100.0%	85.7%	81.5%	11.2%	0.2	2	1
Adult MH	PICU	Adult MH Acute Intensive	28.7	73%	21.99	31.3%	↓	15.9%	↓	86%	120%	98%	115%	2	6	0	0	95.8%	88.6%	100.0%	100.0%	64.0%	9.6%	7.4	1	2
OP MH	Maister Lodge	Older People Dementia Treatment	38.4	97%	11.58	15.9%	↑	0.0%	→	58%	101%	113%	95%	0	1	0	0	100.0%	87.9%	90.0%	96.6%	80.5%	11.1%	2.0	2	3
OP MH	Mill View Lodge	Older People Treatment	23.8	104%	12.04	13.3%	↑	0.0%	→	84%	76%	97%	98%	0	0	0	0	100.0%	96.5%	84.6%	100.0%	75.0%	5.2%	0.8	2	1
Specialist	Darley	Forensic Low Secure	31.5	94%	10.28	24.2%	↓	4.0%	↑	51%	77%	103%	100%	0	0	0	8	100.0%	96.5%	100.0%	92.3%	90.9%	8.6%	3.0	3	2
Specialist	Derwent	Forensic Low Secure	29.9	88%	13.04	19.6%	↑	0.3%	↑	96%	88%	100%	102%	1	1	0	1	93.5%	93.4%	77.8%	91.3%	75.0%	6.4%	2.8	2	1
Specialist	Ouse	Forensic Low Secure	24.8	96%	7.11	17.9%	↓	2.8%	↑	90%	82%	103%	102%	1	0	0	14	100.0%	97.8%	100.0%	100.0%	100.0%	14.7%	2.4	2	1
Specialist	Swale	Personality Disorder Medium Secure	30.1	67%	12.39	33.7%	↑	0.0%	→	80%	88%	101%	118%	0	1	1	0	91.3%	91.9%	100.0%	88.2%	88.5%	12.5%	2.0	2	1
Specialist	Ullswater	Learning Disability Medium Secure	37.2	62%	18.48	36.6%	↑	0.0%	→	80%	109%	97%	96%	0	0	0	7	100.0%	93.5%	81.8%	94.1%	93.1%	8.1%	0.0	2	1
LD	Townend Court	Learning Disability	41.3	60%	22.40	30.4%	↓	0.0%	→	58%	90%	50%	123%	2	1	0	0	75.8%	91.5%	75.0%	95.8%	62.2%	9.2%	3.9	4	5
LD	Granville Court	Learning Disability Nursing Treatment	54.0	Not Avail	n/a	29.4%	→	0.0%	→	102%	85%	109%	107%	0	0	0	n/a	98.0%	93.2%	90.9%	94.3%	50.9%	5.8%	0.0	3	2
CH	Whitby Hospital	Physical Health Community Hospital	47.8	95%	6.54	0.0%	→	0.0%	→	82%	113%	94%	101%	3	0	0	n/a	86.5%	93.0%	65.0%	63.2%	82.9%	11.5%	0.0	2	3
CH	Malton Hospital	Physical Health Community Hospital	28.2	86%	6.74	Not on eRoster		Not on eRoster	→	86%	78%	111%	84%	0		0	n/a	44.1%	72.2%	68.8%	0.0%	10.3%	10.1%	2.4	4	4

Exception Reporting and Operational Commentary

Overall the performance of all the teams has improved slightly. Registered fill rates on days remain at amber for most units but only maister and Townend are flagging red. On Townend the lower bed occupancy means that the CHPPD are still good and on Maister the new registered roles including nursing associates and pharmacy technicians are in the process of being included in the CHPPD reporting. Sickness remains below target for all areas with the exception of Avondale and Newbridges who have both remained above target for the second month consecutively. Training compliance overall remains strong and ILS and BLS have improved in most areas with the exception of Malton and Whitby. BLS in Malton remains at 0% following all staff falling out of compliance in November. This has now been addressed with training delivered on site during January and February. Supervision compliance has dipped in December. Newbridges remains below target but has improved performance from November but Malton has declined further and Townend has also dropped in performance. Training in supervision at Malton is scheduled for the end of February and they will begin reporting on ESR which will improve the quality of reporting. CHPPD has improved or remained stable for most units - Ouse remains below target but this is consistent with the nature of the patient group. Both Whitby and Malton have dropped slightly but remain comparable with figures from older adult/ medical wards. Malton continues to receive focussed support from the leadership team and nursing directorate. PADR compliance has improved in January and February and continuing challenges with registered nurse vacancies are being proactively managed. Registered nurse vacancies and high levels of sickness on Townend are contributing to lower levels of compliance in supervision and PADR these have been identified as priority actions as part of the recent accountability reviews.

The YTD figure for Failed Leave for Ouse shows a total of 14. However, this has significantly reduced recently with none cancelled in October

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

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

Registered Nurse Vacancy Rates

Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
13.60%	13.90%	13.40%	12.50%	14.30%	17.10%	16.80%	18.60%	16.11%			

Slips Trips and Falls

Unit/Hospital		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Maister Lodge (206330)	Maister Lodge	3	4	1	2	4	3	4	3	2	3	0	0	2
Mill View Lodge (206332)	Mill View Lodge	1	3	1	2	0	2	0	4	1	4	0	0	1
Whitby District Hospital	Whitby	1	3	10	4	3	2	3	5	6	3	0	0	4
Malton District Hospital	Malton	0	1	0	0	0	0	0	0	0	0	0	0	1

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

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jan 2020**

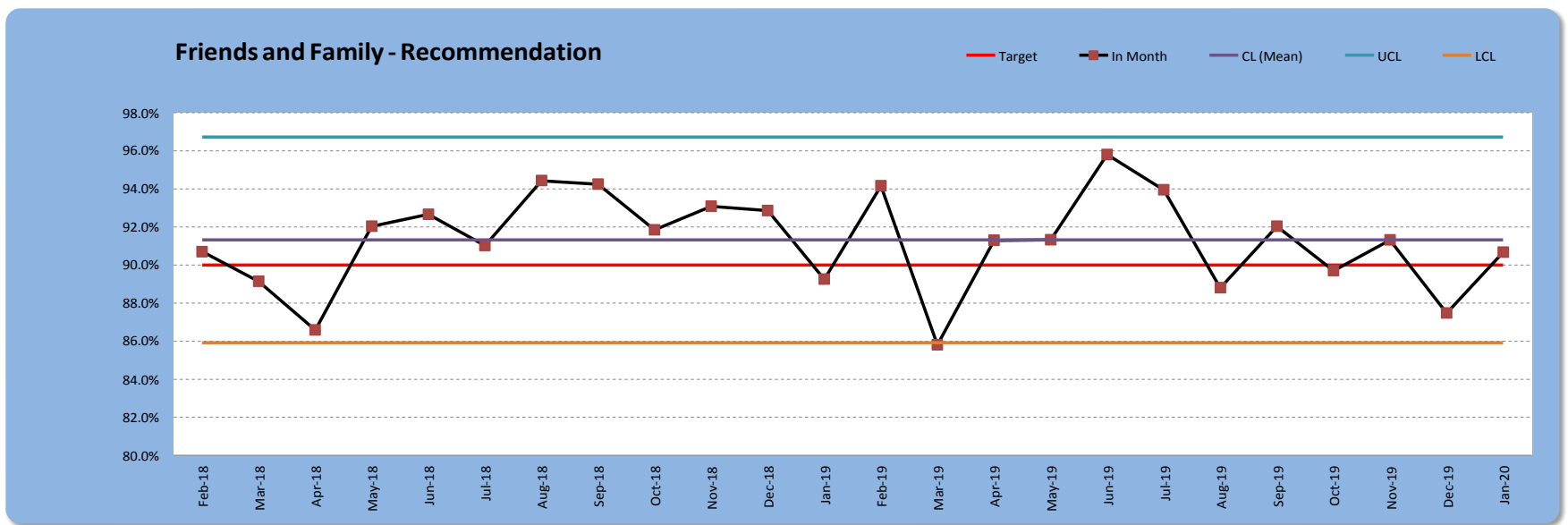| Indicator Title	Description/Rationale		KPI Type
Friends and Family Test	Results of the overall surveys completed where patients would recommend the Trust 's services to their family and friends	**Executive Lead** John Byrne	FFT %

Narrative
Above target

Friends and Family - Recommendation

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

Target: 90%
Amber: 80%

Current month stands at 90.7%

Exception Reporting and Operational Commentary

For January 2020 the percentage of people who would recommend our services to their friends and family is 90.7%, this is above the Trust's target figure of 90%. The Trust's two Hull GP surgeries account for more than 45% of the total number of survey forms completed; this is because the practices use Mjog which is a free mobile phone application for patients allowing them to complete a FFT patient survey following their appointment.

NHS England and NHS Improvement have completed the review of the FFT survey and 'recommend' question. The new guidance was published on 2nd September 2019 and has replaced all previous implementation guidance for the patient focused FFT. There is a new standard question for all settings: "Thinking about the service we provide, overall, how was your experience of our service?" The new question has a new response scale: "Very good, good, neither good nor poor, poor, very poor, don't know". A new survey form has been coproduced and is also available in easy read format. All services will be using the new survey form with effect from 1st April 2020.

Business Intelligence

Calculation based on ALL surveys completed across all service areas including GPs. Mjog data is now included for the two Hull GP's.

The number of Friends & Family returns received for December is:
750

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Jan 2020

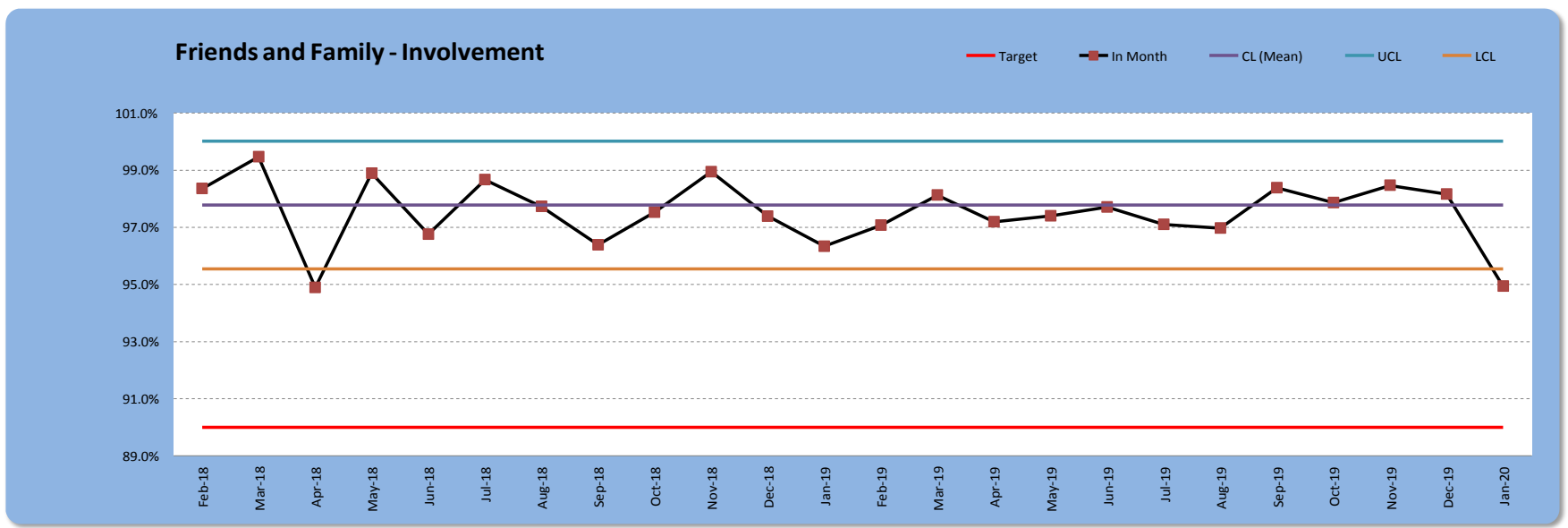| Indicator Title	Description/Rationale		KPI Type
Friends and Family Test	Results of the overall surveys completed where patients felt they were involved in their care	**Executive Lead** John Byrne	CA 3c %

Narrative
In month target achieved

Friends and Family - Involvement

Target: 90%
Amber: 80%

Current month stands at 94.9%

Exception Reporting and Operational Commentary

The Trust continues to score high for key question around involvement and remains consistently above the target of 90%, however the score has fallen below the lower control limit. On further drilling down to team level, Specialist Services collate their data quarterly and a large number of feedback is neutral for involvement. The division is aware of this and is looking at ways to improve patient involvement in their care.

Business Intelligence

The resu... ...n results are:

	Jan-20
Patients Overall FFT Helpful	98.7%
Patients Overall FFT Information	98.4%

The short survey does not include Core Questions.
GP Practices use the short survey so are not included in the above results.

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2020**

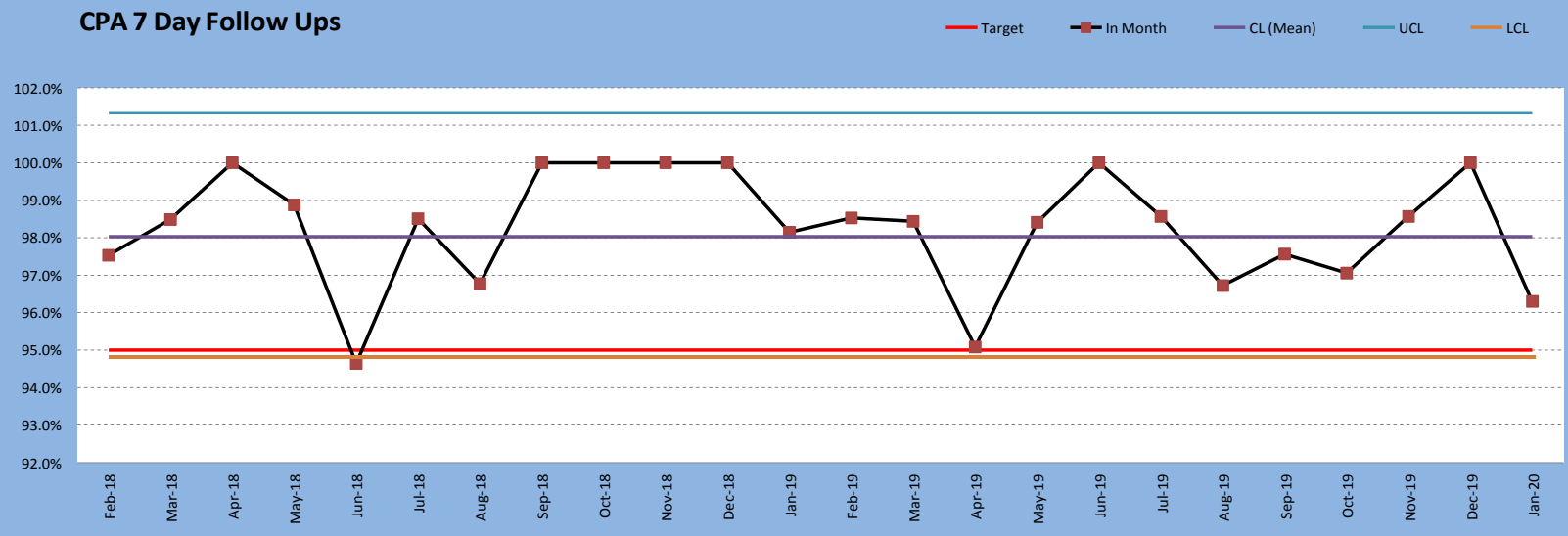| Indicator Title	Description/Rationale		KPI Type
CPA 7 Day Follow Ups	This indicator measures the percentage of patients who were on CPA and had a follow up within seven days of discharge	**Executive Lead** **Lynn Parkinson**	OP 12

Narrative

Above Target

Target: 95%
Amber: 85%

Current month stands at 96.3%

CPA 7 Day Follow Ups

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

Exception Reporting and Operational Commentary

3 breaches in January, compliance 96.3% (Target 95.0%).these breaches have been investigated and follow up subsequently achieved where possible.

This indicator is monitored on a daily basis. Divisional General Managers and operational managers are advised of potential breaches and a timeliness report is updated each day for review and action by teams.

Business Intelligence

CQUIN - 3 day follow up process
88.8% of follow ups in achieved for January.

The CQUIN payment period is now affective (as of 1st October). Full payment will be based upon the Trust having achieved at least 80% for Quarter 3 and Quarter 4. It is therefore important to ensure the Trust maintains the excellent results experienced so far this quarter.

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Jan 2020

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

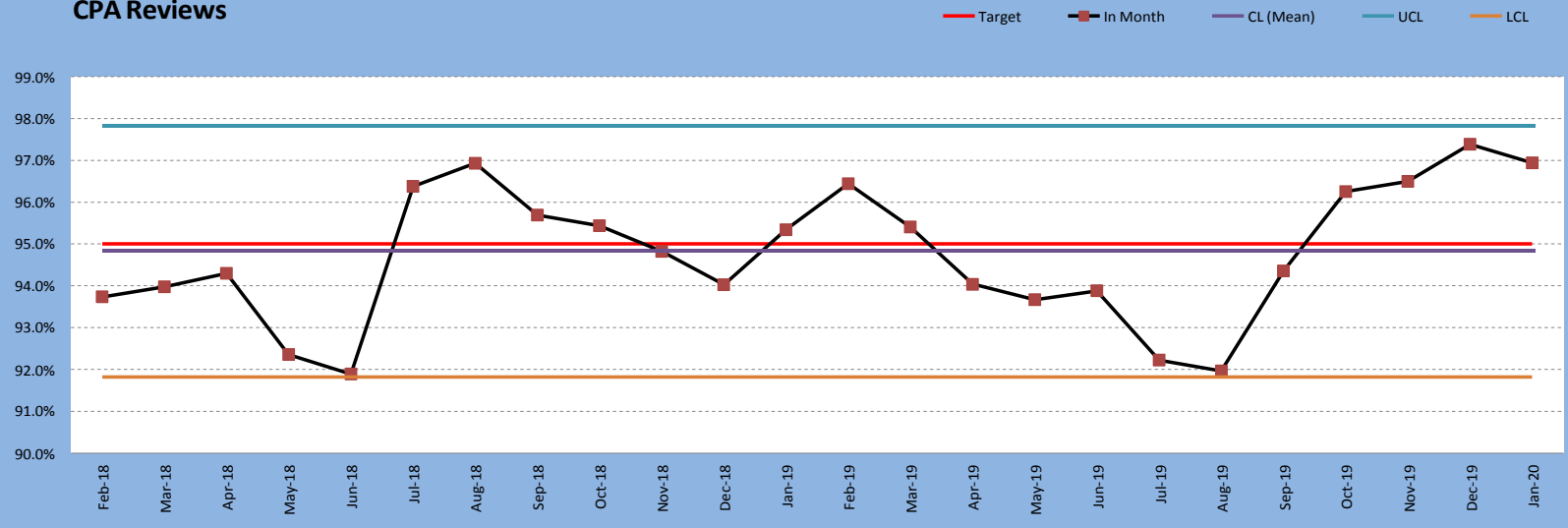| Narrative	
Performance increase and above target	CPA Reviews chart
Target: 95%	
Amber: 85%	
Current month stands at 96.9%	

Exception Reporting and Operational Commentary

CPA reviews continues to remain above target for January. The divisions continue to focus on ensuring this standard is met. The improvement trajectories and remedial plans introduced earlier in the year achieved compliance in October 2019. Ongoing monitoring of CPA compliance is being provided by the Team Leader and Clinical Lead, who through supervision address areas of reduced compliance with protected time and increased administrative support .

Where a failure to complete a review within 12 months does occurs the Division General Manager maintains oversight to identify and share any lessons through the clinical networks. The Chief Operating Officer is monitoring this on a weekly basis as this is a key patient quality measure.

Business Intelligence

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Jan 2020

Narrative
Slight improvement on previous month

Target: 95%
Amber: 85%

Current month stands at 92.5%

RTT Waits - Complete

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

Exception Reporting and Operational Commentary

Waiting times are monitored rigorously by the care groups and oversight is monitored and managed by the Operational Delivery Group and accountability reviews chaired by the COO. Where necessary exception reports, remedial action plans and improvement trajectories are required and put in place. Services have an active working Standard Operation Procedures (SOP) in line with the Trusts Waiting List and Waiting Times Policy to manage the referral and waiting list process which sets out that patients are to be contacted regularly whilst they are on a waiting list to mitigate the risks. All teams are encouraged to review their waiting lists at least weekly and resolve any data quality issues which may exist within their clinical system. If a patients need becomes more urgent than the expectation is that their appointment is expedited and they are seen more quickly in line with their presenting need.

Business Intelligence
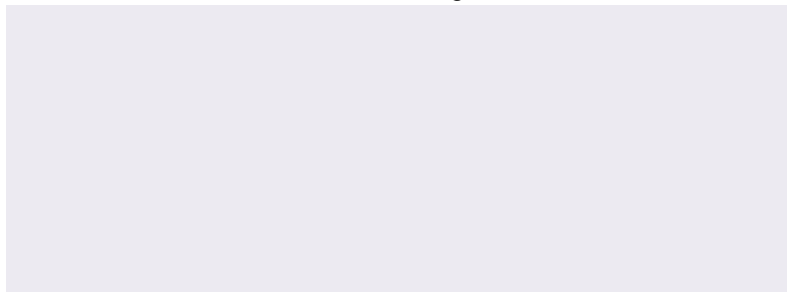
PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2020**

| Indicator Title	Description/Rationale		KPI Type
RTT Waiting Times (Incomplete Pathways)	Referral to Treatment Waiting Times (Incomplete Pathways) : Based on patients who have been assessed and continue to wait more than 18 weeks for treatment	Executive Lead Lynn Parkinson	OP 21

Narrative

slight deterioration from previous month

Target: 95%
Amber: 85%

Current month stands at 71.5%
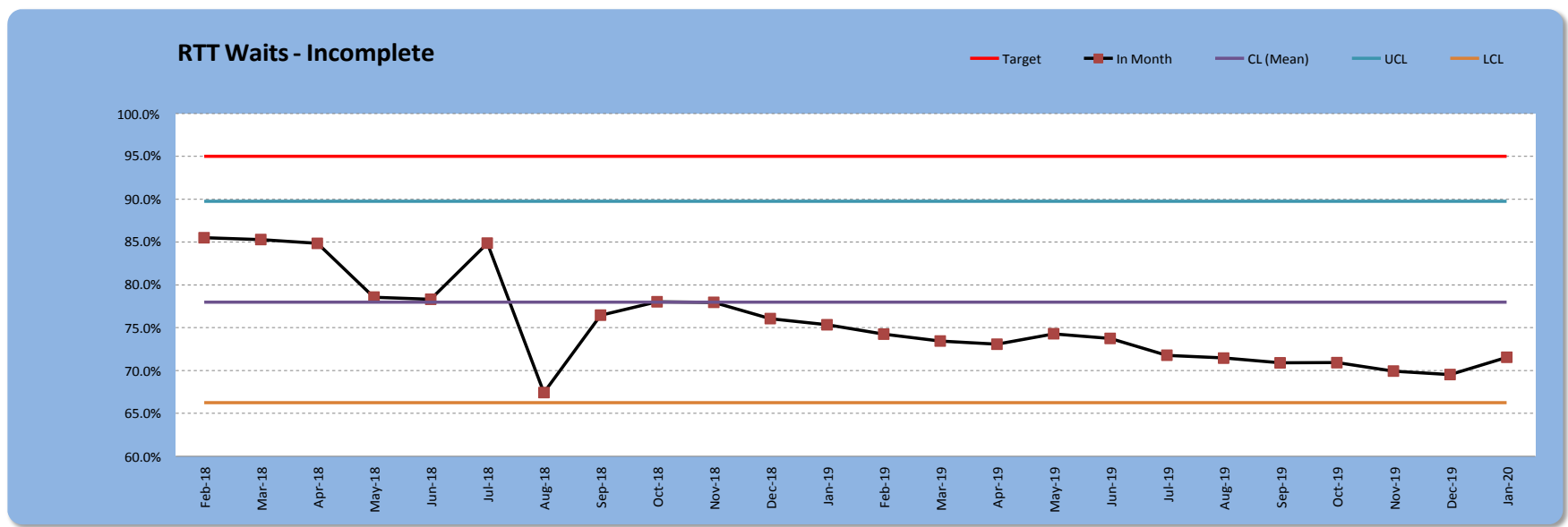
RTT Waits - Incomplete

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

Exception Reporting and Operational Commentary

Waiting times are monitored rigorously by the care groups and oversight is monitored and managed by the Operational Delivery Group chaired by the COO. Where necessary exception reports, remedial action plans and improvement trajectories are required and put in place. Information is provided to patients waiting as to how to contact services if their need becomes more urgent and people are sign posted to other services who can provide support whilst they wait. In order to ensure that this is an active process a patient can be provided with additional support to connect with other services and as part of the regular review and contact made by teams they will check the patient is still in contact with that service and if not discuss the reason with the patient. The Interim Deputy COO has been tasked to undertake a deep dive into all of the services with waiting times over 52 weeks in order to make recommendations as to where our operational processes can be strengthened further to improve the position. In December an additional cohort of paediatric ADHD patients transferred from HTHFTand these patients had been referred and not reached diagnosis. We have now put in place additional staffing resource to progress this.

Business Intelligence

During Jan-20 we have seen the number of patients waiting increase from 8064 in December to 9232 in January. Also the 18 week waiters have increased by 147 but the 52 week waiters have reduced by 32.

The services with the greatest number of patients waiting >52 weeks:-

Paediatric ASD - 519 (reduced by 39 from the previous month)
CAMHS - 177 (reduced by 59)
Adult ASD - 171 (increased by 4)
S&R - 64 (increased by 40)
Vale of York Community - 13 (increased by 13)
MH Specialist Services - 7 (increased by 4)
Whitby - 5 (increased by 5)
Learning Disabilities - 2 (increased by 1)

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery
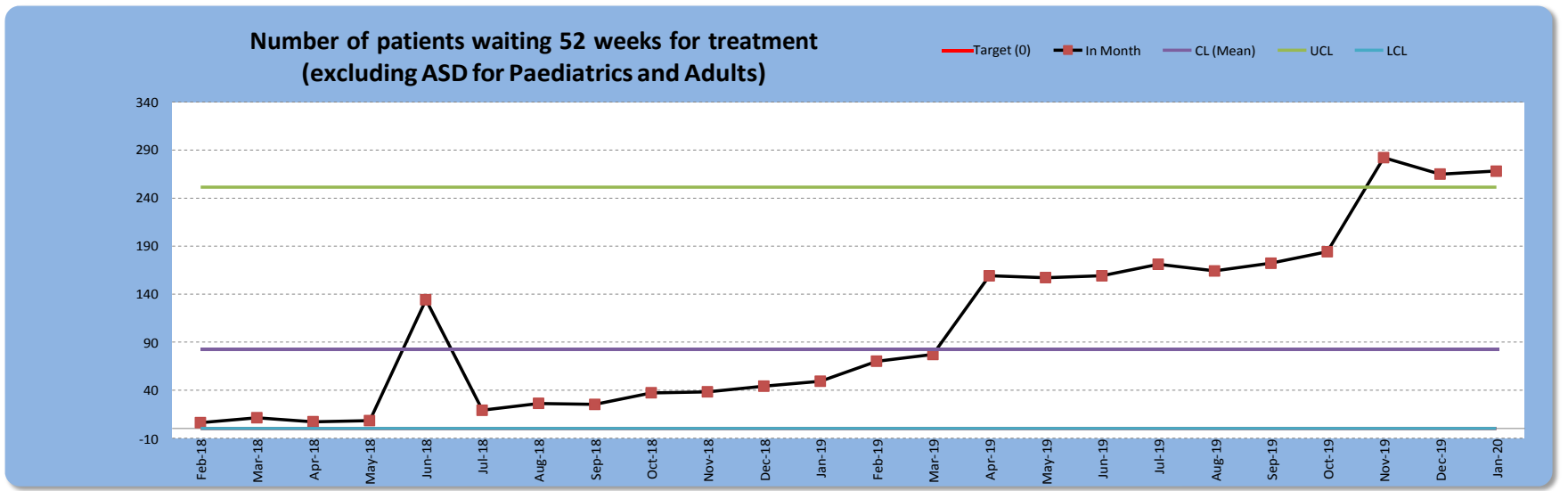
For the period ending: **Jan 2020**

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

Narrative
Reduction (17) on number waiting over 52 weeks

Target:	0
Amber:	0

Current month stands at 268

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

Legend: Target (0) — In Month — CL (Mean) — UCL — LCL

Exception Reporting and Operational Commentary

Waiting times continue to be an area for significant operational focus and review. An increased referral rate for Hull CAMHs has been evident for a number of months; this has been appropriately escalated to the Commissioner. The impact of the increased demand on the capacity means that waiting times have been increasing which includes a number of patients waiting over 52 weeks.

A significant number of those over 52 week waits are on the ADHD pathway and are a consequence of the paediatric medical transfer from CHCP to HUTH and significant movement from those previously reported under 52 weeks who are now over 52 weeks. Additional capacity is being agreed with commissioners to manage this. In terms of paediatric ADHD we have successfully bid for some waiting list monies which includes additional capacity for the ADHD pathway. This runs from December 2019 to end of March 2020.

Business Intelligence

The action on the ASD waiting lists is explained in more detail on the following three slides

177 of the >52 weeks waits relate to CAMHS. See additional SPC for further information.

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2020**

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

Narrative
Increased by 4 when compared on the previous reporting period.

Target: 0
Amber: 0

Current month stands at 171

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

Legend: Target (0) — In Month — CL (Mean) — UCL — LCL
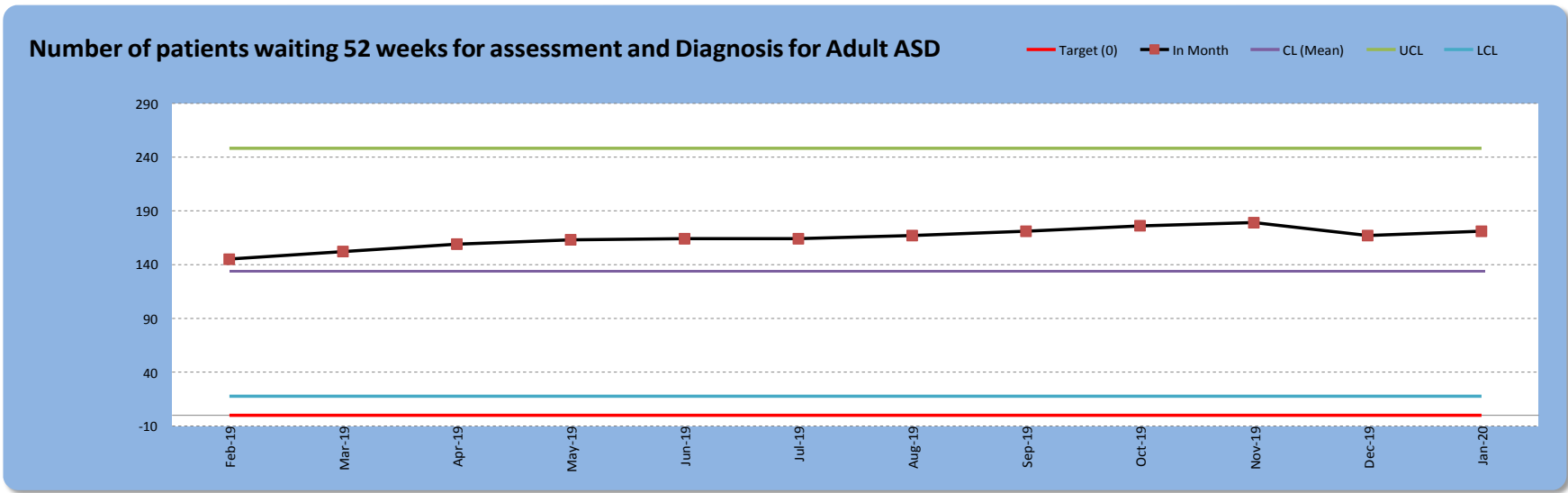
Exception Reporting and Operational Commentary

This service is commissioned by both Hull and East Riding CCGs on a cost per case service only – this has meant that assessments have only occurred as core service capacity, demand and staff availability has allowed. The historic referrals were added to Lorenzo in June 2018 when the full waiting list position was validated and incorporated into the operational reporting arrangements which highlighted the need for a more focussed piece of work by the service. Commissioners are fully aware of the historical position and supportive of an approach to address the waiting times. The proposal is for a trajectory for the service to be 18 week compliant within 12 months from the point at which the additional staff are available. The CCGs have confirmed that the priority for assessments is a targeted age range – predominantly those people who are likely to benefit most from a diagnosis, i.e. those in higher or further education, struggling to maintain employment, etc. Further work has been undertaken to refine the diagnosis pathway and this is being supported by additional nursing capacity in order to reduce the waiting times. This is a small team and one member of staff has gone on maternity leave and one has had to take unexpected unpaid leave which has caused a slight increase in the list. We are sourcing additional capacity.

Business Intelligence

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2020**

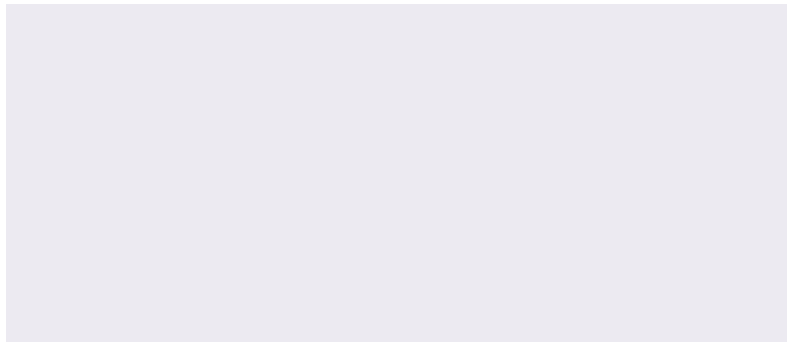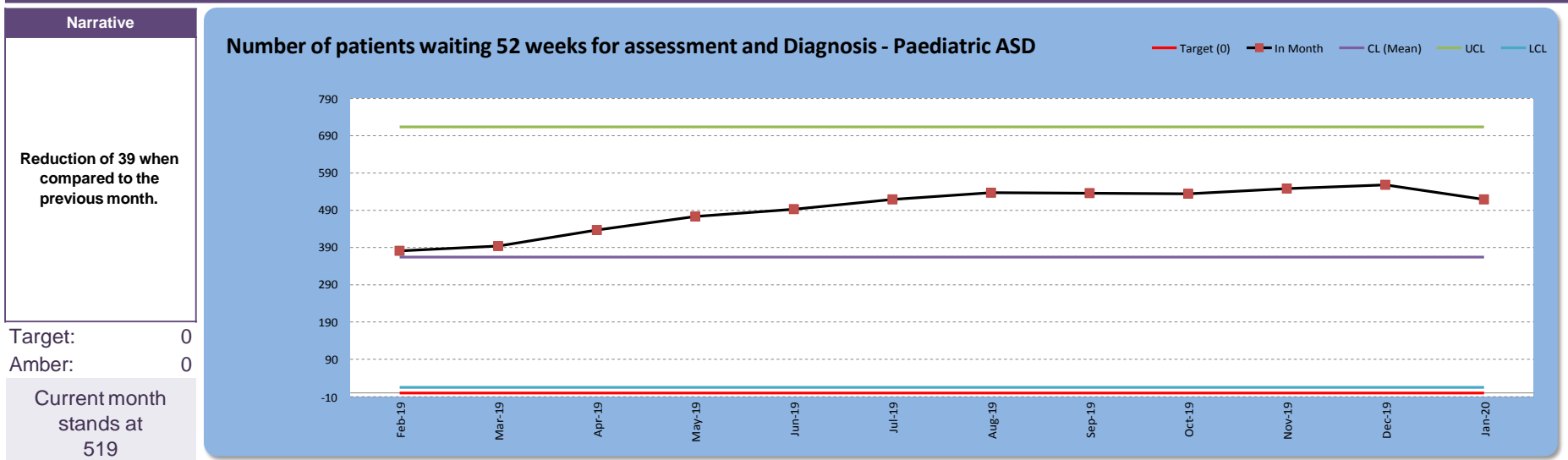| Indicator Title	Description/Rationale		KPI Type
52 Week Waits - Paediatric ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Children and have been waiting more than 52 weeks	**Executive Lead** **Lynn Parkinson**	OP 22s

Narrative

Reduction of 39 when compared to the previous month.

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

Legend: Target (0), In Month, CL (Mean), UCL, LCL


Target: 0
Amber: 0

Current month stands at 519

Exception Reporting and Operational Commentary

Hull:
Hull autism waiting list overall has started to reduce however those waiting over 52 weeks continues to rise. This is due to CCG request to prioritise pre school children, 16 and over school leavers, LAC and those in contact with the criminal justice system which has resulted in a marked drop in those waiting less than 12 weeks. We have agreed with commissioners to re balance the prioritisation process for those waiting over 52 weeks. The overall waiting list has now reduced further in December 2019. The numbers waiting 0 -13 weeks appears to be reducing, however this is due to reduced referrals following pre-screening not because they are being prioritised over long waiters. The consequence of this is that the number waiting over 52 weeks continues to rise. CCG have invested further additional capacity from the 3rd sector which will be mobilised without delay.

East Riding:
All ER posts are now recruited to and have commenced. The overall waiting list in ERY has also reduced further in December as has the number waiting over 52 weeks.

Hull and East Riding:
The overall autism waiting list for both localities are now reducing. We have successfully bid for some waiting list monies which includes additional capacity for the ASD pathway. This runs from December 2019 to end of March 2020. Ongoing requests for prioritisation from commissioners is based on clinical risk, this means that the 52 week waiters will not necessarily reduce at the same rate as the overall waiting list. Both waiting lists are continuing to reduce and following increased uptake of the Helios online resource we are also seeing a reduction in the over 52 week waiters.

Business Intelligence
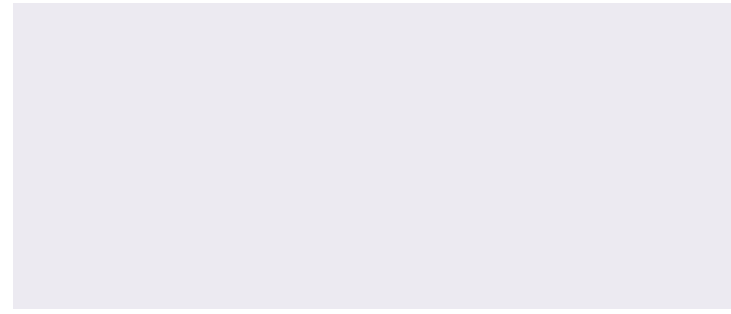
PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery
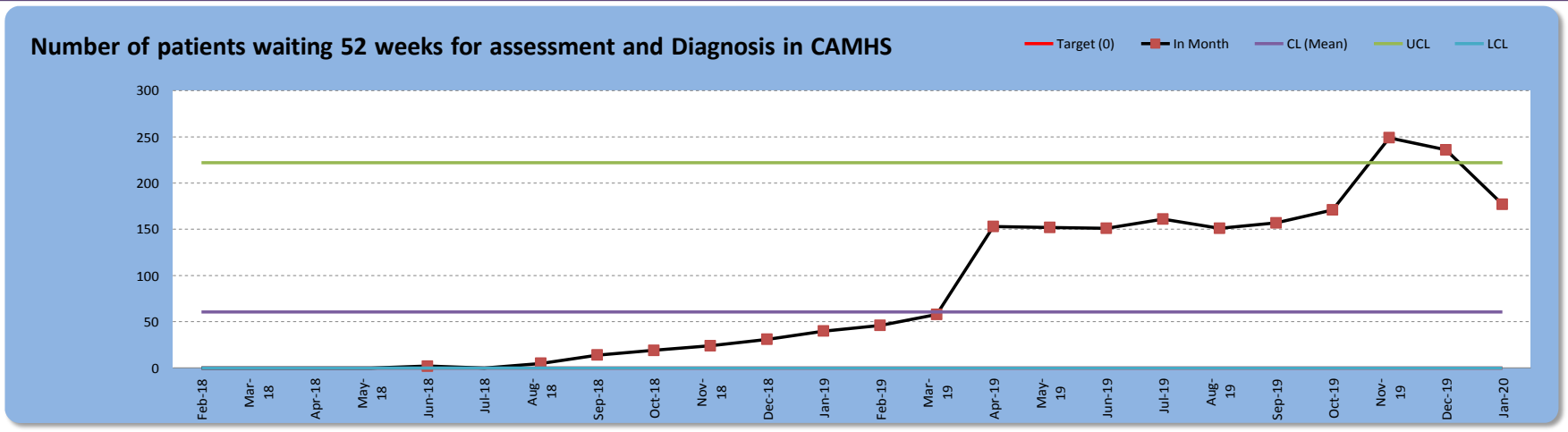
For the period ending: **Jan 2020**

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

Narrative

Reduction of 59 since last month

Target: 0
Amber: 0

Current month stands at 177

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

Legend: Target (0) — In Month — CL (Mean) — UCL — LCL

Exception Reporting and Operational Commentary

The increase in those waiting over 52 weeks in November 2019 is a consequence of the second tranche of ADHD cases transferred from CHCP (total 151 of which a significant number have been waiting over 52 weeks). Future performance reports will be amended to reflect their date of transfer rather than original referral, this change can be seen in the January report.

Hull: We have a robust waiting time reduction plan in place and as part of this we continue to refer to Mind for CPWP or counselling input. We are a placement site for trainee psychologists who , under the supervision of Clinical Psychologists, pick up a non-complex caseload and undertake evidence based interventions. Temporary bank staff and an agency CBT therapist are being used as a part of a waiting list initiative. The Helios contract has now been mobilised over 52 weeks and are now picking up families. Commissioners have also agreed to fund additional contact point capacity via Mind. The majority over 52 week waits in Hull are ADHD (also 3 anxiety cases and 3 conduct).

East Riding: There are currently no young people waiting over 52 weeks in ERY on the CAMHS or ADHD pathways. The waiting list initiative has had a positive impact with additional weekend CBT clinics.

Hull & East Riding: Hull & East Riding: We have successfully bid for some waiting list monies which includes additional capacity for the ADHD pathway and those on the anxiety pathway who are long waiters and complex cases. This runs from December 2019 to end of March 2020. This initiative is having a targeted impact on those waiting over 52 weeks.

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2020**

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

Narrative

Target achieved

Target:	56%
Amber:	51%

Current month stands at 77.8%

EIP - Seen within 14 days

Legend: Target — In Month — CL (Mean) — UCL — LCL
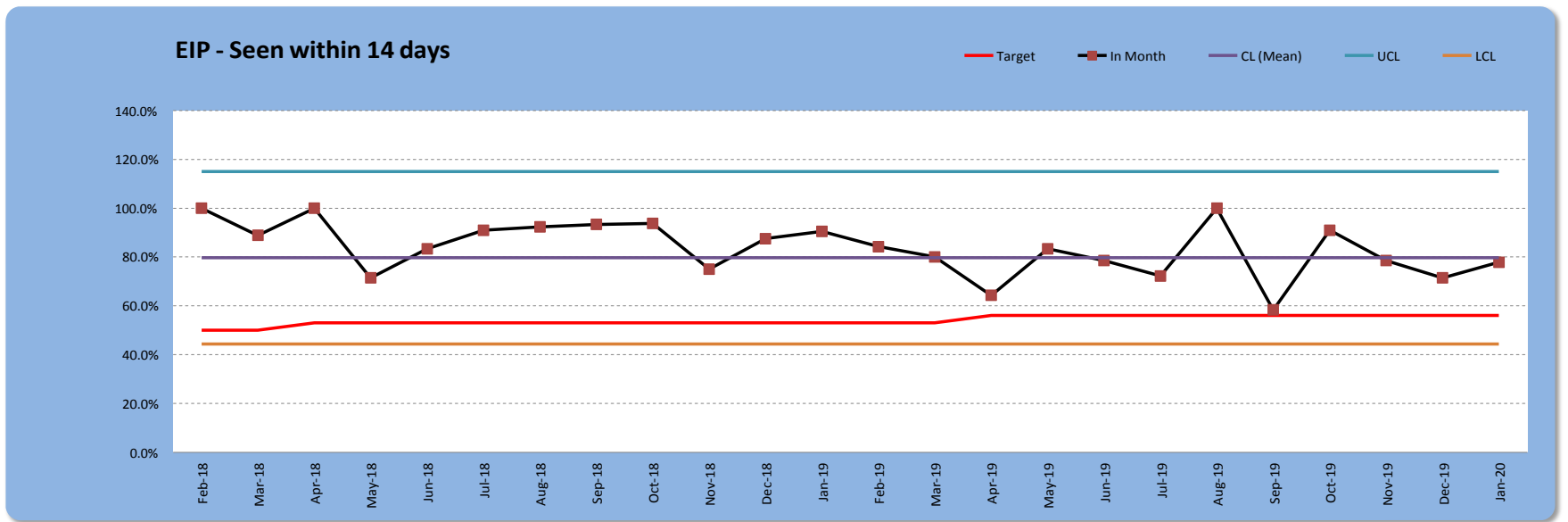
Exception Reporting and Operational Commentary

The service continues to achieved the requirement for the number of patients to be seen within 2 weeks with a mean average of 80%. The service remains confident that it will continue to achieve the higher target for 2020/21.

Business Intelligence

Low numbers of referrals may dramatically affect percentage results. The target increased to 56% from 1st April 2019 and by 2020/21 the target will increase to 60%

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2020**

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

Narrative	
Target achieved	IAPT - 6 weeks
Target: 75%	
Amber: 70%	
Current month 92.6%	
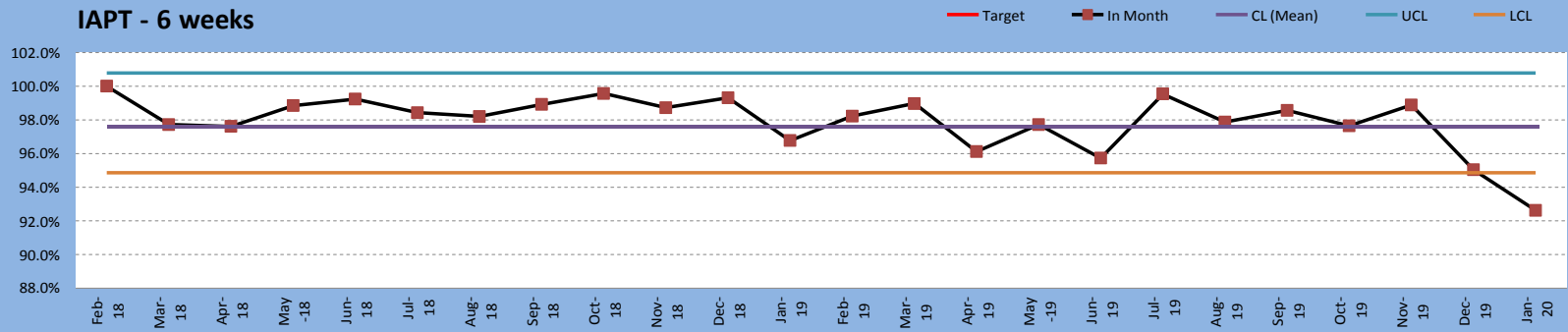
Narrative	
Target Achieved	IAPT - 18 weeks
Target: 95%	
Amber: 85%	
Current month 98.0%	
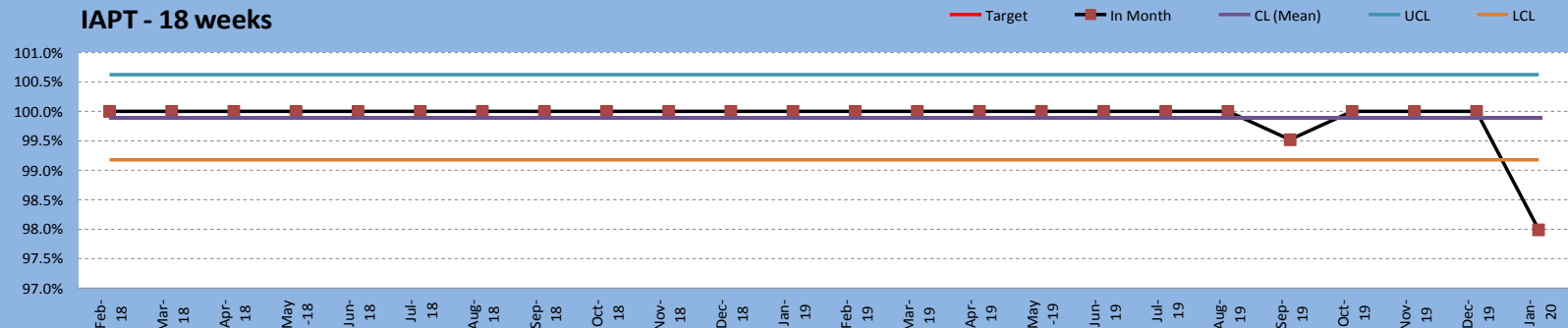
Exception Reporting and Operational Commentary

Whilst performance dipped in January following the Trust becoming the lead provider for the IAPT contract in ERY, this impact was anticipated due to the transfer of waiting lists The service has met and exceeded the standard to see new referrals at 6 and 18 weeks consistently through out the year. Rates of referrals vary significantly from month to month and the service continues to work to ensure that it has the capacity match the variation in demand. Changes to the sub contracting arrangements are being made and the impact of this is being reflected in new performance trajectories, The impact of the waiting list that transferred with the lead provider contract will be recovered in quarter 4 (2019/20)

Business Intelligence

Please note, patients who DNA (Did not Attend) either first and/or second appointment will have their waiting time clock reset (NHSE guidance).

NHS Digital do not factor resetting of waiting times clocks into their published data - so the results will vary.

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2020**

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

Narrative
Target Achieved

Target: 50%
Amber: 45%

Current month stands at 64.0%

IAPT - Moving to Recovery

Legend: — Target — In Month — CL (Mean) — UCL — LCL
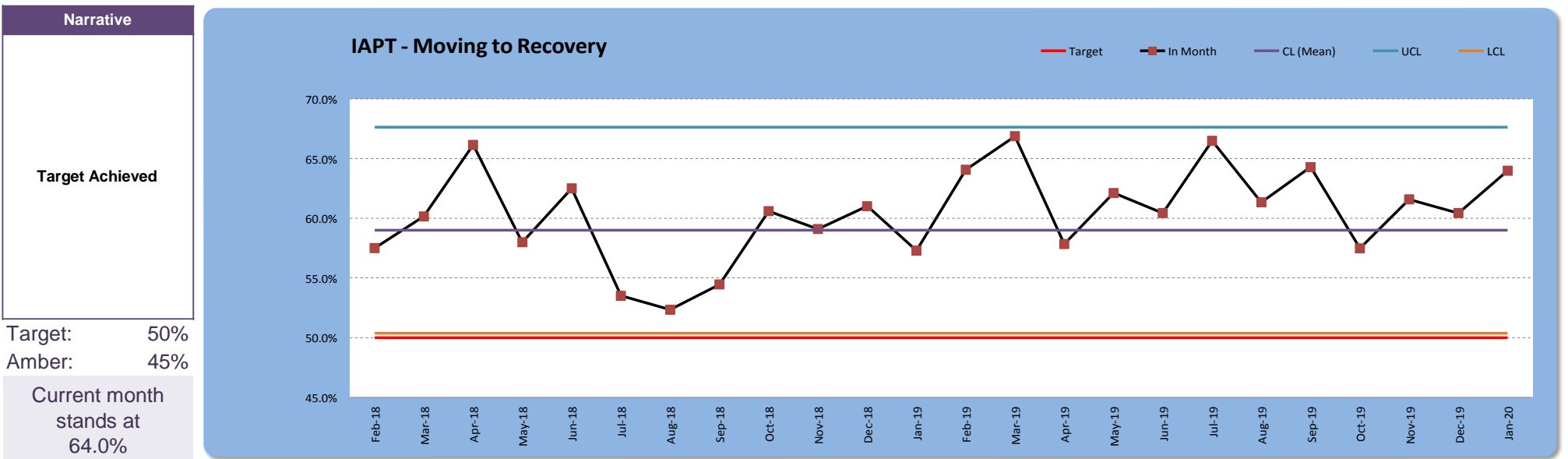
Exception Reporting and Operational Commentary

The service has met the standard for achieving the recovery outcome measure in the month and remains within the control limits set.

Business Intelligence

Performance continues to exceed the national target of 50% and performance remains with the control limits.

PI RETURN FORM 2019-20

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Jan 2020**

Indicator Title	Description/Rationale		KPI Type
Under 18 Admissions	Number of patients aged 17 and under who were admitted to an adult ward	**Executive Lead** **Lynn Parkinson**	ST 1

Narrative

5 admissions in the reporting period.

Target: 0
Amber: 1

Current month stands at 5

Admissions of Under 18s to Adult Wards

Legend: ▬ Target   ▬■▬ In Month   ▬ CL (Mean)
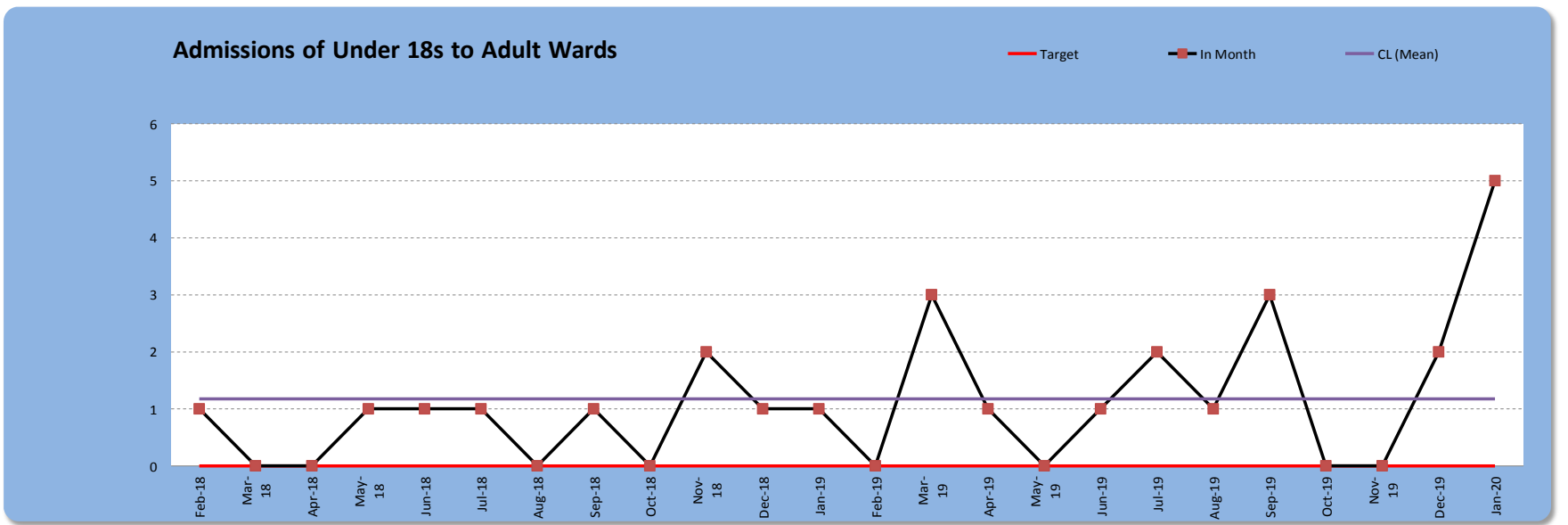
Exception Reporting and Operational Commentary

There were 5 admissions in January. The new CAMH's in patient unit opened for admissions at the end of January 2020. Initially these admissions will be focussed on repatriating young people who are in out of area beds however the unit will reduce the need to admit young people to adult beds. Meanwhile we continue to work to avoid unnecessary admissions by intensively supporting young people in the community where we can. CAMHS crisis team is not currently working 24/7 however we expect to reinstate this by the end of February at the weekends initially. In addition the phase opening of beds at Inspire will increase to 9 by the 2nd of March.

Business Intelligence
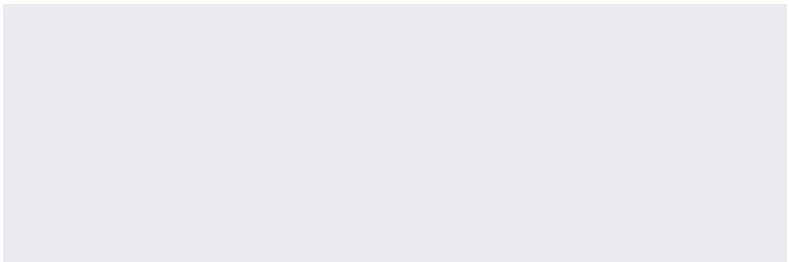
PI RETURN FORM 2019-20

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Jan 2020**

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

Narrative
Out of area days have increased to 94 but remains well below the trajectory set.

Target: 240
Amber:

Current month stands at 94

Out of Area Placements - Days

Legend: Target, In Month, CL (Mean), UCL, LCL
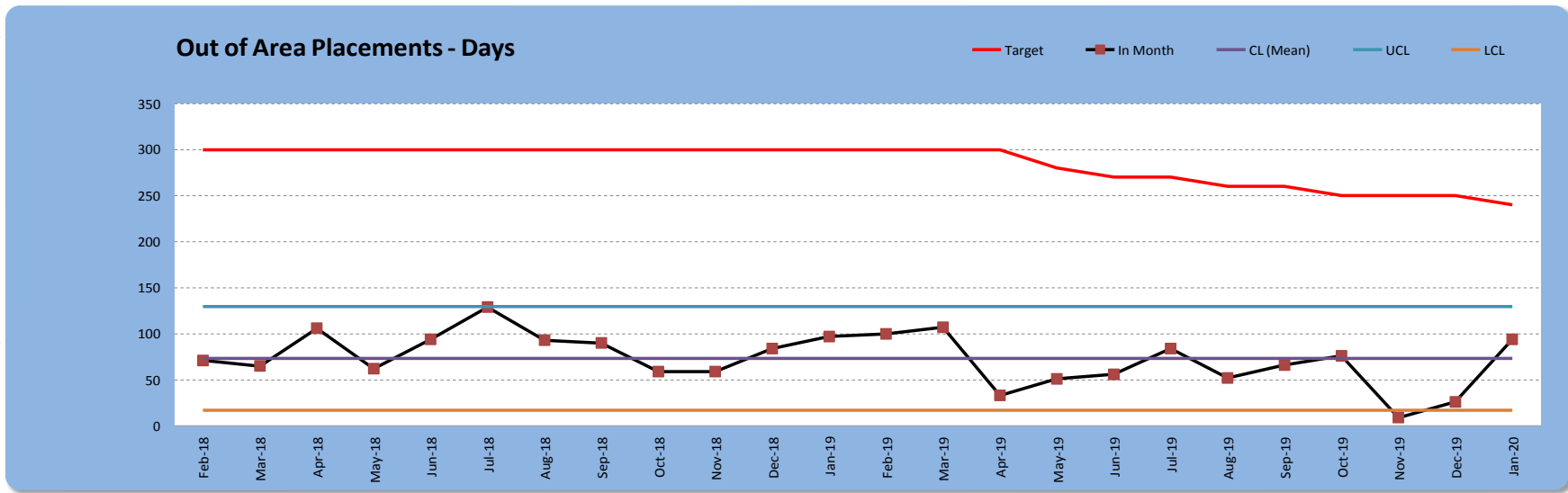
Exception Reporting and Operational Commentary

The Bed management team continue to work with adult and older adult teams to ensure that out of area placements are avoided. All adult OATs are related to either safeguarding requirements (PICU) or service users presenting out of area. Performance continues to demonstrate sustained improvement, increased focus around older age bed demand remains the divisions priority.

Split of Speciality and Reasons in current month

Patients out of area in month   4

Reasons Split

Unavailability of bed	16
Safeguarding	47
Offending restrictions	0
Staff member/family/friend	0
Patient choice	0
Admitted away from home	31

Service Split	Jan-20
Adult	31
OP	16
PICU	47
Patients out of area in month	4

PI RETURN FORM 2019-20

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: Jan 2020

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

Narrative

remains within target

Target: 7.5%
Amber: 7.0%

Current month stands at 3.6%

Delayed Transfers of Care - Mental Health

Legend: Target | In Month | CL (Mean) | UCL | LCL
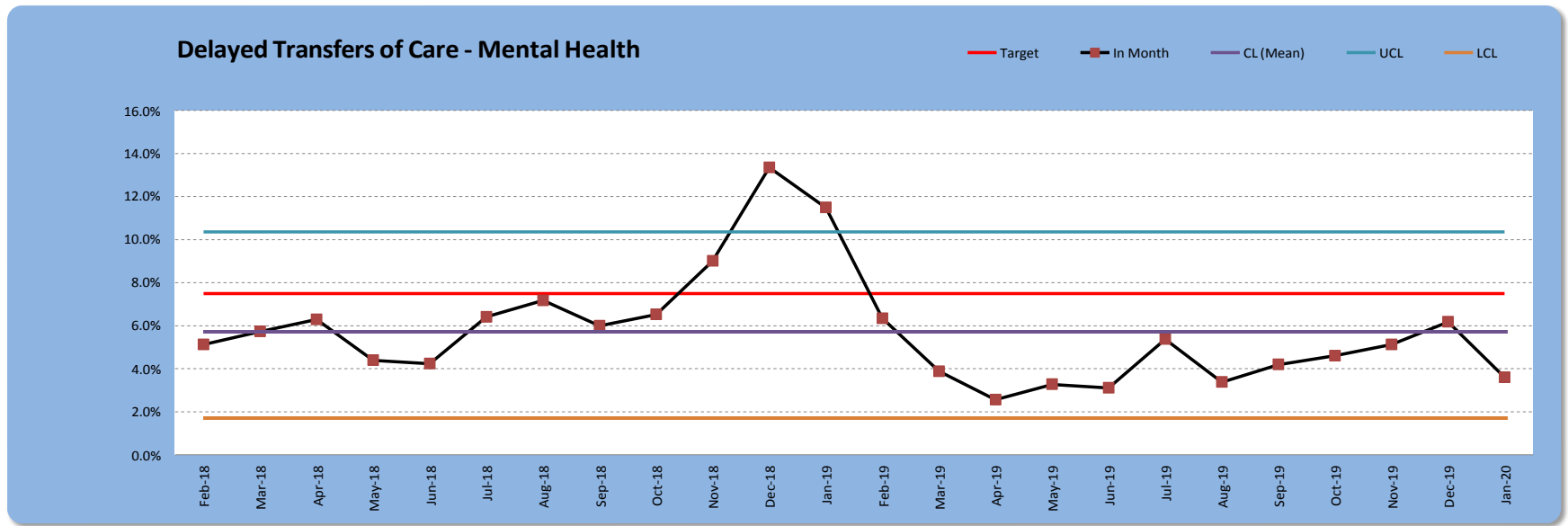
Exception Reporting and Operational Commentary

Remains ahead of the required standard this month. Delays continue to be managed rigorously through the approaches in place to manage acute bed demand, capacity and flow. The ongoing partnership work with the Local Authorities has seen sustained improvement despite moving into the winter period. Delays continue to be monitored through our daily system escalation processes and we are actively working to reduce delays in our older peoples beds which has risen in this month.

Business Intelligence

There were 146 delayed days in mental health during January. This is a reduction of 112 days when compared to the previous month. Three patients in Older People's and three patients in Adult services.

PI RETURN FORM 2019-20

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Jan 2020**

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

Narrative

In month target achieved.

Target: 5.0%
Amber: 5.2%

Current month
4.8%

Sickness Absence — Target, In Month, CL (Mean), UCL, LCL, Rolling 12M

Exception Reporting and Operational Commentary

A significant improvement compared to January 2019. Long term sickness (periods of 28 days or over) represents 67% of sickness absence in the Trust. Sickness rates are reported to managers on a monthly basis and details of staff sickness can be accessed by managers via ESR. The trust recognises good attendance (thank you letters) and has in place a policy and procedure to help manage sickness absence which is b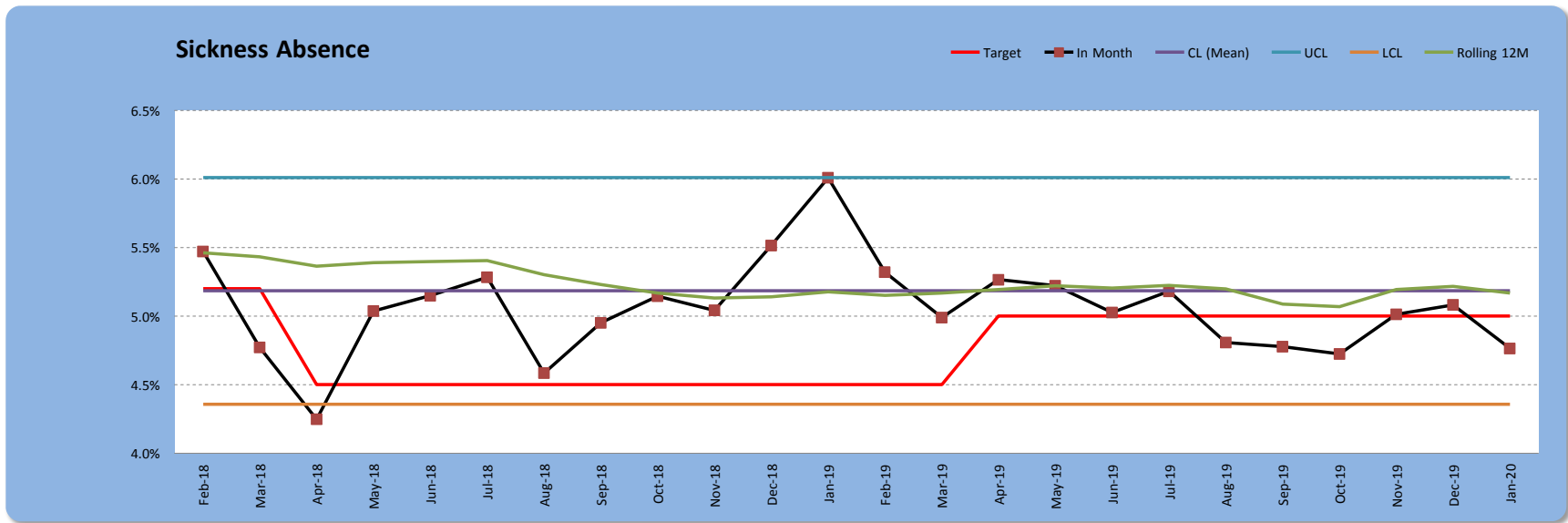eing reviewed. National median sickness figure for comparable trusts is 5.08%. More detailed information regarding sickness is provided to Workforce and OD Committee.

Business Intelligence (previous month)

Trustwide - Jan	
4.8%	
Rolling 12m	
5.2%	
WTE	
2447.61	

	Jan Absence % (FTE)	Rolling 12 month period	WTE
338 Adult MH Planned Care (Directorate)	4.97%	5.87%	239.09
338 Adult MH Unplanned Care (Directorate)	6.67%	6.07%	347.48
338 Chief Exec (Directorate)	0.11%	1.85%	18.27
338 Chief Operating Officer (Directorate)	4.54%	4.17%	219.53
338 Childrens Services (Directorate)	3.14%	4.12%	364.96
338 Community Services (Directorate)	4.93%	5.63%	378.29
338 Finance (Directorate)	2.38%	2.97%	96.38
338 General Practices (Directorate)	2.14%	1.77%	101.57
338 Human Resources (Directorate)	5.00%	4.63%	51.54
338 Learning Disability Services (Directorate)	4.44%	5.29%	182.22
338 Medical (Directorate)	6.33%	5.81%	31.79
338 Nursing and Quality (Directorate)	2.99%	3.88%	41.23
338 Older People MH Planned Care (Directorat	4.82%	6.49%	98.97
338 Older People MH Unplanned Care (Director	3.48%	4.73%	78.67
338 Secure Services (Directorate)	7.87%	7.41%	197.62
Grand Total	4.76%	5.17%	2447.61

PI RETURN FORM 2019-20

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Jan 2020**

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

Narrative

Within target

Target: 0.83%
Amber: 0.70%

Current month stands at 1.1%

Staff Turnover - Monthly
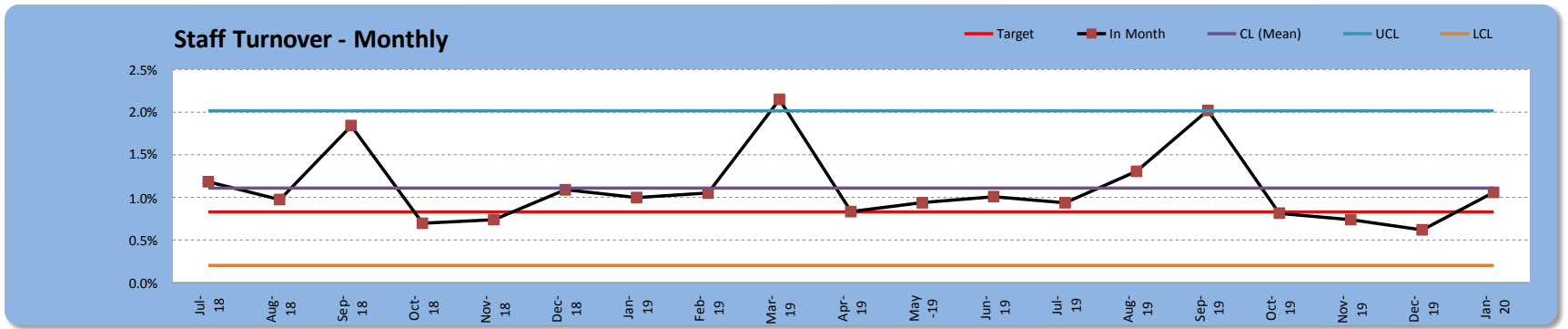
Narrative

Exceeds Target

Target: 10%
Amber: 9%

Current month stands at 14.0%

Staff Turnover - Rolling 12 months
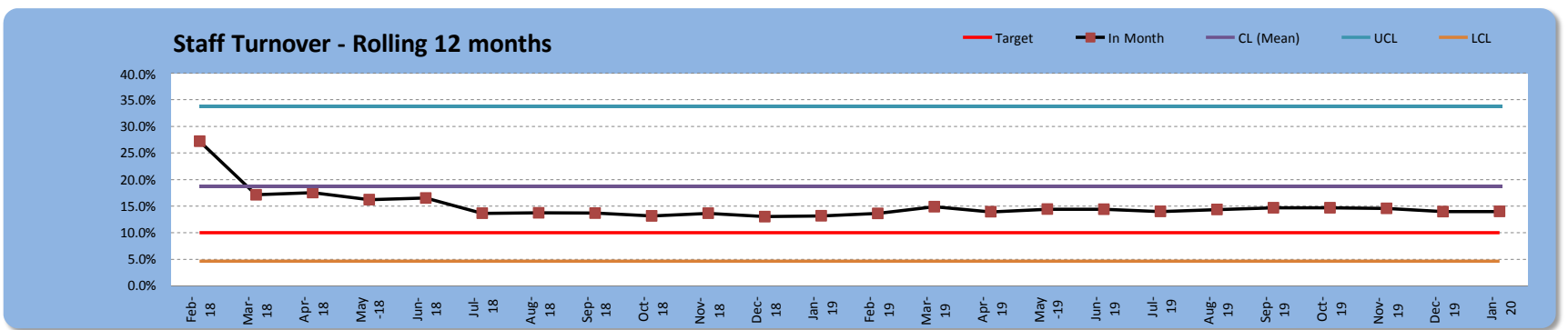
Exception Reporting and Operational Commentary

The Trust is actively trying to recruit to vacant posts within the Trust, and encourages retire and return where possible. Care Divisions are working up recruitment and retention plans to address vacancies and turnover in their areas. More detailed information on turnover is provided to the Workforce and OD Committee as part of the Workforce Insight Report.

Main Reasons for Leaving - Year to Date

Excludes Student and Bank

Year to Date	No.
Voluntary Resignations	143
Retirement	74
Work Life Balance	62
Other	15
End of Contract	8
Total	302

PI RETURN FORM 2019-20

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: Jan 2020

Indicator Title	Description/Rationale		KPI Type
Staff Appraisals	Percentage of staff who have received an Appraisal within the last 12 months (excludes staff on maternity)	Executive Lead Steve McGowan	WL 4 (ii)

Narrative
in month target not achieved
Current month stands at 74.9%

Appraisals - Staff employed with minimum 12 month tenure

Legend: In Month, CL (Mean), UCL, LCL
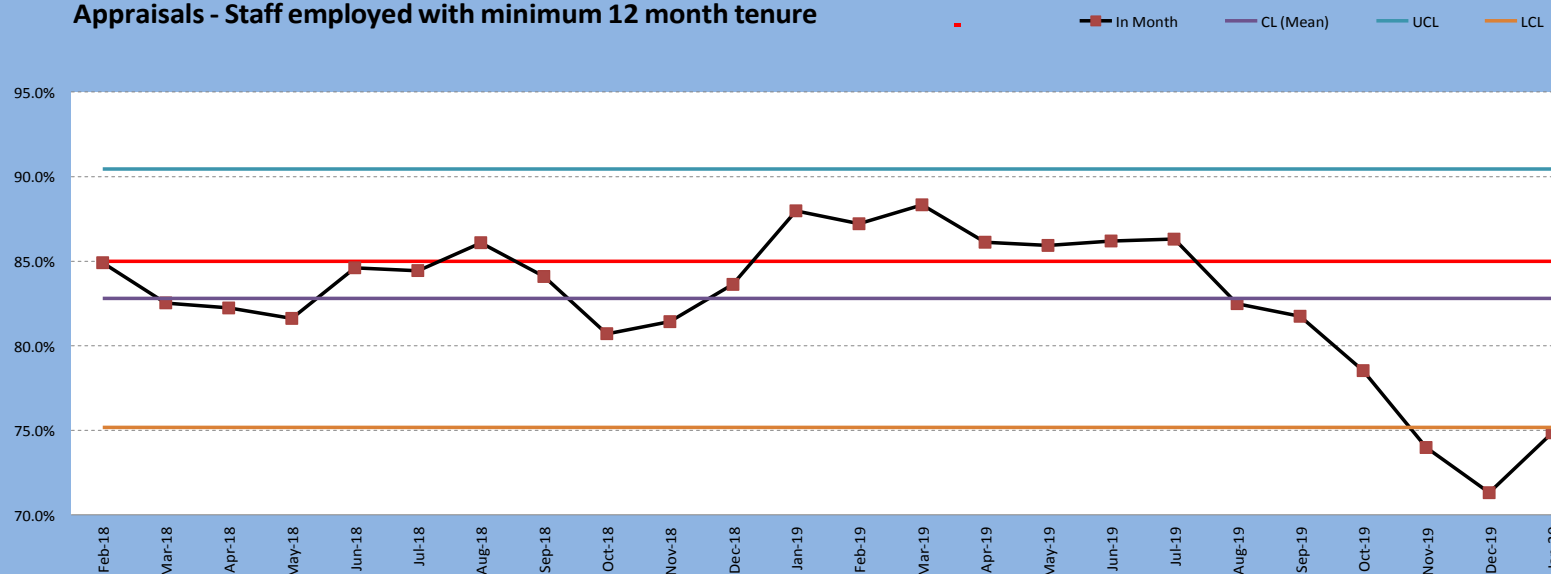
Exception Reporting and Operational Commentary

Appraisal rates are picked up with divisional managers as part of accountable reviews and also within the Operational Delivery Group (ODG). All managers have been reminded of the need to still conduct appraisals that are due for renewal whilst we await the introduction of the new appraisal window - April to June.

Business Intelligence

Care Group and Corporate Splits Below

Divisional Split	Jan-20		
Corporate	82.3%	Chief Exec	92.3%
Childrens and LD	63.2%	Chief Operating Officer	75.9%
Primary Care	72.1%	Finance	86.9%
MH Planned	76.7%	Human Resources	91.5%
MH Unplanned	76.2%	Medical	96.7%
Secure Services	90.2%	Nursing and Quality	80.0%
		Should match Cell B72	82.3%

PI RETURN FORM 2019-20

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: Jan 2020

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

Narrative	
The Trust has no target for cash set, however the Trust has seen an improvement in overall cash and the underlying cash position.	

Target:

Amber:

Current month stands at £12,033 ,000
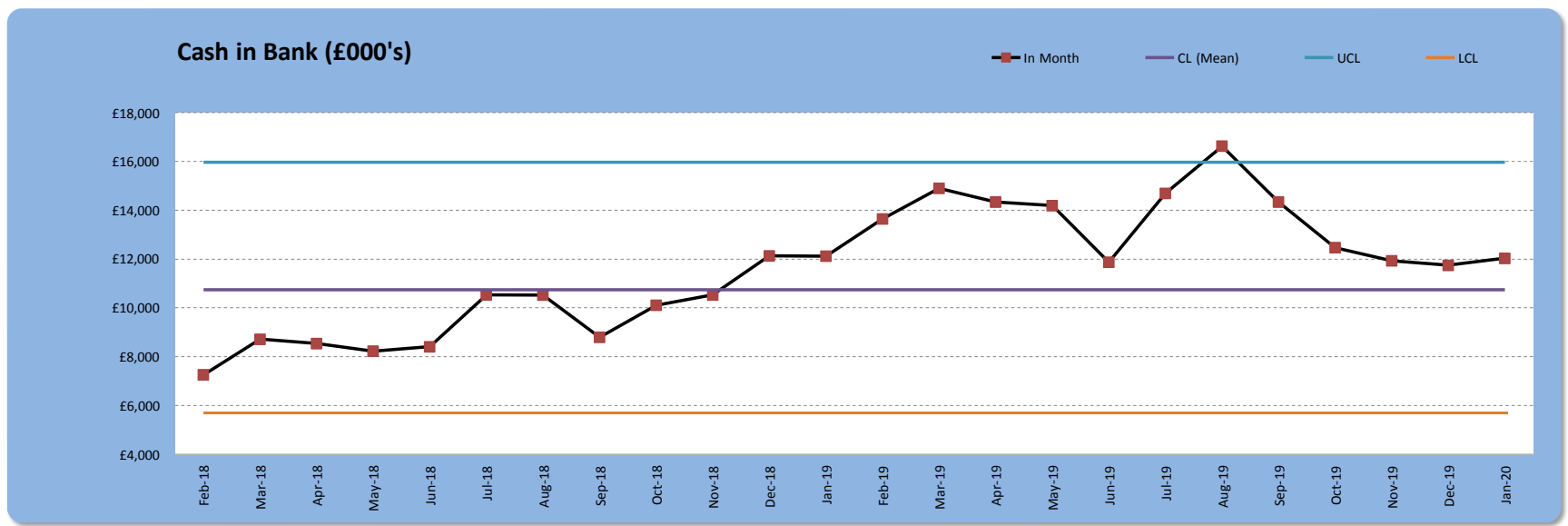
Exception Reporting and Operational Commentary

As at the end of January 2019 the Trust cash balance was £12.033m.

Business Intelligence

The cash figure represents the cash balances held by the Trust (Government Banking Service, Commercial Account and Petty Cash).

PI RETURN FORM 2019-20

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending:　　　　　　**Jan 2020**

Indicator Title	Description/Rationale		KPI Type
Resource Score	The Single Oversight Framework assesses the Trust's financial performance across different metrics	**Executive Lead** Peter Beckwith	F 2b

Narrative
No change

Target:　　　　　2
Amber:　　　　　3

Current month stands at 2

Resource Score

Legend: Target — In Month — CL (Mean) — UCL — LCL
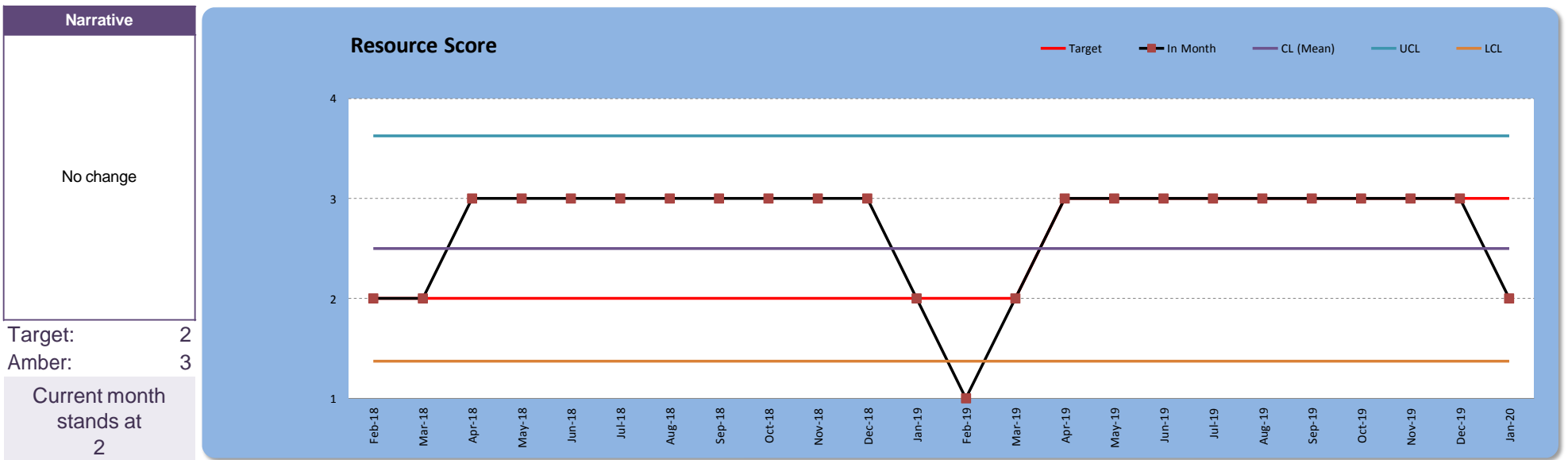
Exception Reporting and Operational Commentary

The 2019/20 assessment is now based on the recently resubmitted NHSI plan.

The Use of Resources score has improved to a 2 in January, consistent with the NHSI Plan.

Business Intelligence

The 'Use of Resource' framework assesses the Trust's financial performance across different metrics, the Trust can score between 1 (best) and 4 (worst) against each metric, with an average score across all metrics used to derive a use of resources score for the Trust.

PI RETURN FORM 2019-20

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: Jan 2020

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

Narrative

The Trust are reporting a year to date deficit, consistent with its NHSI Plan.

Target:
Amber:

Current month stands at -£79 ,000

Income and Expenditure - Actual (£000's)

Legend: Target — In Month — CL (Mean) — UCL — LCL
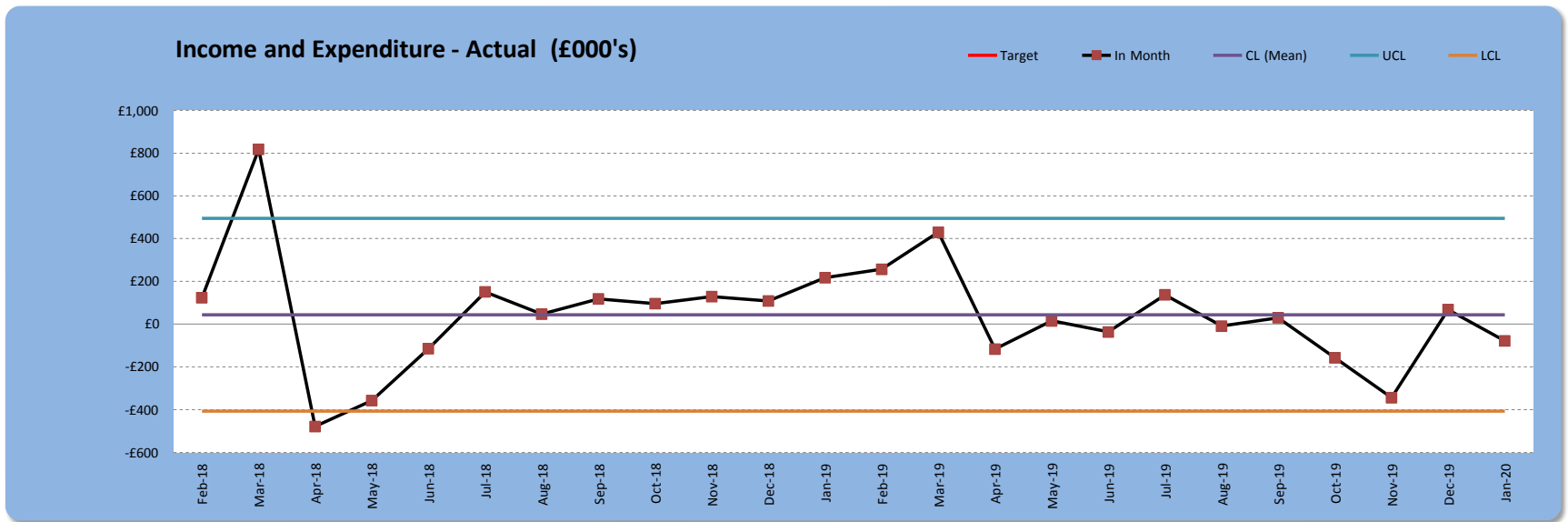
Exception Reporting and Operational Commentary

The submitted financial plan for the Trust is a £0.566m deficit (£0.350m deficit when donated asset depreciation is excluded), which is consistent with the NHSI control total target.

The year to date position is consistent with the profiled NHSI Plan.

Business Intelligence

The figures above represent the monthly financial position, and report the difference between income received in month and expenditure incurred in month.

PI RETURN FORM 2019-20

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Jan 2020**

Indicator Title	Description/Rationale		KPI Type
Complaints	Two charts showing the number of Complaints Received in month (chart 1) and the number of Complaints Responded to and Upheld (chart 2)	**Executive Lead** **John Byrne**	IQ 1

Narrative
within tolerance

75%

Current month stands at 22

Complaints Received

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

Narrative
Upheld YTD
100
50.3%

Current month upheld stands at 13

Complaints Responded to and Upheld

Legend: Responded to — Upheld Total
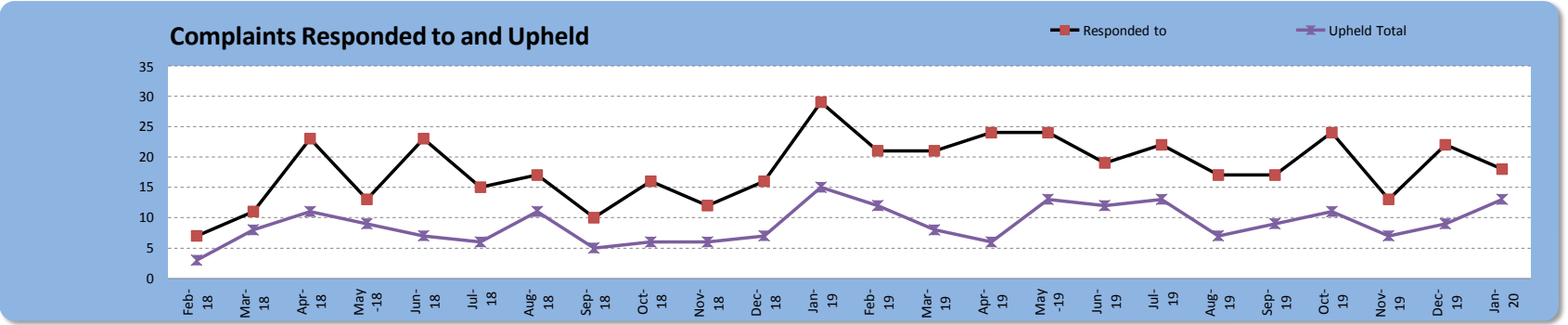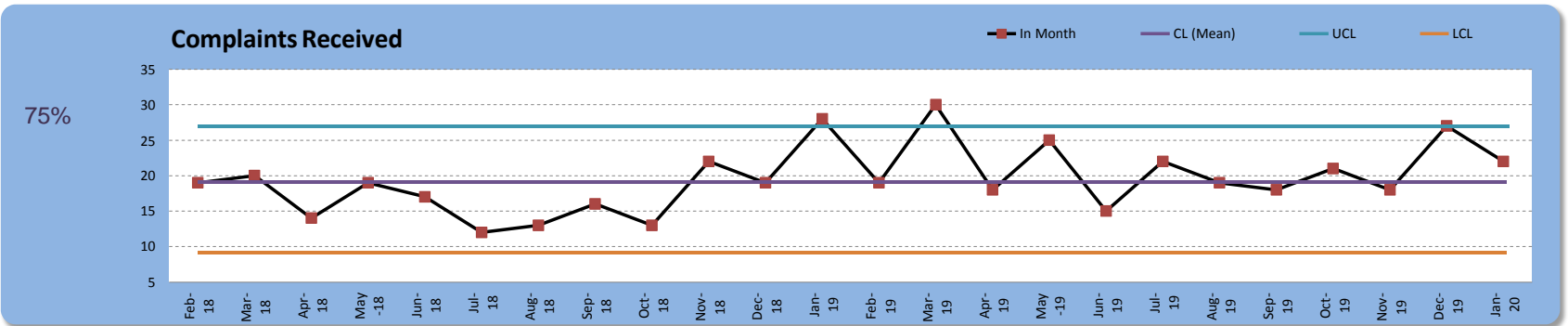
Exception Reporting and Operational Commentary

The Trust responded to 18 complaints in the month of January 2020. Of the 18 complaints, 5 complaints were not upheld (28%) and 13 complaints were partly or fully upheld (72%). The top theme for complaints responded to (year to date) continues to be patient care with 43 complaints followed by appointments with 32 complaints.

Top 5 Themes of All Complaints Responded to - Year to Date

Patient care	41
Appointments	32
Communications	31
Values and behaviours (staff)	21
Clinical treatment	15
YTD All Complaints responded to YTD	200

PI RETURN FORM 2019-20

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Jan 2020**

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

Narrative
within control limits

Number of Compliments

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

Target: 0
Amber: 0

Current month stands at 28
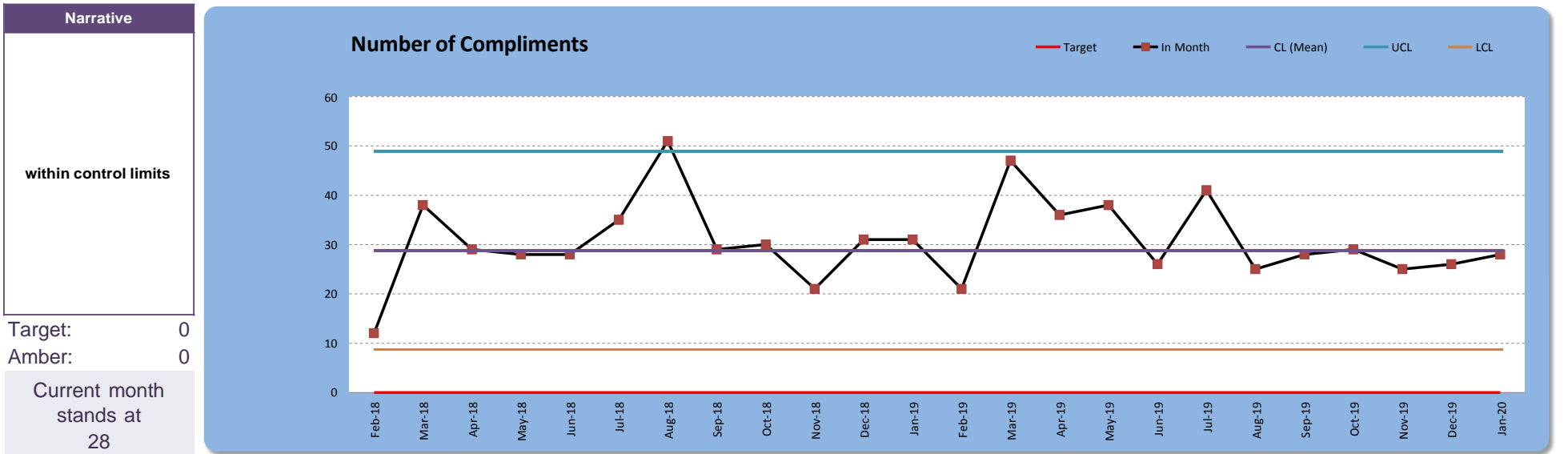
Exception Reporting and Operational Commentary

The Complaints and PALS team are looking at additional ways for patients, service users and carers to log a compliment, e.g. on the Trust website.

Business Intelligence

28 Compliments logged for the current month

Title & Date of Meeting:	Trust Board Public Meeting – 26 February 2020				
Title of Report:	Finance Report 2019/20: Month 10 (January)				
Author/s:	Name: Peter Beckwith Title: Director of Finance				
Recommendation:	To approve		To receive & note	X	
	For information	X	To ratify		
Purpose of Paper:	This report is being brought to the Trust Board to present the financial position for the Trust as at the 31st January 2020 (Month 10). The report provides assurance regarding financial performance, key financial targets and objectives. The Board are asked to note the financial position for the Trust and raise any queries, concerns or points of clarification.				

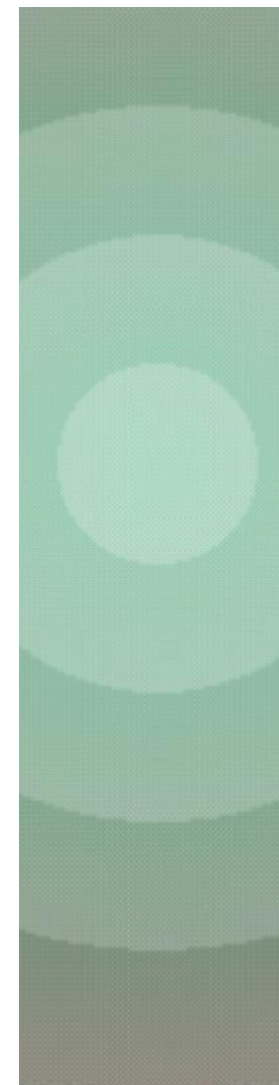| Governance: *Please indicate which group or committee this paper has previously been presented to:*	Name of group (please list all)	Date	Name of Group *(continued)*	Date
	FIC	19/2/20		
			Other type of review (please detail)	

Key Issues within the report: *Please ensure you also complete the monitoring and assurance framework summary below:*	• An operational deficit position of £0.061m was recorded to the 31st January 2020. • Expenditure for clinical services was lower than budgeted by £1.662m. • Expenditure for Corporate Services was £0.230m lower than budget. • Cash balance at the end of January was £12.033m (Underlying Government Banking Service Cash position was £11.884m) • Capital Spend as at the end of January was £9.581m

Monitoring and assurance framework summary:

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

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

FINANCE REPORT – January 2020

1.   Introduction

This report is being brought to the Trust Board to present the financial position for the Trust as at the 31st January 2020 (Month 10).   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.   Income and Expenditure

2.1   The Trust reported a deficit of £1.153m, £0.038m favourable to the month 10 NHSI planned deficit of £1.189m.   The reported position includes BRS allowance of £0.825m, therefore the operational position pre BRS is a £0.328m deficit.

After allowing for donated asset depreciation (£0.173m) the ledger position was a £1.326m deficit.   Donated Asset Depreciation does not count against the Trust's NHSI Control Total.

The income and expenditure position as at 31st January 2020 is shown in the summarised table below:

Table 1: 2019/20 Income and Expenditure

	19/20 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Trust Income	**107,685**	**9,152**	**9,041**	**(111)**	**89,114**	**88,417**	**(697)**
Net Expenditure							
Clinical Services							
Children's & Learning Disability	21,771	1,760	1,774	(14)	17,829	16,969	860
Community & Primary Care	16,442	1,343	1,340	4	13,755	13,400	355
Mental Health	35,290	2,909	3,000	(91)	29,343	28,641	702
Secure Services	8,595	717	741	(24)	7,176	7,431	(255)
	82,097	6,729	6,855	(126)	68,103	66,441	1,662
Corporate Services							
Chief Executive	2,246	219	222	(3)	1,683	1,682	1
Chief Operating Officer	5,849	486	449	38	4,747	4,774	(27)
Finance	8,963	680	643	37	7,377	6,904	473
HR	2,754	271	274	(3)	2,311	2,075	236
Director of Nursing	1,851	165	157	8	1,522	1,513	9
Medical	1,795	158	147	11	1,496	1,508	(12)
Finance Technical items (including Reserves)	415	36	99	(63)	347	782	(435)
	23,874	2,015	1,992	24	19,483	19,238	245
Total Net Expenditure	**105,971**	**8,744**	**8,846**	**(102)**	**87,586**	**85,678**	**1,907**
EBITDA	**1,713**	**408**	**194**	**(213)**	**1,528**	**2,739**	**1,211**
Depreciation	2,774	229	211	18	2,287	2,132	156
Interest	148	12	7	5	123	47	76
PDC Dividends Payable	2,150	176	195	(19)	1,760	1,917	(157)
PSF Funding	(1,343)	(157)	(157)	-	(1,031)	(1,029)	(2)
Operational Position	**(2,015)**	**148**	**(61)**	**(209)**	**(1,611)**	**(328)**	**1,283**
BRS	(1,665)	(210)	(419)	209	(422)	825	(1,247)
Operating Total	**(350)**	**358**	**358**	**(0)**	**(1,189)**	**(1,153)**	**36**
Excluded from Control Total							
Donated Depreciation	216	18	17	1	180	173	7
Ledger Position	**(566)**	**340**	**340**	**1**	**(1,369)**	**(1,326)**	**43**
EBITDA %	**1.6%**	**4.5%**	**2.2%**		**1.7%**	**3.1%**	
Surplus %	**-1.9%**	**1.6%**	**-0.7%**		**-1.8%**	**-0.4%**	

2.2 Trust Income

Trust income year to date was £0.697m behind budget, reduced income relates to the NHSE Secure Service Contract and the revised opening date of Pine View (Greentrees).

2.3 Net Expenditure

Net expenditure for clinical services was lower than budgeted by £1.662m year to date.

2.4 Clinical Services Expenditure

2.4.1 Children's and Learning Disability

Year to date net expenditure of £16.989m represents an underspend against budget of £0.860m.

There are budget pressures within the Learning Disabilities departments, but these pressures are mitigated by pay related underspends within Division, due to vacancies.

2.4.2 Community and Primary Care

Year to date net expenditure of £13.400m represents an underspend against budget of £0.355m.

There are budget pressures within the General Practices budgets. A recovery plan is in place for the General Practices department.

2.4.3 Mental Health

An underspend of £0.702m was recorded year to date for Mental Health. This was as a result of lower than planned pay costs due to vacancies

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2.4.4 Secure Services

An overspend of £0.255m was recorded YTD for Secure Services, relating to additional staffing costs being incurred including bank staff to provide cover for enhanced packages of care and cover staff absences due to sickness. A recovery plan is in place to reduce this overspend.

2.5 Corporate Services Expenditure

The overall Corporate Services expenditure was £0.245m underspent year to date.

- The Chief Operating Officer directorate has a year to date overspend of £0.027m, relating to agency pressures, offset by vacancy savings in the Recovery College and operational governance.

- Within the Finance directorate a year to date underspend of £0.473m is shown for month 10.

- Finance Technical includes a provision for bad and doubtful debts and the BRS Gap as part of the revised control total compliant plan.

3. Statement of Financial Position

The Statement of Financial Position in Appendix 1 shows the Trust's assets and liabilities as at 31ˢᵗ January 2020. In month, the net current asset position decreased by £1.134m to £7.698m. This was related to a decrease in other current assets in month, relating to a reduction in cash due to capital payments and a reduction in income accruals.

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

3.1 Cash

As at the end of January 2020 the Trust held the following cash balances:

Table 2: Cash Balance

Cash Balances	£000s
Cash with GBS	11,903
Nat West Commercial Account	110
Petty cash	20
Total	**12,033**

In month income of £12.735m was received compared to expenditure of £12.518m.

The main expenditure for the month was pay costs, purchase ledger payments, and capital payments of £0.371m comprising of, IT payments for the LHCRE project and Walker Street expenditure.

3.2 Capital Programme

The Capital Departmental Expenditure limit (CDeL) for the Trust is £10.929m. Year to date capital expenditure of £9.581m comprises expenditure for IT services (£1.162m), Informatics (£0.309m), LHCRE (£3.175m), Property Maintenance (£1.421m) and CAMHS unit (£3.512m), as detailed in the table in Appendix 3.

The District Valuer is in the process of providing a capital valuation of the Inspire building, which may result in impairment once the asset is added to the Trusts Fixed Asset register.

4.   Staffing

4.1   Agency

For 2019/20 NHSI has allocated the Trust an agency expenditure ceiling of £2.891m. Actual agency expenditure for January was £0.484m, which is above the ceiling of £0.231m for the month. The year to date spend for January is £2.991m, which is higher than the same period last year where the costs were £2.451m, as shown in the table below.   Year to date spend is above the annual ceiling.

The increase in spend compared to the previous year, is due to the increased use of agency Medics within the Mental Health and Children's and Learning Disability divisions to cover staff vacancies. Staff vacancies have also resulted in an increased use of agency nursing staff within Community and Primary Care Division. This has resulted in the year to date spend being higher than the NHS I ceiling and if current levels of expenditure remains the same, the ceiling will be breached by the end of the financial year.

Table 3: Agency Spend
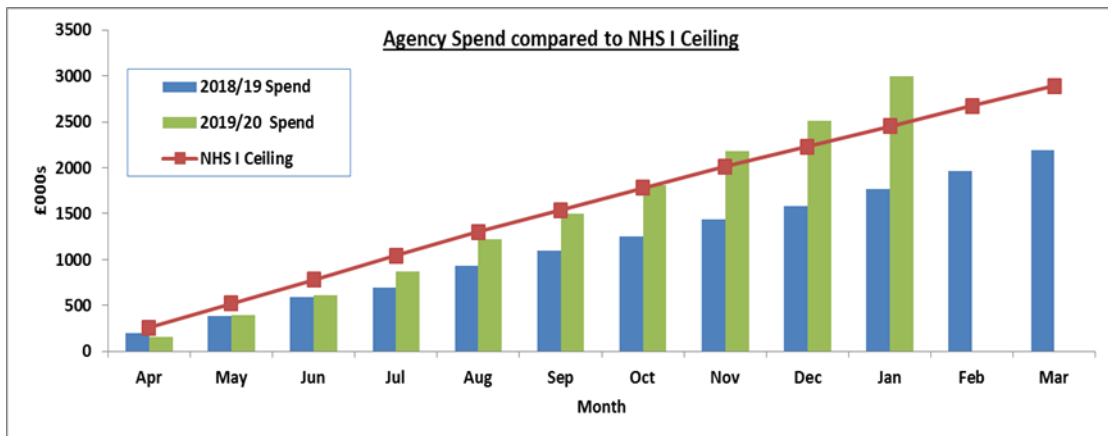
5.   Recommendations

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

	JAN-20 £000	DEC-19 £000	Movement £000	COMMENTS
Property, Plant & Equipment	103,282	102,345	937	
Accumulated Depreciation	24,118	23,914	204	
Net Property, Plant & Equipment	**79,164**	**78,431**	**733**	
Intangible Assets	8,393	7,614	779	
Intangible Assets Depreciation	1,822	1,798	24	
Net Intangible Assets	**6,572**	**5,817**	**755**	
Total Non-Current Assets	**85,736**	**84,248**	**1,488**	
Cash	12,033	11,740	293	
Trade Debtors	6,366	5,809	557	
Inventory	150	150	0	
Non Current Asset Held for Sale	2,145	2,145	0	West end, Victoria House and Hallgate assets held for sale
Other Current Assets	1,878	3,386	(1,508)	Accrued income reduction
Current Assets	**22,572**	**23,230**	**(658)**	
Trade Creditors	5,329	4,063	1,266	Deloittes LHCRE Invoices
Accrued Liabilities	9,545	10,336	(791)	
Current Liabilities	**14,874**	**14,399**	**475**	
Net Current Assets	**7,698**	**8,831**	**(1,134)**	
Non-Current Payables	1,175	1,175	0	Local GovernmentPension Scheme Liability
Non-Current Borrowing	4,297	4,283	15	
Long Term Liabilities	**5,472**	**5,458**	**15**	
Revaluation Reserve	13,293	13,293	0	
PDC Reserve	59,642	59,642	0	
Retained Earnings incl. In Year	15,027	14,686	340	
Total Taxpayers Equity	**87,962**	**87,621**	**340**	
Total Liabilities	**108,308**	**107,478**	**830**	

Caring, Learning an

Title & Date of Meeting:	Trust Board Public Meeting– 26th February 2020			
Title of Report:	Operational Planning Guidance 2020/21			
Author/s:	Name: Michele Moran/Peter Beckwith Title: Chief Executive/Director of Finance			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
	The Board are asked to note the planning guidance, which underpins Humber's operational plan			
Purpose of Paper:	The purpose of this paper is to provide the Trust Board with an overview of the NHS Planning Guidance for 2020/21. The guidance has been used to inform the 1st working draft operational plan which appears on the agenda.			

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	18/02/20
	Charitable Funds Committee		Other (please detail)	

Key Issues within the report: *Please ensure you also complete the monitoring and assurance framework summary below:*	NHSE/I issued the operational planning and contracting guidance for 2020/21 on the 30th January 2021. The attached report provides a briefing of some of the key headlines and planning requirements, some key points to note are: • Guidance introduces a 'system by default' concept. • System control totals will continue to operate with 50% of the financial recovery fund (FRF) tied to system performance. • Primary Care Networks are expected to continue to evolve. • Additional funding has been allocated to CCG's to meet Mental Health Investment Standards. • Providers are required to offer supplementary choice for patients who have waited 26 weeks. • A review of historical debt and the cash regime are built into the guidance. • Focus in digital and the benchmark of minimum levels of digital investment.

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	

1   Introduction and Purpose

The purpose of this paper is to provide the Trust board with an overview of the NHS Planning Guidance, published 30th January 2020.

The guidance has been used to inform the 1st working draft operational plan

2   Background and Context

NHS England and Improvement have published *NHS operational and contracting guidance 2020/21, this guidance is seen as* integral to the delivery of *The NHS long term plan,* setting out how the long-term revenue settlement will be invested to transform services and achieve proposed outcomes by 2023/24.

Areas of focus for 2020/21 include
- access to care;
- primary and community services;
- prevention;
- mental health;
- learning disability and autism; and
- environmental impact.

The deliverables need to be achieved within agreed financial trajectories that deliver productivity and efficiency improvements and reduce unwarranted variation.

The planning guidance introduces the concept of 'system by default', emphasising the critical role of systems. It provides guidance on workforce and financial arrangements for 2020/21, as well as the need to embrace the opportunities offered by technology.

Further details are expected in the coming months in the form of the national implementation plan and the people plan.

3   System planning

The planning guidance sets out the requirement for every part of England to become an integrated care system (ICS) by April 2021.   ICSs are expected to fulfil two core roles of system transformation and collective management of system performance.

A number of operating expectations are expected to be put in place for all ICSs during 2020/21, these are:
- system-wide governance arrangements
- leadership model, including a non-executive chair for the ICS
- system capabilities to undertake the two core roles, including population health management, service redesign and digitisation. Part-funding will be available to support this from NHS England and NHS Improvement
- agreed ways of working for system financial governance and collaboration
- streamline commissioning arrangements to typically one CCG per system
- capital and estates plans at a system level.

A combined system oversight framework will be developed for providers and CCGs.

3.1   Financial controls and allocations

Planning guidance states that system control totals will continue to operate across England, with 50% of the financial recovery fund (FRF) tied to system performance. Systems can agree to link a higher proportion of the FRF system allocations to system performance.

Systems will also be allocated some capital and revenue transformation funding to deliver national objectives, however continued funding will be dependent on delivering system financial trajectories.

The planning guidance also makes reference to lead provider collaborative as part of the intention to enable greater integration of specialised services with local systems, this is planned to be discussed at the next board time out.

4   Operational requirements

In the following paragraphs provide a summary of the operational requirements from the guidance.

4.1   Primary care and community health services

Primary care networks (PCNs) are expected to continue to evolve through 2020/21 with expectations set out in the guidance of how CCGs and ICSs should support their development.

This support is across three main priorities:
- Supporting workforce redesign and team development, including recruitment to additional roles set out for PCNs and extra doctors to work in general practice
- Improving patient access and waiting times, including through implementation of online consultation systems and the provision of information about A&E attendances by the PCN's patient population
- Building operational relationships with community providers (including pharmacies) to support integrated care and work to enable PCNs to deliver the service requirements set out in the 2020/21 primary care network contract direct enhanced service (further detail awaited).

The planning guidance reiterates requirements for community health services to work towards full access to digital mobile services for the community workforce and the expectation that all providers submit comprehensive data to the community services dataset.

Providers must continue to work towards the delivery of crisis response services, providing an agreed number of guaranteed two-hour home response appointments between 1 November 2020 and 31 March 2021.

4.2   Mental health

All CCGs will receive additional baseline funding in 2020/21 to bolster community mental health provision for adults and older adults. The guidance states that all CCGs should increase investment and staffing in core and dedicated community mental health services.

CCGs will receive 40% salary support for IAPT trainees in 2020/21 and all deliverables already set out as part of the *NHS long term plan* continue.

By March 2021, all providers of community mental health services for adults and older adults should have arrangements in place with their PCNs to organise and deliver services in an integrated manner.

System leaders, working with a lead mental health provider, should assure that finance, activity and workforce plans are triangulated and support the delivery of key transformation programmes.

4.3   Learning disabilities and autism

The guidance states that there will be an increasing emphasis on ensuring that the right range of support and care services for individuals with learning disabilities and/or autism are available in the community, rather than in hospital.

This is supported by a number of measures already set out in the *NHS long term plan,* National deliverables include:

- Engagement with emerging provider collaboratives to develop discharge pathways and community alternatives to inpatient provision;
- 8 week visits for all adults and 6 week visits for all children and young people in inpatient settings out of area;
- Establishing arrangements for 'host commissioner' oversight of local inpatient facilities.

4.4   Urgent and emergency care

In 2020/21 providers are required to increase the capacity available to meet demand for urgent and emergency care, with an expectation that 2019/20 peak bed capacity is maintained.   The guidance states that it is no longer expected that bed numbers will be reduced.

All providers should plan to deliver material improvement in A&E performance against a 2019/20 benchmark. To achieve this all systems and organisations are expected to reduce general and acute bed occupancy to a maximum of 92%.

Providers are expected to increase the number of patients that are seen and treated on the same day, or within 12 hours, to a regionally agreed level.

By September 2020 all providers are required to deliver acute frailty services for 70 hours per week.

To support local planning and improve clinical data, the guidance states that it is expected that there will be a daily submission of emergency care data for the previous day and this has been added to the NHS Standard Contract for 2020/21.

4.5   Referral to treatment time (RTT) including 26-week choice

The planning guidance states that waiting lists on 31 January 2021 should be lower than that on 31 January 2020. This requirement may be managed at ICS level, with every provider expected to make a significant contribution.

Financial sanctions remain in place if any patient breaches a 52 week wait.

During 2020/21, all providers and systems should be implementing supplementary choice at 26 weeks, offering a meaningful choice of an alternative provider.

4.6   Outpatient transformation

A national trajectory for outpatient transformation will be published in the national implementation plan in the spring.

To support the planned reduction in unnecessary outpatient activity, it is proposed that the payment system is reformed with commissioners and providers expected to agree blended payments that include advice and guidance and uptake of non-face to face consultations.

During 2020/21, systems should begin the implementation of video consultation in major outpatient specialties, further guidance is expected based on the national video consultation pilot.

4.7   Cancer

Cancer alliances are the cancer arm of their constituent STP/ICS. Additional funding is being made available to cancer alliances in 2020/21 to support the roll out of rapid diagnostic centres and the targeted lung health checks programme. The guidance sets out an extensive list of requirements for cancer alliances in 2020/21 to support delivery of the ambitions set out in the *NHS long term plan.* Details of increased funding for children's hospices and end of life care services will be released in spring 2020.

4.8   NHS public health functions and prevention

The planning guidance places significant emphasis on measures to improve population health.

Alcohol care teams and smoking cessation support will be expanded in selected sites, and low-calorie diets will be piloted in ten systems to support people with type 2 diabetes to achieve remission.

The guidance places emphasis on effective delivery of screening and vaccination programmes with the Department of Health and Social Care considering making flu vaccination mandatory for NHS staff.

During 2020, the NHS will develop a national de-carbonisation and climate change plan. All systems should have a green plan (or sustainable development management plan).

A number of sustainability deliverables are set out for organisations in 2020/21 including

- ending business travel reimbursement for domestic flights within England, Wales and Scotland;
- purchasing 100% renewable electricity by April 2021; and
- replacing lighting with LED alternatives during routine maintenance

5   Workforce

The guidance states that the NHS people plan, to be published in spring 2020, will set out a comprehensive programme of action to support, and increase, the NHS workforce.   Key priority areas are expected to include improving recruitment and retention rates, growing and supporting the workforce, working to develop the right skill mix in the workforce, allowing staff the time for learning and development and improving the leadership culture

Key points include

- 50,000 more full-time equivalent nurses by 2025, with a new national programme focusing on international recruitment.
- 6,000 more doctors in primary care and 26,000 more roles in the wider primary care workforce.
- Having a more inclusive and diverse workforce at all levels. In particular, NHS trusts and commissioners should focus on improving the number of BME staff in senior posts.

5.1   Hospital and community health service workforce

The guidance states that provider plans should include:
- actions to improve retention
- actions to release time to care and improve productivity
- actions to increase recruitment and retention of nurses
- consideration of how the apprenticeship levy can be fully utilised.

New investment (£150m) in continuing professional development (CPD) for all nurses, midwives and allied health professionals has been allocated, enabling a £1k training budget for each post over the next three years.

Providers will receive 50% of the confirmed allocation in April 2020 and will be required to submit investment plans to Health Education England in July 2020. Subject to plan approval, the remaining 50% will be released in quarter three of 2020/21.

This investment must be in addition to current CPD investment levels.

5.2   Primary care workforce

Systems and CCGs must develop a primary care workforce plan that considers local multi-disciplinary workforce needs. The GP contract update will set out arrangements for the plan, which must be developed jointly with PCNs.

The plan will set out how the additional roles reimbursement scheme will be fully used to support PCNs. It must also include actions to maximise retention of GP trainees and other roles that face significant workforce challenges.

6 Financial settlement

The five financial tests require each system and the organisations in it to:
- meet its trajectory for 2020/21 and the following three years
- achieve cash-releasing productivity growth of at least 1.1% each year
- reduce the growth in demand for care via integration and prevention
- reduce unwarranted variation in performance
- make better use of capital investment and existing assets.

The planning guidance requires operational plans to set out the detail of how financial trajectories will be achieved and ensure that cost improvement plans are fully developed before the start of the financial year. This will facilitate agreement between commissioners and providers and ensure that plans are aligned across the system.

6.1 Commissioner allocations

Additional recurrent CCG allocations have been published to take account of changes related to 2020/21 tariff inflation and adjustments. Adjustments have also been made between CCGs to reflect movements in registered populations resulting from new digital primary care models.

CCG running cost allocations are unchanged from January 2019.

Service development funding allocations have already been made. These will be aggregated at system level and released to a single nominated CCG in each system, except for funding flowing to cancer alliances or GP extended access funding for individual CCGs.

Release of funding to systems will depend upon a number of conditions, including a signed off system-wide strategic plan and appropriate oversight and decision-making arrangements being in place.

6.2 Payment reform and national tariff

Proposals on national tariff changes include:
- 2020/21 tariff cost uplift set to 2.5% and efficiency factor set to 1.1% with a proposed inflationary increase for medical pay included to cover expected increase in costs for providers.
- Commissioners should have due regard for the impact of Agenda for Change reforms on actual cost inflation in local price-setting changes.
- Blended payments for outpatient services to cover all first and follow-up attendances, applying where expected annual value of CCG's relevant activity with any one provider is above £4m.
- Blended payments for maternity services to include all care commissioned by CCGs, but to exclude any commissioned by specialised commissioning or locally agreed transformation funding.
- All CCGs to complete and return national tariff local variations template.

6.3 Key financial commitments

6.3.1 Mental health investment standard (MHIS)

CCGs must continue to invest in mental health services in line with the MHIS. For 2020/21 every CCG must increase spend by at least their overall programme allocation growth plus an additional percentage to reflect the additional funding included in CCG allocations.

It is expected that CCGs increase the share of expenditure spent with mental health providers and on children and young people's mental health.

As in previous years, the guidance states that the governing body must confirm the CCG's compliance with the MHIS and that this will be subject to independent review.

Where audits show the 2019/20 standard has not been met, any shortfall must be recovered in 2020/21.

Local system leaders, including a nominated lead mental health provider will reviews plans to agree whether they are credible.

6.3.2   Primary medical and community health services funding guarantee

Systems and commissioners are also required to spend the primary care medical allocations in full to increase the number of GPs.

The financial investment set out in the *NHS long term plan* means that overall spending by CCGs on the aggregate of primary medical care, community services and continuing healthcare, should continue to increase.

This includes commitment to provide £1.50 per registered patient to PCN's

6.3.2   Historic commissioner overspends

The planning guidance states that, from 2020/21, historic CCG debt will be written off under the following conditions:

> • The level of the total overspend is such that repayment over 4 years is not feasible, (cumulative debt is more than 4% of the CCG allocation).
> • The CCG will agree a repayment profile with NHS England and NHS Improvement showing the element of the cumulative debt that will be repaid, which will take account of historic funding levels (typically this will be 50% of the cumulative debt).
> • the CCG must address the underlying issues that caused the overspends such that it delivers in-year financial balance, and the agreed repayment profile achieved.

If the CCG overspends against its allocation during the two years following the point of write off, the historic liability may be reinstated.

6.3.3   Better care fund (BCF)

The BCF planning requirements for 2020/21 are expected to be published in February 2020.

The CCG minimum contribution to the BCF and, within that, the minimum contribution to adult social care is expected to grow by an average of 5.3% in cash terms, with the expectation that this will fund more social care packages.

Minimum contributions will be published to assist planning prior to February 2020. The non-recurrent allocation made to CCGs in 2019/20 to fund late changes to the BCF planning assumptions, will not be repeated in 2020/21.

6.4 Financial framework for providers and CCGs

6.4.1 Financial improvement trajectories

Financial improvement trajectories issued in October 2019 will be updated to reflect the impact of material changes.

6.4.2 Financial recovery fund (FRF)

In 2020/21 FRF will be the only source of financial support for NHS providers and CCGs. The majority of this funding is expected to continue to flow to NHS providers.

To improve cash flow, payments will be phased equally each quarter and made as early as possible in the quarter to which the payment relates

Entitlement to the FRF will depend upon full year financial performance and delivery of financial trajectories. Where FRF has been paid but not earned it will be converted to DHSC financing.

50% of FRF allocation will be paid based upon organisational performance, the other 50% will be linked to the achievement of the system financial trajectory. Systems can link a higher proportion to system achievement, if they wish.

Organisations that miss their trajectory will not automatically be entitled to the system element of their FRF allocation.

The guidance states that a taper is being introduced so that it is possible to earn a proportion of the FRF even if trajectories are not achieved.

From 2020/21 the offset mechanism currently available to ICSs will be available to all systems.

6.4.3 Breakeven and surplus trust scheme

A reward payment will be made for providers that deliver a breakeven or surplus control total in 2019/20 and in 2020/21.

For providers who have a deficit control total in 2019/20 but reach breakeven by 2023/24, a reward payment will also be made in the year in which they achieve breakeven and subsequently, assuming that this is maintained.

6.4.5 Cash regime

The guidance states that reforms to the cash regime are being considered.

6.5 Additional financial planning assumptions

6.5.1 Marginal rate emergency tariff (MRET)

Arrangements for MRET payments in 2020/21 will remain the same as in 2019/20.

6.5.2 Pensions revaluation – employer contributions

The 2019/20 transitional approach will continue in 2020/21. Employers should plan to pay a contribution of 14.38%; the remaining 6.3% will be paid centrally.

6.5.3 Non-NHS commissioner funding assumptions

The non-recurrent funding provided in 2019/20 to fund inflationary pressures in local authority contracts will not be repeated. These costs should be included in local contracts, which should also include the impact of 2020/21 inflation.

6.5.4 Primary care prescribing

The planning guidance highlights that no further upward or downward margin assumptions should be made for category M medicines prices, however, CCGs should make appropriate provision for changing medicines prices and assume a typical level of cost pressure from price concessions.

6.5.5 Commissioning for quality and innovation (CQUIN)

The simplified approach to Commissioning for Quality and Innovation (CQUIN) is set to continue, and separate guidance has been published.

6.6 Productivity and efficiency

Systems should set out in their operational plans the steps they will take to deliver cost savings required to meet agreed financial trajectories, assist staff and improve patient outcomes and experience. It is expected that all providers and commissioners should continue to use the data and tools that are available to them to improve productivity and efficiency.

6.6.1 Diagnostic services

The guidance expects systems to implement networks for imaging and pathology services and take advantage of training opportunities to increase the trained workforce. The immediate focus should be on the diagnostic services that can have the greatest impact on referral to treatment times and cancer standards

Equipment should continue to be upgraded and replaced as necessary.

6.6.2 Digital transformation to support system integration

The guidance expects clear plans on how systems will work towards *The NHS long term plan* ambitions by 2024. These expectations will be embedded in the CQC inspection framework and the single oversight framework.

During 2020/21, work will be undertaken by NHSX to set out its approach to mandating technology, security and data standards across the health and care system. This will be accompanied by an explanation of how technology funding will work, including who pays for which parts of the technology required.

NHSX and NHS England and NHS Improvement to engage with systems and providers to determine if there is a need for a minimum and optimal indicative benchmark level of technology revenue spend linked to digital maturity standards.

6.6.3 Finance back office

The planning guidance sets out an expectation that transactional processes should be reviewed for automation opportunities and any decisions taken around systems and contracts should not preclude future system collaboration.

All finance contracts for functional software and IT systems should be reviewed to support better system working.

6.6.4 Payroll

Where payroll contracts are due for renewal during 2020/21 or where payroll provision is standalone, opportunities should be sought to increase collaboration across the system and improve service resilience.

6.6.5 Other

The guidance also requests that systems continue to look at efficiency and value across procurement, legal services, evidence-based interventions, agency staff and making full use of the apprenticeship levy.

6.7 Capital and estates

The government has committed to providing the NHS with a new multi-year capital settlement at the next spending review, including capital to build new hospitals, for mental health and primary care, and to modernise diagnostics and technology.

The guidance states that provider plans should take account of known funding sources and schemes that have already received DHSC funding approval. Systems should work together to ensure that individual organisational plans are consistent with system plans.

Two changes are proposed to the capital process.
 i)   Training will be rolled out to support business case development and,
 ii)   where benefit can be shown, a portion of the funding may be granted earlier in the process, prior to full business case approval.

The approvals process will also be streamlined to speed up the process and reduce unnecessary layers of approval.

6.7.1 Disposals and surplus land

Profits on disposals in 2019/20 do not count towards control total achievement and therefore do not contribute to provider sustainability fund (PSF) or FRF achievement.

6.7.2 Managing the impact of lease accounting standard (IFRS16)

The planning guidance expects that national capital limits will be uplifted to reflect the impact of IFRS16. The uplifts to capital limits will be based on the information provided by NHS bodies during 2020.

Guidance has been issued to finance teams and the technical guidance which accompanies the financial planning template, will include further information on reporting requirements.

6.8 NHS standard contract

The final version of the NHS standard contract for 2020/21 will be published in February 2020. The deadline for signature of new contracts is 27 March 2020.

Providers and commissioners will be required to agree a system collaboration and financial management agreement (SCFMA) through the contract. This will not replace any effective local approaches to system working but will set out the minimum requirements that should be in place for a collaborative health system.

7. Timescales

The guidance provides a timetable for the development of plans, with a focus on joint working, and ensuring commissioner and provider plans are aligned.   Key milestones are summarised in the following table:

Details	Date
1st submission of plans (*Operational and STP/ICS Narrative*)	5 March 2020
ICS/STP contract/plan alignment submission	12 March 2020
Deadline for contract signature	27 March 2020
Final Submission of Plans	29 April 2020
Publication of the People Plan and National Implementation Plan	March/April 2020

8. Recommendation

The Board are asked to note the planning guidance which underpins Humber's operational plan 20/21

Title & Date of Meeting:	Trust Board Public Meeting – 26 February 2020				
Title of Report:	Quality Committee Assurance Report				
Author/s:	Name: Mike Cooke Title: Non-Executive Director and Chair of Quality Committee				
Recommendation:	To approve		To receive & note	✓	
	For information		To ratify		
Purpose of Paper:	The Quality Committee is one of the sub committees of the Trust Board This paper provides an executive summary of discussions held at the meeting on 5ᵗʰ February 2020 with a summary of key issues for the Board to note. The approved minutes of the meeting held on 5ᵗʰ December 2019 are presented for information				

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

Key Issues within the report:	The following items were noted for escalation to the Trust Board: • Note the forthcoming CQC consultation on their approach to Safe and Well-Led • Findings from the Confidential Inquiry

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	√			

Caring, Learning and Growing

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

Executive Summary - Assurance Report:

Key Issues

The Key areas of note arising from the Quality Committee meeting held 5th February 2020 are as follows:

Victoria Winterton from the Smile Foundation was welcomed as a guest at the meeting.

The minutes of the meeting held 5th December 2019 were agreed as a true record. It was agreed the Board Assurance Report would be included as part of the papers so the committee had sight of what had been sent through each month.

Discussion Item **– National Confidential Enquiry into Suicide and Safety 2019**

Tracy Flanagan and Caroline Johnson led the discussion with a presentation. TF/CJ gave a presentation following their attendance at the National Confidential inquiry into Suicide and Safety in Mental Health Conference in January this year.

The Confidential Inquiry report provides the findings from 10 years of data 2007 to 2017.

Key points from the presentation:
- UK map shows our STP has one of the highest rates of suicide in the country
- Trend appears to be downward for suicides in patients open to services however the actual numbers year on year remain static but a greater number of patients are now in contact with mental health services.
- Most common method is hanging and strangulation but the report does not differentiate between self-ligature to hanging and was felt it would be good to have feedback in next year's returns to differentiate between the two
- Of those who had a risk assessment around the time of their death 84% were deemed low/no short term risk and 58% deemed low/no long term risk.
- Suicide in the over 75 age group is increasing driven by males, with physical health, loneliness and depression key factors.
- Suicide in women under 25 - this group has the highest number in contact with services (1/3) but risk assessment is missing the complexity of self-harming and drug and alcohol use. There is also an increase in use of ligatures.
- Figures this year included suicide and the internet and was noted is likely to be understated, agreed one to watch, with a probably under estimated impact but also noted there remains a positive side of internet use too.

The recent review of local deaths from suicide from David Brackenbury was noted and the key messages at the end of the presentation were welcomed including learning to be integrated in to training developed in line with the Patient Safety Strategy, the areas of dual

diagnosis, linking to Jo Kent and Mandy Dawley's work currently been undertaken along with the efficacy of risk assessments and the 3 day follow up message. It was suggested this should also be presented to MHLC when possible.

Quality Insight Report

- The Quality Committee noted the useful update regarding the CQC proposing to change their inspection approach following the recent Whorlton Hall review. It was noted that consultation will take place to review their approach to the Safe (Key Line of Enquiry) and Well Led.

- The committee noted the progress on the failure to recognise deteriorating patients, felt it was a good approach to harm reduction and commend this and would like to see more outputs from that. Noted the in-depth review of the safety domain being undertaken and look forward to receiving this in the next Quality

- An update was provided in relation to the 2019/20 Quality Accounts quality priorities suggested by stakeholders for inclusion and the Committee agreed these sounded sensible. The suggested priorities will be presented to February Board.

Divisional Quality Improvement Priorities (QIPs)– progress update
The committee received an update on the progress of the Quality Improvement plans for the Community and Primary Care Services and the Mental Health Services, both very contrasting. It was agreed to circulate the Community and Primary Care Services full plan to members of the committee.

Quality Committee Risk Register and Board Assurance Framework (BAF)
The committee had an interesting discussion in relation to the new risks on the Quality Committee Risk Register with a focus around the safety aspects of having high vacancies in some areas and disciplines. The three strategic BAF recommendations the committee has been asked to lead on were agreed. It was also agreed the committee would monitor any potential areas where risks may not be coming through via the register, to ensure the Board are assured they are sighted on all key quality risks.

CQC Regulation Breaches update
The Quality Committee was assured on the closure of the actions on the CQC action plan along with the reasons why clinical supervision is being kept on there until assurance is received in relation full deployment.

Professional Strategy – progress update
An update was given to the committee on the Professional strategy and it was noted the launch went well. This is an area of continuous development and the four strategic priorities are very relevant. The committee was delighted to hear about the Continuing Professional Development funding opportunity from Health Education England.

Minutes from reporting groups
The minutes from the Quality and Patient Safety Group and the Drugs and Therapeutics Group were received and noted.

The next meeting on the 1st April 2020 will be looking at the Effectiveness Report and the draft Quality Accounts

The approved minutes from the October 2019 meeting are attached

Quality Committee
Minutes

For a meeting held on Thursday 5th December 2019
1.30 pm – 4.30 pm, the Boardroom, Trust HQ

Present

Mike Cooke	Non-Executive Director and Chair	MC
Mike Smith	Non-Executive Director	MS
Dean Royals	Non-Executive Director	DR
Hilary Gledhill	Director of Nursing	HG
Tracy Flanagan	Deputy Director of Nursing	TF
John Byrne	Medical Director	JB
Caroline Johnson	Assistant Director of Quality Governance and Patient Safety and Acting Clinical Lead for the Humber Centre	CJ
Oliver Sims	Corporate Risk Manager	OS
Trish Bailey	Community and Learning Disabilities Services Clinical Lead	TB
Su Hutchcroft	Compliance Officer (minutes)	SH

Attending for the presentation (Item 4)

Paul Johnson	Mental Health Services Clinical Lead	PJ
Dawn Peters	Consultant Clinical Psychologist	DP
Di Roberts	Project Director, Mental Health Campus	DiR
Rebecca Hunter	Clinical Psychologist – Inpatient Units	RH

104/19 **Apologies for Absence**
Michele Moran, Chief Executive
Lynn Parkinson, Chief Operating Officer
Nicki Sparling, Interim Assistant Director of Nursing, Patient Safety & Quality Assurance

Introductions were given for the benefit of the team presenting item 4. This item was held first.

105/19 **Minutes of the Last Meeting**
The minutes of the 9th October 2019 were accepted as a correct record of the meeting.

MC thanked Kelvyn Williams for stepping in to take the minutes at short notice for the last Quality Committee

106/19 **Action List and Matters Arising**
The action list was noted as closed, with the following updated

Action 92/19 – the sexual safety paper was circulated by TF

Action 93/19 – the summary action plan has been circulated by LP

107/19   *Discussion Item* **– Adult Mental Health Clinical Model**

A presentation was given by Paul Johnson, Dawn Peters, Di Roberts and Rebecca Hunter on the clinical model and timeline of the project (presentation attached)

Key points from the presentation/discussion noted below
- DR noted the key stages for the project with consultation and engagement running through all stages
  - Strategic outline business case
  - Outline business case
  - Full Business case

The strategic outline case has been completed and went to Trust Board approximately a year ago, and work started on the outline business case with the initial work of confirming the assumptions and conclusions from the strategic stage, with the clinical model being part of this work.
Timescales involved for the project
  - Strategic outline business case – completed
  - Outline Business Case – due for completion March 2021
  - Full Business Case – due for completion March 2022

The above timelines mean breaking ground would be around the latter part of 2022, with up to three years for the building project. This is a 28 month timescale from now. DR noted the level of work required was initially underestimated. Included in the timescale is 10 months of governance process, both internally and with NHSI.
- The development of the model has involved review of the evidence base, review of incidents and consultation with patient and carers.
- The model is recovery focused, person centred and trauma informed.
- Fundamental principle making people feeling safe, journey surviving to thriving
- Works alongside social needs and social circumstances with occupation model overlaid from day one of admission
- Staff need to feel safe for patients to feel safe therefore emphasis will be placed on ensuring the workforce receives the appropriate support.

Key points from comments from the meeting

- JB enquire how the clinical model informs the design of the building, it was clarified that particularly the trauma informed aspects of the model are being considered in the build.
- Discussion took place regarding bed number and these are being modelled based on capacity and demand analysis. However, he design has to be in a location which will allow future expansion, with the ability to flex over a 10-20 year period
- The home based treatment element was well articulated in the presentation
- Physical health was noted as an area to strengthen in the model. CJ commented on how physical health was initially missing at the newly developed Humber Centre model therefore it is being updated to include. The ethos of clinical models should be whole health rather than mental health and physical health separately. CJ wondered if the primary care service model at the Humber Centre could be replicated across the adult mental health unit and PJ felt this would work on the campus
- TB noted some of the wording used in the model was from service users so

needed to be kept
- Workforce – DR asserted that consideration needs to be given to recruitment of the workforce, given current challenges that exist nationally.
- TF requested that we continue to use the recovery star as we have a proven track record with this.
- MS noted a great presentation and would like more detail regarding the time scales.
- Discussion took place regarding the location of the assessment unit which PJ asserts should remain at Miranda House, near to A&E.

MC summarised the discussion. He was pleased with the work that is already underway, as it is interesting and relevant to the future. He asked for the team to further consider their assertion that the assessment unit should remain at Miranda House. Further consideration should be given to research and public involvement and is worth looking at what types of service provision could be factored in, along with the economic size of the unit and what is sustainable. MC noted it was disappointing reading the East Riding Adult and Dementia strategy, this was not mentioned and should have been.

MC felt it would be good to have an interim report to the Trust Board.

PJ noted thanks to the staff as the work has come from them.

PJ, DP, DR and RH left the meeting.

108/19 **Quality Insight Report**

HG updated the meeting on the key items in the report.
- The report gave headlines from the CQC state of care report. She drew attention to the report assertion that they see too many mental health and LD services which do not have staff with the appropriate skills. She noted that Humber services are rated good for LD and mental health with the exception of in-patients and PICU which are rated requires improvement. JB enquired the Board could review the CQC state of care report, at a Board development day, for both general learning as well as in preparation for the next well led inspection. MC supported this suggestion.
- HG updated the QC regarding a recent visit from NHSE/I as part of a case study of 5 Trusts in relation to quality improvement and patient and carer involvement. The visit had received positive feedback from the national leads.
- Professional strategy has been launched by TF and professional leads during the first week of December who visited all teams across the Trust and a progress update will be provided to QC in February 2020.
- The Q2 serious incident report notes that 4 serious incidents were declared within mental health services. Three have concluded with recommendations and an action plan in place and 1 remains in progress. QPaS monitor the quarterly reports but the last report did not have the action plans attached so these will return to allow QPaS to ratify closure and approve the evidence at the next meeting.
- The 6-monthly pressure ulcer report was presented to QPaS in November. The report at present contains pie charts, but will soon move to SPC in line with the Trusts preferred method of data presentation. Scarborough , Pocklington, Whitby and Pocklington are the areas with the highest population of skin integrity damage. This is being addressed by increased tissue viability hours in Scarborough and Ryedale, which will help deliver the tissue viability

training programme and roll out the new electronic wound tool on SystmOne. MC enquired if we have access to the right tools for reporting and TF confirmed the tools are in Lorenzo with additional training and new reporting in place.

- Trust performance continues to perform well against contractually agreed targets. Work commenced in Q2 to review the Trust Infection Control policies and they remain in line with national guidance and reflect the new divisional structure and addition of CAMHS in-patients.
- CQC Must Do progress update has been reviewed by QPaS along with Confirm and Challenge meetings held by LP and HG. The evidence to demonstrate that not only are they delivered but that they are embedded was reviewed during confirm and challenge and as a result Clinical leads have been given further actions to provide assurance.
- MS enquired about assurance in relation to an SI regarding Mental Health Legislation and section 5(2). The paragraph noted an action regarding the Mental Health Legislation Team to implement a leaflet / training package. MS noted this needs to be unpicked to look at what training needs to be put in place and what has been put in place. JB noted we need an ongoing training package in line with all the lessons learned. MS noted it needs to look at how this fits into the context of the other work being done by Mental Health Legislation and will discuss further.

ACTION – For the State of Care report and strategic implications to be included in a Board development day (MC)

109/19 **Patient Safety Strategy – Training plan**

It was noted the Patient Safety Strategy and the accompanying implementation plan was ratified at Octobers Quality Committee. Today CJ presented the training plan which she noted is ambitious as the plan aims to deliver training to every single person across the organisation in relation to patient safety, ranging from awareness to patient safety science. It describes training from induction to bespoke specialist training. The next step is to write the training packages. SI investigation training is being delivered by an external provider in January and the team has already started attending induction and preceptorship sessions.

CJ noted the importance of a focus on when patient safety had been good as well as those incidents which have gone wrong, as doing more of what we do well will further improve our patient safety culture..

Comments from the meeting included
- It was noted the Board development session two years ago and enquired if this should be looked at with the Board for learning and self-assessment.
- MC agreed it was an ambitious plan, and would be great to get the execs tuned in and the Trust Board being ambassadors.
- CJ noted the development of the patient safety partners in the strategy.

CJ left the meeting

110/19 **Quality Committee Risk Register**

OS noted the risk register had been to the Quality and Patient Safety Group (QPaS) in November and has been updated by the Divisions. There are 20 risks

on the document with 8 risks rated at 12 and one risk rated at 20, and 9 risks rated at 9. The revised version will come back to February Quality Committee following presentation at QPaS.

It was noted the Board Assurance Framework (BAF) Q3 has already been to the Trust Board, but work has been undertaken to review the work plan to ensure committees view the report prior to presentation at the Trust Board.

OS noted the key points / changes since the last Quality Committee
- Risk LDC31 had been escalated in Q2, and has been reduced to a current rating of 12 and therefore does not sit on the Trust Risk Register. This risk will still continue to be reviewed through the divisional governance arrangements and ODG.
- Risk LDC30 has reduced as a result of improving performance within service and successful recruitment. This will continue to be monitored through divisional governance arrangements and ODG.
- Risk SS51 has previously been reviewed at QPaS and Quality Committee. This links to an SI and has been reviewed by the division and reduced following audit outcomes. The division have reduced the risk to a current score of 5, and want to keep it open for the reminder of the quarter and will continue to be monitored through the Secure Services governance group until further audit assurance is received.
- Risk SS49 has been reduced to 8 from 12 to reflect improvements and some successful recruitment and will continue to be monitored by secure services group.

MC noted the large risk reduction from 12 to 9 and OS confirmed that QPaS has put the challenge through along with the feedback from Quality Committee with the responsibility to divisions reviewing the risks, and this reviewing is the reason for the reduction. It was noted ODG also monitor the risks and ratings and feel there is a good mechanism in place.

HG noted that QPaS reviewing the risks is making a difference and know there are new risks for the next time this is looked at. Two risks where flagged where the initial and current risks where the same despite them not being new additions to the register. One of the risks is MH6, S136 delays if the suite is occupied. HG noted that she is not hearing there are issues so requested that OS ensure this risk is reviewed again and SR4 Scarborough hubs which HG reported that she has not seen the issue when out with the team so would like that risk reviewed.

HG noted the risk register feels very live and responsive to what is happening out in the divisions and teams

OS noted as a final point regarding SS48 the alarm risk within the courtyards of secure services. This was fed back to the division but has not been reduced as yet and is still holding at 9. This will be discussed further with the division.

MC enquired regarding the workforce risks as a large risk across a number of areas, and asked if these are now having oversight in right place with the Workforce and OD committee. OS assured the Committee that the OD and Workforce have a good awareness of the workforce risks faced by the organisation.

DR noted that the workforce committee, was discussed at Board and they

requested that a review be undertaken to determine if we need an investment plan. MC endorsed that and asserted that we need to keep an eye on workforce from the quality point of view.

OS advised that in terms of the next report there are a few new risks which will be included which will go through QPaS first for discussion.

MS felt this required a further good discussion in Q4 as the risk register will have again changed.

JB asked if FHB1 (medical workforce) could be taken back for further review. OS noted he would take to the division at the next review meeting.

OS noted he is meeting with Mental Health next week to review their area. MC asked if OS could forward the updated information to himself and HG

ACTION – OS to request review of risks MH6 and SR4 and FHB1 by divisions.
ACTION – OS to forward updated information (MHA) to MS/HG

111/19 **Divisional Quality Improvement Priorities – Progress update**
Item was discussed as the second item of the meeting to allow TB to leave early.

Children and Learning Disability Services
TB noted this plan has been separated from the original Primary Care, Community Services, Children and LD Care Group plan. The original plan details all the original CQC Corporate quality improvements that need to take place such as increasing the need for supervision and the long standing items such as waiting list agenda. These are still very much embedded across all of the services but noted the new divisional plan has four areas with ISPINS, Public Health Nurses, CAMHS services and Learning Disability Services.

TB noted the following key points
- Continue to update the Quality improvement plan and have aligned the quality improvement initiative to the divisional service delivery plan and all teams have received QI training
- Clinical audit is to be embedded within all services and will be linked to HealthAssure
- A focus is consistently maintained on clinical supervision. A dip sample has been taken recently which has shown that supervision is taking place but not being reported accurately.
- Work is also ongoing in relation to the quality of supervision and record keeping
- Implementation of STOMP/STAMP across the children and adult services. This is a national campaign which has been adapted locally across the services.
- Working on the integration of all services across the division
- A review has taken place of outcome measures within the learning disability services
- Main focus on each area
  - CAMHS – waiting list management
  - Learning disability – MDT to review care being person centred
  - Paediatric therapies – looking at TOMS (outcome measures)
  - ISPINS – quality conversations

- The strap line remains the same ' the quality you walk past is the one you accept'
- Safety and Safer Staffing is included in the larger plan

HG commended the good work especially getting into outcomes
JB noted it was good to see the teams participating in QI. Would be good to reflect the patient user survey in the summer.

Secure Services
CJ noted the updates are against the Quality improvement plan which is a larger plan
Key aspects include
- Clinical governance structures have been reviewed with a new structure implemented including a bespoke group to monitor action plans which has shown real benefits in relation to the delivery of SI / SEA actions and CQC action plans. However, a recent audit has been undertaken in relation to embedding of learning from SEA / SIs shared at clinical network meeting. Despite assurances from ward managers that reports have been shared at ward level, this could not be evidenced in ward governance minutes. As a result the matrons are working with CJ to review ward governance agenda and to improve the ward managers' understanding of the importance of good governance. CJ is now assured that all reports have been shared, however this will need to be sustained with a close focus when subsequent repots are shared. Clear processes are now in place to assist this.
- The development of the clinical model was led by an external consultant. The senior clinical staff were quite resistant to the model. A workshop was held to determine how to move this forward where it was established that the senior team felt the model was incomplete and therefore did not own it. It has been agreed that the team will revise the model in January then a robust implementation plan will be developed.
- The Primary Care service is now well embedded and all RNs have received training in the basics of physical health. Health champions have also been trained on each ward An audit of physical health related record keeping has been undertaken by the Primary care team which highlighted some issues around quality and decision making so further work has been undertaken to address this and will ebb re-audited in January.
- Substance misuse was identified as a gap in the service, as a result specialist substance misuse resource has been employed, which now means that all patients have a screening tool completed, a drop in service is in place, training in novel psychoactive substances is being delivered and a comprehensive treatment programme implemented.

I
HG noted there has been a lot of work has been done, she was however, disappointed in relation to some of the CQC related work this is being dealt with and shows things cannot be changed overnight but feels behaviours and culture is slowly shifting. Fantastic work around physical health and substance misuse.

TB commented she felt it was about the journey and how we take people with us acknowledging the different strategies may need to be utilised and feel the OD support will be really useful with this.

TB left the meeting

ACTION – it was agreed for Mental Health and Community & Primary Care to

112/19   **Safer Staffing – six month report**

TF gave a brief background to the report and noted there is a regular cycle of six monthly reviews. She has been back to visit all teams who have used the MHoST tool or the modified circulating care tool which we have been provided with by Keith Hurst, and has collated the dependency data.
However there have been some issues when we feed those figures into MHoST tool in particular which at times is giving some unrealistic numbers.   This has generated some really useful discussion and having finance involved has worked really well in supporting conversations with charge nurse, modern matrons and service manager to ensure we are able to show minimal staffing reflected in budgeted ward establishments. There are only couple of recommendations to increase by 1 qualified on one shift on Westlands and Whitby and Whitby can do this within their budgeted establishment. We are now in a position whereby we have established the minimum staffing levels that are required and this is confirmed by the evidence based tools. The issue that we do have is that we continue to an increasing number of RN vacancies alongside above trust target sickness levels in certain areas which is impacting on a fill rates.

TF gave a caution on fill rates as these are not based on bed occupancy, so if you look at the Care hours per patient day this is showing better levels as safer staffing calculations are not done on bed occupancy levels.

It was noted we are not counting the additional roles, in areas already available such as the allied health care professionals who may be on the roster but not on the demand template and this means their hours are not been counted in terms of actual hours of registered practitioners being available, which needs to be done. We are also not seeing in the fill rates the addition of some of the newer roles such as pharmacy technicians and nursing associates etc so although the trajectory is on a down curve we are increasing the numbers of different roles available. Their introduction into the skill mix is being aligned with the QIA process to make sure we have checks and balances in place in terms of the impact on quality that the changes will bring.

Currently starting piece of work at team level looking at are e-roster and demand template to ensure it is set up right and recording all additional roles. There are discrepancies at team level as e-roster is set up slightly differently for each team.

MC noted that all investigations show reasonable or sound evidence on every unit, that we have safe staffing and that it is reflected in the overall care hours per patient day.

Units that are being monitored

- Malton, not particularly for fill rates but more in relation to other quality indicators which are either plateauing or declining. This is predominantly about supporting the new charge nurse
- Ouse is a concern with vacancies and sickness and the most cancelled leave but this needs to be put in context given that it is a unit in the Humber Centre so has more flexibility to cover short term absence.
- PICU, are having significant difficulties in retaining registered nurses. It is essential that we understand why this is happening particularly when nurses

are wanting to pursue other opportunities across the Trust.

Comments from the meeting include
- The appendix 1 chart is great as this shows the future plans to address the issues
- Questioned when the vacancy trajectory goes up if there is a lag behind showing we are short of nurses as other roles have been recruited. TF noted yes in some areas, and some areas who have changed nursing money into other roles such as Maister so vacancies have improved as they have created alternative roles but we to now ensure the team establishments reflect the new roles that have been recruited.
- MC noted at Workforce and OD committee, there was disappointment with the output of the summit so far, so we really need the expertise to understand the baseline to work out the true figures with the new roles. MS agreed that need to ensure we don't react to false information and need to show the reality.
- MS enquired regarding Section 17 with 25 cancelled in six months at the Humber Centre which TF explained the numbers show through the reporting period this has improved, and some of this is about the ways of reporting, and has shown an improvement in all areas in the later months. TF confirmed this is being monitored.
- JB noted this is very helpful, from the CQC perspective, they will have moved on from we don't have enough nurses so will be looking at the training and development of staff providing additional hours and we need to assure ourselves through training and supervision that staff are trained in the right area, and if we can demonstrate we can show we have a new model of care which works well.
- MC enquired about a ward dashboard and TF confirmed the numbers are in the level 3 report. Divisional level and team. JB noted the dashboard is being led by Mandy Dawley and HG confirmed that is the Q4 Safety Dashboard.

HG noted the report will go the OD and Workforce Committee and the Board in January 2020.

113/19 **Policies for approval from QPaS**
- Self-Neglect and Hoarding Policy

The policy was created following a section 42 safeguarding investigation regarding a patient making unwise decisions around their own health care. The policy aims to help staff with decision making as this situation could happen anywhere. HG noted that other providers have asked to see the policy as they do not have one. Our Safeguarding board has also requested a view and HG will take to showcase once ratified by Trust Board.

Key comments from the meeting
- MS stated the policy was excellent in terms of concept, style and tabulation of areas of law covered. It was a good read and works as a policy. MS queried if we have liaised with the fire service, HG confirmed that there has been close work with them for the policy.
- JB enquired if we could bring the incident that led to the policy to life in the safeguarding training, which HG confirmed we have already done so. A brief description of the incident leading to the policy was given for the benefit of those were not aware, and explained she did a presentation to the Safeguarding forum, and felt really proud as the amount of work done generating improvement is amazing. HG is also going to present at the

Regional DoN meeting. MS commented that the phraseology HG used of associating to the work, was really touching.

MC noted the good learning and great response to the incident, and will commend the policy to the Board and write to the staff individually as requested.

The policy was approved by the Quality Committee for ratification at the next Trust Board meeting.

114/19 **Terms of Reference: Exec Membership on Committees**

A minor change was noted as requested by Trust Board which has removed the Chief Executive as a member of the committee and offers a standing invitation to attend the meeting

It was agreed the diagram included on the QPaS terms of reference for the Governance reporting structure should be included.

It was noted the importance of the crossover with Organisational Development with a number of members attend both committees

The Quality Committee agreed the changes made and approved the updated Terms of Reference

115/19 **Safeguarding Strategy**

HG noted the strategy had received a full rewrite as previously we have had separate Childrens and Adults strategies and now the refreshed strategy pulls both elements together with the team now working 'think family'. It was noted this is a bit unique as other Trusts have not got this far in their thinking, and our safeguarding team have embraced working across all ages.

The Strategy was approved by QPaS in October and presented today to be approved by the Quality Committee. It was suggested it should be presented to the Board to be formally ratified.

It was felt it was good content, and was noted well done to HG as this is an area that has really been strengthened over the last few years.

ACTION - The Strategy was approved by the Quality Committee and commended to the Board as a progressive policy

116/19 **Draft Research Strategy**

CH gave a background to the policy.

The strategy was devised through lots of consultation which inclueed round table discussions at the research conference, governors meetings and discussions at patients and carers forums etc. The strategy elaborates further on goals from the previous strategy and includes ambitions that extend beyond this strategy, set out as three priorities with objectives and how we feel we will achieve them following the format of the Trust's refreshed strategy.

MC felt there has been some really great progress in the last three years, on

numbers, engagement and trials with three excellent conference and the three priorities are very clear and work with the Trusts objectives.

Comments received included
- Asked if our research was just research or if we were using the research in the trust for better practice as could not find this noted in the strategy. CH confirmed that this is something all trusts should be doing but also noted that a lot of research we are involved in would be classed as transitional research due to this being developed before we are involved. It was asked if it would be possible and relevant to say in the strategy that our research and participation is improving treatments directly. JB suggested that the strategy approach and plan is a three year document but we have a six monthly report and feel it is worth putting challenge into the six monthly reports. After a discussion it was agreed CH would look at adding this. It was also noted that something could be included in the annual report and include the Trust becoming teaching etc. CH noted this is in the quality accounts. It was agreed this would be included in the broader annual report
- It was suggested that CH should use Rachel in Comms to assist with how to display the information
- It was ambitious, great diagrams and great progress

JB gave the executive view, explaining this was co-produced and patient and carer involvement, and are grateful for the input from the Quality Committee. Have tried the best to keep it simple. Most of the strategy is business as usual but have included a nod to the future post 2020 and what this is going to look like. There have now been four research conferences with the last one held yesterday which was a new conference, held internally, bringing new people around internal research and CH noted there was high interest from people.

The Quality Committee are happy to commend and recommend the draft strategy to the January Trust Board

117/19 **Internal audit report**
There were no internal reports this month

118/19 **Quality and Patient Safety Group minutes (October 2019)**
The minutes for October were received and noted.

119/19 **Research and Development Group minutes**
It was noted there has not been a meeting since the last Quality Committee.

120/19 **Drugs and Therapeutics Group minutes (June and August 2019)**
The two sets of minutes were received and noted

121/19 **Items Arising from the meeting requiring Communication, Escalation or Risk Register consideration and any lessons learnt**

- From the Quality Insight report it was agreed that the high reliability presentation, on Quality, Safety and State of the Nation report should have further discussion and MC confirmed he would contact Michele Moran and Sharon Mays on the Committee behalf.
- To recommend the Hoarding and Self-neglect policy as good practice
- To escalate the Safeguarding strategy
- To escalate the draft Research Strategy

122/19 **Any Other Business**
The PROUD Behaviours sheets were completed by all present at the end of the meeting.

MC noted well done to the Quality Committee during 2019 and felt it has made a lot of progress and looked forward to working with the Committee next year.

123/19 **Date and time of next meeting**
The next meeting will be held on Wednesday 5th February 2020, 9.30am in the Boardroom at Trust Headquarters.

Title & Date of Meeting:	Trust Board Public Meeting – 26 February 2020			
Title of Report:	Mental Health Legislation Committee Assurance Report following meeting of 06 February 2020			
Author/s:	Name: Michael Smith Title: Non Executive Director and Chair of Mental Health Legislation Committee			
Recommendation:	To approve		To receive & note	✓
	For information	✓	To ratify	
Purpose of Paper:	The Mental Health Legislation Committee is one of the sub Committees of the Trust Board This paper provides an executive summary of discussions held at the meeting held on 06 February 2020and a summary of key issues for the Board to note.			

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee	6.2.20	Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Board Assurance report	✓

Key Issues within the report: *Please ensure you also complete the monitoring and assurance framework summary below:*	• There was still no representation from Hull City Council

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

Caring, Learning and Growing

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

Executive Summary - Assurance Report:

Committee noted key items and assurances regarding:
- Presentation of data in Quarterly Performance Report continues to be developed

- Committee agreed to consider the revised Mental Health Legislation Steering Group Terms of reference, Effectiveness report and Work Plan at the May meeting for onward submission to the May Board
- Committee noted the intended date for opening the second s136 suite (place of safety) is 1 April 2020
- A discussion took place re Deprivation of Liberty (DoLs) and backlogs in the legal system. All were being recorded along with efforts to expedite matters with system partners. Additionally the MHA Clinical manager and Head of Safeguarding were working to identify and implement best practise in this area.
- Ongoing work is taking place on the Crisis Care Concordat regarding police responsibilities.
- The MHL steering group is to be refreshed and led by the Clinical Director.
- The Committee commended the work of the MHA Clinical Manager in keeping policies both up to date and including all necessary adjustments in relation to The Trusts responsibilities and patient care at the new Children and Adolescent Mental Health (CAMHS) facility.
- The Committee received and commended a research report on Care Programme Approach (CPA) and implementation. The report highlighted best practise and also some useful action points for improved patient care via the involvement of service users' families and / or carers. Plans are in place for the development of patient and family engagement training.
- A digital section rights care plan is now available for use in Lorenzo and is able to provide teams with reports.
- MHA Managers offering bi-monthly support to teams and giving real time feedback.

Key Issues:

Insight report:
- Liberty Protection Safeguards – Implementation plan still on track
- A Digital Approach to Multi-Partner Liberty Protection Safeguards (LPS) - Discovery Report September 2019
- Case Summary: JK v A Local Health Board [2019] EWHC 67 (Fam) - The issue was whether force-feeding would be treatment for JK's mental disorder which could fall within the auspices of s.63 Mental Health Act 1983 (and therefore be given absent his consent).

Quarterly performance report – main items
- Presentation of data in Quarterly Performance Report is work in progress
- CQC Mental Health Act visits – Committee assured on progress achieved to date. MHA Clinical Manager monitors that actions are being followed though and receives

evidence before closing off the actions. A monthly progress report goes through the MHL Steering Group and onto the Mental Health Legislation Committee for discussion and consideration. Progress reports also go to the Clinical Governance meetings and the Quality and Regulations meeting for ongoing monitoring.

- Additionally the MHA Managers make bi-monthly MHA support visits to every inpatient unit to offer support and guidance around the common themes and repeat issues arising from the CQC MHA visits, namely: S132 rights, S17 leave and capacity to consent to treatment; there is ongoing work around ensuring patient and carer involvement in the care planning process is evidenced.

Received Reducing Restrictive Interventions Report
Evidenced examples of good practice with regards to an HCA leading on the DMI training.

Agenda Item 14

Title & Date of Meeting:	Trust Board Public Meeting –26th February 2020			
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:	The Finance and Investment Committee (FIC) is one of the sub committees of the Trust Board This paper provides an executive summary of discussions held at the meeting on 19h February 2020 and a summary of key points for the Board to note.			

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee	19.2.20	Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	

Any Issues for Escalation to the Board:	The committee recommends that the Board: - • Notes the month ten performance and focus on key areas including the Primary Care recovery plan. • Notes the forecast delivery of the NHSI control total at yearend. • Notes the excellent work undertaken on the Operational and Corporate Services Budget Reduction Strategy (BRS) for 2020/21. • Ratifies the committee's recommendation to stop providing the detailed cash report to Board. • Notes the decision to hold a virtual meeting in March to review the 2020/21 capex plan. • Notes the committee's changes to the corporate risk register and strategic goal five.

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

Caring, Learning and Growing

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
✓		Maximising an efficient and sustainable organisation		
		Promoting people, communities and social values		
Patient Safety	√			
Quality Impact	√			
Risk	√			To be advised of any future implications as and when required by the author
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Executive Summary - Assurance Report:

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 ten performance showed that the Trust had recorded an in month operational deficit position of £0.061m which becomes a reported deficit of £0.340m when BRS Risk Reserve and donated asset depreciation is provided for. Year to date this gives an operational deficit of £0.328m which becomes a deficit of £1.326m when BRS Reserve and donated depreciation is provided for. The Trust has a strong cash position and is controlling creditors and debtors well. In terms of BRS there was an underachievement of £0.104m at Month 10 with current forecast showing a total outturn position including major schemes of a £0.864m underachievement although some mitigating actions have been identified. Next year's plan is well underway with major schemes already giving a £0.545m surplus to target and just a further £0.293m needing identifying by the Divisions and Corporate. The committee also received risks appertaining to FIC and strategic goal 5 and changed the scoring on a number of risks and moved strategic goal 3 to green for quarter 4.

Key Issues:

The key areas of note arising from the Committee meeting held on 19th February were:
- In terms of the Insight report the key issues raised were: -
  - NHS England and Improvement have published the 2nd Quarter Performance for the NHS, highlights of which are:
    - At Month 6 a £1.306m deficit was recorded, this represented an overspend against plan of £129.6m
    - The forecast outturn for the year is a deficit of £69.2m against a breakeven plan.
    - The Mental Health Sector recorded a £21m deficit, against a planned surplus of £22m.
    - The North East and Yorkshire recorded a £116m deficit (4m favourable

against plan) and a forecasting to achieve a £40m surplus.

- In terms of the month ten financial performance in month the Trust is showing an operational deficit position of £0.061m (£0.209m adverse variance to budget) and year to date an operational deficit position of £0.328m (£1.283m favourable against to budget). After BRS provision and donated depreciation has been included, the reported deficit for Month ten was £0.340m (on budget) and year to date a £1.326m deficit (£0.043 favourable to budget). Year to Date staff costs of £86.649m are £0.951m lower than budget. Capital Spend as at Month ten was £9.581m, mainly related to the Child and Adolescent Mental Health Services (CAMHS) (£3.512m) and Local Health and Care Record Exemplar LHCRE (£3.175m) projects.

  The Children's and Learning Disability (LD) has a year to date underspend of £0.860m, the Community and Primary Care (PC) Division has a year to date underspend of £0.355m, the Mental Health Division has a year to date underspend of £0.702m, the Secure Services Division is showing a year to date overspend of £0.255m. Finally, Corporate Divisions are showing an underspend of £0.245m at month ten.

  The committee discussed the issue of a consistent story of underspend on staff costs which was cross referenced with discussions at workforce committee and quality committee and look forward to getting feedback on the workforce plan currently being developed.

  The Trust is currently forecasting a deficit of £0.566m (after the inclusion of donated asset depreciation) at the end of the financial year which agrees to the NHSI control total.

  In terms of cash the cash balance at the end of January 2020 was £12.033m (Underlying Government Banking Service Cash position was £11.884m). Outstanding Trade Debtors totalled £6.366m at the end of the period (£5.809m December). The Trust had £5.629m of Trade Creditors at the end of January 2020 (£4.063m December).

  The Current Cashflow forecast is predicting a cash balance of £12.335m in the Government Banking Service account at the end of the financial year.

  Performance against the better payment practice code for NHS and Non-NHS are currently 85.38% and 96.15% respectively.

  Based on the financial performance particularly cash management the committee are recommending to Board that the full cash report no longer needs to come to Board although there will be a summary in the financial report and assurance through FIC.

  The committee also noted that within the present process for signing off the operational plan the committee would be unable to review and sign off the detailed capex plan for 2020/21. It was therefore agreed to hold a virtual FIC in March to review the capex plan for 2020/21.

- The committee received the latest update of the Primary Care Recovery plan which continues to show mixed results. Primary Care operations (practices) reported an in month deficit of £0.029m and are forecasting an outturn deficit of £0.480m (2018/19 deficit of £0.626m, prior to the commencement of the Primary Care recovery plan forecast deficit was £0.780m outturn). Four GP's have been recruited but 2 others are due to retire.

- The committee received an update on BRS delivery which showed that the overall

profiled year to date level of savings stands at £3.580m with achieved savings of £3.476m producing an underachievement of £0.104m at Month ten.

- The current Forecast outturn position for Care Group and Corporate Savings shows an underachievement of £0.109m. This relates to Mental Health where a £0.059m scheme relating to Complex Intervention will slip into 2020/21 and within Community and PC (£0.031m) and Children's and LD (£0.019m) where alternative Schemes are required. The under achievements will be carried into 2020/21.

- The committee received an update report on the 2020/21 BRS plan which showed that the overall BRS target is now calculated at £5.761m. Savings formulated at this stage from the Major schemes total £4.789m against a target of £4.244m giving a surplus of £0.545m which will be used to fund investments agreed by EMT.

- The Savings required from the 1.5% plus pressures from Divisions and Corporate Target total £1.788m and schemes have been formulated with savings of £1.495m which leaves a gap of £0.293m and work is ongoing to close this gap. The committee congratulated all involved in getting us to this position two months before the start of the year.

- The committee received the section of the Board Assurance Framework (BAF) for Quarter 4 2019/20 relating to Trust finances and sustainability and reviewed the 4 key risks and overall BAF. The committee decided to change the scores on risks

    o FII205 (Long term Sustainability) from 15 to 10
    o FII213 (BRS and 2019/20 Control Total) from 12 to 4

as a result of these changes the committee agreed to change the quarter 4 rating for strategic goal 5 to green.

- The committee received assurance reports from
    o Digital Delivery Group – two meetings were held and the committee were disappointed to see the level of attendance and feedback into progress reports.. This will be picked up through Executive and come back to FIC for assurance.
    o Capital and Estates Group – a number of updates were reported to the committee including updated terms of reference, spend year to date, capital applications, estates strategy and a number of projects. The committee were assured by the report.

Title & Date of Meeting:	Trust Board Public Meeting – 26 February 2020			
Title of Report:	Audit Committee Assurance Report			
Author/s:	Name: Peter Baren Title: Non Executive Director, Chair of Audit Committee			
Recommendation:	To approve		To receive & note	
	For information		To ratify	
Purpose of Paper:	The Audit Committee is one of the sub committees of the Trust Board. This paper provides an executive summary of discussions held at the meeting held on 54 February 2020 and a summary of key issues for the Board to note.			

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

Key Issues within the report:	Identified in the report

Monitoring and assurance framework summary:

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

Caring, Learning and Growing

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

Executive Summary - Assurance Report:

A meeting of the Audit Committee took place on 4 February 2020. It is a requirement of the Terms of Reference and the NHS Audit Handbook for an assurance report to be prepared for the Trust Board as soon as is practical after the meeting takes place, and presented at the next Trust Board meeting.

Key Issues:

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

- Internal Audit Progress Report
- Internal Audit Plan
- Counter Fraud Progress Report
- External Audit Strategy Memorandum
- Draft Effectiveness Review and Terms of Reference (ToR) annual review
- Institute of Organisational Development Report
- Procurement Activity Report
- Tender Waiver Update
- Board Assurance Framework
- Risk Register – Board and deep dive Mental Health Division
- Insurance Provision
- Information Governance Assurance Report and minutes
- Update on changes to Contracts/Agreements

Risks and major items discussed
Five Internal Audit Assurance Reports were received and discussed:

Asset Register	**Good Assurance**
Main Accounting System	**Substantial Assurance**
Bank. Agency and Locum Staffing	**Good Assurance**
Staff Recruitment	**Reasonable Assurance**
Sickness Absence Management	**Reasonable Assurance**

These 5 reports brought the total to nine completed in the year to date, leaving 17 still to come. The Committee were concerned at the relatively slow progress but noted that the Auditors planned to bring this up to date by the yearend. Potentially all the outstanding reports would be completed in time for the May meeting, and the Auditors did not anticipate any issue in relation to their year end sign off on the effectiveness of controls. It was noted in a pre meeting that the Internal Auditors had not permanently filled the vacant Audit Manager position, and interim steps were being taken.

The 5 reports themselves were discussed, with no material concerns, and it was agreed that the last three should be on the agenda for the next Workforce Committee, when appropriate HR staff would be present, with updates including whether any actions had already been completed.

With regard to follow up actions completed within the agreed implementation date, the Committee noted that just 5 out of 150 prior recommendations were overdue, and there were verbal updates at the meeting giving progress reports on each of these. The committee noted this continued improvement with the caveat that we still aim for 100% in time.

The Committee were disappointed that the 20/21 Annual Internal Audit Plan was not yet drafted for review, and asked that this be done by email so that the Plan could be in place by 1 April.

The Counter Fraud report contained an update on counter fraud activity and progress against the agreed work plan for 19/20. This gave updates on the proactive exercises and investigations, as well as work done during International Fraud Awareness Week. Two of the Proactive Reviews were outstanding, awaiting management comments, and the Committee requested these be expedited. It was noted that approximately 80% of the workplan represented the requirement from NHSI.

The external auditors, Mazars, presented their external audit strategy for the upcoming yearend. There was some discussion around materiality limits, and the auditors agreed to flag up any misstatements noted in the I and E account that were both over £25k and cumulatively over £75k impact. The plan was accepted and the auditors promised to keep the Committee informed. The Committee also met with Mazars after the formal meeting and noted good progress.

The draft Effectiveness Review and ToR were discussed, and it was agreed that these be updated between meetings, with a final sign off in May. An extended review against the HFMA parameters was agreed for later in the year, probably November.

The Institute of Organisational Development Report summarised the position with this now insolvent company, showing a deficit to the Trust in terms of monies expended to services received. A number of other Trusts are in a similar position, and it was concluded that this could not have been foreseen when contracts were signed, although consideration in future to ensure no advance payments.

The Committee welcomed the assurance given by the Procurement Activity Report, noting especially the high percentage of orders that were on the central NHS catalogue (94%), the work done on the grounds and gardens maintenance tender and the involvement of the team in assisting the Inspire project.

Three new single tender waivers (to Smile, Mind and Care Plus Group) were noted, along with updates on tender waivers currently still active.

The Board Assurance Framework (BAF) was as presented to the January Board. In future, a draft BAF would come to the Committee ahead of the final Board version. With regard to Strategic Goal 3, there was a discussion around the impact of the Primary Care Networks, and also Members communications and involvement, and use of website (possibly SG 6).

In relation to the Trust risk register, it was noted that they related mostly to staffing, and were therefore discussed extensively at the workforce committee. The Committee were pleased to note the progress in relation to the appointment of a Child and Adolescent Mental Health Services (CAMHs) consultant, therefore reducing that risk.

Progress against the 9 higher level (9+) risks for Mental Health Division was discussed. Actions were being actively taken to mitigate these and it was noted that the additional s136 suite would open on 1 April, to reduce that risk. MH57 had also been reduced (Hull Community Mental Health Team (CMHT) vacancies). The Committee asked the division review the level of risks in relation to the quality of the estate.

The increase in Clinical Negligence insurance, in particular, (£91K) was noted as part of the six monthly insurance cost review.

The Information Governance Report/Minutes were discussed and it was felt that a brief report, with appropriate matrix to show compliance, should be included in future.

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

Matters deferred for future consideration
While all above reports were received there were a number which require follow up action as noted above

Matters to be brought to the attention of the Trust Board
The main areas for the Board to note/approve are:

The assurance given by the internal audit programme and requirement to step up the completion of the remaining 19/20 workplan

The late drafting of the 20/21 internal audit plan

The cross referral of three audit reports to Workforce Committee for review.

The new system to bring the draft BAF to committees before presentation to Board.

Title & Date of Meeting:	Trust Board Public Meeting - 26 February 2020			
Title of Report:	Quality Accounts 2019/20			
Author/s:	Hilary Gledhill – Executive Director of Nursing, Allied Health and Social Care Professionals Dr Caroline Johnson – Assistant Director of Quality Governance and Patient Safety			
Recommendation:	To approve	x	To receive & note	
	For information		To ratify	x
Purpose of Paper:	For the Board to ratify the 3-day follow-up following discharge as the Governor selected local indicator and select a minimum of 3 Quality Priorities.			

Governance: *Please indicate which group or committee this paper has previously been presented to:*	Name of group (please list all)	Date	Name of Group *(continued)*	Date
	EMT	10/2/20		
	Governors Development Day	11/2/20		
			Other type of review (please detail)	

Key Issues within the report: *Please ensure you also complete the monitoring and assurance framework summary below:*	The Board are asked to approve the local indicator **3-day follow-up following discharge**; suggested by the Governors for external audit. The Board are also asked to select a **minimum** of 3 Quality Priorities (minimum of 1 from each quality domain). These are as follows: **PATIENT AND CARE EXPERIENCE AND INVOLVEMENT DOMAIN** **Priority One:** To embed an approach to recruitment across all clinical services and senior clinical roles that involves patients, service users and carers in the recruitment process. **Priority Two:** To Develop a Coproduced Patient and Carer Experience (PACE) training programme to ensure that everyone involved in the PACE agenda has an increased awareness of the priorities and associated knowledge and skills. **CLINICAL EFFECTIVENESS DOMAIN** **Priority Three:** Each clinical network will identify key NICE guidance where there are known gaps in compliance and

	have clear plans for addressing these gaps. **Priority Four:** Develop an inventory of skills that is specific to individual roles which clearly outlines essential training and assessment requirements. This will include the frequency and means of reviewing and refreshing competency **PATIENT SAFETY DOMAIN** **Priority Five:** To ensure that staff have access to support following an incident **Priority Six:** Ensure teams have access to patient safety data and we can demonstrate improvements based on the data.

Monitoring and assurance framework summary:

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

Quality Accounts 2019/20

1.0 Introduction

In order to provide patients and carers with the assurance that they are receiving the very best quality of care, providers of NHS care are required to publish Quality Accounts each year. These are required by the Health Act (2009) and in the terms set out by the National Health Service (Quality Accounts) Regulations (2010).

The purpose of this paper is to provide the Board with

1) An update in relation to the requirements for the 2019/20 Quality Account, outlining the changes from the 2018/19 guidance
2) The required mandated indicators for ratification
3) The local indicator proposed by the Governors for ratification
4) The quality priorities suggested by external stakeholders for ratification .

2.0 Requirements for the Quality Accounts 2019/20

2.1 New Requirements for 2019/20

A new addition has been made to the reporting requirements and is shown in box 1 below:

Box 1 – New reporting requirement

> (3) Providers of mental health services are asked to include a statement on their progress in bolstering staffing in their adult and older adult community mental health services, following additional investment from local CCGs' baseline funding. Further details are set out from page 25 of the *NHS Mental Health Implementation Plan 2019/20 – 2023/24*.

2.2 Selection of the Local Indicator

As part of the Quality Accounts Governors are requested to select an indicator from the accounts for auditing.

It is essential that local indicators are auditable, therefore the support and guidance of Mazars the external indicator has been sought. A session was held with the Governors on 11 February 2020 to agree the local indicator and they have chosen to select the following:

- **Follow-up within 3-days of discharge (mental health**) – This is currently a CQUIN and links with the evidence from the National Confidential Inquiry which found that 48% of deaths following an in-patient admission occur within 7 days of discharge and most are within the first 3 days.

2.3 The Mandated Indicators

Each year two indicators are mandated to be audited. The mandated indicators remain the same as for the 2018/19 Account. These are as follows:

1. Inappropriate out-of-area placements for adult mental health services.
2. Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE)-approved care package within two weeks of referral

3. The Quality Priorities for 2020/21

Each year the Board is requested to identify some quality priorities for inclusion in the accounts for delivery during 2020-21.

To assist in identifying the quality priorities an event was held on 21 January 2020 with attendance from a range of key stakeholders, carers, patients, staff, governors, non-executive directors, commissioners, healthwatch, voluntary sector and representatives from community groups. The purpose of the event was to review the progress made with the 2019/20 priorities and suggest priorities for 2020/21. Three presentations were given detailing the work currently underway in relation to patient, service user and carer experience, clinical effectiveness and patient safety. Following the presentations the stakeholders agreed 2 priorities in each category for presenting to the Board. The Board is advised that they must select **a minimum of 3** from the priorities outlined below:

PATIENT AND CARE EXPERIENCE AND INVOLVEMENT DOMAIN

Priority One: To embed an approach to recruitment across all clinical services and senior clinical roles that involves patients, service users and carers in the recruitment process.

Why is this important?

The involvement of patients, service users and carers in the recruitment and selection process benefits both patients and the Trust. Their perspective positively influences recruitment and selection decisions, which is crucial to the delivery of high quality services. Whilst qualifications, experiences, knowledge and professional skills are imperative to effective care and treatment, of equal importance is the demonstration of how the candidate possesses the values, positive behaviours and personal qualities that would enhance the patient experience. Patient involvement in recruitment and selection activity offers an invaluable perspective on this.

We will:
- Ensure all staff will be familiar with the framework for involving patients, service users and carers in the recruitment process   - Staff will identify patients, service users and carers to join a recruitment network   - Develop a database to include the names of all patients, service users and carers who would like to participate in the recruitment process   - Develop a training package for patients, service users, carers and staff to support them through the process   - Ensure, where possible that as a minimum front-line posts will include a patient, service user or carer on either an interview panel or stakeholder panel to support the recruitment process

How will we know we are making a difference?

- An increase in teams implementing the framework for involving patients, service users and carers in recruitment which will positively influence recruitment and selection decisions which is crucial to the delivery of high quality services.
- Meaningful involvement will contribute to patients, service users and carers feeling recognised and valued which may lead to an improvement in their wellbeing and recovery.

Priority Two: To Develop a Coproduced Patient and Carer Experience (PACE) training programme to ensure that everyone involved in the PACE agenda has an increased awareness of the priorities and associated knowledge and skills

Why is this important?
The best way to improve quality in an organisation is by engaging and involving patients, service users and carers in Trust activities, and this can be done by actively listening to what they are saying through their lived experiences. Patients, service users and carers will be equipped with technical skills and knowledge to support them when getting involved in various Trust activities. Staff will be able to attend awareness sessions to inform them of the PACE work programme and involvement opportunities for both themselves and the individuals they care for. The main purpose of the coproduced training programme is to ensure that patients, service users, carers and staff are all given knowledge and skills required to support the priorities highlighted in the Patient and Carer Experience strategy (2018 to 2023).

What we will do in 2020-21:

We will:
- Identify the content of the training programme to includedelivery via on-line and face to face training   - Identify patients, service users, carers and staff to support with the development of

the training package modules and support with the delivery of the on-line and face to face training courses
- Ensure that the training programme is linked to the Recovery College prospectus

How will we know we are making a difference?

- Patients, service users and carers are accessing the training courses (both on-line and face to face) and are actively using their learning to support with their involvement in Trust activities.
- Investment in the training offer will help patients, service users and carers feel more equipped with the right skills to support their involvement in Trust activities. This may help them feel recognised and valued which may lead to an improvement in their wellbeing and recovery.
- An informed workforce - staff are accessing the training courses (both on-line and face to face) and are taking the learning into their teams to help to raise awareness of the PACE agenda.

CLINICAL EFFECTIVENESS DOMAIN

Priority Three: Each clinical network will identify key NICE guidance where there are known gaps in compliance and have clear plans for addressing these gaps

Why is this important?

The National Institute for Health and Care Excellence (NICE) issues a range of guidance and standards on current best practice related to health technologies, clinical management of specific conditions and the safety and efficacy of interventions and procedures for a wide range of health issues. Where these are commissioned and relevant to services and care delivered by Humber Teaching NHS Foundation Trust it is imperative that we understand if we are meeting the recommended standards and where we have gaps in compliance we are taking measures to ensure that we are taking action to improve our compliance and the safety and effectiveness of the care we provide.

What we will do in 2020-21:

We will:
- Each Clinical network will review and report the applicability and compliance of published NICE guidance using Health Assure.
- Each clinical network will identify up to 3 pieces of guidance/Quality Standards where they have identified gaps in compliance that they have identified as a priority
- Each clinical network will develop a locally owned action plan to address the gaps in compliance and review and report progress/exceptions via Nice and Clinical Audit Review Group (NCAR) and Quality and Patient Safety Group (QPaS)

How will we know we are making a difference?

- Complete and accurate reports of applicability and compliance in relation to published NICE guidance will be available to review from Health Assure
- Action plans will be developed and evidence of ongoing review, completed actions and escalation where required will be present in clinical network minutes and work plan.
- Year-end compliance with NICE guidance will have improved

Priority Four: **Develop an inventory of skills that is specific to individual roles which clearly outlines essential training and assessment requirements. This will include the frequency and means of reviewing and refreshing competency**

Why is this important?

We have skilled staff delivering a range of clinical interventions across a range of services. This included the effective delegation of some clinical task to unregistered staff and specialised areas of practice that require specific skills and competencies.

It is vital that we train our staff and ensure they are competent to deliver these clinical interventions effectively and safely. This can be done in several ways including written instruction ; demonstration; simulation; observed and supervised practice. Once an individual is competent in a particular clinical skill we need to ensure that this is reviewed regularly to ensure that they remain competent especially where the skill may not be used frequently and/or if best evidence is evolving.

What we will do in 2020-21:

We will:
- Confirm existing skills that are being utilised across the services through policy review and feedback from clinical leads   - Review new skills identified in the new nursing curriculum and benchmark our ability to deliver training and assess competence against these skills   - Develop inventory of skills with baseline training and assessment requirements and frequency and means of ongoing means of reviewing and refreshing competency

How will we know we are making a difference?

- Evidence of new and refreshed training provision and staff uptake of training
- Improved compliance with best practice evidenced via clinical audit
- New clinical competency framework which will support safe and effective clinical practice

PATIENT SAFETY DOMAIN

Priority Five: To ensure that staff have access to support following an incident

Why is this important?

The creation of a therapeutic environment is essential for high quality patient care and in order to do so staff wellbeing needs to be supported. When an incident occurs, examples of which could be a violent incident, serious self-harm, cardiac arrest or unexpected death the impact on the members of staff involved is significant. Often despite dealing with their own difficult emotions in response to the incident staff are required to continue to provide support and care to the patients in their care. Our staff continue to do so but the personal impact can be huge and on occasions result in trauma and sickness absence. Evidence has shown that good quality debrief and support following incidents can maintain staff wellbeing, reduce sickness, support learning and ensure staff are able to maintain high standards of care throughout.

What we will do in 2020-21

We will:

- Ensure each division has processes in place to ensure that support is provided following an incident.
- Ensure psychological debrief following incidents is available to staff
- Invest in specialist trauma therapy for staff requiring specialist intervention

How will we know we are making a difference?

- Reduced sickness absence attributed to work related stress.
- Evidence of debriefs in 85% of incidents of moderate severity and above
- Further improvement in the annual staff survey in relation to staff wellbeing and stress metrics

Priority Six: Ensure teams have access to patient safety data and we can demonstrate improvements based on the data.

Why is this important?

In order to continuously improve the quality and safety of the care we deliver it is important that teams have access to and understand their own incident data. By actively using this data teams will be able to identify themes and trends (both positive and negative) and identify ways in which they can improve safety and overall and patient experience.

What we will do in 2020-21

We will:

- We will introduce a dashboard in each team which displays data from our incident reporting system known as Datix
- We will develop training for teams to enable them to improve their knowledge of how to use data to identify themes and trends and improve care
- We will ensure staff have access to quality improvement methodology to enable them to undertake quality improvement informed by the data.

How will we know we are making a difference?

- Evidence of staff using data effectively to inform quality improvements
- Increased numbers of quality improvement initiatives from frontline teams arising from identified themes in data.
- Reduction in recurring incident themes

4.0 Collation of the 209/20 Quality Account

Requests were sent out to all the appropriate departments for completion of the Q1-Q3 data and narrative requirements of the Quality Account. The Account is in the process of being developed in preparation for external stakeholder consultation throughout April 2020. Following the external consultation period the draft report containing the addition of the Q4 data will be presented to the 1st April 2020 Quality Committee with the final draft presented to the Audit Committee on 19 May 2020 before ratification by the Board on 20 May 2020.

5.0 Next Steps

The Board are asked to consider the Governor proposal of 3-day follow-up as a local indicator.

The Board are asked to select a **minimum** of 3 quality priorities as suggested by stakeholders in section 3; ideally at least one from each of the quality domains i.e. patient safety, patient and carer experience and involvement and clinical effectiveness.

Title & Date of Meeting:	Trust Board Public Meeting – 26th February 2020			
Title of Report:	Trust Operational Plan 2020/21			
Author/s:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
	The Board are asked to note the attached working draft, and provide any areas of further clarification.			
Purpose of Paper:	This purpose of this report is to provide the Trust Board with the working draft of the Trusts operational plan for 2020. It is brought to the Trust board to seek early views on priorities for 2020/21 and gather feedback on content and format. A final version of the plan will be brought to the Trust Board in March 2020.			

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Finance & Investment Committee		Executive Management Team	17/02/20
	Mental Health Legislation Committee		Operational Delivery Group	18/02/20
	Charitable Funds Committee		Other (please detail)	

Key Issues within the report: *Please ensure you also complete the monitoring and assurance framework summary below:*	NHS England/Improvement published planning guidance on 30th January 2020. Attached is the working draft of the Trusts operational plan. As per the discussion at board last year this is being brought as an early working draft to enable the board to comment prior to a final draft of the Trusts operating plan coming to the board in March. Narrative from the plan will form part of the wider ICS/STP system led narrative plan which is due for final submission on the 29th April.

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	

OPERATIONAL PLAN

2020-2021

Caring, Learning and Growing together
to deliver excellent services

Contents

Caring, Learning and Growing

Caring, Learning and Growing

Operational Plan on a Page to be inserted when complete

Caring, Learning and Growing

1. Executive Summary

To be written for final plan, this will set out the most locally critical milestones for accelerating progress against our own strategic objectives, system plan and the key improvements in quality, workforce, activity and finance these programmes are planned to deliver

Executive Summary will also outline any significant variations from the system plan for 2020/2021, including reasons for the movement from the plan, impact and action being taken to address issues.

Any operational risks and a description of key actions being taken to manage them.

Caring, Learning and Growing

2. Introduction

Our Operational Plan ('the Plan') sets out the key priorities for Humber Teaching NHS Foundation Trust ('the Trust') for 2020/2021 that will support achievement of Our Strategic Objectives: Refreshed for 2019-2022.

The Plan will provide a reference for our staff and stakeholders, summarising how we will deliver and maintain high quality services that are aligned to the needs of our service users whilst balancing our requirement to achieve clinical, financial and operational sustainability.

2.1. About us

The Trust provides a broad range of services across a wide geographical area.

Whitby and surrounding areas
- Minor Injuries Unit
- Inpatient rehabilitation, palliative and end of life care
- Outpatient physiotherapy for people with musculoskeletal pain or problems
- A range of community and specialist therapies including physiotherapy, occupational therapy, dietetics and speech and language therapy
- A range of Community and specialist nursing services
- NHS Weight management

Scarborough and Ryedale
- Integrated Prevention, Community Care and Support Service, including:
  - A range of community and specialist nursing services
  - Frailty Service
  - A range of community and specialist therapies including physiotherapy, occupational therapy, dietetics and speech and language therapy
- Outpatient physiotherapy for people with musculoskeletal pain or problems
- Inpatient rehabilitation and palliative care at Malton Hospital
- NHS Weight management

Pocklington
- A range of Community and Specialist nursing services
- Community therapies including physiotherapy, occupational therapy, dietetics and speech and language therapy
- Outpatient physiotherapy for people with musculoskeletal pain or problems

Services provided to those further afield
- Perinatal mental health care for women from Hull, East Riding, North Lincolnshire and North East Lincolnshire from pregnancy until up to 12 months after delivery
- Medium and Low Secure inpatient facilities providing assessment, treatment and rehabilitation to people with mental health problems from the local area or nationwide

Hull and East Riding of Yorkshire
- Talking and Psychological therapies for those with anxiety and depression
- Community and inpatient mental health services
- Veterans Mental Health Transition, Intervention and Liaison Service
- Learning disability services within the community and inpatient settings
- Prevention, Wellbeing and Recovery Service, including Recovery College
- Addictions services
- Specialist Public Health Nursing, supporting families, children and young people from pregnancy until 19 years of age
- Specialist services for children including physiotherapy, occupational therapy, dietetics and speech and language therapy and support with emotional and/or mental health difficulties
- GP Practices
- Inpatient facilities for Children and Young People with mental health difficulties from Hull, East Riding, Vale of York, North Lincolnshire and North East Lincolnshire*
- Community based services for people across Hull and East Riding with forensic mental health disorders to reduce reliance on inpatient low and medium secure facilities*
- Complex Recovery Service (Rehabilitation) across Hull and East Riding*

Services marked with an asterix * are new services for 2020/2021

We employ approximately 2,800 staff across more than 90 sites at locations throughout five geographical areas; Hull, the East Riding of Yorkshire, Whitby, Scarborough and Ryedale. We provide care to a population of 765 thousand people of all ages who live within an area of more than 4,700 square kilometres, which contains some areas of isolated rurality, dispersed major settlements and pockets of significant deprivation.

Caring, Learning and Growing

As a teaching Trust we work closely with our major academic partners; Hull York Medical School and University of Hull and other educational establishments. This close working relationship enables us to nurture the future generation of doctors, nurses and other health care professionals.

2.2. Our Strategy

This Operational Plan provides a vehicle for delivery of our Mission, Vision, Values and Strategic Goals, which were introduced in 2017 and are now familiar to our teams.

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

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

VALUES
CARING for people while ensuring they are always at the heart of everything we do **LEARNING** and using proven research as a basis for delivering safe, effective, integrated care **GROWING** our reputation for being a provider of high quality services and a great place to work

STRATEGIC GOALS

Innovating quality and patient safety

Developing an effective and empowered workforce

Enhancing prevention, wellbeing and recovery

Maximising an efficient and sustainable organisation

Fostering integration, partnership and alliances

Promoting people, communities and social values

We refreshed our Strategic Objectives in 2019 to ensure that we are prepared for the changing horizon of health and social care that will be brought about by the NHS Long Term Plan (LTP), launched in 2019. We also wanted to ensure that our priorities were aligned with the Humber Coast and Vale Sustainability and Transformation Partnership's journey to become an Integrated Care System focussed on population health, improving physical and mental health outcomes, promoting wellbeing and reducing health inequalities across our population.

Caring, Learning and Growing

When identifying our refreshed Strategic Objectives, we invited staff, service users, carers and over 60 health, social care and voluntary sector organisations to 'Have their Say'. This led to over 1,200 comments that were considered by our Board when they set out our priorities for 2019-2022.

2.3. 2019/2020 Highlights

CQC Rating of "Good" Retained

Following inspection by the CQC in February 2019, the Trust was rated 'Good' overall in its latest inspection. Inspectors awarded a rating of "Good" to the Trust for being well-led, effective, caring and responsive.

Acute wards for adults of working age and psychiatric intensive care units improved from "Requires improvement" to "Good", along with mental health crisis services and health-based places of safety improving to "Good" for being safe and well-led.

The report also highlighted examples of "outstanding practice" in the areas of patient feedback and engagement, self-harm and suicide prevention work and the redesigning of acute pathways to reduce out of area transfers for acute admissions.

We were disappointed to be assessed as 'requires improvement' for safety in community services, which continued to be an area of focus as we further integrated our community services.

Introducing Proud

In April 2019, the Trust launched Proud that invests in and values staff; our **"PRogramme of Organisational Development with U at the heart of it"**

More detail of our Proud programme is contained in Section 7: Workforce Planning

Health Service Journal Mental Health Provider of the Year Award

The Trust was shortlisted for four Health Service Journal Awards this year, and could not have been prouder to be the winners of the prestigious Mental Health provider of the Year award.

The award recognises the dedication and commitment of our teams to ensure that we are delivering the best possible care to the communities that we serve. The Judges said that "The journey for this organisation is exemplary…….they don't know quite how impressive they are. They retain an understated wow factor in their progress to change, patient safety and embedded positive culture. A unique presentation from a unique Trust".

CAMHS Inpatient Unit

The Trust's new children's and adolescent mental health inpatient unit serving the young people of Hull, East Riding of Yorkshire, North Lincolnshire and North East Lincolnshire was opened in January 2020.

The unit, based on Walker Street, Hull includes nine general adolescent beds and four Psychiatric Intensive Care beds for young people with severe and complex mental health difficulties. The inpatient unit will treat young people struggling with a wide range of mental health issues such as depression, severe anxiety, psychosis and eating disorders, providing a comprehensive recovery focussed treatment approach and education programme.

Caring, Learning and Growing

Inspire will mark a national step-change in Children and Adolescent Mental Health Services (CAMHS) delivery as a service that has been shaped with young people at its heart. Young people and their families were involved in each stage of the building from identifying a suitable location, designing interiors and developing the best practice and services that will be used during treatment.

Humber Trust Charity, Health Stars raised over £300,000 through their Impact Appeal which has been used to enhance the unit with special touches and enhanced features. The appeal was launched on World Mental Health Day 2018 with the initial ambition to raise £250,000. Funds raised have provided everything from enhanced gardens to gaming equipment and a fully equipped gym to allow occupational therapists to work with young people through art, exercise and more. Health Stars also ran a public competition to name the unit, with the winning suggestion 'Inspire' been selected by a panel of young people.

Baby Friendly Initiative Gold Award

Our Integrated Specialist Public Health Nursing Service (ISPHNS), working in partnership with East Riding of Yorkshire Council, were awarded the prestigious UNICEF Baby Friendly, Achieving Sustainability Gold Award in June 2019.

It is the first integrated service in the UK to achieve the gold award, and the East Riding is also the first children's centre service to achieve the gold accreditation.

This is fantastic achievement for the service and a testament to the hard work and dedication of everyone involved.

Electronic Prescribing

We were one of the first 13 trusts to implement electronic prescribing in June 2019. We have taken a phased implementation approach to launch the system, which will help improve patient safety by reducing the risks associated with traditional methods of prescribing and administering medicines.

There are a number of benefits to patients, staff and the organisation of implementing electronic prescribing, including:

- Improving patient safety: transcribing and administration errors will be reduced
- Saving staff time: electronic prescriptions will be automatically transferred to the pharmacy so reducing the time spent managing prescriptions
- Improving prescribing processes: it will help us to manage prescribing data more effectively to see the efficiency and effectiveness of how we are prescribing medicines
- Saving the Trust money - no purchase of paper prescription charts, improved formulary compliance, reduces the risk of fraudulent prescription claims

Research Conference

Our third annual research conference, held on 15th May 2019, was another great success and generated lots of positive feedback. Around 170 people attended and represented at least 26 organisations including commissioners, universities, NHS trusts, independent providers, local Clinical Research Network, and many different professional groups. Results from research were shared with the audience and new exciting opportunities for participation in future studies presented.

Quality Improvement Conference

The first Quality Improvement and Always Event Forum took place in June 2019. The audience had the opportunity to hear presentations that included:

Caring, Learning and Growing

- An introduction to Quality Improvement including our Quality Improvement Approach, QSIR (Quality, Service Improvement and Redesign) College and Always Events
- The Patient Experience Toolkit presented by the Improvement Academy
- Presentations from Trust Staff on the Quality Improvement (including Always Events) journey.

NHS Improvement Films

On Friday 13th September, the Trust launched five short films that were commissioned by NHS Improvement. The film themes were 'Culture', 'Leadership', 'Using Patient Experience Data' and 'Our Top Tips' and are a way to share our journey with fellow provider trusts across the country. The films represented an excellent opportunity to highlight the positive impact of involvement in Trust activities for our patients, service users, carers.

Occupational Health Accreditation

The Trust Occupational Health service was recently awarded the SEQOHS (safe, effective, quality occupational health services) accreditation I June 2019. Accreditation involved both a self-assessment and external peer assessment against accreditation standards to evidence a culture of continual quality improvement. The service was congratulated on its thorough and documented comprehensive processes including audit of the management of vaccines.

Launch of the Professional Strategy for Health and Social Care Staff

Our first Professional Strategy for Health and Social Care Staff, developed by professional who represent our diverse, dedicated and highly skilled workforce, was launched in July 2019. The Strategy aims to create the right climate for professionals to be empowered to deliver great care and have fulfilling and lifelong career development opportunities across the service provided by the Trust.

The Strategy is designed to support the Trust's Mission, Vision and Strategic Goals and the NHS Long Term Plan, identifying four key priority areas of delivery:

1. Promoting professional identity and professional collaboration
2. Strengthening professional leadership
3. Shaping new models and pathways
4. Career pathways.

Whitby Hospital Remodel

The Whitby Hospital Remodel, led by the NHS Property Services, commenced in March 2020 with Phase One: the remodelling of the maternity unit. This will be followed in May 2020 by Phase Two: a 42 week project to remodel the tower block. It is expected that the inpatient facilities will be relocated into the remodelled maternity unit, but this relies on implementation of a successful bed reduction plan.

Caring, Learning and Growing

Launch of the Patient Safety Strategy at the first World Patient Safety Day

The Trust was proud to support the world Health Organisation's first ever patient safety day in September 2019 by holding a patient safety educational event for staff, Speak Up for Safety.

At the event we launched our Patient Safety Strategy, which builds on the achievements of our previous strategy (2016-2018) and sets our ambitious goals for the next three years in order to realise our ambition to become an outstanding organisation.

Our Patient Safety Strategy demonstrates that safety is at the heart of all we do and supports a leadership culture that supports staff to feel safe to report patient safety issues without fear of retribution, and be empowered to act swiftly to address risk.

Health Education England/Fair Health Charity

In November 2019, the Trust hosted a Health Education England/Fair Health Charity sponsored event concentrating on Health Inequalities. Over 70 GP's including trainees attended the event which attracted positive media attention from Radio Humberside.

Staff Survey Results 2019

The results of the 2019 national Staff Survey show that the Trust has maintained the improvements achieved in 2018 and show that 88% of staff feel that their role makes a difference to patients and service users and more staff would recommend the Trust as a place to work (49%) than last year with 71% of staff enthusiastic about their job and 77% of staff responding to say that time passes quickly when they are working.

More than 1,050 of staff (40%) took part in the 2019 survey to tell us what they like about working for our Trust and where we can improve. However, our response rate of 40% means the Trust was below the average national response rate of 49%.

NHS England Visit

The Trust hosted an NHS England visit on Tuesday 26th of November where they explored the Trust's approach to Patient and Carer Engagement, Patient Safety and Quality Improvement. It's envisaged that the 'Humber Approach' will subsequently feature in a publication as an exemplar site.

Launch of the Complex Recovery Service

The Complex Recovery Service was developed during 2019/2020 to provide intensive community rehabilitation people in Hull and East Riding who experience severe and/or enduring mental illness to prevent them being placed in inpatient facilities outside of the local area. It provides a range of accessible and responsive support structures within communities that wrap treatment and support around individuals as needed, ensuring they access inpatient services for the shortest time possible as part of a community focussed service.

IAPT

The Trust became the Lead Provider for IAPT service across the East Riding of Yorkshire CCG geographic Boundary from the 1st December 2019.

Caring, Learning and Growing

Community Mental Health Team Redesign

We successfully secured investment to roll-out a new way of delivering community mental health services as part of a national pilot to test new and integrated models of primary and community mental health care.

The new models of care will more closely align community-based mental health teams to the emerging Primary Care Networks, helping to remove barriers between primary care and secondary care to create a seamless service. This will enable people to receive appropriate care from community mental health services within four weeks from referral to treatment in all areas of Humber, Coast and Vale.

Quality Health Mental Health Inpatient Survey 2019

Quality Health undertook a survey of a sample of our inpatients and found that we were in the highest 20% of trusts for patients assessing us on 'definitely involved as much as wanted in decisions about care and treatment', 'hospital food', 'purposes of medications explained completely' and 'discharge not being delayed for any reason'.

3.1. Humber Coast and Vale Health and Care Partnership

We continue to work closely with the Humber Coast and Vale Health and Care Partnership (the 'Partnership'), which was established in 2016; bringing together NHS, local council, other health and care providers along with voluntary, community and social enterprises together as partners to consider the challenges facing the health and social care sector.

3 acute hospital trusts (operating across 8 sites)

3 mental health trusts

5 community services providers

190 GP practices

2 ambulance trusts

6 clinical commissioning groups (CCGs)

6 local authorities

1.4 Million people

50,000 staff across health and adult social care

total budget of £2.2bn

450 care homes

140 home care companies

7 hospices

1000s of voluntary and community sector organisations

Figure 1: Humber Coast and Vale Health and Care Partnership geography

This partnership is built on the broad agreement that, in order to improve the health and care outcomes for our communities, we need to:

- work harder to keep people as healthy as possible for as long as possible
- Provide better, more proactive support to those with long-term conditions to manage them well so they don't get worse
- Find new ways to meet people's needs that are more effective and efficient so that we can continue to provide good quality care for everyone.

The ambition of the Partnership is to become a **health improving system** rather than an ill-health treating system, and its approach is based on the belief that we will be more successful in bringing about change if partners work together.

The Partnership Long Term Plan for 2019-2024 sets out **four priority areas** that will support delivery of the Partnerships ambition.

The Partnership's Four Priority Areas

Helping people to look after themselves and to stay well

Providing services that are joined up across all aspects of health and care

Improving the care we provide in key areas (e.g. cancer, mental health)

Making the most of all our resources (people, technology, buildings and money)

Caring, Learning and Growing

A number of the Trust's Strategic Objectives: Refreshed for 2019-2022, link very closely to the Partnership's priorities.

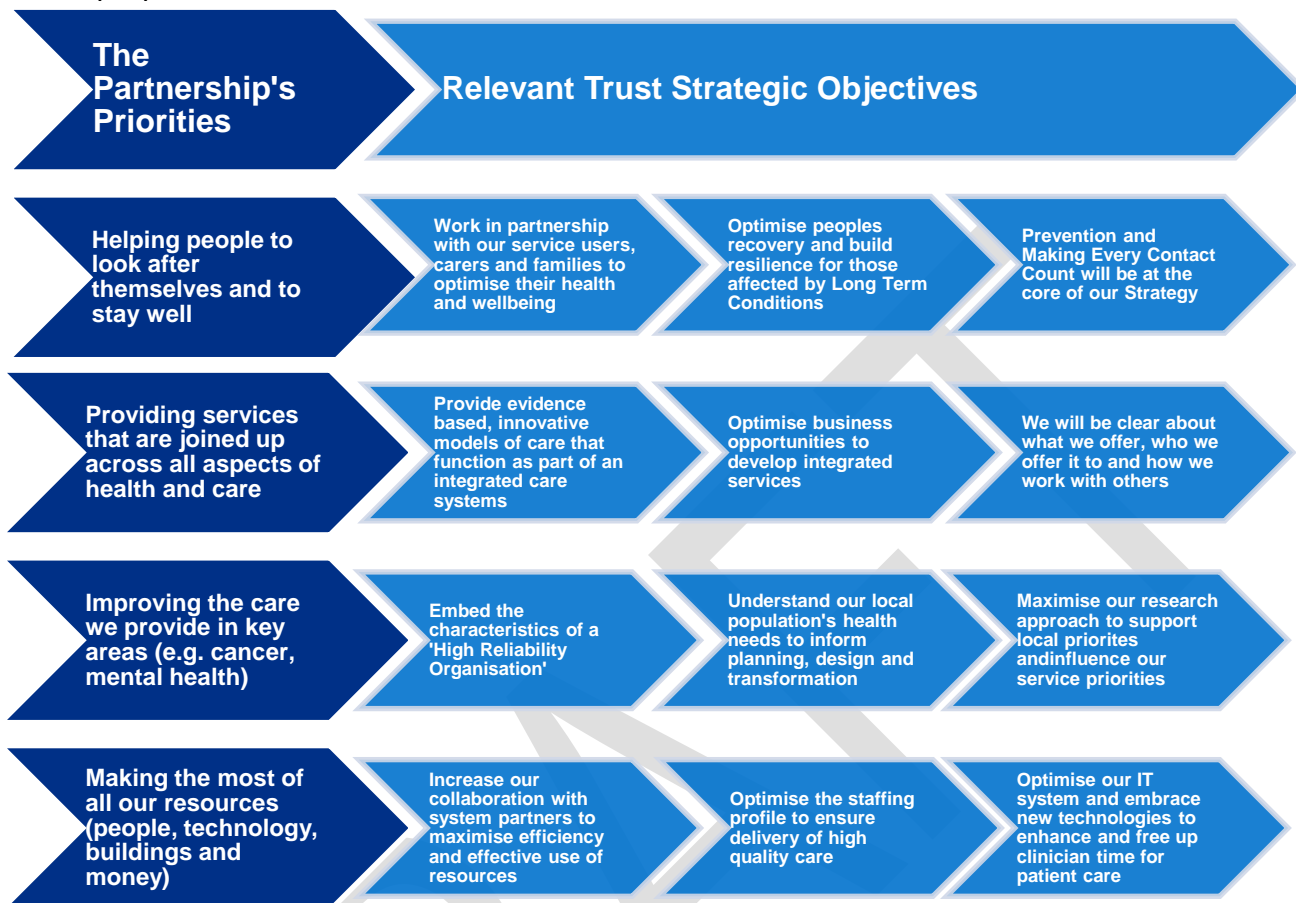| The Partnership's Priorities	Relevant Trust Strategic Objectives		
Helping people to look after themselves and to stay well	Work in partnership with our service users, carers and families to optimise their health and wellbeing	Optimise peoples recovery and build resilience for those affected by Long Term Conditions	Prevention and Making Every Contact Count will be at the core of our Strategy
Providing services that are joined up across all aspects of health and care	Provide evidence based, innovative models of care that function as part of an integrated care systems	Optimise business opportunities to develop integrated services	We will be clear about what we offer, who we offer it to and how we work with others
Improving the care we provide in key areas (e.g. cancer, mental health)	Embed the characteristics of a 'High Reliability Organisation'	Understand our local population's health needs to inform planning, design and transformation	Maximise our research approach to support local priorites and influence our service priorities
Making the most of all our resources (people, technology, buildings and money)	Increase our collaboration with system partners to maximise efficiency and effective use of resources	Optimise the staffing profile to ensure delivery of high quality care	Optimise our IT system and embrace new technologies to enhance and free up clinician time for patient care

The Partnership operates at different levels depending on the main focus of the work. Most of the focus will be continuing to work together for local communities in each of the six **'Places'**.

Figure 2: The Partnership's approach to delivery

There will also be times when more than one Place plans and improves services together; referred to as **'Subsystems'**; East Riding and Hull, North and North East Lincolnshire and Scarborough (soon to include Whitby) and York.

Where bigger and faster improvements can be achieved by working together across a larger area, the Partnership will work together **'At Scale'**.

Since November 2018, the Partnership was recognised by NHS England and Improvement as an aspirant Integrated Care System (ICS). As a result, the Partnership has been supported on its journey to achieve ICS status by the summer of 2020 by the ICS Accelerator Programme.

Caring, Learning and Growing

ICSs will undertake two core roles: system transformation and collective management of system performance.

As part of the Partnership's journey to ICS status, it has strengthened its Collaborative Programme and established robust governance arrangements. This reflects a proactive response to the national direction of travel, which will embed and strengthen the governance of all systems across the country in a move to a "system by default" operational model preparing all systems to become an ICS by April 2021.

Figure 3: The Partnership's Collaborative Programmes
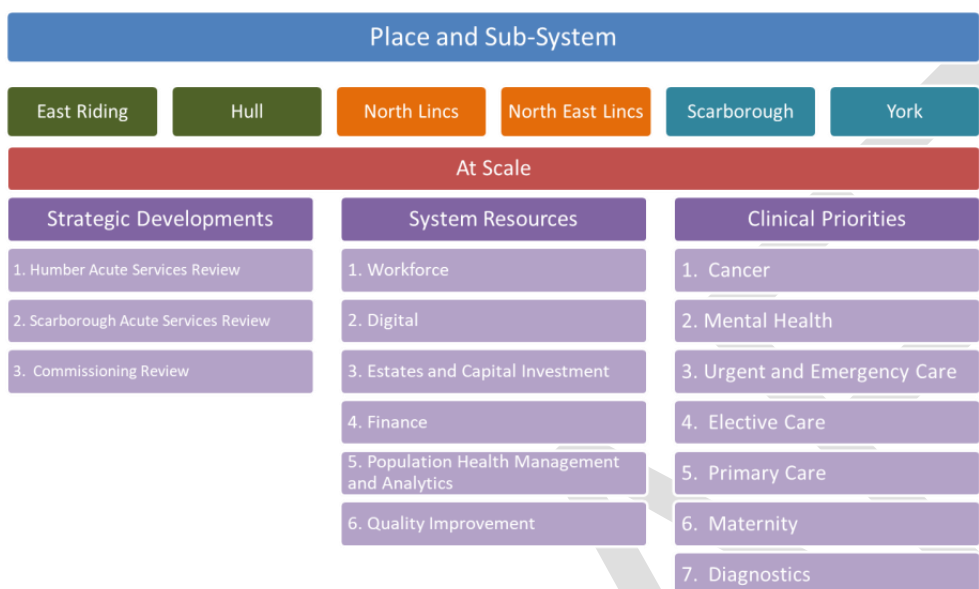
The move to an ICS places greater focus on collaborative working relationships between organisations across the health and social care system, with an aim to integrate services to improve health and wellbeing in local areas. This shift towards a more cohesive healthcare service takes the focus away from promoting competition between provider organisations to a clear expectation that providers will collaborate to make the best use of public funding. This improved collaboration should also make it easier for staff to work with colleagues from other organisations, which is essential to support the resilience of our workforce.

3.2. Mental Health Collaborative Programme

The Partnership has made significant progress on ensuring that people with mental health conditions are treated with the same urgency and level of importance as people with physical health conditions. This is due to a successful Mental Health Collaborative Programme, for which the Trust's Chief Executive is the Senior Responsible Officer (SRO) and chairs the Metal Health Partnership Board, which has oversight of delivery of the programme.

The Partnership Long Term Plan sees a commitment to a significant increase in investment in mental health care across Humber, Coast and Vale, reaching the required 'Mental Health Investment Standard' in all six Places during each year from 2019 to 2024. Investment in children's and young people's mental health is expected to grow fastest as the partnership prioritises its efforts to ensure that every young person gets the best start in life and is able to fulfil their potential.

As a result of engagement across service users, families, carers, voluntary and third sector organisations, emergency services, schools and colleges, and local healthcare providers and clinicians, the Mental Health Collaborative programme has set out its priorities for the coming years (See Figure 4).

Caring, Learning and Growing

Autism and Learning Disabilities

Review over prescribing of psychotropic medication

Autism diagnosis for CYP to be included alongside MH services

Provider Collaborative

Develop provider collaborative to take responsibility for specialised mental health, learning disability and autism services

Perinatal Mental Health

Increase access to specialist community perinatal services extended to 24 months post-partum

Expand psychological therapies and provide specialist assessment to partners

Crisis and Liaison

Expand crisis services and commit to a Single Point of Access and timely, universal mental health crisis care for everyone

Ambulance staff will be trained and equipped to respond effectively to people in crisis

Suicide Prevention

Embed real time surveillance

Suicide prevention media campaign with focus on men

Forensic Pathways

More people will receive personalised care closer to home

Dementia

Improve the care provided at home and in the community for people with dementia or delirium

Extend the range of support available post diagnosis

Specialist Eating Disorders

Ensure that people with an eating disorder receive timely and specialist intervention which meets the needs of both the mental and physical health

Individual Placement Support

Supporting people with severe mental illness into employment

Community Mental Health Teams

Integration of community Mental Health services with primary and wider community care

Dissolve boundaries between primary and secondary care, and between health, social and Voluntary, Community and Social Enterprise sector

Step up and step down services for people with increasing complexity

Know our communities and use knowledge to understand and address inequalities

Understand and address the social determinants of serious mental ill health difficulties

Children and Young Peoples Mental Health

Implement a whole pathway approach

3.3. Provider Collaborative/Lead Provider Arrangements

To bring organisations together and provide them with greater freedom to innovate and develop new services that better meet local needs, the Partnership is encouraging new ways of working such as Provider Collaborative and Lead Provider Arrangements.

NHS-led Provider Collaboratives will play an increasing role in commissioning whole pathways of care across ICSs. ICSs must have plans that recognise these collaboratives and align with the ambition that they will be managing all appropriate specialised mental health, learning disability and autism services by 2023/2024.

There are plans for new ways of working to be taken across a number of patient pathways within Mental Health services, leading to improved continuity of care and better meeting local needs. As a result, the Trust will be expected to take on responsibility for commissioning and monitoring the quality of the services provided across entire patient pathways. This is a substantial change for the Trust that requires us to establish a structure that supports robust, effective and efficient commissioning during 2020/2021.

Caring, Learning and Growing

Formal Provider Collaborative arrangements are under development for Forensic Pathways, Children and Young People's Mental Health services and specialist eating disorders. Lead Provider arrangements will be established to support multi-agency integrated patient pathways Improving Access to Psychological Therapies, Community Mental Health Teams and Specialist Perinatal Mental Health Services.
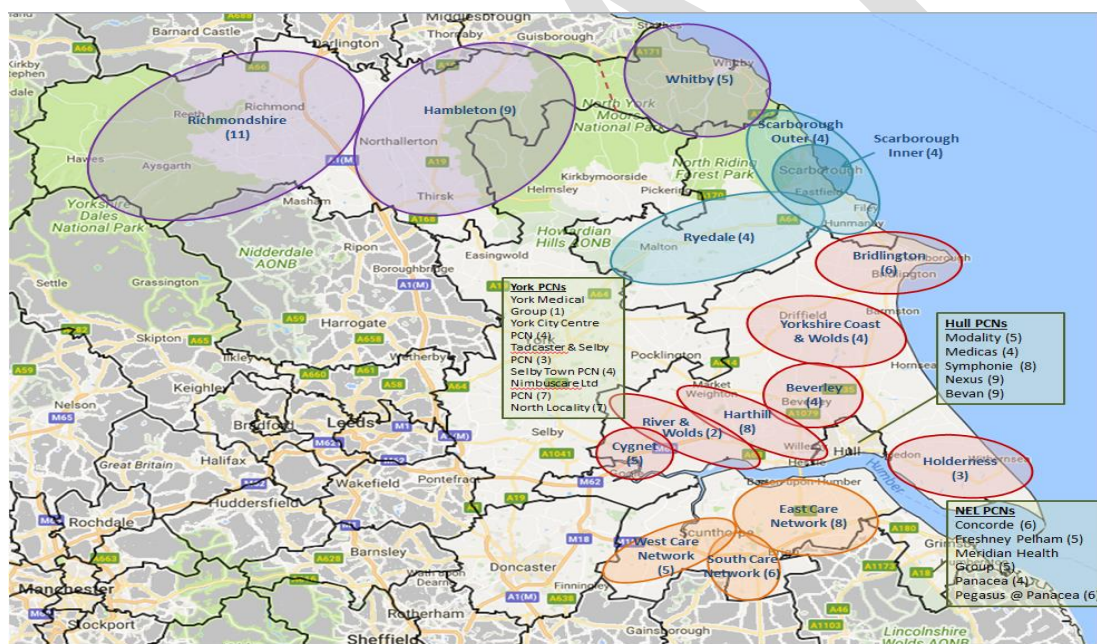
3.4. Primary Care Networks

Primary Care Networks became operational in July 2019 and are pivotal to the delivery of the LTP, particularly in relation to boosting out of hospital care by placing greater focus on:

- Integrating primary and community care
- Relieving pressure on urgent and emergency services
- Improving physical and mental health outcomes
- Promoting wellbeing and preventing ill health
- Reducing health inequalities across the population

Primary Care Networks, typically built around populations of between 30 and 50 thousand people, will bring together a range of health and social care professionals to work together to provide enhanced personalised and preventative care for their local community. Staff will come together from a range of backgrounds and organisations, such as GP practices, pharmacy, community, mental health, acute trusts, ambulance services, social care and the voluntary sector.

Figure 5: Local Primary Care Networks

Primary Care Networks will be key to the Partnerships offer for 'out of hospital' care to our communities; providing the care that people need at, or as close to, home so that hospitals only provide those things that absolutely need to take place there. The Partnership plans to bring together local health and care providers in each of its Places to enhance the services offered to patients within local communities so that services are more proactive and responsive to the needs of local communities. These collaborative working arrangements may look different in each of the Places that the Trust provides care but will all lead to providing care that is fully integrated from the perspective of the service user, regardless of which organisation is providing which element of care.

Caring, Learning and Growing

Innovating quality and patient safety

Review care pathways and clinical models to ensure they are evidence based and standardised to reduce unwarranted variation in care
Continue the development of integrated, community-based service models that provide ease of access, improve outcomes, reduce reliance on inpatient care, empower our population to better manage their own health and care, and provide services that are aligned with Primary Care Networks
Eliminate the need for out of area placements due to insufficient local capacity
Increase our self-assessment rating against the CQC 'Safe' domain key lines of enquiry to 'Good' for all services
Address capacity challenges within Scarborough and Ryedale Community Services to enable consistent achievement of the 2-hour community crisis response standard
Roll out peer reviews against all Care Quality Commission(CQC) Key Lines of Enquiry across 100% of CQC registered services
Further embed our Quality Improvement Approach through increased numbers of completed QI project charters and engagement with the Training and Support Pathway
Improve our ongoing review and governance of implementation and overall achievement of NICE Guidance
Roll out of our live (Datix) safety dashboard to all services
Introduce online and face to face training modules in relation to patient safety
Recruitment of two patient safety partners to ensure they are active members of our safety related committees by 1st April 2021

Enhancing prevention, wellbeing and recovery

Integration and co-location of all prevention, lifestyle and recovery services to focus on a preventative model of care across Hull, East Riding and North Yorkshire; working to ensure that prevention, wellbeing and recovery is embedded across every division.
Implementation of validated patient reported and clinical reported outcome tools across all clinical services
Embed the Making Every Contact Count principles across the Trust
Co-produced Bridlington Health Town community based integrated care model project plan will be developed with partner organisations and implementation commenced during 2020/2021
Staff Health and Wellbeing charter ??
Implement a new model for Community Mental Health Services aligned to Primary Care Networks focussed on prevention, wellbeing and recovery

Caring, Learning and Growing

Fostering integration, partnership and alliances

Work collaboratively with our key partners in Scarborough and Ryedale to progress the six priority improvement areas identified by the Scarborough Partnership Board
Increase our membership base, targeting under-represented constituencies and younger members
Increase engagement with our governors and members through targeted involvement aligned to their areas of specific interest
Increase the number of system partners that are involved in our patient pathways and service delivery to enhance the services delivered to our population
Clearly defined integrated pathways of care that ensure clarity of roles across provider organisations, prevent duplication and minimise areas of unmet need in our population
Engage with Primary Care Networks to realise opportunities for integrated working
Identify opportunities for the voluntary sector to contribute to delivering sustainable change in our services

Developing an effective and empowered workforce

Implement Poppulo, a new internal communications system to streamline and increase the effectiveness of staff communication

Maximising an efficient and sustainable organisation

Develop our demand and capacity forecasting model by way of a pilot during 2020/2021 for roll out of the final methodology during the service planning cycle for 2021/2022
Continue to work with our system and develop a region wider Digital strategy
Continue with our leadership role in the Yorkshire & Humber Care Record Local Health Care Record Exemplar
Work toward being fully digital as summarised in Chapter 5 of the NHS Long term plan by 2024

Promoting people, communities and social values

Caring, Learning and Growing

5.1. Approaching the NHS Long Term Plan Vision

Our Service Planning cycle for 2020/2021 not only focussed on how our divisions will support the delivery of our organisational strategic objectives but also how they would implement the vision set out in the NHS Long Term Plan.

Where required, clinical models and pathways will be reviewed to ensure they are evidence based and standardised. As a result of these reviews, Service Specifications and Standard Operating Procedures will be updated accordingly to ensure that there is equity in terms of standards that are understood by all.

Where appropriate, we are continuing the development of integrated, community-based service models that reduce reliance on inpatient care, empower our population to better manage their own health and care, and provide services that are aligned with Primary Care Networks. We expect these transformed service models to reduce length of stay for inpatients across physical, mental health, learning disability and autism services, freeing up essential local capacity to eliminate the need for out of area placements. Specific examples of these include:

- Children and Young People's Mental health Services, where we will focus on early intervention and building emotional resilience in our young people
- Developing integrated care partnerships for attention deficit hyperactivity disorder and autism through introduction of a single, neurodevelopmental pathway to improve access, reduce waiting times and improve outcomes
- Transforming our Community Mental Health Teams through introduction of a Primary Care Mental Health Network that aligns to our Primary Care Networks.
- Growth of our community-based model of adult mental health rehabilitative care to allow repatriation of all out of area patients
- Redesign of our Older People's Mental Health Memory Assessment Service to provide improve and equitable access across our communities.
- Enhance our Mental Health Care Home Liaison to improve the care and support for people in care homes to reduce the number of unplanned admissions and delayed discharges.
- Establishing a lead provider framework for developing efficient and streamlined pathways for Improving Access to Psychological Therapies to ensure ease of access and excellent outcomes
- Improving access to our Mental Health Response Service telephone triage to reduce waiting times to call answer
- Introducing a Provider Collaborative to provide an integrated care partnership community based model of forensic mental health care to enable repatriation of our out of area patients and reduce reliance on low/medium secure inpatient services
- Integration and co-location of all prevention, lifestyle and recovery services to focus on a preventative model of care across Hull, East Riding and North Yorkshire; working to ensure that prevention, wellbeing and recovery is embedded across every division.

Our adult multi-disciplinary Community Services, provided across Scarborough, Ryedale and Whitby, already provide a model of care that supports the NHS Long Term Plan vision for a two hour community crisis response and two day reablement response. However, we will improve the pathway further during 2020/2021, addressing capacity issues that create challenges within the service, to ensure that we can consistently deliver the required response times.

Caring, Learning and Growing

To further support service transformation within Scarborough and Ryedale (S&R), the S&R Partnership Board was established in Spring 2019 and has representatives from over 20 organisations; statutory, non-statutory and VCSE.

Through strong collaborative working 6 priorities were identified which will have the biggest impact on improving care for people in the S&R area; Frailty, Carers, Mental Health, Cardiovascular disease, Dementia and Paediatrics/Families. Detailed action plans for Frailty and Carers priorities have been developed and actions being delivered include developing multi-disciplinary teams with key partners, implementing shared decision making to prepare personalised plans and establishing a process ensuring young carers are included in the design of services. Action plans for the remaining priorities will be developed over the coming 6 months.

Additional work in the area includes development of diversional pathways linking the Trust with Yorkshire Ambulance Service, York Teaching Hospitals Foundation Trust and primary care support to improve resilience of primary care and enable Primary Care Network leadership in the existing integrated model. In addition, work to support an East Coast narrative is underway which will link Whitby, Malton, S&R Community and Bridlington. All of this work will be anchored within an agreed North Yorkshire and York framework for an integrated care operating model.

5.2. Meeting fundamental standards of Quality

During 2019, the Care Quality Commission (CQC) rated the Trust as 'Good' across all domains with the exception of the 'Safe' domain, which was rated as 'Requires improvement'. The 'Safe' domain contains nine of the thirteen fundamental standards of quality that represent the minimum quality bar below which the quality of care must never fall. Whilst we had made improvements across a number of our services that had increased their rating to good since 2017, concerns were raised in two services areas.

In response to the issues raised by the CQC a comprehensive action plan was developed. Progress towards delivery of these actions is monitored through the Quality and Patient Safety Group (QPaS).

The Trust plans to achieve a minimum rating of 'Good' for safety across all services in 2020. Therefore, we have introduced a process of peer review and self-assessment against all Key Lines of Enquiry in order to maintain and improve on our existing rating. Significant progress has been made to address CQC concerns in 2019/2020. However, some priority improvements will continue to be implemented during 2020/2021, particularly in relation to:

Regulation 9: Patient centred care	Ensure Bespoke record keeping audits are in place for all teams by the end of Q1 2020/21.
	Ensure robust governance processes are in place to monitor and address gaps in record keeping standards compliance.
	Embed a culture of carer involvement across secure services through adherence to the Carers SOP by end Q2 2020/21
	Audits of carer involvement in Secure services to demonstrate active involvement by end 2020/21
Regulation 12: Safe Care and Treatment	Clinical supervision to be embedded and achieving Trust target across all teams Appraisals to be achieving Trust target
	My Assurance seclusion audits to show 100% compliance for personal evacuation
Regulation 17: Good Governance	QPaS to ratify divisional SOPS in March 2020
	Embed Governance structures as identified in Divisional SOPS throughout 2020/21

Caring, Learning and Growing

|	Ensure My Assurance record keeping audits in place by end June 2020
	Robust oversight of audit outcomes within the Divisional Governance structures by end of Q4 2019/20
	To ensure all SI and SEA action plans are delivered within agreed timescales Audits of sharing the learning processes within Divisions to demonstrate learning from incidents is shared at team/ward level
Regulation 18: Staffing	Recruit to 8A professional recruitment secondment post.
	Continued emphasis on recruitment initiatives for hard to recruit posts
	Divisions to ensure robust sickness monitoring processes in place
	Wellbeing initiatives to be identified by Divisions to improve staff sickness levels to below Trust target by end Q4 2019/20
	Divisions to achieve Trust target for sickness absence by end Q1 2020/21

Peer Reviews

The Trust has a process of peer review against all Care Quality Commission Key Lines of Enquiry (KLOEs) to ensure that we maintain our current rating and strive towards 'Outstanding' for all domains and services. Action Plans that are developed as a result of the peer reviews are reported through the divisional Clinical Network Groups (See Figure 6: Clinical and Quality Governance Reporting Structure). Oversight of the peer reviews and progress towards achieving a rating of 'Good' across all KLOEs is undertaken by the Executive management Team, Quality and Regulations Group (QRG) Quality and Patient Safety Group (QPaS) and the Trust Board.

During 2020/2021, we plan to extend our peer review process across 100% of CQC registered services to support them to identify and manage their own Quality Improvement priorities.

Quality Improvement Approach

Our Quality Improvement (QI) Approach was published in 2018 and introduced a standardised methodology based on a Plan, Do, Study, Act cycle that could be adopted by any of our teams (See Figure 7).

Figure 7: QIA Methodology
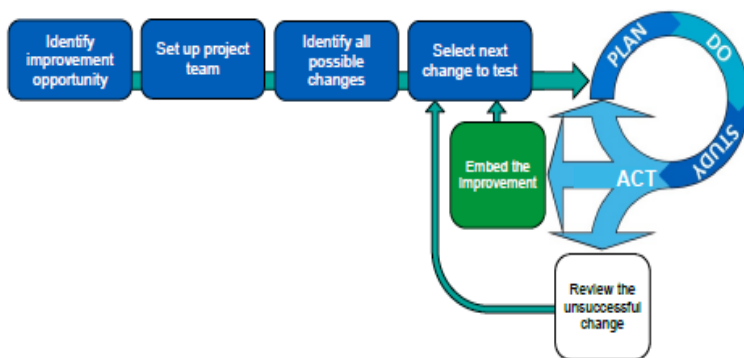
We are on a journey towards ensuring that our QI methodology is embedded becomes a core part of the culture of all teams by 2021 and will provide our staff with the freedom to innovate, driving quality and improvement initiative. Thinking creatively about QI was introduced as a core element of our divisional service planning process for 2020/2021 and is supported by a comprehensive training and support pathway (See Figure 8).

Caring, Learning and Growing

Clinical Audit

The Trust utilises a robust process of Clinical Audit to maintain and provide assurance that high standards of patient care are being provided and that we are meeting the fundamental standards of quality. There is an ongoing cycle of clinical audit across the organisation, within both corporate and Service areas which include for example; national audits, POMH audits (prescribing observatory for mental health) pharmacy audits, review of practice against NICE guidelines. In addition to this there are audits around the Mental Health Act/Mental Capacity Act, safeguarding monitoring and reviews of practice following serious incidents and significant events to provide assurance of learning and quality improvement. The results of the clinical audits will provide assurance of compliance with clinical standards and best practice. Audit activity identifies and seeks to minimise risk, waste and inefficiencies within our services to improve the quality of care provided and improve patient outcomes.

Within our Service Planning cycle for 2020/2021, divisions identified any local clinical audits or research projects that they would like facilitated to support implementation of their plans. During 2019/2020, the Trust introduced MyAssure, which is a system for collecting data for audits. MyAssure enables us to build bespoke audits to monitor compliance with clinical standards and CQC Key Lines of Enquiry.

National Institute for Health and Care Excellence (Guidance) Compliance

The Trust has a NICE guidance assurance system that we are seeking to improve and refine during 2020/2021. Newly published NICE guidance is reviewed for applicability each month at the clinical networks. Where Guidance is applicable, a baseline audit must be undertaken within three months to identify the actions required to achieve compliance. During 2020/2021, we are seeking to improve ongoing review and governance of implementation of the required actions and overall achievement of the guidance.

Caring, Learning and Growing

5.3. Strategic Approach to Quality

Governance

The Trust has a robust process for ensuring that quality issues and priorities are "everybody's business". Figure 9: Clinical and Quality Governance Reporting Structure shows a clear reporting structure from the Board through to frontline services.

Further information to be added on how we are linking with the Governance of the ICS from a quality perspective

Quality Impact Assessment

Our Quality Impact Assessment (QIA) process has been developed in line with NHS Improvements "Developing Workforce Safeguards: Supporting Providers to deliver high quality care through safe and effective staffing" (October 2018), the Care Quality Commission well-led framework guidance (2018) and National Quality Board Guidance (2012). The process is applied to each budget reduction strategy, remodelling of service provision, change to workforce and/or skill mix that affects clinical services.

Figure 9: Clinical and Quality Governance Reporting Structure

The QIA is completed by senior managers and senior clinicians for the service to which the change applies and must include key performance indicators critical to quality that will be monitored as part of the change process. The completed QIA is the submitted, accompanied by a report detailing the case for change, to the relevant division clinical lead and general manager for review. A further review is required by the Chief Operating Officer via the Operational Delivery Group prior to final authorisation by the Director of Finance, Director of Nursing and Medical Director.

The QIA process requires an assessment of the quality impact risks in relation to:

- Duty of Quality e.g. CQC/constitutional standards
- Patient Safety
- Clinical Outcomes
- Patient Experience
- Staff Experience

Where there is a potential quality impact risk identified, a risk assessment and mitigation plan is developed.

All QIAs that require mitigation plans to manage risks are entered into the appropriate risk register where they are managed, monitored and reported in line with the Trust Risk Management Policy and Procedure.
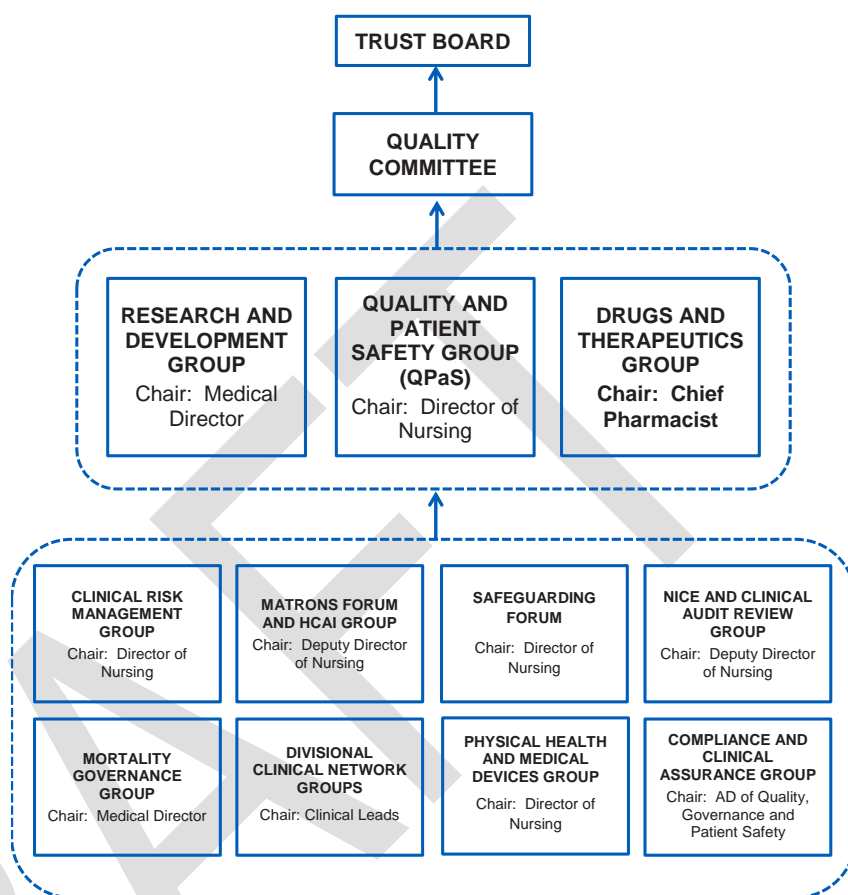
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The QIA, along with ongoing monitoring and risk management, is subject to scrutiny by the Trust's Quality Committee, Board and commissioners.

5.4. Patient Safety
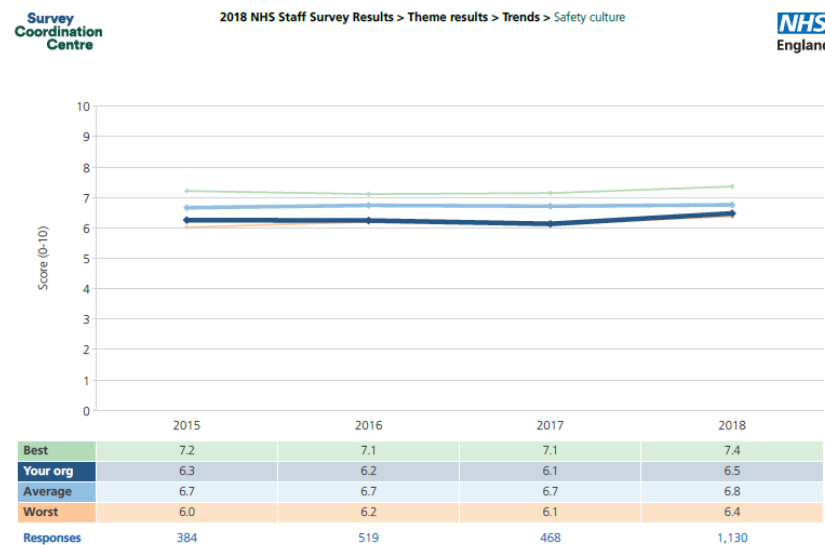
Patient Safety Strategy

The Trust formally adopted the Just Culture Guide as part of its Patient Safety Strategy and Serious Incident Policy (2018), encouraging manager to treat staff involved in a patient safety incident in a consistent, constructive and fair way. Adoption of the Guide and a focus on developing a learning culture contributed to an improvement to our NHS Staff Survey result for 'Safety Culture' in 2018.

Our Assistant Director of Quality Governance and Patient Safety has been designated as our Patient Safety Specialist in line with Service Condition 33 of the NHS Standard Contract.

During 2020/2021, we will be rolling out utilisation of our live (Datix) safety dashboard to all services, which will be used as the catalyst for our staff to ensure they are having conversations about patient safety, identifying and addressing themes routinely within their teams. We are introducing online and face to face training modules in relation to patient safety across 2020/21. Recruitment of our Patient Safety Partners is expected to commence in Quarter 2 of 2020/2021 to ensure that they are active members of our safety related committees by 1st April 2021.

Patient Safety Alerts

As required by Service Condition 33 of the Standard NHS Contract, the Trust has a safe and consistent approach to the management of safety alerts to:

- Ensure that staff members receive adequate notification of relevant safety alerts in a timely manner for actions to be taken and changes in practice to be fully embedded.
- Minimise risk to servicer users, visitors or staff through the implementation of safety alerts.
- Ensure that the correct teams/staff members are notified of the right alerts at the right time to effective management.
- Provide assurance on the implementation of safety alerts within the organisation and the processes that support delivery.

All responses to safety alerts (including actions taken) by the Trust are communicated and recorded through the HealthAssure system Central Alert System (CAS) module. Responses and actions taken are monitored through internal assurance processes linked to the Physical Health and Medical Devices Group (PHMD), the Clinical Risk Management Group (CRMG) and the Clinical Environmental Risk Group (CERG). The Trust's Drugs and Therapeutics Group (DTG) meets on a bi-monthly basis and reviews all drug alerts issued via the CAS module as well as the status of any required actions and also seeks assurance around completion.
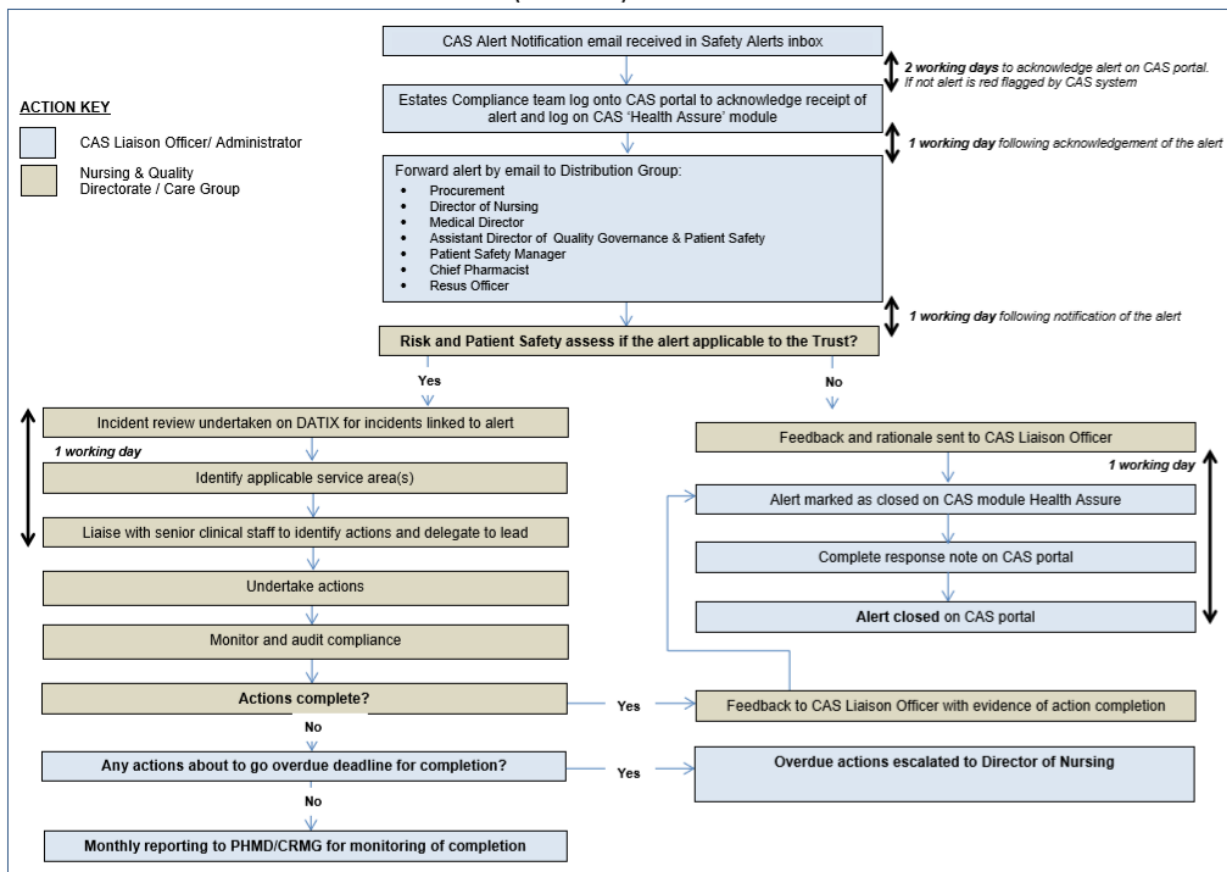
A report detailing all alerts received and actions taken by the Trust is submitted on a quarterly basis to Quality and Patient Safety Group (QPaS).

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National Patient Safety Alert oversight is provided by the Director of Nursing, Allied Health and Social Care Professionals. The internal escalation process is as follows:

12. NHS IMPROVEMENT PATIENT SAFETY ALERTS (NHS-PSAS) – PROCESS FLOW

ACTION KEY
- CAS Liaison Officer/ Administrator
- Nursing & Quality Directorate / Care Group

CAS Alert Notification email received in Safety Alerts inbox

2 working days to acknowledge alert on CAS portal. If not alert is red flagged by CAS system

Estates Compliance team log onto CAS portal to acknowledge receipt of alert and log on CAS 'Health Assure' module

1 working day following acknowledgement of the alert

Forward alert by email to Distribution Group:
- Procurement
- Director of Nursing
- Medical Director
- Assistant Director of Quality Governance & Patient Safety
- Patient Safety Manager
- Chief Pharmacist
- Resus Officer

1 working day following notification of the alert

Risk and Patient Safety assess if the alert applicable to the Trust?

Yes → Incident review undertaken on DATIX for incidents linked to alert
1 working day
Identify applicable service area(s)
Liaise with senior clinical staff to identify actions and delegate to lead
Undertake actions
Monitor and audit compliance
Actions complete?
No → Any actions about to go overdue deadline for completion?
No → Monthly reporting to PHMD/CRMG for monitoring of completion

No → Feedback and rationale sent to CAS Liaison Officer
1 working day
Alert marked as closed on CAS module Health Assure
Complete response note on CAS portal
Alert closed on CAS portal

Actions complete? Yes → Feedback to CAS Liaison Officer with evidence of action completion

Any actions about to go overdue deadline for completion? Yes → Overdue actions escalated to Director of Nursing

Further information to be added about how the Board considers the data on the occurrence of the areas that were measured by the safety thermometer where they are relevant to the services we provide i.e. pressure ulcers, VTE, catheter associated UTIs and patient falls.

Caring, Learning and Growing

6. Demand and Capacity Planning

Growing demand for health services and pressure on the resources available to deliver those services means that we need to be confident that demand and capacity are in equilibrium.

Historically the Trust approach to demand and capacity management has been based on annual incremental changes and known commissioner intentions.

The Trust is introducing a more sophisticated approach to demand & capacity management in line with NHS England/NHS Improvement moving to a Patient Level Information and Costing System (PLICs), which is designed to provide the costing of the actual care that individual patients receive.

The new methodology will be bringing together healthcare activity and financial information giving greater confidence in our activity management and the comparative costing information that is available to us. This change provides us with an opportunity to review three interlinked elements:

1. The quality of our activity data to ensure that we can rely on it for PLICs and service planning
2. The alignment of the financial and activity data that is submitted for PLICs
3. Our demand and capacity forecasting model to ensure that we can make best use of the information we have to inform the planning of our services.

The information generated will:

- Help our divisions to plan and develop services
- Manage our 'service lines' – looking in detail at the income and costs of services
- Support business cases for investment or disinvestment
- Monitor performance and benchmark services
- Support negotiations for funding and the agreement of local prices

Developing our demand and capacity forecasting model will be led by our Deputy Chief Operating Officer. During 2020/2021, we will establish a project group develop our approach and establish a robust project plan for the development of our proposed methodology.

The methodology will identify and consider areas where performance is expected to change in 2020/2021 and what impact that might have on hospital or community provision, increased collaborative/network arrangements or transfer of services between hospitals or providers. This includes but will not be limited to:-

- Community crisis response within 2 hours
- Reablement care within 2 days
- 2 hour community home response appointments to ambulance and other services
- 100% age appropriate crisis care 24/7
- Eradicate all 52 week waits
- Achievement and maintenance of IAPT access and recovery targets
- Elimination of all out of area inpatients

The development of robust demand and capacity forecasting methodology will allow us to compare demand to staffing resource, allowing us to model future demand and system pressures before they arise. We will be able to plan for changes in performance requirements that are needed to improve the quality of existing services or meet the requirements set out in the Operational Planning and Contracting Guidance and/or NHS Long Term Plan.

Caring, Learning and Growing

The model will also consider potential for changes to activity due to service developments/changes as part of the Trust's Operational Transformation Programme:

- Community Mental Health Team redesign
- Impact of more face to face consultations via technology
- Expansion of alcohol care teams
- Expansion of perinatal services to 24 months post birth
- Partners of women able to access perinatal mental health care
- Reduced inequalities of community mental health care across the population
- Increased Improved Access to Psychological Ttherapies access
- Increase community provision for Learning Disability and reduced inpatients

The model will also model the impact of demographic changes.

As part of our 2020/2021 Service Planning process, each division selected a service that would be used to pilot the development and implementation of our methodology. The pilots will be run in:-

- Specialist: Inpatient Beds
- Mental health: Hull Community Mental Health Teams – specifically Hull East
- Community and Primary Care: Community nursing
- Children and Learning Disabilities: Child and Adolescent Mental Health Services

Following evaluation of the pilots the final methodology will be rolled out across other services during the 2021/2022 Service Planning cycle.

Caring, Learning and Growing

7. Workforce Planning

7.1. Our Approach to Workforce Planning

The Trust's workforce planning process is all about getting the right skills in the right place at the right time to ensure our services are able to meet the requirements of the patients/service users and have an impact on their experience.

The purpose of the Workforce Plan (WFP) is to have an understanding of the current and future needs for the many different roles within the NHS, and in particular within Humber Teaching NHS Foundation Trust.

Whilst an understanding of the current position is helpful, our WFP adds value, predicting what changes are likely to happen within the Trust over a period of time. This allows plans to be put in place to either address shortfalls or manage change in a way that has as little impact on staff and patients as possible. Given the current financial climate, it also gives confidence and assurance that the Trust financial savings will be met and services can be delivered to high standards of quality within the resources we have available to us.

The development of the workforce is fundamental in meeting the strategic direction for the Trust. The decisions we make within our divisional plans regarding skill mix, training places and operational models all impact on whether the workforce of the future is able to manage the key challenges of providing high quality compassionate care to our patients.

Changes to the demographic profile of the NHS workforce, an ageing population and increasing public expectation of services, the demand for healthcare is likely to expand faster than the financial resources available to provide it. In the next 15-20 years the number of people in England who are 65 and over is predicted to rise by 51% and the demands on our health and social care system will be a key challenge for our organisation.

Strategic operational workforce planning is central to ensuring our system can meet these needs, by reconfiguring the workforce to deliver better health and social care outcomes in the future. Supporting this organisational plan are local workforce plans that have been developed by each Division. These plans are owned and informed locally and give clear indications of the workforce requirements, both current and planned for the future, to ensure that we continuously deliver high quality services to our service users. These plans are refreshed regularly to ensure that our needs.

The workforce planning cycle for 2020/2021 commenced in October 2019 with a soft launch aligned to the service planning process. WFP templates were circulated to Divisions in November 2019, with a deadline for draft submission on 3rd January 2019. Draft plans were discussed and refined at workshops throughout January 2020, with final versions were submitted Friday 31st January 2020.

Table 1

Reconfirm the total number of planned FTE staff (including both substantive and temporary staff)	Update where changes are material to strategic submission	Reason for Update
		Workforce plans are being refreshed

Caring, Learning and Growing

7.2. Making the NHS the best place to work

The Trust has an extensive workforce and organisational development (OD) work plan that will support the delivery of our People Strategy. Our Proud Programme is key to achievement of our workforce and OD objectives.

The aim of the Proud is to:

- recognise and enhance the skills of staff
- celebrate our strengths as individuals and teams
- work collaboratively
- be solution focussed

Significant progress has been made during 2020/2021 to introduce the things that were important to our staff, including:

Refresh of Senior Leadership Forum	Executive Team Development	Proud Working Group	Course Provision
Equality and Diversity Working Group	Appraisal Process and Support	Behavioural Standards	Leadership Development Programmes
Manager's Forum	CMHT Hull West OD Support	Trust Board Development	Staff Health, Wellbeing and Engagement

We continue to move forward with new Proud, implementing new initiatives to support our workforce starting with:

- Bespoke Organisational Development support for the Humber Centre, Whitby and Primary Care
- Introduction of Action Learning Sets
- Behavioural Standards workshops
- Processes for Talent Management
- Values based recruitment
- A refresh of the Workforce and Organisational Development Strategy

To support the development of a positive, inclusive and compassionate working culture, the Trust developed its Behavioural Standards and launched them in October 2019. These standards were co-created by over 100 individuals and are shaped around our Trust values of Caring, Learning and Growing. They set out clear expectations of the behaviours we do and do not expect to see throughout the organisations.

Our Professional Strategy supports the creation of the right climate for our staff to be empowered to deliver great care and have fulfilling and lifelong career development across the services provided by the Trust.

Further text to be added about the role and work of the Health and wellbeing group.

Caring, Learning and Growing

Table 2

The best place to work actions	Planned outcomes Y1	Progress and identified support needs
Creating a positive, inclusive and compassionate working culture	Recruitment and selection training package to include equality considerations	
	Investigations Toolkit to be produced to ensure consistency and fairness of approach	
	Establish a disability staff group	
	Learning and development offer to staff promotes equality, diversity and inclusion (EDI)	
	Introduce a Transitioning at Work policy	
	Reasonable Adjustments guidance document produced	
	Reduced number of 'unspecified' in staff records when reporting a disability	
	Deliver bullying and harassment awareness training for managers	
	Bullying and Harassment Policy and Procedure reviewed, revised and implemented	
	EDI strategy for staff in place	
	EDI Policy reviewed, revised and implemented	
	Establish a multi-faith staff group	
	Establish a women's career development group	
Giving voice, influence and value to staff	Progress toward achieving the national average for "Staff Engagement" within the NHS Staff Survey	
	Involve staff of all levels in Service Planning and all service transformation projects	
	Undertake quarterly Staff Friends and Family Test	
	Collate our current employee benefits and produce staff benefits guide	

Caring, Learning and Growing

The best place to work actions	Planned outcomes Y1	Progress and identified support needs
	Introduce and embed Greatix, our system for sharing good practice across the organisation	
	Continue our Employee of the Month Award to recognise staff that go the extra mile for patients and/or colleagues	
	Introduce a 'coffee and catch up with an exec' scheme for new starters in May 2020	
Providing effective, safe and healthy working environment.	Ensure staff counselling resource is sufficient for demand	
	Establish a physiotherapy service for staff	
	Establish a trauma support service for staff	
	Promote the Recovery College as a staff benefit	
	Establish a menopause support and awareness session for staff, and publish menopause guidance	
	Establish Health and Wellbeing Champions across the Trust	
	Reduce the percentage of staff sickness reported as anxiety/stress/depression	
Enabling and supporting staff to develop and fulfil their potential	Establish a managers forum for bands 5 to 7 with supervisory responsibilities	
	Establish a Business Partnering Programme for corporate functions	
	Roll out our Senior Leadership Development Programme and Leadership development Programmes aligned to our Behaviours Framework	
	Provide performance coaching for senior leaders built around live 360° feedback exercise	
	Establish an in-house coaching programme	
	Develop a Humber Talent Pool to	

Caring, Learning and Growing

The best place to work actions	Planned outcomes Y1	Progress and identified support needs
	provide access to projects, secondments and personal development Establish a mentoring scheme	
Ensuring staff can have a predictable and flexible working pattern	Continue to provide staff with the opportunity to buy or sell annual leave each year	

7.3. Releasing Time to Care

Table 3

Releasing Time to Care Actions	Planned outcomes Y1	Progress and any support needs identified
E-Rostering	41 teams will be live on E-Rostering by April 2020 21 additional teams have requested e-rostering development in 2020/2021	41 teams utilising e-rostering is the maximum that can be maintained within current capacity. Additional capacity is needed to facilitate development and maintenance of additional teams. The trust will not be able to achieve Level 1 attainment by March 2021, which requires 90% of employees to be registered on e-rostering, without additional capacity.
E-Job planning		The Trust has invested in the necessary licences for E-Job Planning software. However, resource has not been established to implement and develop e-job planning in line with organisational needs. An implementation project would be required to ensure that the Trust is able to achieve Level 1 attainment by March 2021, which requires 90% of employees to have an active e-job plan.

7.4. Our greatest workforce challenges

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In December 2019, the Trust was reporting 351 whole time equivalent vacancies, including 113 nursing, 21 allied health professionals and 20 consultants. This equates to 12.57% of our established posts that are vacant.

Table 4

The biggest FTE challenges, please identify any identify staff groups	Actions (Please identify where this is in collaboration with other organisations)	Projected impact Y1	Identified support needs

7.5. Reducing Reliance on Agency Staff

Table 5

Assumptions relating to an increase in bank from agency staffing	Actions (please identify where this is in collaboration with other organisations)	Projected Impact Y1	Identified Support needs

Caring, Learning and Growing

8. Finance Planning

The Director of Finance is the executive lead ensuring we have established robust financial and management accounting systems.

The 2020/21 financial plan is based on current financial performance, national planning guidance, NHS Improvement Finance Trajectories and ongoing contract negotiations with commissioners.

8.1. Control total and sustainability funding.

The Trust has been set a financial target to achieve a deficit of £0.951, if achieved the Trust will receive this amount in Financial Recovery Funding, and therefore the Trust will have a breakeven plan for 2020/21.

8.2. Draft income and Expenditure Plan

The Table below shows a summary of the forecast outturn for 2019/20 and the draft income and expenditure plan for 2020.21, this is subject to change as contracts as progressed.

	2019/20 Forecast (£m)	2020/21 Plan (£m)
Income and Expenditure		
Trust Income	106.797	
Operating expenditure	104.657	
Earnings Before Interest, Taxes, Depreciation and Amortization (EBITDA)	2.140	
EBITDA %	2.0%	
Net Surplus/(Deficit)	(0.566)	(1.170)
Net Surplus/(Deficit) excluding donated asset depreciation	(0.350)	(0.950)
Other Key Financial Information		
PSF/FRF	2.012	0.950
Year-end Cash Balance	12.5	12.5
Agency Ceilings	2.891	-
Use of Resource Assessments	2	1

8.3. Planning Assumptions

The most significant cost to us is pay, and assumptions which underpin the financial plan are in the table below.

	2020/21
Income Inflator	2.5%
Income Deflator	(1.1%)
Pay Award (Variable)	2.6%
Incremental Drift	0.3%

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Non Pay Inflation	-

8.4. Contracting

For the NHS Hull and East Riding CCG contracts we expect to continue with the Collaborative Commissioning Arrangements. This ensures that key system partners are committed to work together to not only deliver the agreed contract, but to closely monitor it and adapt to any unexpected variations.

We have yet to finalise contract values with our main commissioners, contract type and length for the main contracts we hold are summarised in the table below:

Contract Name	Contract Type	2020/21 Phase
NHS Hull and East Riding CCG (Mental Health, Learning Disability and Community Services)	NHS Standard Contract + Collaborative Commissioning Governance Arrangements	Under negotiation
NHS England Specialist Commissioning	NHS Standard Contract	Under negotiation
NHS Hambleton, Richmondshire and Whitby CCG (Community Services)	NHS Standard Contract	Year 5 of 7 (5 plus 2)
NHS Scarborough and Ryedale CCG (Community Services) (Due to commence on 01/05/2018)	NHS Standard Contract	Year 3 of 7 (5 plus 2)

8.5. Procurement

Procurement will continue to move forward with the key objectives outlined in our Procurement Strategy. We intend to develop further work on key spend areas, where appropriate reducing the range and variety of goods and working with other public sector stakeholders to develop economies of scale and improved terms for us and for the NHS.

We continue to work with our colleagues to deliver significant projects on time and within budget integrating new services to our procurement model to ensure earliest transition and benefits are accrued at the earliest possible opportunity.

8.6. Budget Reduction Strategy 2020/210 to 2021/22

Given the current economic climate that we operate in, a challenging Budget Reduction Strategy (BRS) savings target of £5.7m is required to achieve the financial target from NHSI.

We have a strong track record in the historic delivery of Budget Reduction Savings, however the delivery of recurrent plans at the required level continues to be challenging

All BRS proposals go through a robust quality impact assessment process providing a high level of transparency with our main commissioners, governors, members and the public whilst ensuring any budget reductions will not impact adversely on the quality of our services.

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Monitoring and tracking of progress of the delivery of BRS schemes is undertaken by the Programme Management Office, with reporting of savings undertaken at Care Group Business Meetings and at the organisation-wide Operational Performance and Risk Group, which are formal sub groups of the Operational Management Group.

For Operational Budgets as part of the service planning process a 1.5% savings requirement is asked for. The current levels of savings against this ask is summarised in the table below:

Care Group / Corporate	2020/21 Savings Target	2020/21 Pressures	Overall Target Saving	2020/21 Savings Proposals	Gap
	£m	£m	£m	£m	£m
Childrens and LD	0.304	0.019	0.323	0.199	0.124
Community and PC	0.251	0.179	0.430	0.261	0.169
Mental Health	0.519	0.059	0.578	0.578	0.000
Specialist	0.128	0.014	0.142	0.142	0.000
Corporate Services:					
Finance	0.135	0.000	0.135	0.135	0.000
Director Of Nursing	0.027	0.000	0.027	0.027	0.000
Human Resources	0.041	0.000	0.041	0.041	0.000
Chief Operating Officer	0.057	0.000	0.057	0.057	0.000
Medical Director	0.027	0.000	0.027	0.027	0.000
Chief Executive	0.028	0.000	0.028	0.028	0.000
	1.517	**0.271**	**1.788**	**1.495**	**0.293**

On top of the ask from operational budgets, benefits from Trust Wide scheme are expected to offer circa £4.7m of benefit, details of which are summarised below:

| Major Schemes	Saving	RAG Rating
	£m	
LA Pay Award and 2020/21 Inflation	0.593	Amber
Mental Health Investment Standards	0.750	Amber
Staff Underspend	0.800	Green
Staff Underspend	0.400	Amber
Whitby Year 2	0.400	Amber
STP CMHT/Crisis	0.750	Amber
Pharmacy	0.100	Green
2020/21 Schemes	**3.793**	
Mental Health Recovery Service	0.283	Amber
CAMHS T4	0.350	Green
Operational Restructure	0.177	Green
FOLS	0.113	Green
TCP Benefits Realisation	0.073	Red
2019/20 Schemes	**0.996**	
Total Major Schemes	**4.789**	

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8.7. Summary Chart

The Waterfall diagram below demonstrates how we have moved from a £0.566m planned deficit in 2019/20 (including donated asset depreciation) to a £1.170m deficit position in 2020/21.

Planning assumptions included the removal of any underachieved BRS, allowance made for Pay Award and incremental Drift, net effect of the Budget Reduction Strategy (Pressures and Savings) and assumptions around Mental Health Investment Standard Funding from the CCG's.
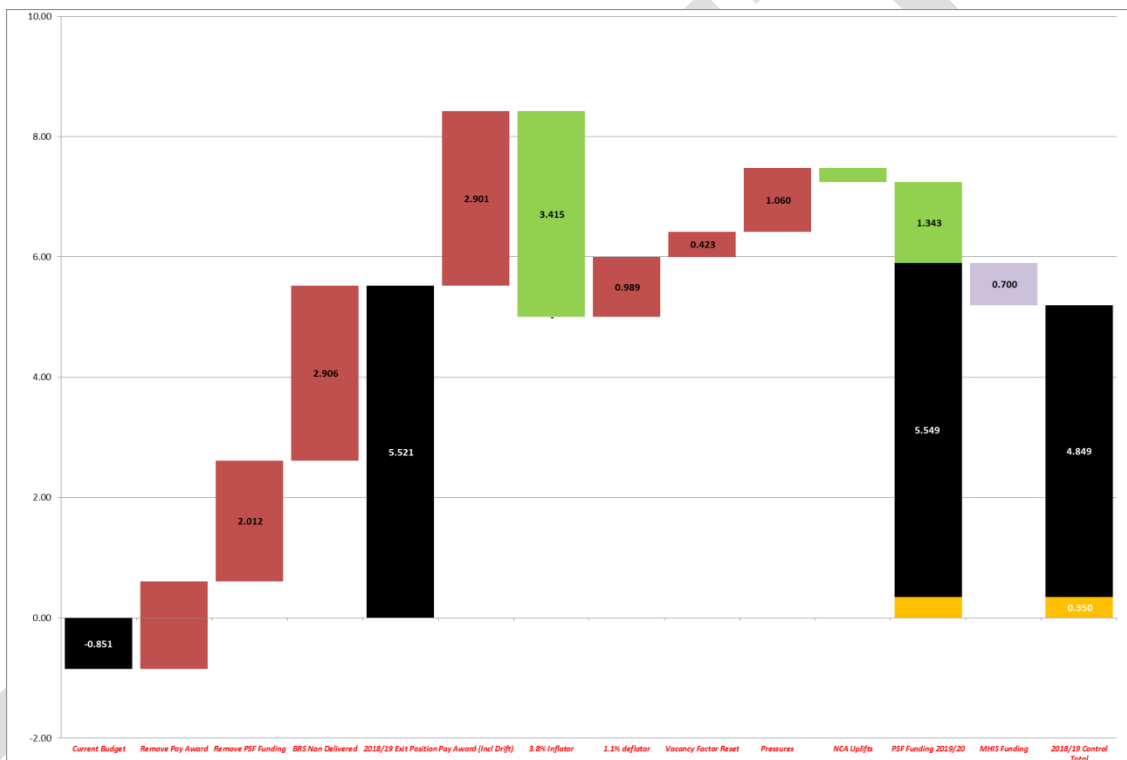
8.8. Capital Plan 2020/21

Capital expenditure will be funded from depreciation and planned capital reciepts with schemes prioritised to support our strategic direction.

Capital Income and Expenditure plans are set out in the table below:

	2019/20 £m
Resources Available:	
Capital Receipts	1.000
Depreciation	3.000
Total Resource Availability:	**4.000**

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Planned Schemes	
Digital Plan	1.000
Rolling Compliance Programme	0.800
Environment Upgrade Programme	0.200
Precommitments	0.500
Contingency/to be allocated	*0.500*
Planned Refurbishments	1.000
Total Planned Expenditure	**4.000**

8.9. Significant Financial Risks

Major risk to our financial sustainability and our ability to deliver the 2020-21financial targets are summarised in the following table.

Risk	Details
Contract Negotiation	Contract Values have not yet been secured with commissioners
Demographic Growth	Failure to secure demographic growth in line with STP and Five Year Forward View planning assumptions
Agency	Failure to maintain agency spend within capped levels
Budget Reduction Strategy	Failure to deliver the budget reduction strategy or identify schemes to close the current gap

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9. Linking to our Partnerships Plans

This section will be updated from the ICS/STP submission and will demonstrate how vision of the local ICS/STP is being taken forward through the Operational Plan – specifically, what progress have we made in respect of priority transformation programmes and service reconfigurations articulated in the system plan.

Show how local priority transformational programmes articulated in the local system operational plan affect our individual operational plan i.e. setting out local milestones for accelerating progress on 20/21 and key improvements in finance/activity/workforce/quality these programmes are planned to deliver]

Priority Transformation Programmes – Taken from HCV LTP 2019/2024

Priority 1 – Helping People to look after themselves and stay well

Includes prevention, tackling inequalities and personalised care

Priority 2: Providing services that are joined up across all aspects of health and care

Includes Primary Care, Integrated out-of-hospital care, unplanned care and hospital services for the future

Priority 3: Improving the care provided in key areas

Cancer, Mental Health, Planned Care, Maternity and Quality

Priority 4: Making the most of our resources

People, technology, buildings and money

10.1.   Governor Engagement

Our Governors have an essential role to play in running our organisation. They hold our non-executive directors to account for the performance of our executive directors, who are in charge of our day-today running.

Our Governors also represent the views of our thousands of members and the public, and do so, at least in part, by attending our quarterly Council of Governors' meetings.

Our Governors are encouraged to play an increasing role in engaging our members in recruitment and engagement, particularly those who use our community services.

We will be looking at how we can align Governor and membership activities with key service development changes to ensure local communities are signposted to new services and have an opportunity to produce feedback on existing ones.

10.2.   Membership Engagement

One of our strategic objectives for 2019-2022 is to refresh our membership to enhance diversity and productive engagement. An action plan for membership engagement during 2020/2021 has been co-produced by governors and members.

We intend to grow our membership base, targeting under-represented constituencies through Governor engagement and developing an approach to attracting younger members. This will be supported by the development of a marketing and communications plan for attracting new members but also refreshing engagement with our existing members.

During 2020/2021, we will also implement a process to identify areas of specific interest that our members would like to pursue, enabling us to target our involvement invitations to achieve maximum engagement.

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LEARNING and using proven research as a basis for delivering safe, effective, integrated care

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Service Delivery Plan on a Page 2020/2021

Children, Learning Disability and Autism Division

- Review care pathways to ensure they are evidence based, updating Service Specifications and Standard Operating Procedures accordingly
- Improve external and inter-service access to divisional services
- Implement and maintain effective and transparent waiting list management processes
- Staff will receive Quality Improvement (QI) training and division introduces regular protected team forum to agree goals for QI
- Implement the national STOMP (Stopping over medication of people with a learning disability)/STAMP (Support treatment and appropriate medication in paediatrics) initiative

- Engage with universal strategies underpinned by a preventative approach
- Work with partners to target support through preventative measures
- Implement systems to measure the effectiveness of clinical care delivered across the division
- Introduce outcome measures across all patient care
- Promote parity of esteem for physical and mental health needs
- Support available to staff to maintain well being
- Creative therapists available to support activities

- Routinely seek and capture the views of service users and their families in service delivery and any proposed changes
- Integrate pathways of care internally and externally, focussing on multi agency delivery
- Engage with Primary Care Networks to realise opportunities for integrated working
- Link to local universities and education establishments to improve recruitment
- Establish formal links with the Integrated Care System
- Joint posts/service delivery with partner organisations including the third sector

- Review skill mixing process to produce creative staffing models
- Introduce career progression pathways for all staff supported by robust training and development structures
- Clear pathways of communication established through the division
- ALWAYS involve staff in service consultations and proposed service changes
- Appraisals linked to training and service development opportunities
- Develop succession plans for future workforce linked to robustly calculated capacity forecasts

- Pilot demand and capacity forecasting model in Child and Adolescent Mental Health Service (CAMHS)
- Increase and develop the use of technology in managing patient care
- Introduction of My Health Guide, CAMHS on line referral form, Q interactive testing and video conferencing
- Development of a Divisional Training Academy for the delivery of external training
- Embrace opportunities for Speech and Language Therapy and CAHMS new business
- Review administrative structure within division

- Extend the use of volunteers across services
- Co-production made core to developing and changing services across the division
- Consolidate and develop joint working with third sector to support pathways of support for patients and their families/carers
- Ensure model of care within inpatient services that emphasises the importance of Community Networks

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Community and Primary Care Services

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- Deliver holistic care following robust clinical with high quality as a focus
- Introduce a 2 Hour community health response
- Explore opportunities for Specialist Service delivery innovation
- Implement effective caseload management tools
- Fully understand Quality Outcomes Framework/prevalence per practice/staffing skill set
- Identify Quality Improvement (QI) Champions in all teams and access QI training for all levels of staff
- Encourage culture of inquisitive questioning to identify QI opportunities

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- Embed wellbeing elements of care into core service delivery
- Identify scope for MSK First Contact Practitioner roles
- Develop/embed Frailty and Elderly Medicine services
- Consider benefits of implementing a Social Prescribing model for community
- Falls training delivered to staff
- Embed Care Navigation to promote Self Care
- Utilise Occupational Health/Human Resources to support staff health, wellbeing local staff wellbeing events
- Staff-walking groups / Fit-Bit challenges/Fun activities

- Increase joint pathway working (e.g. Yorkshire Ambulance Service Diversionary Pathway)
- Continue to improve links with acute patient flow teams.
- Embed and develop Primary Care Network structures/New clinical roles, ensuring appropriate skill mix
- Increase and improve working relationships and integration within the 8 General Practices
- Develop Carers and Cared for plan with Health Trainers
- NHS 111 Direct Bookings promotion along with Self-care/ Pharmacy Minor Ailments Scheme
- Joined up working with City Health Care Partnership re Rapid Response Team, Urgent Treatment Centre and Care Home contracts

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- Safe staffing numbers / workforce fit to deliver care (from a staff wellbeing and a competency perspective)
- Development and implementation of a safe community staffing framework / tool
- Explore joint training opportunities
- Associate Practitioner and Nursing Associate roles within community teams
- Leadership Training Band 6 and 7 staff
- Pharmacist role in each practice to complete medication reviews
- Upskill existing nurses as prescribers
- Explore using Mental Health Nurse for reviews
- Allied Health Professional career structure to include clinical development

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- Pilot demand and capacity forecasting model in Community Nursing services
- Develop digital solutions, e.g. Electronic Palliative Care Coordination Systems (ePACCS), Immedicare (video enabled telemedicine), Engage, NHS 111, NHS App, Push Doctor
- Review Whitby OOH's Contract (Work with CCG's to deliver quality cost effective patient care on ward and MIU)
- Joint/transparent discussions with all stakeholders in relation to Whitby Hospital redevelopment, ensuring site is fit for purpose for patients and staff now and during the refurbishments
- Streamline systems including SystmOne/Emis and explore potential access to external agencies' systems

---

- Develop enhanced care in Care Homes
- Introduce Volunteer Support Service in community
- Increase the use of Personal Health Budgets
- Increase the community bed base
- Develop a Whitby Community Hub
- Develop the Patient Participation Groups to support patients and staff
- Develop relationships with schools and colleges to support Patient Participation Groups
- Promote work experience within our Primary Care services

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Service Delivery Plan on a Page 2020/2021

Addictions Services

East Riding

Reduce Drug Related Deaths through improved Naloxone training and wider distribution of kits

Identify opportunities to develop and introduce telemedicine across the wider footprint

Introduce wider accessibility to screening and treatment pathways for Blood Bourne Viruses

Hull

Lead in the transition to a culture that prioritises safety and promotes shared learning/transparency

Introduce Clinical Peer addictions supervision/tutorials for General Practitioners

East Riding

Embed specific groups to enhance Physical health, Wellbeing and recovery

Physical and mental health to be addressed equally in people with a dual diagnosis

Embed Health Improvement Profiles

Provide health promotion in General Practices

Co-production with other services/Health Bus to reach rural areas

Hull

Partnership working with Social Prescribing organisations

Provide supportive and regular training and research/tutorials for identifying clinical risk to patients

Introduce evidenced-based outcomes for personalised recovery

East Riding

Work with the strength based disciplines from both the medical and pro social model

Service configuration/service level agreement equity across the partnership making it less complex

Hull

Develop a shared leadership approach in Primary Care that is patient-centric

Mobilise Peer Mentor/Champion engagement across the Primary Care patch to harness alliance and support connectivity

Development of a Patient Safety and Advisory Working Group

Clearly defined pathways of care between Humber other organisations to prevent duplication

East Riding

Continue to develop peer mentors

Develop leadership and management to future proof the service

Ensure we have the right people in the right place in the right job

Ensure we create career opportunities and a tiered workforce to continue to deliver /improve our quality

Upskill of the workforce for digital and information technology developments

Hull

Embed and implement the right competency framework for addictions staff

Provide professional resilience training

Identifying the need for clinical/ non-clinical staff supervision, creating a value based supervision experience

East Riding

Introduce a mobile hub to enable "One Team" working across the rural footprint

Invest in our workforce and provide structured career pathways

Develop and grow our own staff

Ensure there is clear and effective communication with teams

Hull

Facilitate access to patient records with agile and integrated (shared) technology from health and social care data systems

Use data to inform new safe strategies, to provide demonstrable cumulative benefits for patients

Develop standards for shared data collection in Primary Care

East Riding

Clearly define/identify what social value means to the local population and Local Authority

Remove stigma and judgement within the view of communities/media

Undertake community asset mapping

Introduce peer mentors

Make every contact count (MECC) and develop ambassadors across our services and communities.

Hull

Provide education that identifies what contributes to patient harm to build confidence of patients and their families and provide harm reduction advice.

Raise awareness and embed the White Ribbon Campaign in local communities

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Prevention, Wellbeing and Recovery

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Column 1:
- Identify and address population need within locality areas
- Evidence best practice across our preventative health service
- Ensure Standard Operating Procedures are developed and refreshed in line with service change
- Identify and build on Quality Improvement opportunities
- Enhance the patient feedback loop and share feedback with staff, review and maximise actions through action planning
- Create research opportunities across all prevention and lifestyle provision

Column 2:
- Integrate all prevention, recovery and lifestyle provision under one service area to define the strategic goal
- Develop internal staff health and wellbeing charter and Standard Operating Procedure for workforce
- Support the trust to embed staff health and wellbeing strategy
- Build on staff health offers to reduce sick days
- Integrate prevention across all patient facing areas across the trust
- Embed Making Every Contact Count principles across Trust
- Share / link directory of services
- Develop a stronger communications platform for the Prevention Wellbeing and Recovery service

Column 3:
- Support trust business with existing partnerships and alliances we have created – sharing good practice
- Ensure the Prevention Wellbeing and Recovery service is integrated as one
- Integrate Prevention Wellbeing and Recovery alongside mental health and primary care as a 'business as usual' offer
- Enhance the use of technology
- Integrate and embed social prescribing across all primary care and Primary Care Network areas
- Develop Standard Operating Procedure for engaging with communities

Column 4:
- Integrate the Prevention Wellbeing and Recovery service as "One Team"
- Complete a full review of job role and responsibilities across the service
- Create opportunities for career progression
- Create training opportunities (internal training champions and leaders)
- Provide opportunities for system champions to have responsibility for subject areas within the team
- Create a staff e-bulletin and an ideas drop-box
- Ensure a robust and clear induction and training plan for new starters
- Ensure appraisals are delivered with meaning, confidence and become opportunistic

Column 5:
- Develop a clear and valuable commercial business offer
- Streamline reporting and Information Technology functionality
- Improve audit reporting across all service areas
- Utilisation of videoconferencing to reduce travel and be more connected
- Develop a clear business plan and share with staff
- Share data and position with staff ensuring they understand cost versus activity
- Create opportunities to utilise external funding (Non NHS)
- Be responsive – Bring the team with you

Column 6:
- Create a charity function (fundraising through Health Stars)
- Embed the social prescribing approach across the primary/mental health services
- Evidence our work with local communities and share our approach with organisation
- Invest as a service area in our social value as a team – share with staff as part of wellbeing strategy
- Integrate Yourhealth, Recovery College and Positive Assets
- Make 'social value' our core business
- Develop the trusts position on 'self-care' as part of the teams vision
- Work with community partners to enhance the volunteer position
- Develop our veterans offer

Service Delivery Plan on a Page 2020/2021

Mental Health Division

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Column 1 (top):

- Identify local Patient Safety Champions
- Deliver a Patient Safety Practice Development Day sharing the local team successes
- Implement the CQC recommendations of the sexual safety on mental health wards report (2018)
- Reduce incidents of self-harm and violence through the implementation of safe wards programme
- All those admitted to hospital will have a full physical screen and care plan to meet any identified needs
- Increase research opportunities for patients, families and carers
- Introduce mixed clinical research posts into planned and unplanned care

Column 2 (top):

- To establish evidence based outcomes measures in the redesign of Community Mental Health Services which are commonly used, measured and understood
- Develop a specific approach to the prevention of falls and provide training in OTAGO for staff in Older People's Mental Health
- Develop a new model for Community Mental Health Services aligned to primary Care Networks focussed on prevention, well-being and recovery
- Provide physical health checks routinely to all those accepted for community mental health services

Column 3 (top):

- Engage partners in the development of a full implementation plan for new models of mental health care aligned to Primary Care Networks to be implemented by April 2021
- To develop the approach to co-production in the planning and delivery of transformational change in Community Mental Health Services
- Develop collaborative care planning to improve patient centred care
- Develop relationships with voluntary sector in the delivery of a single pathway for people with dementia
- Identify opportunities for voluntary sector to contribute to delivery sustainable change to acute care and reduce reliance on inpatient facilities

Column 1 (bottom):

- Prepare, publish and implement a full Workforce Strategy capable of meeting anticipated demand, including new roles, support, training and development
- Clinical supervision will be made available to all clinical staff and taken up by at least 95%
- Establish a training needs and career development programme
- Establish peer support workers as integral to the delivery of modern mental health services
- Work with Human Resources to reduce time taken recruiting to vacant posts
- To establish links with Step Into Health to promote opportunities for working with veterans

Column 2 (bottom):

- Pilot demand and capacity forecasting model in Community Mental Health Teams (CMHT), starting with CMHT East
- Complete final full business case for the redesigned inpatient environment by December 2021
- Progress plans for the provision of Mother and baby Inpatient Services
- Implement and maintain a sustainable Improve Access to Psychological Therapies service
- Seek opportunities to extend the range and availability of Veterans Services
- Implement plans for community rehabilitation services and develop rehabilitation pathways to reduce out of area placements

Column 3 (bottom):

- Develop a structured approach to the deployment of volunteers across mental health services
- Establish links with social providers which enhance the quality of care and services
- Establish Individual Placement Support within CMHT
- Work with colleagues in Recovery College to strengthen the partnership
- Strengthen and formalise our approach to and delivery of co-production principles in practice

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Service Delivery Plan on a Page 2020/2021

Specialist Division

- Introduce robust governance structures to enhance patient safety and quality
- Staff understand the science of science of safety
- Introduce integrated service model pathways that support reduction of length of stay and use of out of area facilities
- Minimum two staff trained as trainers for Quality Improvement (QI) methodology and involve all grades in QI training
- QI idea generation regular agenda item on clinical network and patient council
- Ensure we triangulate outcome, experience and incident data through the Clinical Network to continuously improve service provision

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- Continue to embed the role of the Primary Care team.
- Continue to invest in the physical health skillset of the staff, to ensure a culture of 'whole health'
- Ensure patient is at the centre of Care Programme Approach process
- Invest in the Recovery College in the service
- Improve on staff wellbeing through a culture of opportunities and development
- Provide opportunities for staff to be a part of patients' recovery from admission to community
- Use outcome measures to inform and evaluate effectiveness of interventions

---

- Minimum of two involvement leads in all areas to ensure service users, families and carers are fully involved in care and service improvements
- Embrace our role as a lead provider
- Identify gaps in service provision and promote different ways of working and innovation
- Improve our relationships with voluntary/statutory/non statutory and private sector partners
- Develop a clear communication pathway to deliver information effectively
- Ensure effective engagement takes precedent to support the change cycle
- Identify opportunities for staff to work with other services to gain new skills

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- Identify staffing model required to deliver clinical model in view of demand and capacity forecast
- Foster culture of shared leadership
- Ensure everyone is accountable for improving the patient experience whilst in our care
- Develop culture of high quality safe care that embraces change and improvement
- Identify opportunities to introduce new and/or hybrid roles
- Identify career and development pathways and introduce a talent pool
- Invest in the service to deliver team days, in-house training, staff wellbeing initiatives and protected time

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- Pilot demand and capacity forecasting model across inpatient services to determine bed base
- Improve on technology to enable video link for court processes, high secure CPA's and complex cases
- Ensure we can be more fluid with our business to ensure under occupancy does not reduce to below 95%
- Optimisation of e-rostering to ensure effective working across the service, to minimise use of bank spend
- Ensure the development of a robust Budget Reduction Strategy to include new business and growth
- Ensure ward environments meet required minimum standards

- Establish improved links with community and voluntary services
- Promote peer working and the use of volunteers
- Involve staff from all disciplines with the Involvement strategy
- Promote recruitment opportunities and career pathways
- Identify leadership opportunities for qualified staff to attend at all grades
- Introduce community based service to reduce overall demand for inpatient facilities

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Caring, Learning and Growing

Digital Plan 2020-21

NHS
Humber Teaching
NHS Foundation Trust
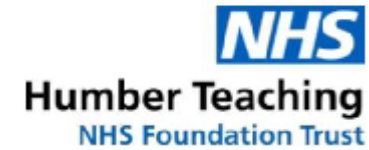
Mission

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

Vision

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

Values

CARING for people while ensuring they are always at the heart of everything we do.

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

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

Goals

Innovating quality and patient safety.

Enhancing prevention, wellbeing and recovery.

Fostering innovation, partnership and alliances.

Developing an effective and empowered workforce.

Maximising an efficient and sustainable organisation.

Promoting people, communities and social values.

Implement Agile working across our organisation

Start to implement single sign on for staff

Pathology and GP information to be included to the patient search portal

Transfer of care to be implemented

Complete the implementation of SNOMED

Replaced 100% of windows 7 with windows 10 operating system.

Implement Power BI

Start the implementation of a patient held record

Complete the to implement the electronic referral service for Mental Health services

Regional organisation access our information using the Local Health Care Record Exemplar.

Implemented of electronic prescribing across our community teams

Implemented electronic consolations

Caring, Learning and Growing