

**Trust Board Meeting 30 November 2022  
Agenda - Public Meeting**

For a meeting to be held at 9.30am Wednesday 30 November 2022, via Microsoft Teams

		Lead	Action	Report Format
<b>Standing Items</b>				
1.	Apologies for Absence	CF	Note	verbal
2.	Declarations of Interest	CF	Note	√
3.	Minutes of the Meeting held on 26 October 2022	CF	Approve	√
4.	Action Log and Matters Arising	CF	Discuss	√
5.	Staff Story: Gemma Cartman – Being Humber	SMcG	Discuss	√
6.	Chair's Report	CF	Note	√
7.	Chief Executives Report	MM	Discuss/Approve/Ratify	√
8.	Publications and Highlights Report	MM	Note	√
<b>Performance &amp; Finance</b>				
9.	Performance Report	PBec	Discuss	√
10.	Finance Report	PBec	Discuss	√
<b>Strategy</b>				
11.	No items this meeting			
<b>Corporate</b>				
12.	Humber and North Yorkshire Integrated Care System – Mental Health and Learning Disabilities Collaborative Programme Update – Alison Flack, Programme Director attending	MM	Note	√
13.	Humber And North Yorkshire Integrated Care Extraordinary Board 12.10.22 Minutes	MM	Note	√

<b>Assurance Committee Reports</b>				
14.	Mental Health Legislation Committee Assurance Report	MS	Note	√
15.	Audit Committee Assurance Report	SMcKE	Note	√
16.	Quality Committee Assurance Update	PE	Note	verbal
17.	Potential Items for Consideration at Future Strategy meetings	CF	Note	verbal
18.	Items to Escalate including to the High Level Risk Register	CF	Note	verbal
19.	Any Other Business	CF	Note	verbal
20.	Review of Meeting	CF	Note	verbal
21.	<b>Exclusion of Members of the Public from the Part II Meeting</b>			
22.	<b>Date, Time and Venue of Next Meeting</b> Wednesday 25 January 2023, 9.30am by Microsoft Teams			



**Agenda Item 2**

Title & Date of Meeting:	Trust Board Public Meeting – 30 November 2022											
Title of Report:	Declarations of Interest											
Author/s:	Caroline Flint Chair											
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To receive &amp; discuss</td> <td></td> </tr> <tr> <td>For information/To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> </table>				To approve		To receive & discuss		For information/To note	✓	To ratify	
To approve		To receive & discuss										
For information/To note	✓	To ratify										
Purpose of Paper:	<p>The report provides the Board with a list of current Executive Directors and Non-Executive Directors interests.</p> <p>The declarations for Michele Moran has been updated to include;-</p> <ul style="list-style-type: none"> <li>• Non-Executive Director DHU Healthcare from 2/11/22</li> </ul>											
Key Issues within the report:												
<b>Matters of Concern or Key Risks to Escalate:</b>		<b>Key Actions Commissioned/Work Underway:</b>										
<ul style="list-style-type: none"> <li>• No issues to note</li> </ul>		<ul style="list-style-type: none"> <li>• N/A</li> </ul>										
<b>Positive Assurances to Provide:</b>		<b>Decisions Made:</b>										
<ul style="list-style-type: none"> <li>• Updated declarations</li> </ul>		<ul style="list-style-type: none"> <li>• N/A</li> </ul>										
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date								
	Audit Committee		Remuneration & Nominations Committee									
	Quality Committee		Workforce & Organisational Development Committee									
	Finance & Investment Committee		Executive Management Team									
	Mental Health Legislation Committee		Operational Delivery Group									
	Charitable Funds		Collaborative									

	Committee		Committee	
			Other (please detail) Monthly Board report	✓

**Monitoring and assurance framework summary:**

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

## Directors' Declaration of Interests

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

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

**Trust Board Meeting**  
**Minutes of the Public Trust Board Meeting held on Wednesday 26 October 2022 via**  
**Microsoft Teams**

**Present:**

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

**In Attendance:**

- Mrs Stella Jackson, Head of Corporate Affairs
- Mrs Jenny Jones, Trust Secretary (minutes)
- Dr Iqbal Hussain, Clinical Lead (for item 198/22)
- Mrs Debbie Davies, Lead Nurse, Infection Prevention & Control (for item 206/22)

**Apologies:** None

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

195/22	<p><b>Declarations of Interest</b></p> <p>The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they declare their interest and remove themselves from the meeting for that item.</p> <p>The Chief Executive and the Director of Finance have a standing declaration of interest regarding items relating to the Collaborative Committee.</p>
196/22	<p><b>Minutes of the Meeting held 28 September 2022</b></p> <p>The minutes of the meeting held on 28 September were agreed as a correct record.</p>

197/22	<p><b>Matters Arising and Actions Log</b> The action log and work plan were noted.</p>
198/22	<p><b>Staff Story</b> Dr Iqbal Hussain, Clinical Lead joined the meeting to share his experiences of working with the Trust. He started his career with the organisation as a salaried GP at two practices. He was then appointed as the clinical lead for the Trust's GP practices and community services in Whitby and Malton. He took up his current role in May this year to review the transformation element of the practices and the clinical model for Whitby wards and urgent treatment centre. Dr Hussain also holds GP sessions in a number of practices and on Whitby wards. He has completed the Proud and NHS Leadership Academy courses and is enjoying the senior leadership role.</p> <p>Mike Smith asked what the challenges were nationally and in the organisation. Dr Hussain explained the national challenge related to funding. The local focus was on turning our GP practices into formal teaching practices as this would help with the recruitment of staff.</p> <p>Dean Royles asked about the interface between primary and secondary care and how Dr Hussain saw the relationship with our GP practices and the broader services eg pharmacy, charitable services. Dr Hussain reported there was a focus on treatment within the community as a first stop. A triage tool had been designed to support this process, but patients still preferred to see a GP.</p> <p>Phillip Earnshaw asked how the practices in the Trust were interfacing with the Primary Care Networks (PCNs) as the majority of GP investment was through the PCNs and this could be as much as 15% of the budget. Dr Hussain explained that the organisation was involved with three different PCNs which had its own challenges with delivery as each was at a different stage of maturity. However, opportunities were identified and taken forward.</p> <p>Kwame Fofie asked if Dr Hussain had any suggestions as to how senior leaders would be developed. Dr Hussain believed time should be allocated for personal development, with backfill for the GP clinical work to allow this to happen.</p> <p>The Chair asked what reassurance could be given to members of the public about changes occurring in Bridlington. Dr Hussain explained that two practices had been merged together to create a larger practice as has been done in another area. Any future opportunities to do the same with other smaller practices would be considered. The advantage of having larger practices was that all staff worked out of the same building. It also helped with recruitment and made it more attractive for people to join these practices and in particular those that had a training or research aspect.</p> <p>Stuart McKinnon-Evans noted the expectation of patients for face to face appointments and asked whether online appointments appealed more to young people. Dr Hussain informed Board colleagues a hybrid model was offered for consultations and depending on the outcome, patients could choose whether they wanted to receive a telephone call, text, face to face or e mail follow up and this model appeared to be working well. Older people preferred face to face appointments whereas young people were happy to receive a text or have a video consultation.</p> <p>The Chief Executive thanked Dr Hussain for the work he had done in GP practices during and after Covid and looked forward to seeing future innovations.</p>

	<p>The Board thanked Dr Hussain for sharing his experiences.</p>
<p>199/22</p>	<p><b>Chair’s Report</b></p> <p>The Chair welcomed Kwame Fofie and Stella Jackson to their first meetings. The Board extended its thanks to Dr Michael Dasari for taking up the Interim Medical Director role whilst the post was recruited to.</p> <p>Since the last meeting a Board Time Out had been held and the Chair reported that as part of the changes to the format of public Board meetings, consideration was being given to the process for feeding back from these meetings. Discussions at the last meeting were held on:</p> <ul style="list-style-type: none"> <li>• Capital and operational 22/23 planning</li> <li>• The Freedom to Speak Up strategy following new guidance published by the National Guardians Office</li> <li>• NHS initiative that started a few years ago around leadership and management in the Health &amp; Social Care sector</li> <li>• Raising money for the Trust through Health Stars and the charitable funds</li> <li>• Agency recovery spend. NHS England had confirmed that from September 2022, expenditure levels would be established at the ICB level and agency staffing performance was to be reintroduced into the Oversight Framework</li> <li>• Update on the mental health redesign project for the Willerby site.</li> </ul> <p>Other activity during the month included: -</p> <ul style="list-style-type: none"> <li>• Attendance at the opening of Whitby Hospital</li> <li>• Joining the Patient and Carer Engagement forums</li> <li>• Involvement in Black History month</li> <li>• Attendance at the Yorkshire &amp; Humber Chairs meeting with discussions on waiting times and ambulance pressures</li> <li>• Chaired the Annual Members’ Meeting where there had been an opportunity to meet staff who were showcasing their work</li> <li>• Chaired the Council of Governors meeting</li> </ul> <p>It was noted that there had been a visit to Mill View Court by Non-Executive Directors during the month. Future visits were planned to other areas but would be subject to infection control rates.</p> <p><b><u>Resolved:</u></b> The update was noted.</p>
<p>200/22</p>	<p><b>Chief Executive’s Report</b></p> <p>The report provided updates from each of the Directors along with a summary of activities undertaken by the Chief Executive. Areas highlighted to the Board included: -</p> <ul style="list-style-type: none"> <li>• A vacancies update</li> <li>• A Covid update</li> <li>• Information regarding the My Stammering Child launch at Hull Minster. It was suggested that Speech and Language Therapists, be invited to a future meeting to update Board members regarding the event</li> <li>• An update on the rapidly developing Integrated Care System (ICS)</li> <li>• Shortlist for the HSJ Awards in November</li> </ul>

	<p>An update on system pressures was given by Lynn Parkinson. Sickness absence rates were rising and Covid measures had been put in place for November. The Trust was currently operating at Opel 3 level.</p> <p>Hanif Malik referred to the recruitment in India asking whether a reciprocal arrangement was in place. He was informed that recruitment was being undertaken in partnership with the Indian Government who had over recruited doctors and nurses and wanted to help other areas. During the visit there would be a reciprocal approach by providing them with information to help improve their systems, structures and development approaches.</p> <p>In responses to queries, updates were provided on Single Point of Contact and Right to Reside (delayed transfers of care). A Single Point of Access service across community services in Whitby, Scarborough, Ryedale and Pocklington was in place and had evolved over time. Pressures were being seen in community services and work was taking place to ensure there was capacity to meet the demand.</p> <p>For the Right to reside, it was noted that work with system partners and Local Authorities to progress the issues was taking place. Concerns were being raised in ICB forums and in the meetings the Chair attended. Should further escalation be required from the Board this would be taken forward appropriately.</p> <p>Hilary Gledhill informed the Board that in response to rising Covid infection rates that staff and visitors had requested to wearing masks. This will be reviewed at the end of November.</p> <p><b><u>Resolved:</u></b> The report and updates were noted.  <b><u>Speech and Language Therapists to be invited to a future meeting Action LP</u></b></p>
201/22	<p><b>Publications and Highlights Report</b>  The report provided an update on recent publications and policy.</p> <p><b><u>Resolved:</u></b> The report was noted.</p>
202/22	<p><b>Performance Report</b>  Mr Beckwith presented the report relating to the current levels of performance as at the end of September 2022. He highlighted the following key points: -</p> <ul style="list-style-type: none"> <li>• Waiting Times were detailed in Appendix B of the report.</li> <li>• Statutory and mandatory training overall remained above the Trust target of 85%, currently at 91.2%.</li> </ul> <p>Dean Royles reported that statutory and mandatory training was monitored at the Workforce &amp; Organisational Development Committee. Compliance was high and deep dives into area of lower compliance were undertaken.</p> <p>Phillip Earnshaw commented on the doubling of referrals over the last two years and wanted to understand this better. He also asked whether the recovery rates for the Care Programme Approach (CPA) and Improving Access to Psychological Therapies (IAPT) in the East Riding were being reviewed. The Chief Executive explained that demand had increased prior to, during and post Covid and it was not envisaged this would reduce anytime soon. There was a focus on service redesign and transformation.</p>

	<p>In relation to CPA reviews, Lynn Parkinson reported that there was no operational reason why the levels were not being achieved and she anticipated these would be back on track for the next report. In terms of IAPT, additional resource for GP practices had been provided. The pathway had been changed with primary care picking up low levels of complexity and the IAPT teams taking the higher levels of complexity cases. It was envisaged this would have a positive impact on the recovery rates.</p> <p>Stuart McKinnon-Evans queried whether the change to the Care Hours per Patient Day (CHPPD) thresholds was a national decision. Hilary Gledhill explained that the national benchmarking tool was used, however the current unit reviews taking place would utilise patient dependent data to identify the CHPPD for each ward.</p> <p>Comments were received on the graphs in the report and what they represented. It was agreed to have further a discussion regarding these at a Strategic Business meeting.</p> <p><b><u>Resolved:</u></b> <u>The report and verbal updates were noted</u>  <u>Discussion to take place at a Strategic Business meeting on performance including waiting times. This will be added to the workplan for the meetings <b>Action LP &amp; SJ</b></u></p>
203/22	<p><b>Finance Report</b></p> <p>The finance report as at the end of September 2022 was presented to the Board. A strong financial position was reported with a cash balance at the end of Month 6 of £31.440m. The Better Payment Practice Code figures showed achievement of 91.2%</p> <p><b><u>Resolved:</u></b> <u>The Board noted the Finance report</u></p>
204/22	<p><b>NHS England Operating Framework</b></p> <p>A summary of the new NHS England operating Framework was presented to the Board. It set out the roles that NHS England, ICS and providers will play in the new structure following the establishment of ICSs on a statutory basis under the Health and Care Act 2022. The Operating Framework also reflected how NHS England would operate.</p> <p>NHSE would formally merge with Health Education England (HEE) and NHS Digital on 1<sup>st</sup> April 2023 with work on organisational design continuing into 2023/24. An organisational change and transformation programme would be developed, recognising that changes to ways of working would take time.</p> <p><b><u>Resolved:</u></b> <u>The report was noted.</u></p>
205/22	<p><b>Quality and Safety of Mental Health, Learning Disability and Autism Inpatient services- Humber Teaching NHSFT response to Panorama Expose on Edenfield Secure Services</b></p> <p>The report provided assurance in relation to the Trust's position against key questions raised nationally following the expose of an NHS medium secure unit in the North West by an undercover reporter for Panorama.</p> <p>A cycle of Peer reviews continued and would be reviewed to reflect this report. The Director of Nursing &amp; Chief Operating Officer would be meeting with each division to discuss their approaches to optimising the monitoring of care in their services and to identify any further actions to be taken to strengthen existing approaches and processes.</p>

The Trust already had a number of processes in place including: -

- Robust safeguarding processes
- Robust complaints, incident reporting and FTSU processes
- Peer reviews
- Matron audits
- Local and corporate safety huddles
- Auditing of seclusion use
- Trauma Informed and compassion focussed models of care
- Voice of service users and their family is captured through various means
- Independent and external reviews

Mike Smith queried whether the graph taken from the national benchmarking information was correct. This would be reviewed outside of the meeting.

Board members thought this was a good report that gave assurance on the work. It was noted:

- There was more work to do in children's services at Inspire as there has been significant turnover and acuity.
- A quality improvement plan is in place to address the increase in short term absences
- The use of Agency staff and vacancies were being recruited to. Five registered nurses were due to start in November.
- Visits were being undertaken by the Executives and also by matrons who undertook audits and spot checks/unannounced visits.

Steve McGowan suggested that corporate teams be included in the work being undertaken by Hilary Gledhill and Lynn Parkinson.

It was reported the Executive team constantly looked at the culture of the organisation and had encouraged all staff to watch the Panorama programme. Quality of services was constantly reviewed and triangulated with data from complaints, Freedom to Speak up and other processes were also in place. Unacceptable behaviour would be challenged, and the Behavioural Standards reinforced in the organisation. The health and wellbeing of staff was also monitored.

It was noted that monitoring would take place at the Mental Health Legislation and Quality Committee and updates provided to the Board through those routes. An update will be provided at a future Strategic Business meeting.

**Resolved:** The report was noted

**An update will be provided at a future Strategic Business meeting. HG to inform SJ when this item should be timetabled for discussion. Action HG**

206/22

**Infection Prevention and Control (IPC) Annual Report 2021/22**

Debbie Davies, Lead Nurse for Infection Control introduced the IPC Annual Report and highlighted the achievements and issues experienced as detailed in the report

Phillip Earnshaw confirmed the report had been well received by the Quality Committee and thanks had been extended to the team for their work. Any environmental related

	<p>challenges were discussed with the Estates team. The Chair reported she had seen some good examples of the use of outdoor space on her visits and suggested these could be extended into other areas.</p> <p>The Chief Executive acknowledged the work that the team had undertaken and the response to ever changing infection control guidance. The low number of outbreaks was a tribute to the work of the team.</p> <p><b><u>Resolved:</u></b> <u>The Board ratified the report</u></p>
207/22	<p><b>Trust Behavioural Standards Refresh</b></p> <p>Steve McGowan reported that the Trust’s refreshed Behavioural Standards were positively received at the Workforce and Organisational Development (OD) Committee.</p> <p>A communications plan was in place for roll out across the Trust and there would be a focus on “Being Humber”. It was important that everyone, including Board members and Governors raise their concerns regarding any behaviours which did not adhere to the standards. Hanif Malik asked how embedded these standards were in the workplace. Steve McGowan reported work was underway to assess this.</p> <p>The Chief Executive suggested that at the end of each meeting, there should be a discussion on how the meeting was and whether participants were “Being Humber”. It was agreed that this would be added to the agenda template for the organisation and Stella Jackson would take this forward.</p> <p><b><u>Resolved:</u></b> <u>The Behavioural Standards were noted</u>  <u>Agenda template for all meetings to be updated to include reflection at the end of the meeting about behaviours and “Being Humber”</u> <b>Action SJ</b></p>
207/22	<p><b>Emergency Preparedness Resilience and Response (EPRR) Assurance Process 2022-23</b></p> <p>A report was considered regarding the Emergency Preparedness Resilience and Response (EPRR) Assurance Process for 2022-23.</p> <p>Mike Smith, the Non-Executive Director for Emergency Planning, confirmed he had reviewed the report and agreed with the content. He suggested that a loss of power exercise be added to the programme. Lynn Parkinson confirmed an EPRR exercise plan was in place and all business continuity plans had been reviewed.</p> <p><b><u>Resolved:</u></b> <u>The Trust Board approved the signing of the compliance statement, and assessment by the Chief Operating Officer and it will be submitted to the Integrated Care Board by 28 October 2022</u></p>
208/22	<p><b>Workforce Disability Equality Scheme (WDES) Annual Report 2022</b></p> <p>The annual report was presented for consideration prior to publication on the Trust website</p> <p><b><u>Resolved:</u></b> <u>The Board noted the report</u></p>
209/22	<p><b>Workforce Race Equality Scheme (WRES) Annual Report 2022</b></p> <p>The Workforce Race Equality Scheme (WRES) Annual Report 2022 was presented to the Board.</p>

	<p>Stuart McKinnon-Evans asked how the figures for the last two years compared against the national picture. Steve McGowan believed this could be made more explicit within the report which would be amended before publication.</p> <p>Hanif Malik said that when compared against the national picture the Trust had fared better in most indicators. He commented that in section 6 figures were high for people experiencing discrimination through management practices or abuse. This was an area that required monitoring. Steve McGowan reported that harassment from patients was also too high, but there had, despite a 10% reduction in this score over the last three years. More work was being done in these areas. Harassment from managers was going in the wrong direction and an action plan was in place and would be monitored by the Workforce &amp; Organisational Development Committee.</p> <p><b><u>Resolved:</u></b> The annual report was noted</p>
210/22	<p><b>Council of Governors Public Meeting Minutes 14 July 2022</b> The minutes from the July Council of Governors meeting were presented.’.</p> <p><b><u>Resolved:</u></b> The minutes were noted.</p>
211/22	<p><b>Humber, North Yorkshire, York Integrated Care Board (ICB) Update</b> The Chief Executive presented the update.</p> <p><b><u>Resolved:</u></b> The update was noted</p>
212/22	<p><b>Finance &amp; Investment Committee Assurance Report</b> The report provided assurance to the Board on the financial performance and any business development opportunities identified. A recommendation was made that the Primary Care Strategy and a strategic review of future potential cost reduction asks be considered at the December Board development session.</p> <p>Steve McGowan informed the Board that the agency position had improved from a 50% fill rate to 75% for all shifts thanks to the work of the operational teams.</p> <p><b><u>Resolved:</u></b> The report was noted <b><u>Primary Care Strategy and a strategic review of future potential cost reduction to be considered at Board Development session Action SJ</u></b></p>
213/22	<p><b>Collaborative Committee Assurance Report</b> A summary of the executive discussions held at the meeting on 14 October 2022 was provided and the areas below drawn to the Board’s attention: -</p> <ul style="list-style-type: none"> <li>• Due to staffing pressures the Mill Lodge CAMHS day care model had been paused</li> <li>• Staffing pressures at both Mill Lodge and Inspire CAMHS units had resulted in increased out of area placements and increased financial spend on CAMHS</li> <li>• Innovative work was taking place regarding day care provision. Stuart McKinnon-Evans was pleased to note that innovation was being seen across the Collaborative.</li> </ul> <p>Due to the time pressures at the meeting, the time for the meeting had been increased by 30 minutes. Mike Smith had also joined the Committee</p>

	<b><u>Resolved:</u></b> The report was noted.
214/22	<p><b>Workforce &amp; Organisational Development Committee Assurance Reports &amp; 13 July 2022 Minutes</b></p> <p>An executive summary of discussions held at the meeting held on 12<sup>th</sup> October 2022 and the minutes of the meeting held on 13 July 2022 were presented for information. Dean Royles, Chair of the Committee explained that rising vacancies, rising turn over and rising absence were being seen. He emphasised that this was not due to losing staff, but because the organisation was growing its workforce with more nurses and clinical staff. Vacancies were being recruited to.</p> <p>The Committee had asked the Executives to review the Risk Register and Board Assurance Framework scores.</p> <p>Statutory and mandatory training had improved and was in line with agreed targets. Deep dives into lower compliance areas were being undertaken at the Committee meetings.</p> <p>The Executive team was asked to look at the pay rates for Apprentices. These had been reviewed and agreement had been reached to pay the National Minimum Wage rate to apprentices undertaking Band 2 roles.</p> <p><b><u>Resolved:</u></b> The report was noted.</p>
215/22	<p><b>Quality Committee Assurance Report &amp; 3 August 2022 Minutes</b></p> <p>An annual report meeting was held on 29<sup>th</sup> September 2022 and a summary presented. The minutes of the meeting held on 3 August 2022 were presented for information.</p> <p>Phillip Earnshaw extended his thanks to Mike Smith for temporarily chairing the Committee.</p> <p>NICE guidance was discussed and with the low number of baseline assurance the Committee asked for the risk register to be updated accordingly. The dissemination of NICE guidance appeared to be bureaucratic especially in relation to primary care. It was suggested by the Committee that for this area, the information be distilled in a more appropriate format for a GP practice.</p> <p><b><u>Resolved:</u></b> The report was noted</p>
216/22	<p><b>Items for Escalation</b></p> <p>No items were raised.</p>
217/22	<p><b>Any Other Business</b></p> <p>No other business was raised.</p>
218/22	<p><b>Exclusion of Members of the Public from the Part II Meeting</b></p> <p>It was resolved that members of the public would be excluded from the second part of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.</p>
219/22	<p><b>Date and Time of Next Meeting</b></p> <p>Wednesday 30 November 2022, 9.30am via Microsoft Teams</p>

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

Chair

**Agenda Item 4**

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

<b>Summary of actions from October 2022 Board meeting and update report on earlier actions due for delivery in November 2022</b>						
<i>Rows greyed out indicate action closed and update provided here</i>						
<b>Date of Board</b>	<b>Minute No</b>	<b>Agenda Item</b>	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Update Report</b>
26.10.22	200/22	Chief Executive's Report	Speech and Language Therapists, Ruth Edwards and Siobhan Ward to be invited to a future meeting	Chief Operating Officer	April 2023	Item not yet due Attendance at the Strategic Board Meeting
26.10.22	202/22	Performance Report	Discussion to take place at a Strategic Business meeting on performance including waiting times. This will be added to the workplan for the meetings	Chief Operating Officer & Head of Corporate Affairs	April 2023	On Strategic Business Meeting Agenda for April 2023
26.10.22	205/22	Quality and Safety of Mental Health, Learning Disability and Autism Inpatient services- Humber Teaching NHSFT response to Panorama Expose on	An update will be provided at a future Strategic Business meeting. HG to inform SJ when this item should be timetabled for discussion	Director of Nursing, Allied Health and Social Care Professionals	February 2023	Item not yet due

		Edenfield Secure Services				
26.10.22	207/22	Trust Behavioural Standards Refresh	Agenda template for all meetings to be updated to include reflection at the end of the meeting about behaviours and “Being Humber”	Head of Corporate Affairs	December 2022	Item not yet due
26.10.22	210/22	Finance & Investment Committee Assurance Report	Primary Care Strategy and a strategic review of future potential cost reduction to be considered at Board Development session	Head of Corporate Affairs	December 2022	Strategic review of future potential cost reduction to be discussed at December Time Out.  Date for Primary Care Strategy to be agreed

**Outstanding Actions Arising from Previous Board meetings for feedback to a later Board meeting**

<b>Date of Board</b>	<b>Minute No</b>	<b>Agenda Item</b>	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Update Report</b>
27.4.22	81/22	Freedom to Speak Up (FTSU) Annual Report 2021/22	The next report will break down the data by ethnic group and gender	FTSU Guardian	April 2023 (Date changed to align with next annual report)	Item not yet due
27.7.22	150/22	External Review of Governance Action Plan Update	A review of embeddedness will be undertaken in quarter 3 (Oct-Dec) and reported to Board.	Chief Executive	January 2023	Not yet yet due
28.9.22	173/22	Patient & Carer Experience Annual Report	Complaint’s data to be discussed at EMT	Medical Director	November 2022	Discussed at 14.11.22 meeting

		21/22 (incl Complaints and PALs)				
28.9.22	174/22	Winter Planning	The system business continuity plans will come to the Board for Mental Health and Community services	Chief Executive	November 2022	Updated included in the Chief Executive's report
28.9.22	176/22	Cost of Living and Support Report	The report to be discussed at a future Board Time Out	Chief Executive	December 2022	Item on the agenda for the December meeting

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



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

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

**Agenda Item 5**

Title & Date of Meeting:		Trust Board Public Meeting 30 November 2022																															
Title of Report:		Staff Story: Gemma Cartman – Being Humber																															
Author/s:		Pete Cook – Head of Learning and Organisational Development																															
Recommendation:		<table border="1"> <tr> <td>To approve</td> <td></td> <td>To receive &amp; discuss</td> <td></td> </tr> <tr> <td>For information/To note</td> <td>x</td> <td>To ratify</td> <td></td> </tr> </table>				To approve		To receive & discuss		For information/To note	x	To ratify																					
To approve		To receive & discuss																															
For information/To note	x	To ratify																															
Purpose of Paper:		<p>This staff story will be told by Gemma Cartman – Senior Organisational Development Practitioner.</p> <p>Gemma talks about her experiences developing a behavioural Framework that faces into the requirements of our Trust and captures the culture we can all strive to achieve.</p> <p>Gemma has been raising awareness of this across the trust and has been working with the communications team to provide a campaign approach which enables us to measure the reach of the behavioural framework and its effectiveness.</p> <p>The Being Humber campaign launched last month, and we've committed to never stop talking about how important it is. Gemma will share some of her early findings, as an OD team we're on a mission to amplify and celebrate what makes us unique as a Trust</p>																															
Key Issues within the report:																																	
<b>Matters of Concern or Key Risks to Escalate:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>			<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>																														
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>			<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>																														
Governance:		<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Audit Committee</td> <td></td> <td>Remuneration &amp; Nominations Committee</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td></td> <td>Workforce &amp; Organisational Development Committee</td> <td></td> </tr> <tr> <td>Finance &amp; Investment Committee</td> <td></td> <td>Executive Management Team</td> <td></td> </tr> <tr> <td>Mental Health Legislation Committee</td> <td></td> <td>Operational Delivery Group</td> <td></td> </tr> <tr> <td>Charitable Funds Committee</td> <td></td> <td>Collaborative Committee</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Other (please detail) Report to Board</td> <td>✓</td> </tr> </tbody> </table>					Date		Date	Audit Committee		Remuneration & Nominations Committee		Quality Committee		Workforce & Organisational Development Committee		Finance & Investment Committee		Executive Management Team		Mental Health Legislation Committee		Operational Delivery Group		Charitable Funds Committee		Collaborative Committee				Other (please detail) Report to Board	✓
	Date		Date																														
Audit Committee		Remuneration & Nominations Committee																															
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Mental Health Legislation Committee		Operational Delivery Group																															
Charitable Funds Committee		Collaborative Committee																															
		Other (please detail) Report to Board	✓																														

**Monitoring and assurance framework summary:**

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

√ Tick those that apply

<input type="checkbox"/>	Innovating Quality and Patient Safety
<input type="checkbox"/>	Enhancing prevention, wellbeing and recovery
<input type="checkbox"/>	Fostering integration, partnership and alliances
<input type="checkbox"/>	Developing an effective and empowered workforce
<input type="checkbox"/>	Maximising an efficient and sustainable organisation
<input type="checkbox"/>	Promoting people, communities and social values

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

**Agenda Item 6**

Title & Date of Meeting:	Trust Board Public Meeting – 30 November 2022											
Title of Report:	Chair's Report											
Author/s:	Rt Hon Caroline Flint Trust Chair											
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To receive &amp; discuss</td> <td></td> </tr> <tr> <td>For information/To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> </table>				To approve		To receive & discuss		For information/To note	✓	To ratify	
To approve		To receive & discuss										
For information/To note	✓	To ratify										
Purpose of Paper:	To provide an update on the Chair's activity since the last Board meeting											
Key Issues within the report:												
<b>Matters of Concern or Key Risks to Escalate:</b> <ul style="list-style-type: none"> <li>Nothing to escalate</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Humber &amp; North Yorkshire (HNY) Provider Chairs and Integrated Care Board (ICB) Chair Meeting</li> </ul>										
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Membership change to Board Sub Committees</li> <li>Governor elections</li> <li>Research Conference</li> <li>HSJ Awards</li> </ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>										
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date								
	Audit Committee		Remuneration & Nominations Committee									
	Quality Committee		Workforce & Organisational Development Committee									
	Finance & Investment Committee		Executive Management Team									
	Mental Health Legislation Committee		Operational Delivery Group									
	Charitable Funds Committee		Collaborative Committee									
			Other (please detail) Report to Board	✓								

## Monitoring and assurance framework summary:

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

# **Trust Chair's Board Report - 30 Nov 2022**

## **1. Board Committees**

Following the request at the September Board to increase the number of Non-Executive Directors (NEDS) serving on the Mental Health Legislative Committee from two to three, it was agreed Dean Royles will leave the Charitable Funds Committee and join the MH Legislative Committee. The NED Committee Membership for 22/23 has been updated. For both the Mental Health Legislative and the Collaborative Committee the Head of Corporate Affairs will arrange for changes to their Terms of Reference to reflect the increase in number of NEDs attending.

## **2. Governors**

For the recent round of Governor elections, we received three nominations. One for Wider Yorkshire and Humber and Tim Durkin re-stood so no election was required. Two for East Riding of Yorkshire (Dominic Kelly & Lee Edwards) and election will be needed for 1 seat. No one came forward for Hull, so 2 seats remain empty, and no nominations were received for the clinical staff vacancy. We will need to consider what more can be done to encourage nominations and diversity. I have asked Emma Hardy MP if MPs would advertise Governor vacancies via their email lists and spoken with Jason Stamp who represents the voluntary sector on HNY ICB about engaging individuals through voluntary organisations.

The Governor Development session on 22<sup>nd</sup> November had to take place online due to the increase in covid infections in November. There were presentations and discussion on Patient Voice; Safeguarding our patients and lessons from Edenfield and where Trust money comes from and what we spend it on.

## **3. Chair and Non-Executive Director (NEDs) Visits**

I visited the King Street Medical Centre and had an online meeting to hear from Occupational Health Staff with the Chief Executive.

Francis Patton visited Mill View Court

Mike Smith visited Pine View 23 November

## **4. Freedom to Speak Up (FTSU) Quarterly Update Meeting**

With the FTSU Guardians Alison Flack and Nicki Titchener, the Chief Executive and I discussed the present case log, the strategy renewal, (which it was felt best to start in January 2023 rather than in the run up to Christmas) along with refreshing FTSU communications.

## **5. 6<sup>th</sup> Annual Research Conference - 3 Nov**

Affected by the increase in covid infections the conference moved from hybrid to virtual, but this didn't stop a fantastic attendance. I attended and made closing remarks. It was a showcase for the diversity of research programmes the Trust supports.

## **6. HSJ Awards 17 Nov 2022**

I attended the HSJ awards with Michele Moran and staff behind the Humber Teaching NHS Foundation Trust nominations:

1. Communications Initiative of the Year for our Humbelievable Recruitment Campaign.
2. Integrated Care System of the Year - Humber and North Yorkshire Health and Care Partnership, Mental Health programme, focusing on maternal mental health/ integrated care framework for children and young people.
3. Primary and Community Provider – the STARS team.

We were highly commended for Communications and ICS (1 and 2). Congratulations and very proud of the creativity, hard work and passion by staff and all those involved in these initiatives.

### **7. Humber Teaching NHS Foundation Trust MPs Meeting**

Chief Executive, Michele Moran and I met with Emma Hardy MP. She has helpfully raised in Parliament that, like the Acute Sector, our inpatient beds are affected by lack of community provision and support available for people to leave or move on. Emma agreed to share information about our Governor vacancies and elections.

### **8. Mental Health Chairs' Network NHS Confederation**

Recent monthly meetings have focussed on shared learning from the Panorama Edenfield programme and what actions have been taken by our Trusts to review and discuss how such unacceptable behaviour can take root. It is helpful to hear from other Chairs as well as share our own actions. The network is planning more events with speakers and sharing of good practice.

At the last meeting we heard from NHS Confederation Chair Baron Victor Adebawale followed by Andrew Corbett-Nolan Chief Executive Good Governance Institute who spoke about new Code of Governance guidance. There doesn't appear to be any major changes, but some include a potential move from NHSE involved in the process of recruiting NEDs to the ICB. Any new guidance will be reviewed by the Trust and brought to the attention of the Board and Council of Governors where appropriate.

### **9. Humber & North Yorkshire (HNY) Provider Chairs and Integrated Care Board (ICB) Chair Meeting**

We meet monthly and it is an informal opportunity to discuss common issues, those specific to our Trusts and the ICB.

**Agenda Item 7**

Title & Date of Meeting:	Trust Board Public Meeting – 30 November 2022										
Title of Report:	Chief Executive’s Report										
Author/s:	Name: Michele Moran Title: Chief Executive										
Recommendation:	<table border="1" data-bbox="480 584 1465 663"> <tr> <td data-bbox="480 584 879 622">To approve</td> <td data-bbox="879 584 975 622"></td> <td data-bbox="975 584 1353 622">To receive &amp; discuss</td> <td data-bbox="1353 584 1465 622">x</td> </tr> <tr> <td data-bbox="480 622 879 663">For information/To note</td> <td data-bbox="879 622 975 663">x</td> <td data-bbox="975 622 1353 663">To ratify</td> <td data-bbox="1353 622 1465 663">x</td> </tr> </table>			To approve		To receive & discuss	x	For information/To note	x	To ratify	x
To approve		To receive & discuss	x								
For information/To note	x	To ratify	x								
Purpose of Paper:	<p>To provide the Board with an update on local, regional and national issues.</p> <p>Within the report the Board is asked to:-</p> <ul style="list-style-type: none"> <li>• Ratify the changes to the Apprenticeship, Organisational Change and Engagement and Deployment of Short-term Staffing policies;</li> <li>• Board approval of the changes to the Mental Health Legislation Committee terms of reference is required</li> </ul> <p>A new section for Head of Corporate Affairs updates has been added to the report and includes an update on the processes for future Board meetings.</p>										
Key Issues within the report:											
<p><b>Matters of Concern or Key Risks to Escalate:</b></p> <ul style="list-style-type: none"> <li>• Nothing to escalate</li> </ul>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>• Contained within the paper</li> </ul>										
<p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>• The Head of Corporate Affairs attends Board and Executive Management Team meetings as well as a number of Committee meetings and will ensure key items identified for consideration at a Board Strategy Day are captured and considered.</li> <li>• The change to the Mental Health Legislation Committee (MHLC)</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>• The Board has agreed to hold formal monthly Board meetings on a bi-monthly basis with Board Strategy and Development meetings taking place during the months when a formal Board meeting is not due to take place.</li> <li>• The Executive Management Team has agreed the changes to the policies detailed in this paper.</li> <li>• The Mental Health Legislation Committee has</li> </ul>										

terms of reference reflects an agreement reached by the Board at the September Board meeting in Private and a subsequent discussion at the November MHLC meeting.		agreed the proposed change to the terms of reference for that Committee	
Governance:		Date	Date
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee		Workforce & Organisational Development Committee
	Finance & Investment Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Charitable Funds Committee		Collaborative Committee
		Other (please detail) Monthly report to Board	✓

**Monitoring and assurance framework summary:**

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

## Chief Executive's Report

### **1 Items for Approval**

There are no items that require approval.

#### **1.1 Trust Policies**

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

Policy Name	Date Approved	Lead Director	Key Changes to the Policy
Apprenticeships	24/10/22	Steve McGowan	National apprenticeship wage replaced with National living wage for recruited apprentices to substantial Band 2 roles.  Update 'time to learn' as it's now reduced from 20% minimum to 6 hours minimum per working week in line with government standards introduced in August 2022
Organisational Change	14/11/22	Steve McGowan	Full rewrite and name change.
Engagement and Deployment of Short-term Staffing	14/11/22	Steve McGowan	Full rewrite and name change.

### **2 Around the Trust**

#### **2.1 HSJ Awards**

The organisation received two high commendation awards at the prestigious Health Service Journal (HSJ) Awards 2022, for the NHS Communications Initiative of the Year and Integrated Care System of the Year.

The HSJ Awards continue to be the most esteemed accolade of healthcare service excellence in the UK. The 2022 Awards adhere to their 42-year-old values of sharing best practice, improving patient outcomes, and innovating drivers of better service, but will most importantly provide a well-deserved thanks to the sector.

The Trust Communications team were highly commended in the NHS Communications Initiative of the Year category, which is awarded to a clear and targeted communications project which can have a positive impact on staff morale, wellbeing, retention and recruitment.

As part of the Humber and North Yorkshire Health and Care Partnership, the Trust also celebrated a high commendation for their wider mental health programme focusing on maternal mental health and the overall integrated care framework for children and young people. The award category 'Integrated Care System of the Year' recognised systems which are succeeding in delivering more integrated services and bring together partners from across the public sector, as well as from the voluntary and community sector.

The Trust's Specialist Treatment and Recovery Service (Stars), based at Townend Court in Hull, were also shortlisted for Community and Primary Care Provider of the Year. The Stars team provide mental health rehabilitation interventions to adults who have complex and challenging mental health needs.

## **2.2 Awards 2022**

In summary:

- We were shortlisted in 14 categories (5 local, 9 national)
- We won 8 individual awards (4 local, 4 national)
- We submitted to 10 different award organisations overall
- We submitted to 31 different categories across all organisations

Overall, we were successfully shortlisted in almost 50% of the categories we entered. Our benchmark for success this year was to achieve 2 local and 4 national shortlists, so I am pleased to see this was fully met and exceeded.

## **2.3 Oliver McGowan Training**

Following up on previous detail, to remind the Board that all Board members need to complete this mandatory training, which having completed myself is a very useful and impressive programme.

A reminder that in July the Health and Care Act 2022 introduced a requirement that regulated service providers ensure their staff receive training on learning disability and autism which is appropriate to the person's role.

The Oliver McGowan Mandatory Training on Learning Disability and Autism has been co-produced and independently evaluated and will be co-delivered by trainers with lived experience of learning disability and autism. It is the standardised training that was developed for this purpose and is the government's preferred training for health and social care staff to undertake.

More on this later in the Director of Workforce report (6.3.2)

## **2.4 Breastfeeding**

I continue to be the breast feeding guardian for East Riding services but have also taken on the Hull breastfeeding guardian's role.

## **2.5 Research**

It was a pleasure to open and support this year's HFT international research conference, which attracted over 500 people from across the global. Well done to Cathryn and the team.

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

#### **3.1 Assistant Director Public Health in Hull**

I was part of the recruitment panel during the month for the recruitment to the role of Assistant Director Public Health in Hull. Ali Patey has been offered this position subject to the required HR clearances.

### **4 National**

#### **4.1 NHS Providers**

Julian Hartley has been formally announced as the Next Chief Executive of NHS Providers. Julian, who is currently chief executive at The Leeds Teaching Hospitals NHS Trust, will take up his new role with NHS Providers, on 1 February 2023.

#### **4.2 Health & Social Care Committee**

Steve Brine MP has been appointed as the new chair of the Health and Social Care Committee.

#### **4.3 Care Quality Commission (CQC)**

The new CQC strategy, which was launched in 2021, sets out the ambition to reduce health inequalities and to drive improvements for people who use services.

##### From the start of August 2022:

The CQC will start to roll out new elements of the new approach in a phased way. They will work with small groups of CQC colleagues and providers, who they are calling 'early adopters'. These adopter's will be vital in helping the CQC refine how things work. The early adopters will be given dedicated support during this stage of the process, and they will have access to guidance on the new approach.

Initial early adopters will include a small number of prospective home care providers who are registering with the CQC for the first time. The CQC will direct them to their new portal and they will use the CQC online registration process. They will use the new single assessment framework to consider their application.

During this period, all other providers will continue to follow existing ways of working. The CQC will be able to share how the early adopters are doing and the benefits that are being realised from the new approach.

##### From September

The CQC will expand the early adopter group to include a small number of GP practices, independent providers and care homes.

They will continue to build the features available to these five service types. Features they are looking to include are notifications for Mental Health Act (SN17) and police, abuse and serious injury (SN18). Early adopter providers will also be able to make changes to their registration details with us. Examples being looked to develop include:

- add and remove a partner
- advise us of a cancellation
- update their statement of purpose
- add or remove a location.

This range of early adopters and processes will provide enough cases to test how well the features in the provider portal work and how easy it is to use, with the aim of the new portal being available for all sectors by the end of the calendar year.

#### From October

Alongside the work to open up the new provider portal to all providers, the CQC will start carrying out assessments using the new approach with an early adopter group from October.

The CQC are also updating the assessment process to ensure that they become a smarter regulator. This means more dynamic and flexible regulation that provides up-to-date and high quality information and ratings, easier ways of working with them and a more proportionate response. The CQC will not rely on set piece inspections, scheduled based on a providers' previous rating. Instead, this will be a continuous assessment process driven by the evidence received and collect proactively.

#### In 2023

From January the aim is to start the full roll-out of our new way of regulating.

### 5.1 Chief Operating Officer Update

#### 5.1.1 Winter Pressures, Operational and Covid Update – November 2022

This update provides an overview of the winter pressures, operational and covid position across our clinical services and the arrangements and continuing work in place in the Trust and with partner organisations to manage operational pressures and ongoing impact of the Covid-19 emergency.

Our winter plan recognises that the complexities of planning for a winter when system pressures have remained very high throughout the year and with the lasting impact of the pandemic still evident, the seasonal pressures make this winter likely to be particularly challenging. Integrated Care Boards are tasked to maximise the benefits of system working. A lack of capacity across the NHS and social care has an impact on all areas of the system and it is essential that access to primary care, community health services, mental health and learning disability services for urgent patients is sufficient to ensure patients do not need to present to emergency services when alternatives are available. As part of the stress testing of our plan it was presented at a Humber and North Yorkshire Mental Health, Learning Disability and Autism Collaborative Winter Planning Workshop earlier this month. The plan was subject to scrutiny and challenge but was very positively received.

Our winter plan incorporates the risk of disruption to services due to **Industrial Action**. Trade unions representing NHS staff advised the Secretary of State for Health and Social Care that they are in dispute over the 2022/23 pay award. Several unions have decided to ballot or have signalled their intention to ballot their NHS members to take part in industrial action. Those Trade Unions included are the Royal College of Nursing (RCN) who opened their ballot between 6 October and 2 November 2022. This ballot threshold required 50% of participants to ballot with at least 40% required to respond 'yes' to support the industrial strike action. The results from this ballot were available on 9 November 2022 with the outcome being 'No Strike' for the HTFT staff group within the RCN. The Unison ballot opened on 27 October 2022 and is due to close on 25 November. The requirement of this ballot is for 50% of colleagues required to say yes in line with the law on ballot thresholds.

The Chartered Society of Physiotherapists who have indicated that the ballot papers were planned to be despatched on 7 November 2022. In each circumstance, the union provided a comprehensive list of member numbers by area to enable an impact assessment to take place.

Despite the latest outcome of the RCN ballot, the Trust is still preparing for potential industrial action so that there is minimal disruption to patient care and service provision. The Emergency Preparedness Resilience and Response (EPRR) Team have coordinated the completion of an assessment checklist which has been developed to support the trusts preparations. Industrial action guidance for staff and managers has been refreshed to be followed in the event of strike action being taken. This will also support the Trust contribution to Exercise Arctic Willow which is due to take place week commencing 14<sup>th</sup> November and will be coordinated by the Integrated Care Board (ICB). This will be a multi-day exercise run by the ICB working with Trusts to explore the health and social care response to multiple, concurrent operational and winter pressures occurring including industrial action. This will take place with the Local Resilience Forum partners to determine responses to these pressures.

The Division and corporate area Business Continuity Plans (BCPs) have been refreshed as part of the review cycle and all areas are aware of the procedure for enacting their plans.

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

**Operational service pressures** have remained stable in the Trust in late October and early November. The highest pressures were seen in our community services in Scarborough and Ryedale due to ongoing high demand from the acute hospitals for discharges and delays in discharging patients from our community beds. The Trusts overall operational pressure in the last month have been at escalation levels (OPEL) 2 (moderate pressure) predominantly.

Child and Adolescent Mental Health (CAMHS) services are continuing to experience high demand for both community and inpatient services in line with the national surge due to the direct impact of the pandemic on children, young people and their families. Demand has risen in October with presenting needs continuing to be of high levels of acuity and complexity. This is a normal seasonal variation in referrals following the school summer holidays. Breakdown of placements for young people in residential care continues to lead to urgent and crisis admissions to mental health and acute hospital beds. High demand for young people experiencing complex eating disorders has led to pressure on CAMHS beds locally and nationally leading to admissions to acute hospital beds. System and ICS work is ongoing to enhance provision to support out of hospital care for children and young people including those with eating disorders. A proposal has been developed and supported to establish a new eating disorder community treatment service. Focus continues on reducing waiting times in these services, particularly in relation to autism and attention deficit hyperactivity disorder diagnosis.

Nationally requirements are in place to eradicate the use of out of area mental health beds and our services are implementing plans to achieve this. Our out of area bed use has reduced, it rose slightly over the summer due to a further significant increase in the

number of delayed transfers of care, however the position has improved again in October. Our overall bed occupancy has remained high in October and early November with the pressures especially high for mental health, learning disability beds and our community beds at Malton and Whitby Hospitals, it has been between 76.1– 86.1%.

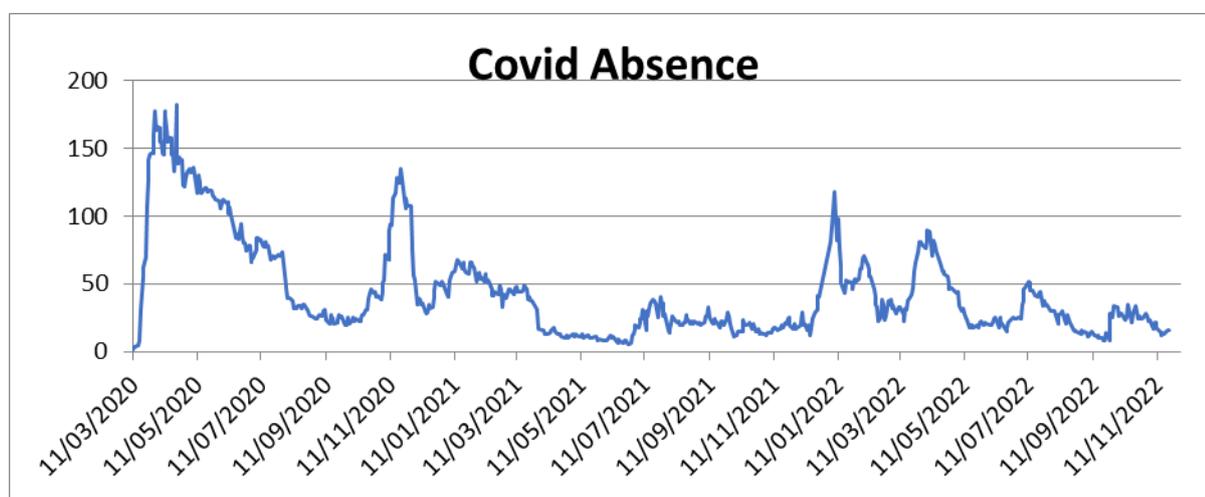
Delayed transfers of care from our community and mental health beds remain high but have reduced slightly during the last month. Patients are waiting predominantly for specialised hospital placements with other NHS providers or local authority provided residential placements. Escalation mechanisms are in place with partner agencies to take action to resolve the delayed transfers and discharges that our patients are experiencing.

System pressures have remained very high in North Yorkshire and York and in the Humber areas in October and early November for both health and social care, system command arrangements remain in place. Acute hospital partners in all parts of our area have reported pressures at OPEL 4 predominately during the last month. Local authorities have also seen their pressures remain very high due to staff availability and the national requirement that all patients who do not meet the criteria to reside in an acute hospital should be discharged. Ambulance services have continued to experience pressures and delays in handover times at acute hospitals resulting in decreased call response times. The combined impact of these pressures has seen system pressures remain at overall OPEL 3. System work has continued to focus on reducing the number of patients in the acute hospitals who do not meet the criteria to reside in order to improve patient flow, reduce ambulance handover times and to recover elective activity.

Ongoing work has been taking place by our recruitment team to increase the number of staff available to us on our bank, recruitment campaigns focussed on specific clinical areas e.g., CAMHS have had some success. Effort is taking place to reduce the number of health care assistant vacancies to reduce reliance on agency use.

The Trust recorded a reduction in the number of **Covid-19** positive inpatients during late October and early November and currently has zero positive patients. Current prevalence data for our local communities demonstrates a reduction in infection rates. Our covid and flu vaccination programmes are underway and support our winter planning preparation.

Staff sickness absence related to Covid has also reduced. When combined with non-covid related sickness the overall absence position is currently at 6.44%



The Covid- 19 task group chaired by the Deputy Chief Operating Officer continues to meet to ensure that any changed requirement in relation to Covid are responded to and addressed.

## 5.2 Head of Corporate Affairs Updates

### 5.2.1 Capturing the Themes for Board Strategy Meetings

At the September Board meeting, a paper was considered regarding a move to holding six formal Board meetings a year and six themed Strategic meetings combined with Board development work. That paper also outlined how the themes would be captured.

A work programme has been developed (Appendix 1) to capture those items requiring consideration at a Strategy meeting and will continue to be populated with additional items as these emerge. Any outputs from the Strategy meetings requiring consideration at a Board meeting in Public will be added to the work programme for that meeting.

Appendix 1

Board Strategy Workplan 2023

Chair of Board:	Caroline Flint																																																																																																																																																																		
Executive Lead:	Michele Moran																																																																																																																																																																		
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### 5.2.2. Mental Health Legislation Committee (MHLC) Terms of Reference

Membership of the Mental Health Legislation Committee (MHLC) was considered at the September Private Board meeting. It was agreed at that meeting that Non-Executive Director representation on the Committee would increase to three. The proposed change was forwarded to the MHLC for formal agreement prior to ratification by the Board. That Committee agreed two additional changes (minor corrections to the membership section of the terms of reference). The terms of reference have been updated to incorporate the changes and changes are highlighted yellow.

<b>Membership</b>	<p>The Committee will have full membership of:</p> <ul style="list-style-type: none"> <li>At least <b>three</b> Non-Executive Directors (one of which is also a designated Associate Hospital Manager)</li> <li>Medical Director</li> <li>Chief Operating Officer</li> <li>Clinical Director</li> <li>Deputy Director of Nursing and Quality</li> <li>Clinical Lead for <b>RRI</b></li> <li>Mental Health Act Clinical Manager</li> <li><b>Deputy</b> Director of Nursing</li> </ul>
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- Mental Health Legislation Manager
- Named Professional for Safeguarding (Adults), MCA and Prevent Lead
- Principal Social Worker
- Local Authority representation covering the Humber area

Core members are expected to attend each meeting. However, where this is not possible deputies can attend by agreement of the Chair.

Other individuals may be called to attend for all or part of any meeting, as and when appropriate.

The Chief Executive has a standing invitation to attend any meeting.

A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

### 5.2.3 Board Business Cycle

The Board Business Cycle informs the content of future Board meetings in Public and is included at Appendix 3).

Appendix 3

Board Public Workplan April 2023/March 2024 Draft – (v5)

Chair of Board: Caroline Flint  
Executive Lead: Michele Moran

Board Dates:-	Strategic Headings	LEAD	31 May 2023	26 Jul 2023	27 Sep 2023	29 Nov 2023	Jan 2024	Mar 2024
<b>Reports:</b>								
<b>Standing Items - monthly</b>								
Minutes of the Last Meeting	Corporate	CF	x	x	x	x	x	x
Actions Log	Corporate	CF	x	x	x	x	x	x
Chair's Report	Corporate	CF	x	x	x	x	x	x
Chief Executives Report includes:- Policy ratification, Comms Update, Health Stars Update, Directors updates	Corporate	MM	x	x	x	x	x	x
Publications and Highlights Report	Corporate	MM	x	x	x	x	x	x
Performance Report	Perf & Fin	PB	x	x	x	x	x	x
Finance Report	Perf & Fin	PB	x	x	x	x	x	x
<b>Quarterly Items</b>								
Finance & Investment Committee Assurance Report	Assur Comm	FP	x	x		x	x	
Charitable Funds Committee Assurance Report	Assur Comm	SMcKE		x	x	x		x
Workforce & Organisational Development Committee	Assur Comm	DR	x	x		x	x	
Quality Committee Assurance Report	Assur Comm	PE	x		x	x		x
Mental Health Legislation Committee Assurance Report	Assur Comm	MS	x		x	x		x
Audit Committee Assurance Report	Assur Comm	SMcKE	x		x	x		x
Collaborative Committee Report	Assur Comm	SMcKE	x	x	x	x	x	x
Board Assurance Framework	Corporate	MM		x	x	x		x
Risk Register	Corporate	HG		x	x	x		x
HCV Update	Corporate	MM	x		x	x		x
<b>6 Monthly items</b>								
Trust Strategy Refresh/Update	Strategy	MM		x				x
Freedom to Speak Up Report	Corporate	MM	x			x		
MAPPA Strategic Management Board Report (inc in CE report)	Strategy	LP			x			x
Safer Staffing 6 Monthly Report	Corporate	HG		x			x	
Research & Development Report	Corporate	KF		x			x	
<b>Annual Agenda Items</b>								
Suicide and Self-harm Strategic Plan (next due 2025)	Strategy	KF			x			
Recovery (Enabling) Strategy Update (due 2026)	Strategy	LP	x					
Mental Health Managers Annual Progress Report (inc in Assurance Report)	Assur Comm	LP	x					
Patient and Carer Experience Forward Plan (2023 to 2028 (due 2023))	Strategy	KF			x			
Presentation of Annual Community Survey – Quality Health to Feb 23 Strategic meeting	Corporate	KF						x

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

## 5.2.4 Covid Inquiry

The Covid Inquiry work continues. Further information is included in the Publications Report.

## 5.3 Director of Nursing, Allied Health and Social Care Professionals

### 5.3.1 Chief Nursing Officer for England Strategic Plan for Nurses, Midwives and Nurse Associates.

The CNO and her team are currently working with the nursing workforce to shape the chief nursing officer's (CNO) new strategy for the next three to five years. Four key themes for the strategy have been identified and are currently being consulted upon via webinars and surveys:

- workforce and people
- system leadership and integration
- health equity, prevention and population health management
- person-centred practice and improving outcomes.

The strategy will cover both nursing and midwifery and will be supported by the chief midwifery officer for England, Professor Jacqueline Dunkley-Bent.

Dame Ruth May CNO said:

“This needs to be a strategy developed and owned by all nurses, midwives and nursing associates and it will be informed by the strategic drivers in England, including government policy and the NHS Long Term Plan, as well as international evidence.”

Once finalised we will review and through consultation with our nursing workforce we develop our implementation plan.

### **5.3.2 The Oliver McGowan Mandatory Training in Learning Disability & Autism**

In July the Health and Care Act 2022 introduced a requirement that regulated service providers ensure their staff receive training on learning disability and autism which is appropriate to the person's role.

The Oliver McGowan Mandatory Training on Learning Disability and Autism is the standardised training that was developed for this purpose and is the government's preferred training for health and social care staff to undertake. It is named after Oliver McGowan, whose death shone a light on the need for health and social care staff to have better training. It is the only training with permission to include Paula McGowan OBE, telling Oliver's story and explaining why the training is taking place.

An elearning package is the first part of both Tier 1 and Tier 2 of the Oliver McGowan Mandatory Training and is now live. Everyone including board members will need to do the elearning no matter where they work and what tier they need to complete. The next part is either a live one hour online interactive session for those needing Tier 1 (all clinical facing staff), or, a 1-day face to face training for people who require Tier 2 (staff who provide care for people with autism or a learning disability).

The course can be found in 'ESR' / 'My ESR' tab/page, in the 'My Compliance' section

### **5.3.3 Closed Cultures- Edenfield Panorama Expose – Update**

Following the Edenfield Panorama expose the Chief Operating Officer and the Director of Nursing, Allied Health & Social Care Professionals are meeting separately with the senior leaders of each division to discuss how we recognise a closed culture and any steps that can be taken to further strengthen the approaches described in the report presented to the Board in October 2022.

Divisional leads are discussing closed cultures across their teams and from the feedback are developing a range of actions to strengthen approaches in teams and across the divisions.

Closed cultures and the further improvement actions to be taken will be discussed in the Quality Committee in November and will be presented to the Board in the Board Strategy meeting in February.

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

### **5.4.1 Recruitment**

Recent work carried out by NHSI on 'time to hire' showed the Trust was the 5<sup>th</sup> best across the North East and Yorkshire region for non-medical staff. As a result, the Trust were asked to share their experience at a round table discussion on 8<sup>th</sup> November.

### **5.4.2 National Staff Survey**

The survey closes at midnight on 25<sup>th</sup> November 2022. We are currently at 40% return rate (as of 18<sup>th</sup> November) the NHS average response is currently 41%.

### **5.4.3 Flu**

We are currently at 59.7% for flu vaccinations of front line workers. This is currently the 2<sup>nd</sup> best performance in the North East and Yorkshire region.

#### **5.4.4 Being Humber**

The launch email had a 66% open rate which means over 2300 colleagues read the email. The click through rate was 7% (surpassing the 21/22 benchmark which was 4.6% ).

From the activity there has been 400 views of the webpage since launch. Colleagues are spending on average 5 minutes on the page. The video has had 145 views.

#### **5.4.5 Black History Month**

Black History Month was celebrated during October. This included three articles in global communications and two with blogs from colleagues Faye Jessop and Maria Bibi Malik. There were the following events :-

- Black History Month Launch: October 5 12pm – 1pm featuring our Trust Chair Caroline Flint
- Humber and North Yorkshire Black History Month: in conversation – Thursday 13 October 2022, 3-4.30pm
- External Event - Race Equality Matters Tea Break: how to do it right workshop – Wednesday 19 October 12pm – 1.15pm
- BHM Special With Dr. Kwame Fofie: ‘We the Living Vow to Uphold This’: Friday 21 October 12pm – 1pm
- Allyship Lunch and Learn Session: Wednesday 26 October 2pm – 3pm

#### **5.4.6 Autism Training**

We have linked with Autism Plus to provide training to Workforce and OD staff on how we can best support those in our workforce who live with neurodiverse conditions (such as autism, ADHD, dyslexia etc).

This training will take place in early January.

### **5.5 Medical Director Updates**

#### **5.5.1 Quality Improvement Activities**

The embedding of a Quality Improvement (QI) culture continues within the Trust with Staff, Patients and Carers. To ensure Patients and Carers can identify and be part of the improvement work, several initiatives are underway including the Friends and Family Project with Imperial College and the Patient and Carer Experience Team and the pilot BRIGIT Carer App that offers a link to the QI page on the Internet.

Following a drive to increase training numbers, 245 places have now been provided and this includes places to our Patients and Carers who have undertaken the QI module on Recovery College and/or attended the Let’s Talk QI training delivered jointly during QI Week with Clinical Audit.

The fourth QI Week took place 7-11 November and included a Let’s Talk QI training session and a QI Forum which was opened by the Trust’s PACE Governor and included QI Stories and a presentation by the new Executive Lead for QI. One of the QI Stories was led and presented by a Volunteer for an inpatient unit. Each day, a short interview with a QI Champion outlining why they are interested in QI, what work they are involved in and their vision for the future was posted on the Intranet, and extracts tweeted. Feedback

from attendees has been positive and the recording will be made available via the Intranet for those who were unable to attend.

### **5.5.2 Pharmacy Research**

Humber NHF FT Pharmacy is embarking on a research project entitled “*Realist Evaluation and Refinement of the Pharmacy Technicians on the Ward (PTOW) Model to Deliver Medicines Optimisation for the Benefit of Patients*” with the University of Hull, University of York and University of Oxford. The aim is to produce an operational and implementation plan for a PTOW model so this can be safely disseminated across NHS mental health service providers, thus improving medicines optimisation and service user experience. A funding application was submitted on 08 November 2022 to the National Institute for Health and Care Research (NIHR) under the category of Research for Patient Benefit.

### **5.5.3 COVID-19 Autumn Booster**

Humber NHS FT has the second highest uptake of COVID-19 Autumn Booster in the region and highest among Mental health trusts. The overall uptake of the autumn booster is below 60% across all NHS Trusts in the region. We continue to provide information to encourage our staff to get vaccinated. During the booster program some staff came forward requesting their first and or second dose. To support these staff groups, we have requested vaccines for first and second doses from the national team. We are confirming the numbers of staff and patients needing their first or second dose.

## **5.6 Director of Finance Updates**

### **5.6.1 Cyber Security Updates**

There are two types of CareCert notifications,

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

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

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

The Trust are using new software to track that status of its digital estate, consequently new data is included in this section of the report.

In terms of CareCerts

- CareCERT notices issued during 2022: 196 (Inc. 21 in October)
- High Priority CareCERT notices Issued during 2022: 11 (3 issued in October)

### **September Statistics**

- CareCERT Notices with patch(s) NOT approved for deployment: 0
- CareCERT notices with patch(s) applied to all devices: 17
- CareCERT notices with devices still to check in to patch: 4

Workstations update:

- Total workstations detected 3,428 (2,848 are laptops, 47 are servers)

- Workstations non seen in last 60 days (43)
- Workstations non seen in last 90 days (21)

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

### **5.6.2 Blend and Thrive Update**

Phase one of the blend and thrive project is complete and the new office accommodation at Willerby Hill has opened. Use of the building will be monitored in order to inform both current and future provision of office accommodation. Phase 2 of the project, which is the review of “spoke” accommodation will start in January.

Minor refurbishment works have commenced at Anlaby Clinic to allow the relocation of Safeguarding Team from Trust HQ, works programmed for completion 2 December 2022

### **5.6.3 Staff Welfare Works**

Contractors for the final packages of staff welfare refurbishment are in the process of being appointed, (this package covers the final five sites); with works programmed for commencement in November 2022, through to March 2023.

### **5.6.4 Willerby Hill Access Road**

Agreement on works scope established with the Landlord’s agent together with tendered costs. The estates team are awaiting a finalised breakdown to enable a purchase order to be issued to enable works to be commence, further updates will be provided to staff when timelines are know.

### **5.6.5 Humber Centre – Phase 2** (Reception / Airlock re-configuration; Health Garage refurb)

Works have commenced to Phase 2 of the Humber Centre refurbishment, the temporary reception became live on the 18<sup>th</sup> November with works within the new reception (including new airlock) programmed to complete mid January 2023.

Refurbishment work to the Health Garages is programme to complete by the end of this month.

The project team continue to work closely with operational colleagues to ensure smooth running of the project and to minimise operational disruption.

### **5.6.6 PLACE**

The process remains on track, with only 1 unit to complete with data entry to follow. Key themes are emerging and remedial works where appropriate are being progressed. PLACE continues, with the deadline for submission extended to 16th Dec 22, result will be reported in the new year.

### **5.6.7 Ligature Reduction Programme**

Clinical Environment Risk Group (CERG) have identified a replacement programme for high risk doors within the in-patient setting, with new alarmable door sets, initial tender returns for three sites have been received, and are currently being assessed; with the aim of contractor appointment by the end of November, with works programme commencing Feb 2023, through to May 2023.

## **6 Communications Update**

### **'Humbelievable' is Highly Commended**

The team were delighted to be Highly Commended for the recruitment marketing campaign, Humbelievable at the HSJ Awards. The campaign which was developed and delivered by the team was recognised for its creative and data driven approach.

### **Events & Communications Officer Recruitment**

Anita Green will join the team as the new Events & Communications Officer in December. Anita is currently the Events Officer at Dove House hospice where she leads a programme of annual fundraising events. She has over 10 years of event planning experience working in hospices across London and the north.

The new role will elevate our current events offering as well as delivering a new annual programme including staff engagement and wellbeing events.

### **Hull GP Communications**

A comprehensive internal and external communications plan is being followed to ensure patients, stakeholders and staff are well informed throughout the project

We are working closely with Hull HCP Communications colleagues and the James Alexander Practice on delivery of the plan.

### **Festive Celebrations**

A Christmas Carol service will be held at the lecture theatre on 15<sup>th</sup> December. A number of competitions will invite colleagues to get involved with the celebrations. Health Stars will be holding a raffle to raise funds for the charity,

A new annual events calendar will be distributed to all staff sharing in advance key dates for 2023. It is hoped that this new digital and print document will make it easier than ever for our teams to get involved in events including awareness days which have been agreed with divisions.

Following the success of our craft boxes which were delivered to Mental Health inpatient units to mark World Mental Health day the team have secured funding via health stars to send Christmas themed boxes. Patients' creativity will be showcased across our social media channels.

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

### **Social Values Report**

The Team is leading the development of a new format for our annual Social Values Report.

Working in collaboration with the Partnerships and Strategy team, the new report will tell the story of our social impact in line with our new strategic goals. It will follow best practice of social values reporting and be a template for future reports in this strategic cycle. A draft of the report will be completed in early December.

### **Accessibility Project**

Following the publication of the Health Watch Accessible Information Report in June 2022. Communications, Patient and Carer Experience and Information Governance have worked

together to strengthen our support and guidance for teams on the Accessible Information Standards.

The project brings together information currently available to staff through policy document with new resources to ensure our teams have the best possible resources when creating patient information and providing alternative formats and translation.

The project includes:

- Training for staff on how to add communications preferences in Lorenzo and System One
- New intranet hub for Patient Information including easy to navigate content to access alternative formats, translation and training
- New brand platform accessibility hub with guidance on best practice when creating accessible patient information.
- Internal communications campaign to promote the resources and raise awareness of the importance of the AIS. (launched January 2023)

### **Brand activity**

Along with the new Accessibility Hub, the brand portal has received a significant update including new assets for staff to use including new design templates such as [PowerPoint templates](#), [Microsoft Teams backgrounds](#), [custom web banner](#), and [booklet designs](#), as well as a [LinkedIn header](#) for staff to use to increase our brand presence across the platform. The portal also has an embedded print order process developed in collaboration with our print supplier.

Following a review of the customer journey of the portal, new [extended FAQ's](#) helps direct enquiries better and encourage use and understanding of the brand portal. Brand workshops to introduce the new resources and take feedback are scheduled for December.

Two years after launch this most recent refresh will provide a reminder to our teams of brand guidelines and the resources available to them.

### **Digital Photo Library**

The next stage of enhancements to the brand portal is a new online photo library to allow our teams be download and use a range of high-quality, approved photographs for use in documents, presentation and patient information. The system will be easily navigable and filterable. Initial discussions have taken place with a provider, with a business case to be taken to the Digital Delivery Group in December.

#### • **Health Stars**

This month we have worked together with Health Stars across a number of campaigns, including:

- Buy a Brick for the Whitby Hospital Appeal
- Stand Up for Comedy Event
- Art wellbeing boxes for Inpatient units
- Christmas raffle

- **Social Media Content**

This period saw the launch of the [My Stammering Child](#) film, which we supported across our social media channels and streamed live on YouTube. We supported the event at Hull Minster and promoted the launch of the film, which has had 1,900 views worldwide.

The team delivered the social media for the Annual Research Conference on 3<sup>rd</sup> November, tweeting live throughout the day.

We continue to support national health and wellbeing campaigns, focusing on Stress Awareness Week, Covid and Flu vaccinations and Live Well, Choose Well.

- **Awareness Days**

In the last month, we continue to support a high volume of awareness days and create impactful campaigns in collaboration with our diverse services across the Trust.

Key dates of note this month were:

- Infection Prevention Week
- Menopause Day
- Stuttering Awareness Day
- Diwali
- Stress Awareness Day
- QI Week 2

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

For Stuttering Awareness Day, the team supported the launch of our My Stammering Child film, which premiered at Hull Minster. We successfully facilitated media interviews with BBC Radio Humberside and ITV Calendar and were pleased to see good coverage across all channels.

- **Media Coverage**

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

1. **My Stammering Child Film Premiere**, published in Hull Is This, BBC Radio Humberside, Hull Live, ITV Calendar, That's TV Humber, and Greatest Hits Radio Yorkshire Coast.
2. **WRES Launch**, published in Hull Is This, Greatest Hits Radio Yorkshire Coast, BBC Radio Humberside and That's TV Humber.
3. **Wellbeing Support Through Art**, published in That's TV Humber and BBC Radio Humberside.

Media coverage has been high this month, with 18 positive publications across local media outlets and channels. This month there have been zero negative direct mentions of the Trust in the media.

KPI	Measure of success by	Benchmark	This month
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	2025		
Positive Media Stories published	Positive vs negative coverage maintained at 5:1	5 stories covered by media per month	7 unique stories 18 publications total
Visits to Brand Portal	Up 20% (average 696 visits p/m)	Average visits per month since Sept 2021 580	539
Facebook engagement rate	2%	2%	1.7% HTN-FT FB page  20.48% Join Humber Account
Twitter engagement rate	2%	2%	3%
LinkedIn follower growth	+ 15%	Target - 2872 followers	+ 3.28% (94 new followers in the month)

## Theme 2: Enhancing prevention, wellbeing and recovery

- **Workforce Wellbeing Team**

We supported the launch of the new Workforce Wellbeing team in October We are working closely with them to include them in future awareness days as well as our employee engagement events.

- **Wellbeing Recovery Employment Service**

We supported our new WRES in the East Riding to share the message to local communities that they are here to support those who have mental health difficulties that are preventing them from gaining job experience or stable employment.

Media interest was high with interviews on several local radio stations, including BBC Radio Humberside, and That's TV Humber.

- **Quality Improvement**

In 2021, we began working with our QI team to launch two 'QI Weeks' annually. The aim of these events is to foster conversation around the importance of QI within our Trust and to show stakeholders our expertise in the area, including how our focus on QI influences the way we operate and deliver our services.

This year we were pleased to be asked again to support this approach, due to the success in the first year. Monday 7 November 2022 marked the first day of 'QI Week 2', which involved the promotion of several workforce profiles, which included interviews with QI

Champions from across the Trust, who explained why they found their involvement important and why they would encourage others to do the same. Attendance and engagement in the events was positive.

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

- **Humblebelievable Marketing Recruitment**

We have worked with Primary Care to develop a set of unique selling points (USPs) for a new campaign to support recruitment to key posts. Work includes an updated GP Career Guide ‘Destination Humber’, refreshed GP page on our Join Humber website.

Our annual ‘New Year, New Job’ will launch in December. We will be working with JPi Media (Print/Online news), Bauer Media (Radio), Alight Media (Digital Billboards) and our system partners to deliver a wide-ranging and innovative campaign throughout December and January.

- **International Nursing Recruitment**

We have supported the international nursing team by developing several ‘staff profiles’ of members of our latest cohort. The nurses were pleased to be invited to short interviews and to submit pictures of themselves to go alongside their answers. This is an effective way to remind colleagues of the effort we are making to support staffing and service delivery.

- **Flu and Covid-19 Booster Campaign**

Our vaccination communications plans have encouraged staff uptake in the programme. The campaign delivered frequent messages which were refreshed weekly as well as targeted communications by role and division.

The uptake figures for the flu vaccination show an 7% increase in uptake compared to the same point in the programme last year. Recent national figures show that our Trust has the second-best Flu and Covid-19 Booster vaccination uptake figures in the North East and Yorkshire region.

- **Staff Survey 2022 Promotion**

Regular and changing communications is supporting the annual Staff Survey. Weekly articles and interviews have highlighted the positive changes that have been supported across the Trust following last year’s survey to demonstrate that completing the survey leads to real change. We have connected regularly with the lowest performing divisions to create refreshed messages that respond to staff feedback and concerns.

A final ‘survey day’ on Friday 25 November will conclude this year’s marketing campaign.

KPI	Measure of success by 2025	Benchmark	This month
Intranet bounce rate reduced	< 50%	57%	58.47

			%
Intranet visits maintain at current level	7,300 visits p/m	8217	7887
Global click through rate (CTR)	7%	13.6%	10.33 %

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

- **Humber and North Yorkshire Health and Care Partnership**

As pressures on primary care services continue to rise towards winter, we have used our social media channels to support Humber and North Yorkshire Health and Care Partnership to encourage patients to choose the correct source of treatment if a condition is not serious or life-threatening, rather than adding unnecessary pressure to urgent care.

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

- **Research Team Support**

We continued to support the Research and Development team to promote their Annual Research Conference right through until the date itself on 3 November. The event was well attended, and we covered the entire programme on our Twitter feed, which received high levels of engagement at the time of publishing and thereafter.

KPI	Measure of success by 2025	Benchmark	This month	Progress to target
Annual number of awards nominations	2 local and 4 national shortlists p/a	4 national p/a	4 submissions this quarter  3 local, 4 national shortlists	<b>100%</b>  Achieved measure of success following successful submissions to HSJ awards

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

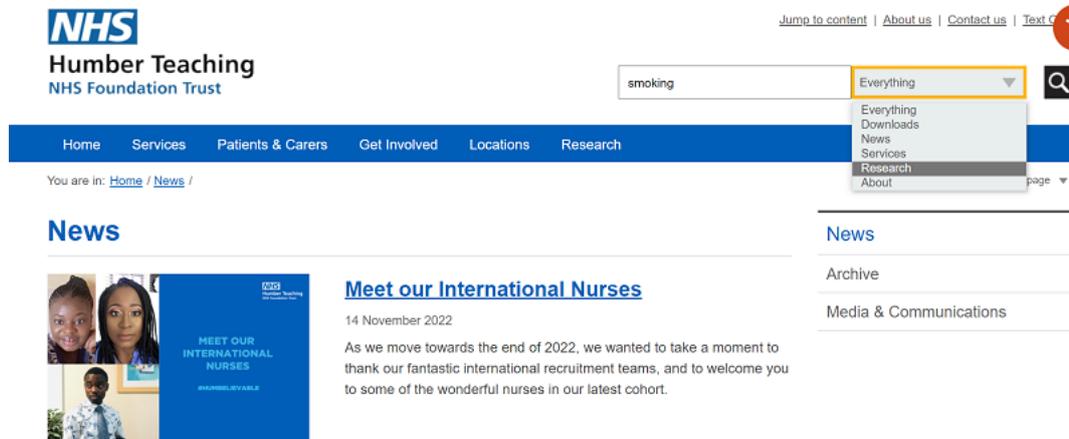
##### **Website Development**

Work has now been completed on two major improvements to the Trust website.

The homepage has had a visible update with a new news section, which features the latest news at the Trust more prominently on the home page with images and preview to lead users into the articles. This, alongside standardised URLs which show the article titles, will make our content more favourable to search engines and attract more visitors.

A change which is fundamental but not visible is improvements to the website search function. This gives the option to search particular areas of the site by keyword and makes

it more accessible – particularly for those who need to find the details for a particular service quickly.



Alongside this, we performed some additional tweaks to [streamline the home page](#) in order to deliver the most important content (Services and urgent help) to users more quickly.

KPI	Measure of success by 2025	Benchmark	This month
Reduce homepage bounce rate	Over 50%	64.9% (2021/22 avg)	66.4%
Increase average page visits per session	Over 2 per visitor	2	1.97
Increase average dwell time	Over one minute	1m28s	1m31s

## 7 Health Stars Update

### Fundraising Events

The Stand Up for Health Stars Comedy Night took place at Hull Truck Theatre on the 4<sup>th</sup> November 2022. The event was a huge success with all tickets being sold for the show. Health Stars were supported at the event by Trust Volunteers, who assisted with our fundraising efforts.

We collected £146 from raffle games and are currently awaiting confirmation of the amount raised from the ticket sales, which is expected to be an additional £500/600. A huge well done to Gary Jennison, Health & Wellbeing Specialist at the Trust for his fundraising efforts.

### **The Whitby Bricks Appeal**

The appeal continues and following a fresh media push in August/September, we received an increase in sign ups and donations. The total number of Bricks sold is now at 35, and we are working closely with the Communications Team to now do another media push in the next couple of weeks.

Information and donation forms are still being shared from the promotional stand at Whitby Hospital. We still have a long way to go to reach the first phase target of 250 so are continuing to seek out new opportunities to share and cascade the appeal.

### **Wishes**

We are continuing to receive plenty of Wishes for a wide range of resources, equipment and projects. In addition, we are receiving the usual influx of Christmas Wishes coming in, which we are responding to as quickly as we can to ensure these are completed within the tight timescales.

One particular Wish that Health Stars recently supported is 'My Stammering Child' project, delivered by Siobhan Ward and Ruth Edwards, Speech and Language Therapists. The launch event at Hull Trinity was a huge success with over 100 attendees and generated a lot of media interest and coverage. The film has already been viewed over 1500 times, which is now being used as a powerful, inspirational and beneficial therapy tool and resource.

### **Humber Centre Shop**

We have been working closely with staff from the Humber Centre, and Volunteer Services, to look at the possibility of opening a shop for patients.

Plans are progressing well, and there is some interest from Volunteers to support with the running of the shop, which hopefully will be open every day for a few hours by early next year.

Health Stars will be supporting with stock ordering and delivery, with profits coming back into the charity.

### **Funding Opportunities**

We are working with staff in the Partnerships Team to look at potential opportunities for funding and are meeting on a regular basis to progress any suitable applications that are out there.

### **Christmas**

The deadline for Christmas Wishes is 30<sup>th</sup> November 2022 and this information has been circulated on a regular basis since early October, to all staff.

### **Christmas Service**

Health Stars will be supporting the Trust's Christmas Service and running an on Raffle which is now live to enable people to purchase tickets before the event. There are some great prizes including a wide screen smart HD TV a Kindle, meal and golf vouchers., shopping vouchers champagne and chocolates. It hoped that many people from across the trust and throughout the community take part. Enter on line [HERE >>](https://raffall.com/322480/enter-raffle-to-win-prizes-this-christmas-hosted-by-health-stars)

<https://raffall.com/322480/enter-raffle-to-win-prizes-this-christmas-hosted-by-health-stars>

**Michele Moran**  
**Chief Executive**  
**November 2022**

**Agenda Item 8**

Title & Date of Meeting:	Trust Board Public Meeting – 30 November 2022			
Title of Report:	Publications and Policy Highlights			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & discuss	
	For information/To note	✓	To ratify	
Purpose of Paper:	<p>To inform and update the Trust Board on recent publications and policy since the October Board:</p> <ul style="list-style-type: none"> <li>• Update on the UK Covid-19 public inquiry (third investigation)</li> <li>• Industrial action update</li> <li>• The state of Health Care and Adult Social Care in England 2021/22 annual assessment results</li> <li>• An Addendum to NHS England's `Your statutory duties: A reference guide for NHS foundation trust governors.</li> </ul>			
Key Issues within the report:				
<b>Matters of Concern or Key Risks to Escalate:</b> <ul style="list-style-type: none"> <li>• No issues identified.</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>• n/a</li> </ul>		
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>• n/a</li> </ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>• n/a</li> </ul>		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	9/6/22
	Mental Health Legislation		Operational Delivery Group	

	Committee		
	Charitable Funds Committee		Collaborative Committee
			Other (please detail)

**Monitoring and assurance framework summary:**

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

## Publications and Policy Highlights

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

### **Update on the UK COVID-19 Public Inquiry**

On Tuesday 8 November, the UK COVID-19 Public Inquiry opened its third investigation which examines the impact of the COVID-19 pandemic on healthcare in the UK. Issues it will look at include capacity across primary, secondary and tertiary healthcare sectors, people's experience of healthcare and healthcare-related inequalities.

The Inquiry has already held initial procedural hearings for Module One (preparedness) and Module Two (core political decision-making). These have set out how the Inquiry will conduct its investigations.

NHS England is working with the Inquiry to understand how it intends to work with NHS organisations.

### **Lead: Chief Executive**

**The lead for this remains with the Head of Corporate Affairs. The latest update is included in the Chief Executive report and the Board will be kept briefed as the inquiry progresses. The organisation undertook a readiness review some while ago and no immediate issues were raised.**

### **Industrial Action**

The Royal College of Nursing (RCN) has announced that nursing staff at the majority of NHS employers across the UK have voted to take strike action. RCN will be contacting trusts to make them aware of the outcome of ballots among their staff.

An initial [letter for NHS organisations including a checklist and details of planned assurance and reporting](#) has been issued to ICBs and providers. Further information and actions will be produced for trusts and ICBs in due course.

### **Lead: Chief Operating Officer**

**The Chief Operating Officer is the SRO for assessing and planning the Trusts risk and response to industrial action. This is being considered as an integral part of work on our winter and EPRR planning. On this occasion the ballot did not reach the threshold for RCN members in the Trust to strike.**

### **The State of Health Care and Adult Social Care in England 2021/22**

The Care Quality Commission undertakes an annual assessment of health care and social care in England and produces a report which outlines trends, shares examples of good and outstanding care, and highlights where care needs to improve.

The report highlights the health and care system is in gridlock and this is clearly having a huge negative impact on people's experiences of care. People in need of urgent care are at increased risk of harm due to long delays in ambulance response times, waiting in ambulances outside hospitals and long waiting times for triage in emergency departments.

Large numbers of people are stuck in hospital longer than they need to be, due to a lack of available social care. And people's inability to access primary care services is exacerbating the high pressure on urgent and emergency care services.

At the heart of these problems are staff shortages and struggles to recruit and retain staff right across health and care.

One major survey shows the proportion of people satisfied with the NHS overall dropping from 53% to 36%. More people (41%) were dissatisfied with the NHS than satisfied. Another survey shows that the proportion of people who reported a good overall experience of their GP practice went down from 83% to 72%.

The report is available here: [State of Care 2021/22 - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/publications/state-of-care-2021-22) NHS England.

**Lead: Director of Nursing, Allied Health and Social Care Professionals**

**Understanding the health and care needs of local people is paramount for integrated care systems, and each one faces a different challenge in meeting those needs. Good leadership is vital for local systems as they become established during challenging times for all services. All services working in a local health and social care system should be included in planning for healthier communities.**

**To maintain and develop the required workforce, as well as to plan for the future, providers and systems need to be clear about demands in the longer term, including the required workforce skillsets. A strong understanding of local community needs is required to ensure the right services, including preventative health measures and plans for improving health outcomes, are delivered.**

**Executives and Senior Trust staff are working with system leaders in the ICS to inform and influence changes that are needed and provide support as required to partners to address pressures in the system.**

**An Addendum to NHS England's [Your statutory duties: A reference guide for NHS foundation trust governors](#)**

'Your statutory duties: A reference guide for NHS foundation trust governors' (originally published by Monitor), explains how the duties of NHS foundation trust councils of governors support system working and collaboration, and provides examples of good practice. It supplements (rather than replaces) the guide for governors, and the two documents should be used in conjunction.

[B2077-addendum-to-your-statutory-duties-reference-guide-for-nhs-foundation-trust-governors-october-22 .pdf \(england.nhs.uk\)](#)

**Lead: Head of Corporate Affairs**

**The addendum will be shared with the Council of Governors**

Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting – 30 <sup>th</sup> November 2022										
Title of Report:	Performance Report October 2022										
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead										
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To receive &amp; discuss</td> <td></td> </tr> <tr> <td>For information/To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> </table>			To approve		To receive & discuss		For information/To note	✓	To ratify	
To approve		To receive & discuss									
For information/To note	✓	To ratify									
Purpose of Paper:	<p>This purpose of this report is to inform the Trust Board on the current levels of performance as at the end of October 2022.</p> <p>The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format</p>										
Key Issues within the report:											
<p><b>Matters of Concern or Key Risks to Escalate:</b></p> <ul style="list-style-type: none"> <li>• <b>Waiting Times</b> - Appendix B provides a review of current waiting times performance.</li> <li>• The performance for <b>Care Programme Approach (CPA)</b> reviews has slightly decreased in October. Exception reporting now takes place at divisional level with details reported in appendix B.</li> <li>• Services continue to monitor and avoid where possible with a procedure in place to minimise and <b>repatriate Out of Area placements</b>. Escalation meetings are in place for complex DToCs (No Criteria to Reside). Bed escalation and management protocol developed to minimise the impact of C19. More detail included in appendix B.</li> <li>• The number of <b>delayed transfers of care</b> was reduced during October, full narrative included at appendix B.</li> <li>• A detailed narrative is provided in the</li> </ul>	<p><b>Key Actions</b></p>	<p><b>Commissioned/Work Underway:</b></p>	<ul style="list-style-type: none"> <li>• Performance Management and oversight across division is taking place for CPA with work ongoing to validate the position.</li> <li>• Work is ongoing to mobilise and monitor recovery plans for waiting times.</li> <li>• The Trust are working with the ICB and Provider Collaborative to escalate DToCs as an issue requiring focussed system action.</li> </ul>								

<p><b>safer staffing dashboard</b> and key areas to note are that Townend Court have 5 red flags. The unit had a Covid 19 outbreak in September which resulted in significant staff absence which is reflected in their fill rates. This was managed by the Modern Matron and Ward Manager backfilling shifts and the Clinical psychologist providing leadership. They also utilised staff from Intensive Support Team and Community Team Learning Disabilities to provide cover on the unit. Sickness remains a significant concern across the board but has improved from August. Overall there is a maintained improvement with 9 wards still flagging green</p>				
<p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>• <b>IAPT</b> - Compliant against both the 6ww and 18ww standard. Service is confident that this will be maintained if sickness levels and staff retention remain at the improved position.</li> <li>• <b>EIP-</b> Improvement from September's position, slightly below target at month end point. Recruitment and sickness absence position has improved and it is expected that the access target will be met by the end of the quarter.</li> <li>• <b>Statutory and mandatory training</b> overall remains above the Trust target of 85%, currently at 91.3%.</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>• n/a – report to note</li> </ul>			
<p>Governance:</p>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	Sept 2022
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
		Other (please detail)		

**Monitoring and assurance framework summary:**

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

√ Tick those that apply

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

Financial Year  
2022-23

# TRUST PERFORMANCE REPORT

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

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

Reporting Month:

Oct-22

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team



# Humber Teaching NHS Foundation Trust Trust Performance Report

For the period ending: **Oct 2022**

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

**What are SPCs?**

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

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

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

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

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

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

# Humber Teaching NHS Foundation Trust

## Trust Performance Report

For the period ending:

**Oct 2022**

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

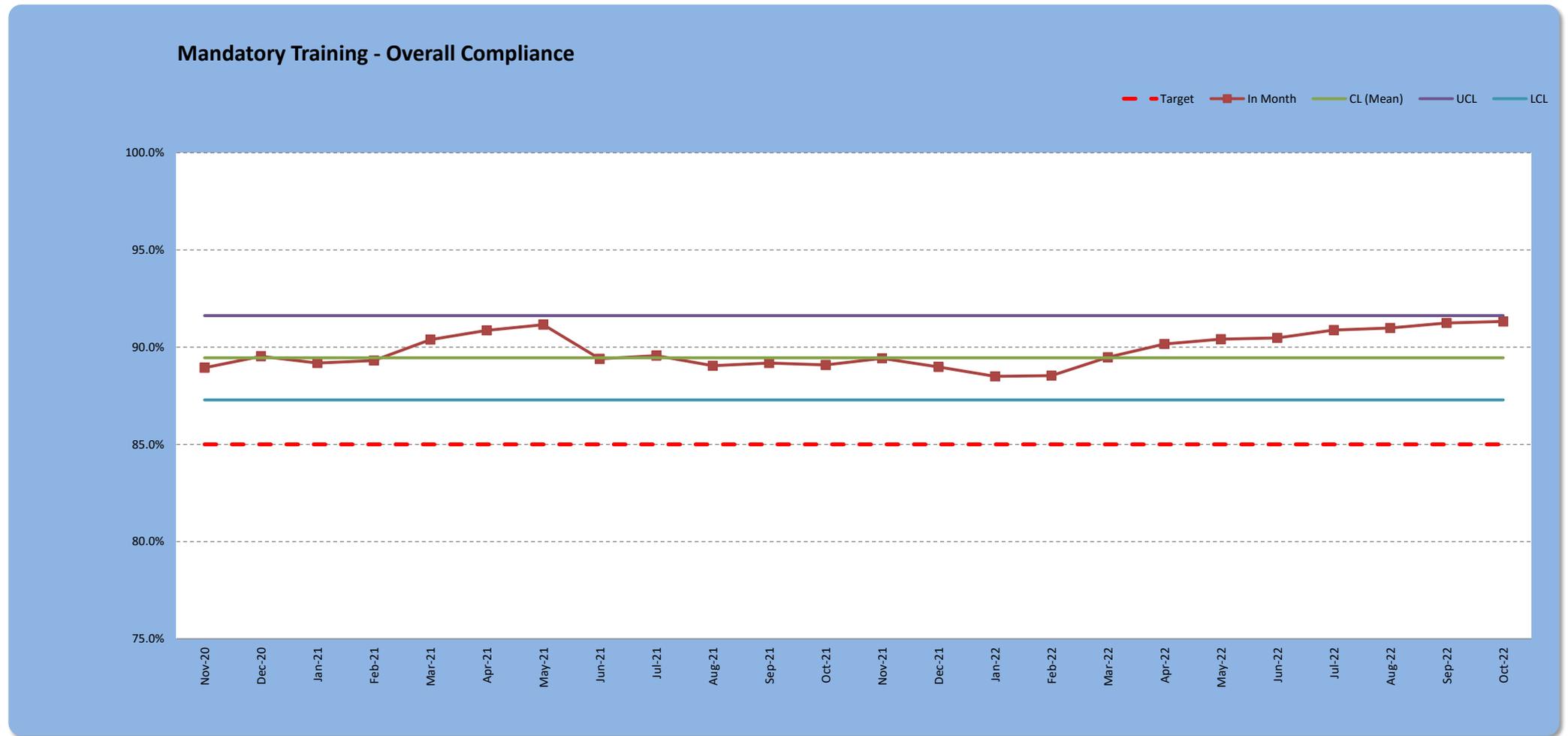
# PI RETURN FORM 2022-23

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Oct 2022**

Target:	Amber:	Current month stands at:
85%	80%	91.3%

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



# PI RETURN FORM 2022-23

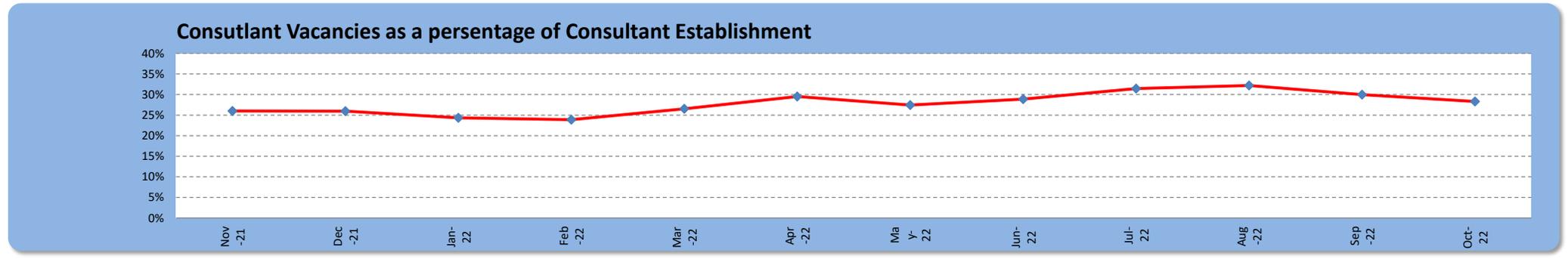
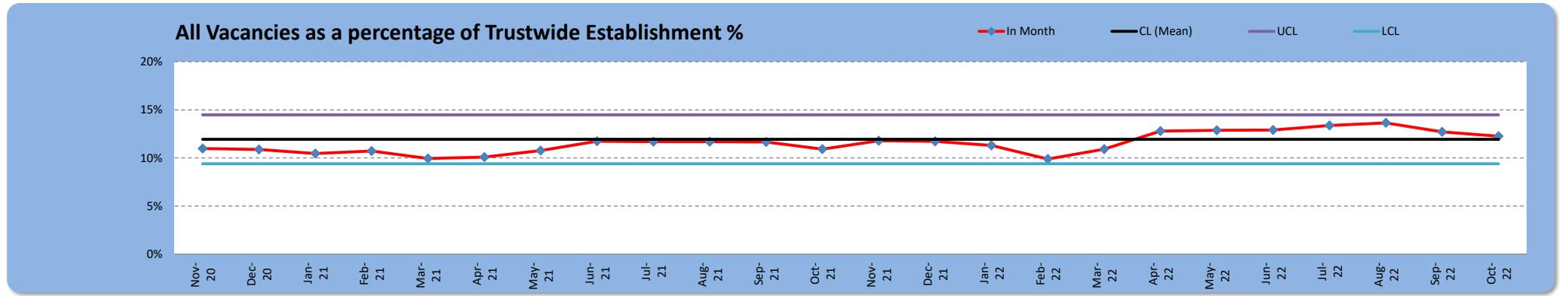
## Goal 1 : Innovating Quality and Patient Safety

For the period ending:

**Oct 2022**

Target:	Amber:	Current month stands at:
N/A	N/A	12.3%

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



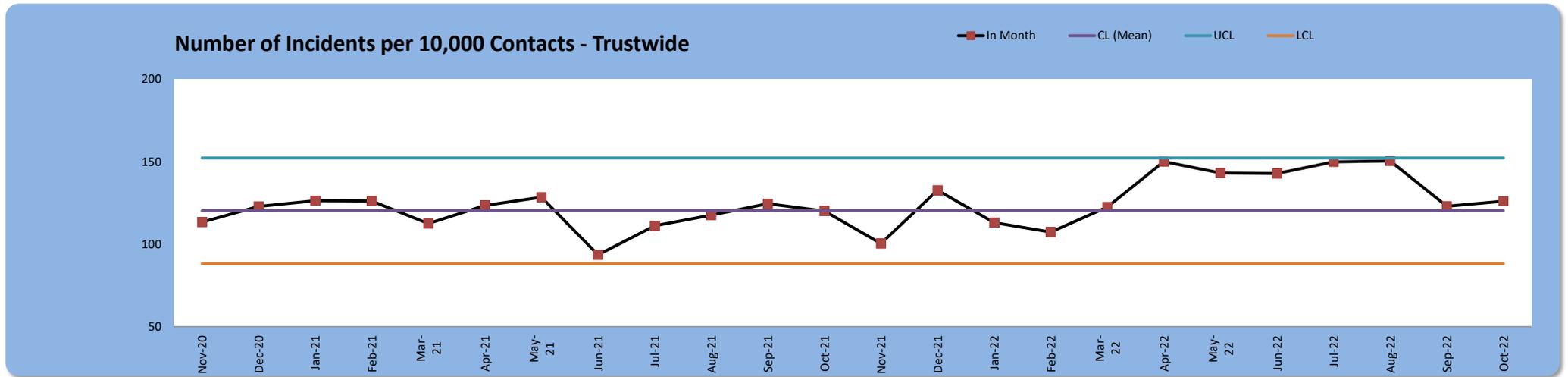
# PI RETURN FORM 2022-23

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Oct 2022**

Target:	Amber:	Trustwide current month stands at:
0	0	126

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



# PI RETURN FORM 2022-23

## Goal 1 : Innovating Quality and Patient Safety

For the period ending:

**Oct 2022**

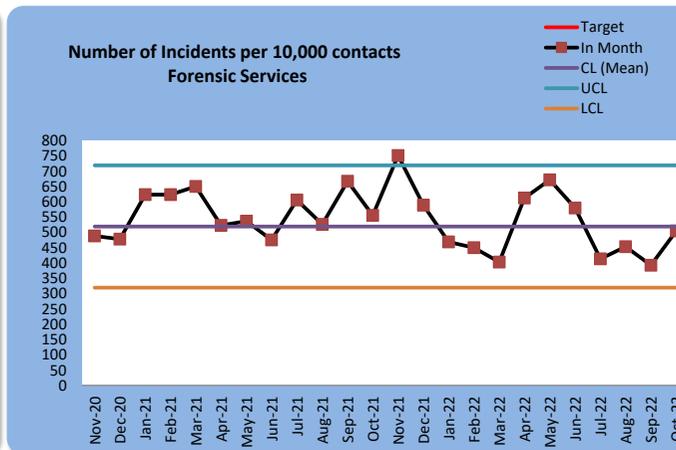
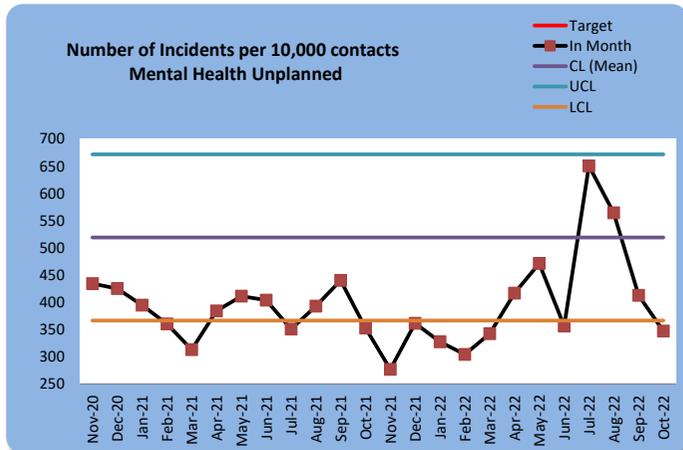
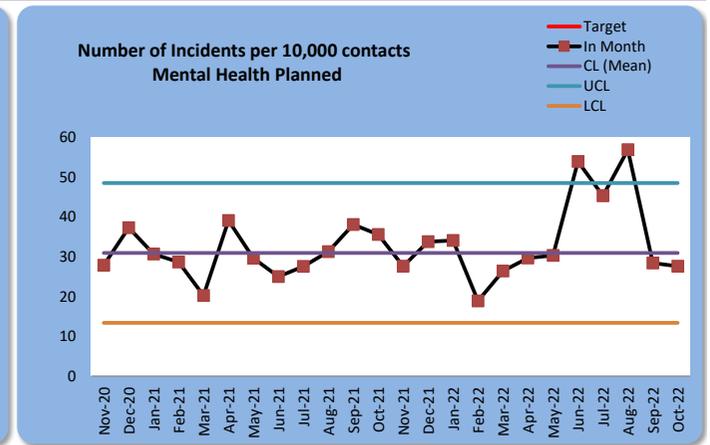
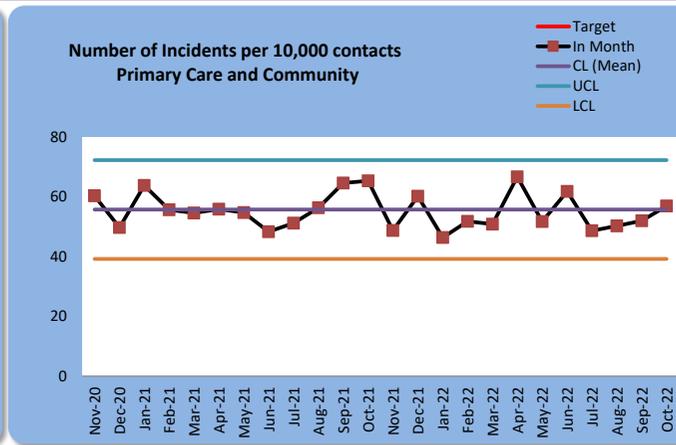
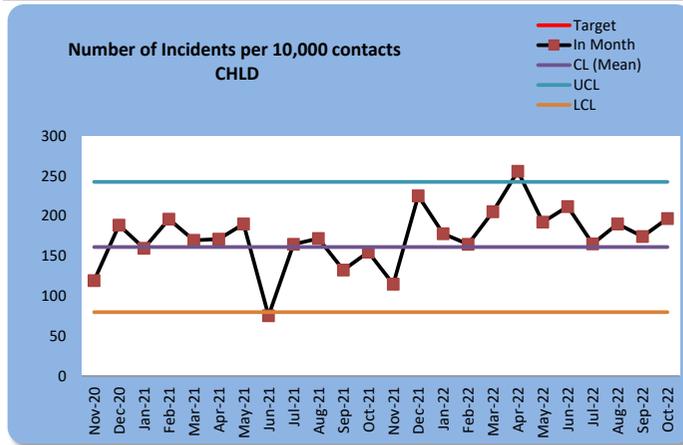
Target:	Amber:	Trustwide current month stands at:
0	0	126

Indicator Title	Description/Rationale
<b>Incidents</b>	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)

Executive Lead  
Hilary Gledhill

KPI Type

IA\_TW



### Current Month per Division

Children and Learning Disability	197
Primary Care and Community	57
Mental Health Planned	28
Mental Health Unplanned	347
Forensic Services	504

### Incident Analysis

	Sep-22	Oct-22
Never Events	0	0
% of Harm Free Care	99.6%	99.6%
% of Incidents reported in Severe Harm or Death	0.4%	0.8%

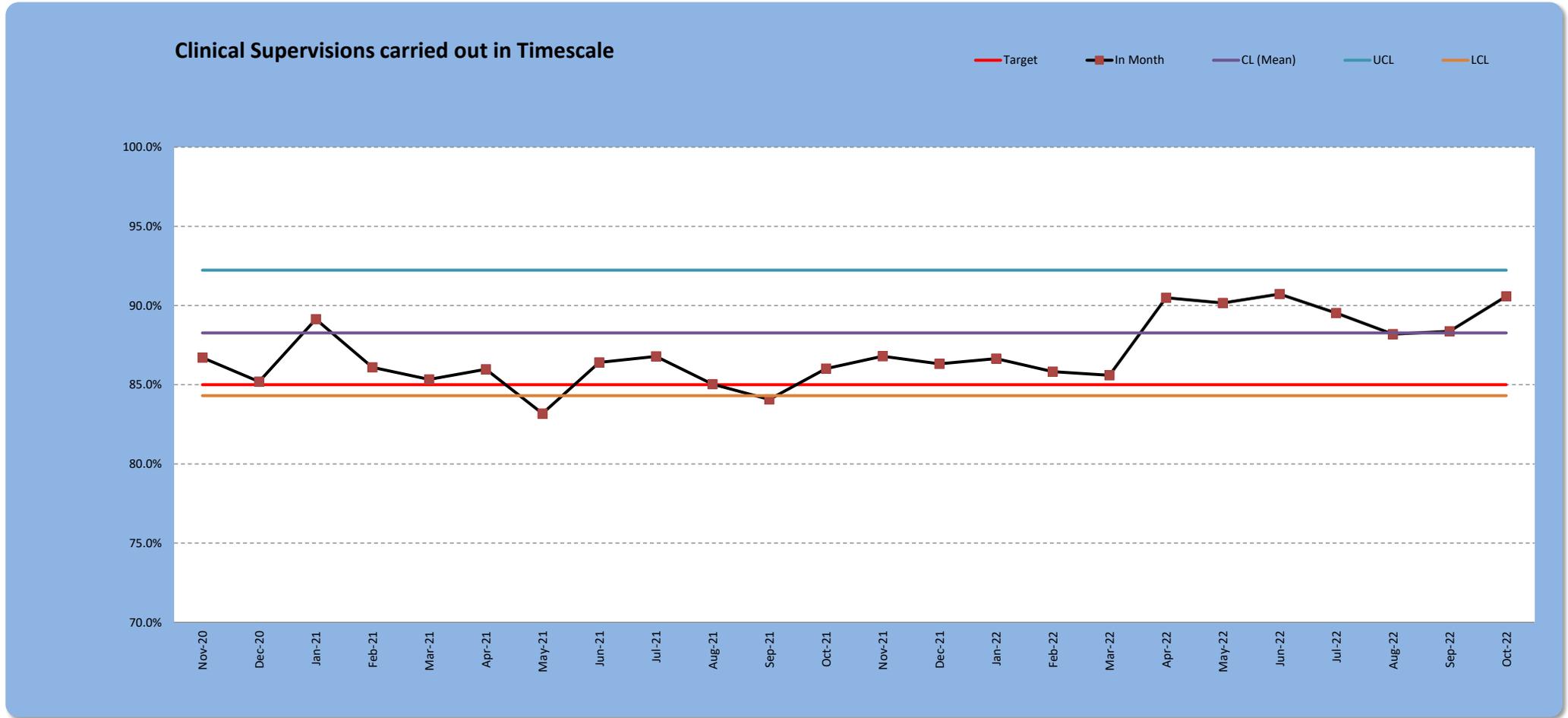
# PI RETURN FORM 2022-23

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Oct 2022**

Target:	Amber:	Current month stands at:
85%	80%	90.6%

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



# HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

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



Shown one month in arrears

Speciality	Units				Bank/Agency Hours				Average Safer Staffing Fill Rates				High Level Indicators										Indicator Totals		
	Ward	Speciality	WTE	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		QUALITY INDICATORS (Year to Date)										Aug-22	Sep-22
										Registered	Un Registered	Registered	Un Registered	Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)		
Adult MH	Avondale	Adult MH Assessment	24.0	72%	13.2	27.6%	↓	11.3%	↑	97%	84%	97%	113%	2	17	10	0	83.3%	88.6%	100.0%	50.0%	1.7%	4.0	1	1
	New Bridges	Adult MH Treatment (M)	38.5	102%	7.77	10.1%	↑	6.4%	↑	72%	92%	95%	107%	0	29	2	0	81.6%	94.5%	76.5%	72.0%	5.7%	1.9	3	4
	Westlands	Adult MH Treatment (F)	34.0	91%	9.07	21.6%	↓	12.4%	↑	89%	76%	94%	99%	1	30	2	0	83.9%	92.1%	93.3%	60.0%	5.4%	2.4	2	3
	Mill View Court	Adult MH Treatment	26.3	87%	8.39	16.5%	↓	13.3%	↑	75%	79%	90%	115%	4	6	0	0	74.1%	91.9%	90.0%	64.7%	2.5%	4.6	1	4
	STARS	Adult MH Rehabilitation	37.6	101%	22.63	15.5%	↑	1.8%	↓	56%	180%	100%	100%	0	1	0	0	84.6%	93.8%	75.0%	74.1%	7.0%	0.5	2	3
	PICU	Adult MH Acute Intensive	28.9	78%	20.32	27.7%	↑	21.9%	↑	80%	114%	98%	137%	1	63	0	0	100.0%	78.1%	78.6%	88.2%	5.2%	4.0	1	1
OP MH	Maister Lodge	Older People Dementia Treatment	33.4	70%	15.07	14.2%	↑	5.2%	↑	79%	100%	107%	97%	0	42	0	0	88.6%	93.0%	100.0%	92.0%	8.0%	1.0	0	1
	Mill View Lodge	Older People Treatment	25.1	99%	12.14	18.5%	↓	12.2%	↑	75%	83%	100%	119%	0	38	0	0	68.2%	91.6%	100.0%	80.0%	14.6%	1.8	3	3
Child & LD	Maister Court	Older People Treatment	17.4	89%	19.59	27.3%	↓	14.5%	↑	108%	101%	100%	118%	0	2	0	0	80.0%	94.9%	71.4%	90.9%	0.0%	0.8	1	0
	Pine View	Forensic Low Secure	30.8	81%	9.35	18.3%	↑	0.0%	→	96%	97%	58%	97%	1	6	0	19	100.0%	91.9%	76.9%	85.0%	6.3%	1.6	2	2
	Derwent	Forensic Medium Secure	25.4	95%	11.55	20.3%	↓	0.0%	→	93%	89%	80%	108%	0	6	2	0	100.0%	91.3%	87.5%	78.9%	2.1%	2.0	2	1
	Ouse	Forensic Medium Secure	25.6	83%	10.65	25.1%	↓	0.0%	→	98%	121%	107%	159%	3	4	1	5	91.7%	86.7%	100.0%	68.4%	3.4%	1.6	1	0
	Swale	Personality Disorder Medium Secure	26.2	93%	9.37	29.4%	↑	0.0%	→	91%	101%	107%	93%	1	5	7	11	87.5%	96.0%	100.0%	70.6%	3.9%	1.2	1	1
	Ullswater	Learning Disability Medium Secure	27.8	58%	17.70	18.6%	↓	0.0%	→	101%	125%	91%	135%	1	10	0	10	60.0%	94.4%	100.0%	90.5%	8.9%	2.5	1	2
CH	Townend Court	Learning Disability	36.6	79%	26.34	35.6%	↓	0.5%	↑	51%	71%	54%	118%	3	77	2	2	97.0%	90.8%	91.7%	60.0%	10.4%	3.0	4	5
	Inspire	CAMHS	45.8	60%	31.10	0.0%	↑	15.9%	↓	43%	77%	44%	88%	5	0	0	0	85.7%	88.5%	112.5%	61.5%	14.1%	6.0	4	4
	Granville Court	Learning Disability Nursing Care	40.8	86%	17.82	25.6%	↑	16.5%	↓	112%	93%	107%	100%	0	5	0	0	89.4%	92.5%	100.0%	90.9%	4.4%	0.0	0	0
CH	Whitby Hospital	Physical Health Community Hospital	33.8	93%	8.30	0.2%	↑	0.0%	↑	93%	84%	99%	100%	0	0	1	0	92.1%	93.5%	89.5%	76.2%	3.8%	-1.4	3	1
	Malton Hospital	Physical Health Community Hospital	33.1	96%	6.70	Not on eRoster	↓	Not on eRoster	↓	109%	75%	110%	90%	2	1	0	0	94.1%	81.1%	94.4%	65.0%	2.4%	-2.6	1	3

# HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

## Exception Reporting and Operational Commentary

### Safer Staffing Dashboard Narrative : Sep

The thresholds for Care Hours Per Patient Days (CHPPD) have been revised upwards based on the latest model health system data and this accounts for the increased number of units flagging at red. As part of the current rounds of safer staffing reviews each unit has been asked to collate daily 'dependency data'. This will be fed into the Mental Health Optimal Staffing Tool; Learning Disability Optimal Staffing Tool (LDOST) and modified Safer Nursing Care Tools (mSNCT) which can then calculate recommended CHPPD at a team level. Once this has been completed individual CHPPD thresholds for each team can be established which will be reviewed as part of the 6 monthly cycle of safer staffing reviews. This will be reported fully in the next safer staffing report for Apr-Sept 2022.

Five wards continue to have below target levels of fill rates on days. In most instances this is due to having only 1 RN on duty instead of 2. The registered fill rates on nights are all above the threshold with the exception of Pine view ; Townend Court (TEC) and Inspire. Both Pine view and TEC frequently only having 1 registered nurse on nights. The fill rates on Inspire are based on an incorrect demand template which has now been corrected. Inspire have recruited 5 RNs who will be commencing in the next month.

MVL is showing high OBD. This is due to pressure on beds and the need to use leave beds in extreme circumstances. They are also showing high sickness in the month related to Covid19.

TEC is showing 5 red flags. September was a difficult month due to the Covid Outbreak on the units. Twelve staff were absent with Covid and this is reflected on both fill rates and increased sickness rates. At one point the unit was running with approx. 48% staff absence with sickness, absence and leave. This was managed by the Modern Matron and Ward Manager backfilling shifts and the Clinical Psychologist providing leadership. They also utilised staff from Intensive Support Team and Community Team Learning Disabilities to provide cover on the unit. A clinical and operational decision was made to continue to run on 1 Qualified nurse on an evening as current clinical activity on a night is lower than a day.

Immediate Life Support (ILS) compliance has improved to 88% overall in September and Whitby and Ullswater are now at 100%. Basic Life Support(BLS) at TEC has improved to 60% in September and Inspire has continued to improve to 67.7%.

Supervision is above target for all units with the exception of Ullswater; MVL and MVC this has been addressed with the modern matrons and will be picked up in the accountability reviews

Sickness remains a significant concern but has improved from August. Overall there is a maintained improvement with 9 wards still flagging green.

### The CHPPD RAG ratings are based on the Organisational National Average Benchmark as at March 2022

For all MH units other than Pine View/Ouse the RAGs are set at: >10.3 = Green, 9.3 to 10.3 = Amber, < 9.3 = Red.

Pine View/Ouse ratings are set as: >6.3 = Green, 5.8 to 6.3 = Amber, < 5.8 = Red

Community Hospitals are RAG rated based on Model Hospital national average: > 9.07 = Green, 9.07 to 8.07 = Amber, < 8.07 = Red

We are now collecting Occupied Bed Days for Granville Court. However as this is a nursing home and not MH unit. As such the fill rate and CHPPD is not RAG rated

OBD RAG ratings for Safer Staffing (exc Forensics) are: < 87% = Green, 87% to 92% = Amber, > 92% = Red

OBD RAG ratings for Safer Staffing for Forensics are: < 50% = Red and > 50% = Green

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



Humber Teaching  
NHS Foundation Trust

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

Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
8.70%	10.90%	10.30%	10.50%	8.80%	7.20%	13.90%	13.80%	14.90%	15.27%	15.00%	14.70%

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

	Jul-22	Aug-22	Sep-22
Maister Lodge	12	7	6
Millview Lodge	2	5	9
Malton IPU	6	7	6
Whitby IPU	0	1	1

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

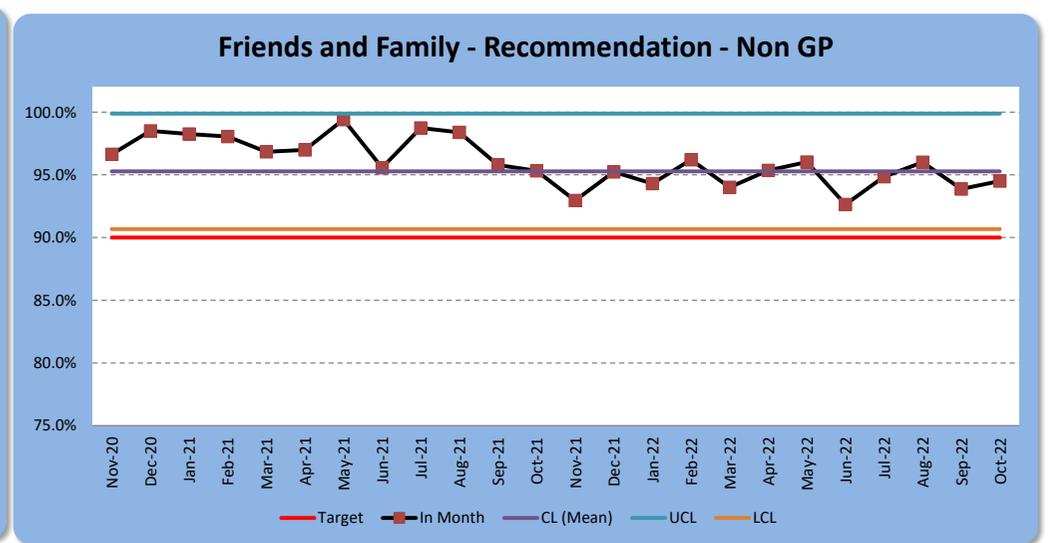
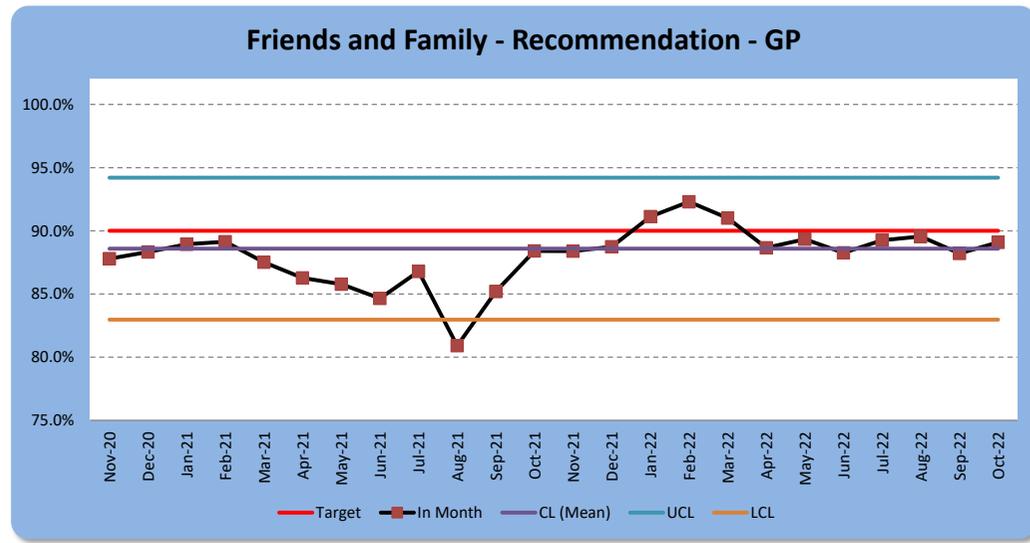
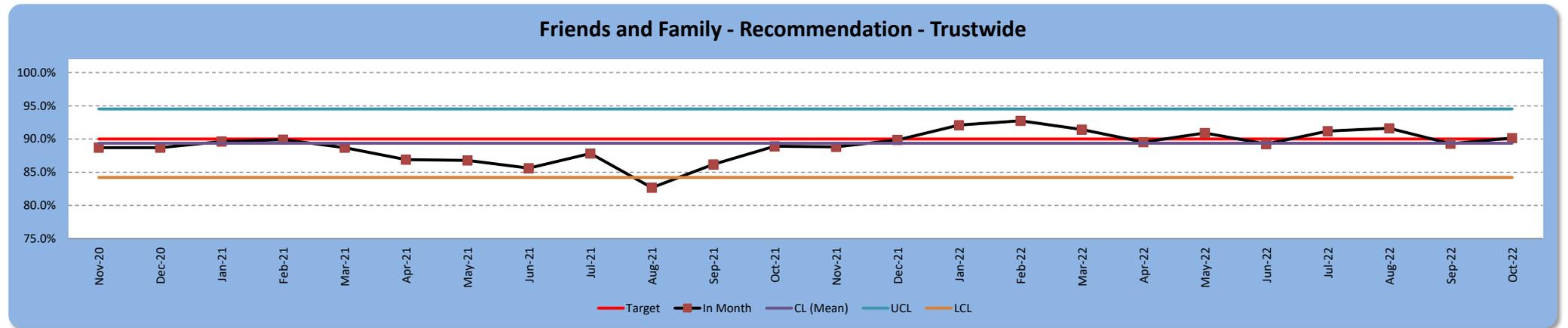
# PI RETURN FORM 2022-23

## Goal 1 : Innovating Quality and Patient Safety

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

For the period ending: **Oct 2022**

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



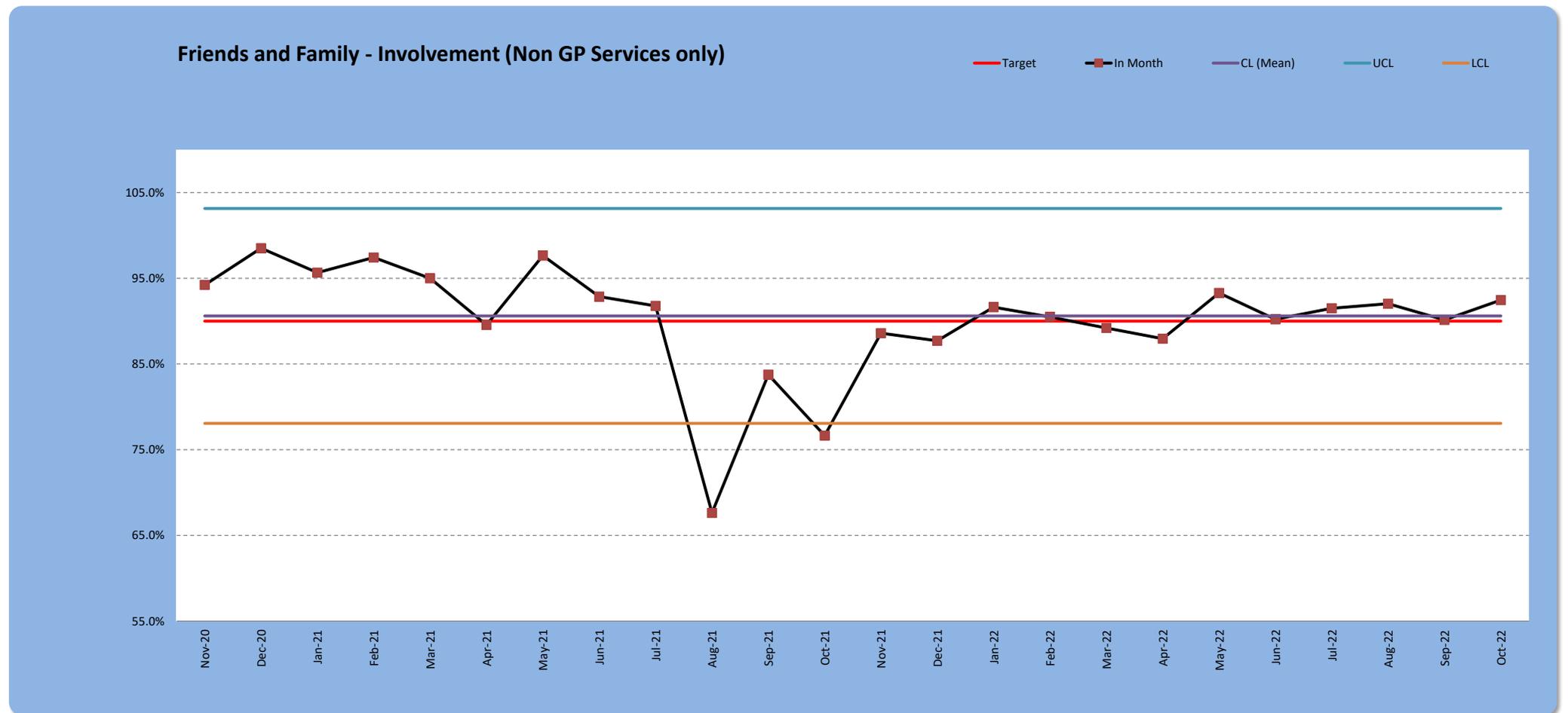
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2022**

Target:	Amber:	Current month stands at:
90%	80%	92.5%

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



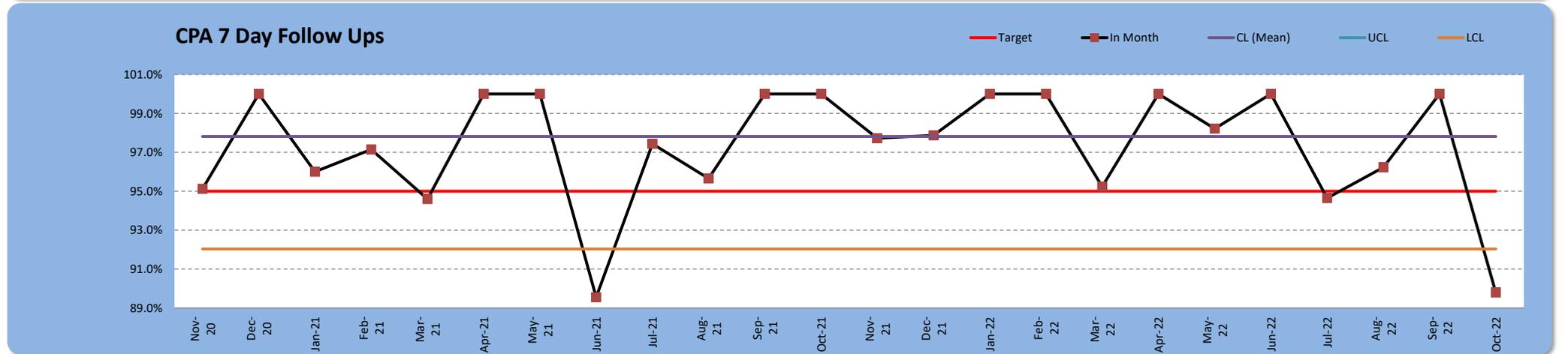
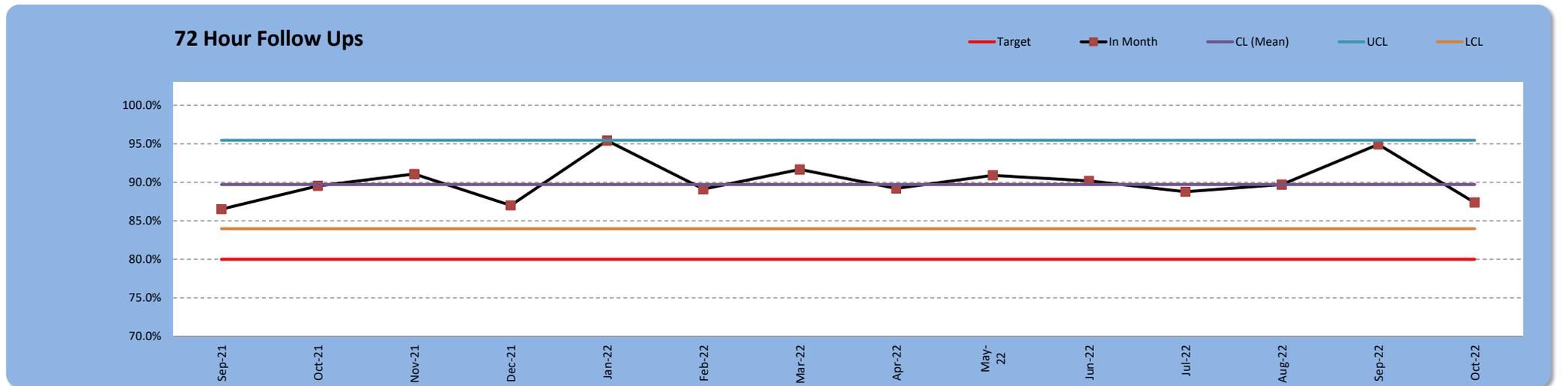
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2022**

Target:	Amber:	Current month for 72 hour stands at:
80%	60%	87.4%

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



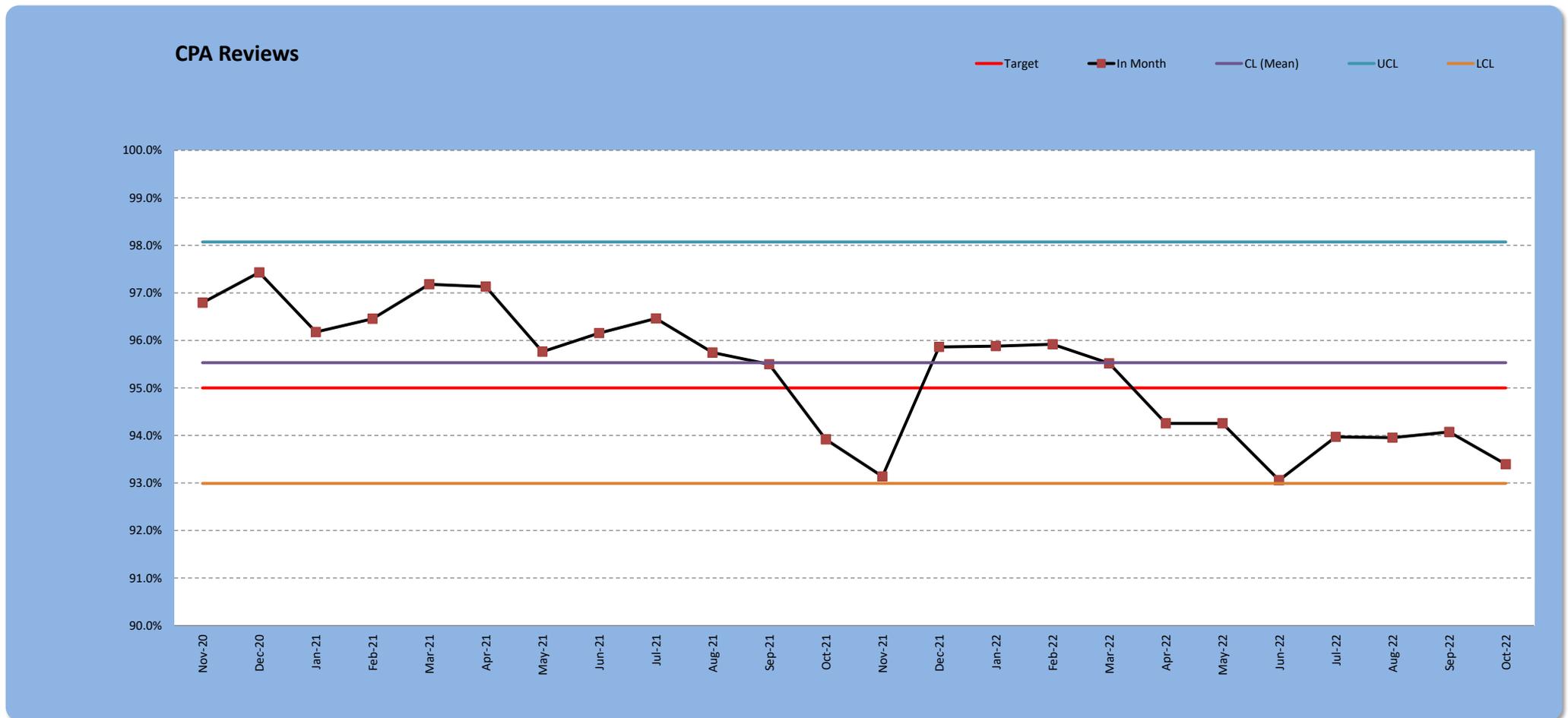
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2022**

Target:	Amber:	Current month stands at:
95%	85%	93.4%

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



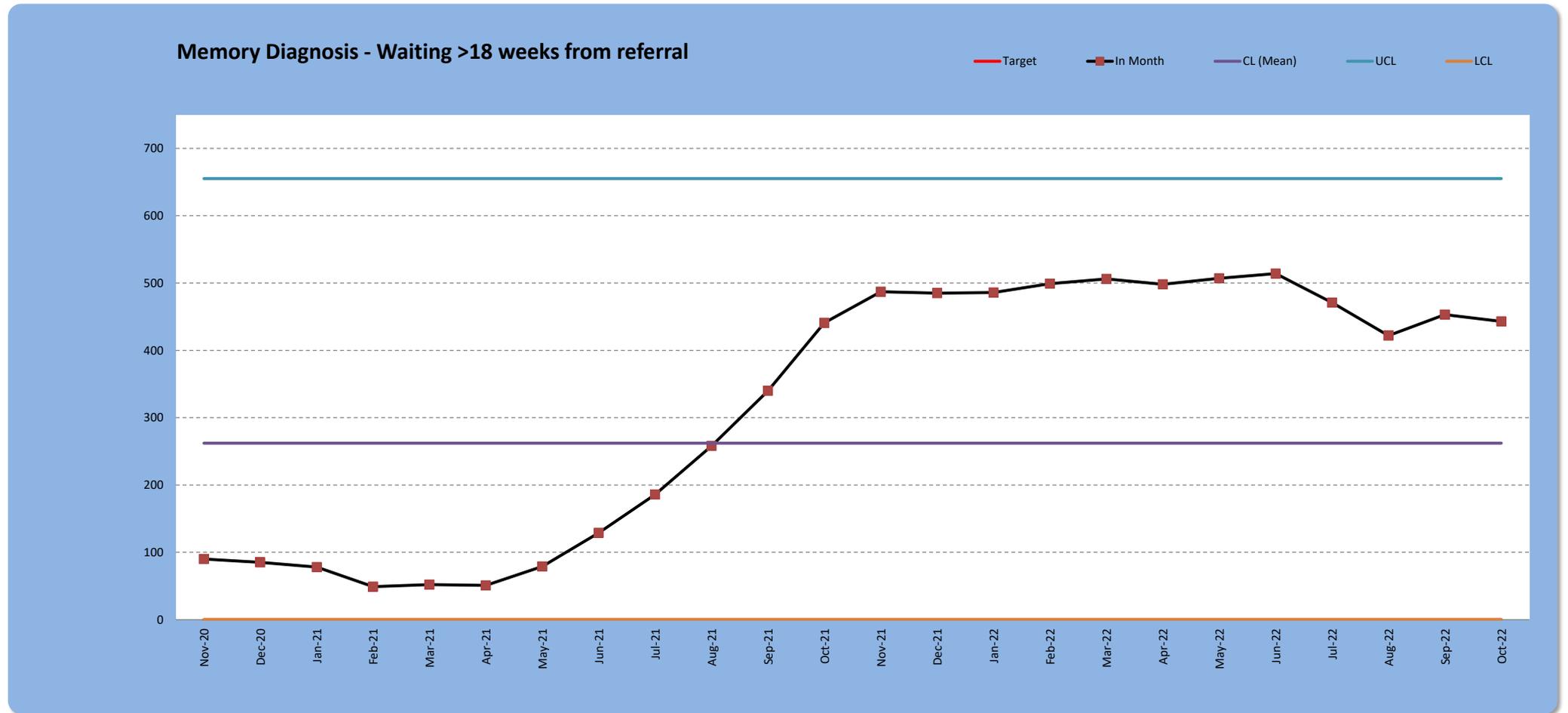
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2022**

Target:	Amber:	Current month stands at:
n/a	n/a	443

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



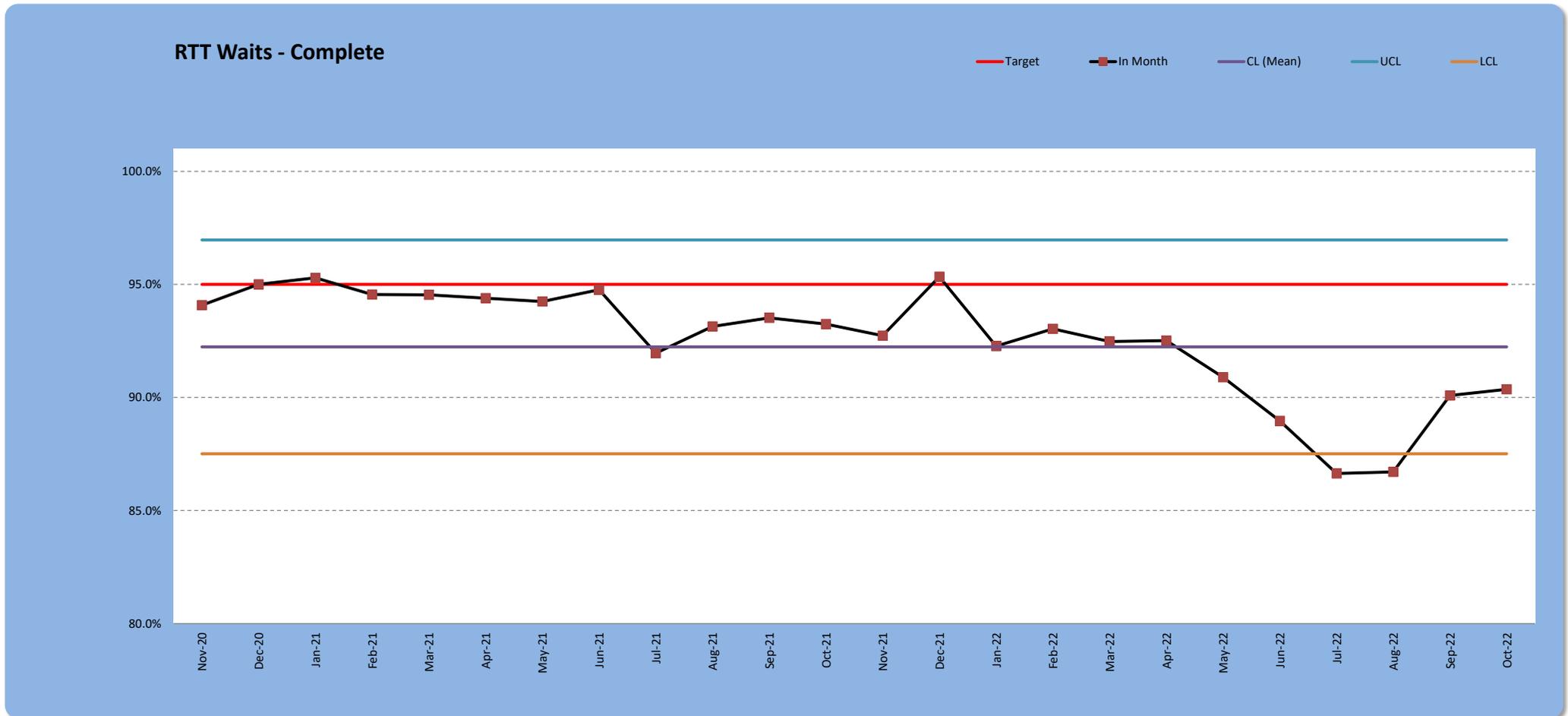
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2022**

Target:	Amber:	Current month stands at:
95%	85%	90.4%

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



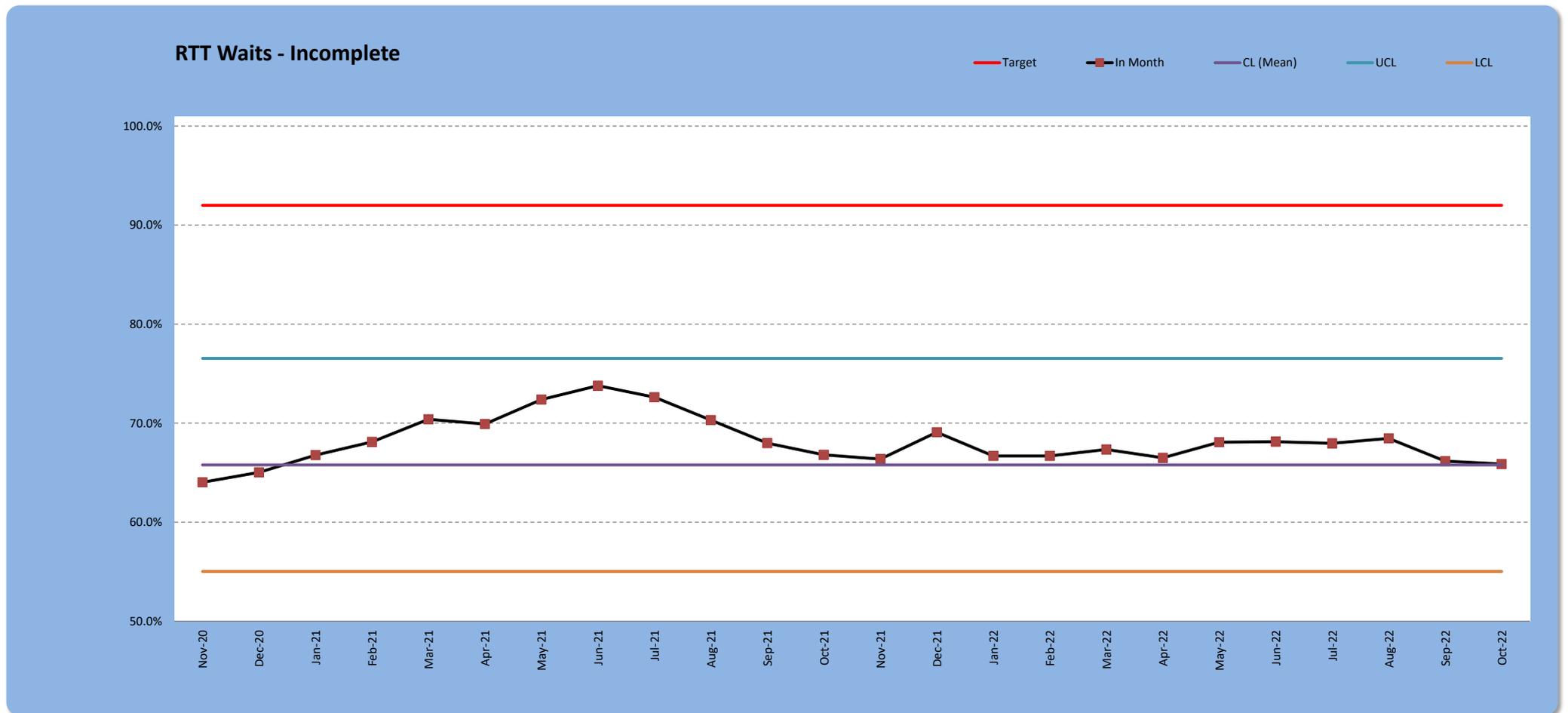
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2022**

Target:	Amber:	Current month stands at:
92%	85%	65.9%

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



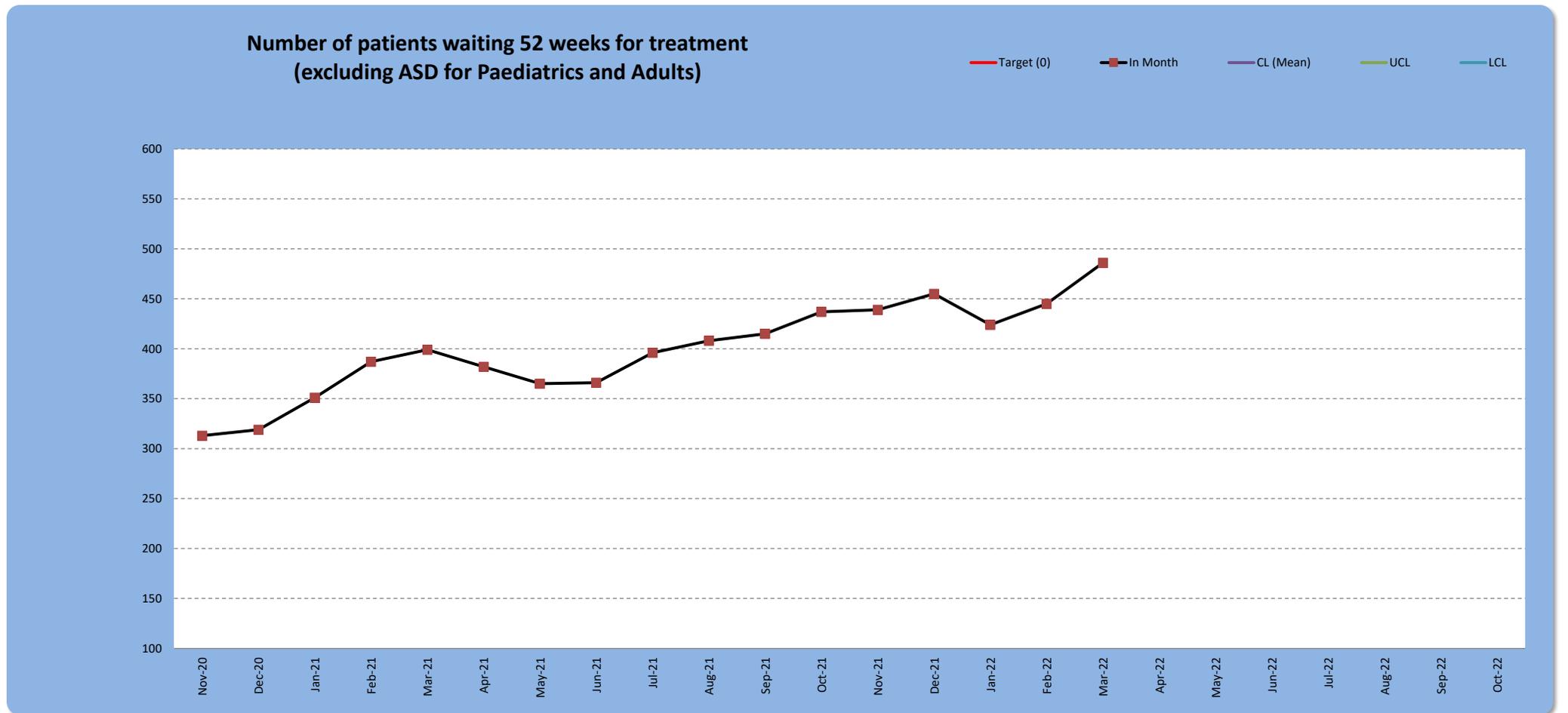
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2022**

Target:	Amber:	Current month stands at:
0	0	#N/A

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



# PI RETURN FORM 2022-23

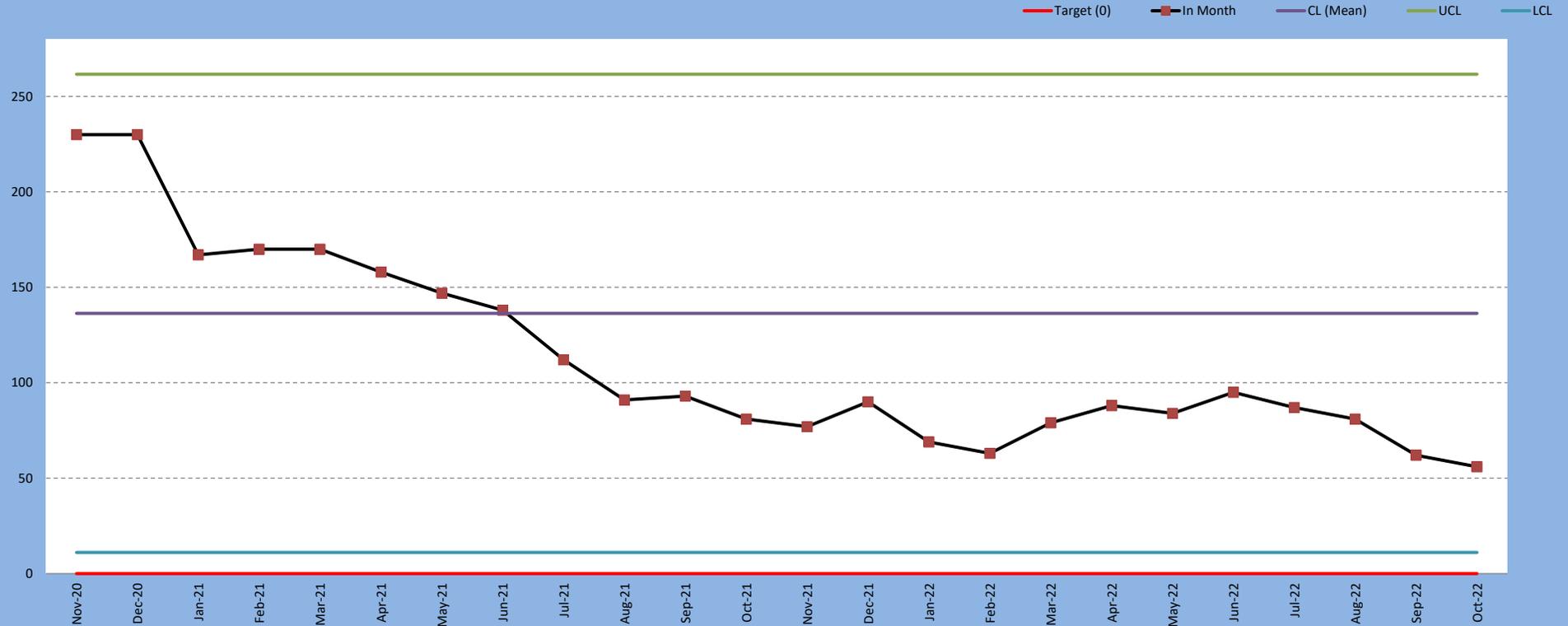
## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2022**

Target:	Amber:	Current month stands at:
0	0	56

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

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



# PI RETURN FORM 2022-23

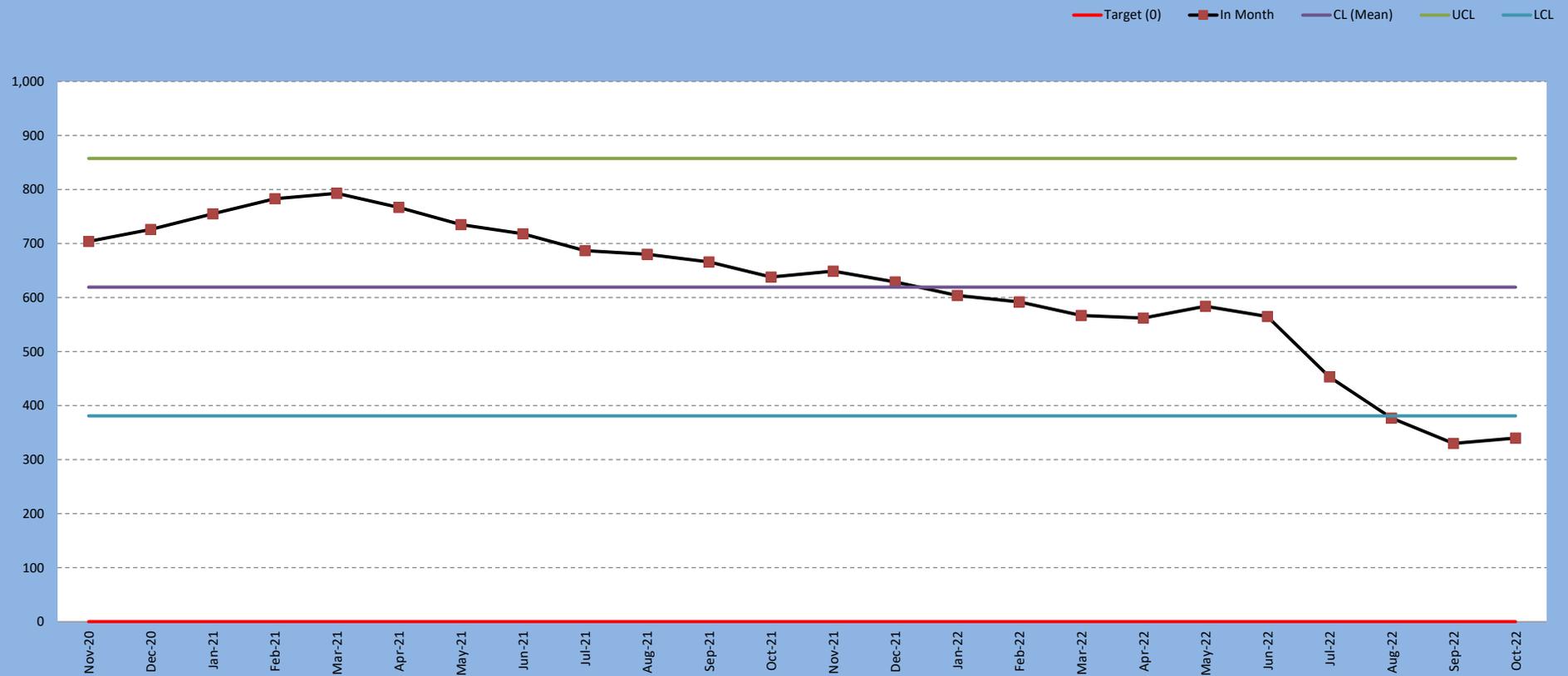
## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2022**

Target:	Amber:	Current month stands at:
0	0	340

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

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



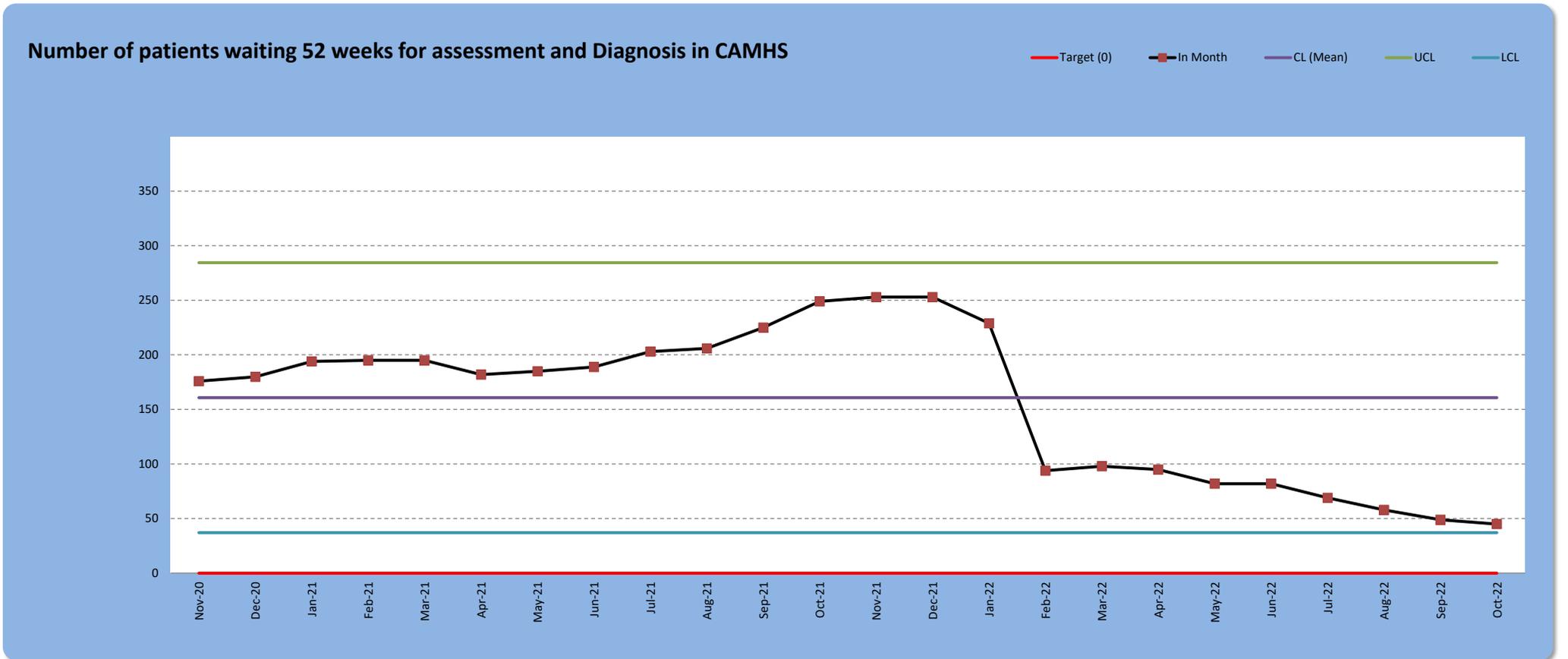
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2022**

Target:	Amber:	Current month stands at:
0	0	45

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



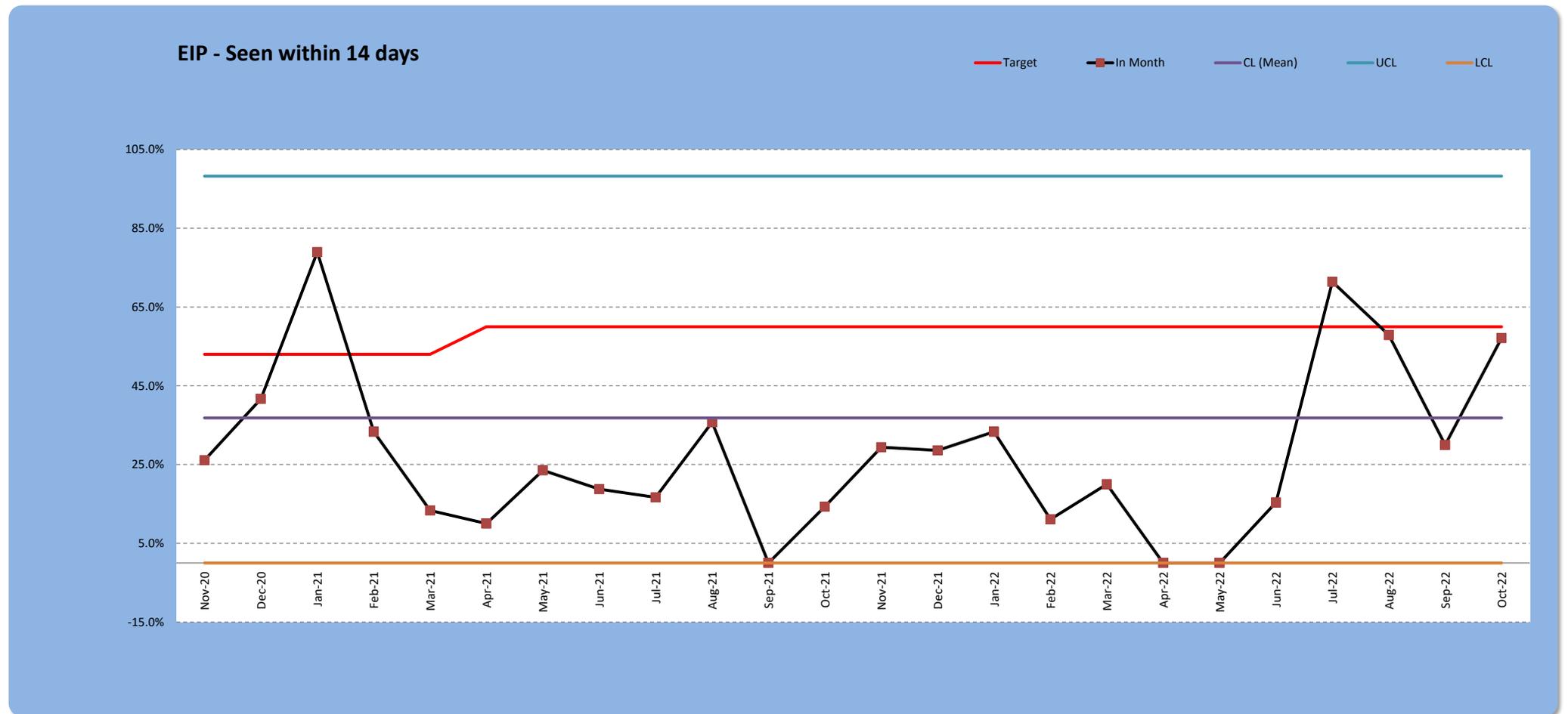
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2022**

Target:	Amber:	Current month stands at:
60%	55%	57.1%

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



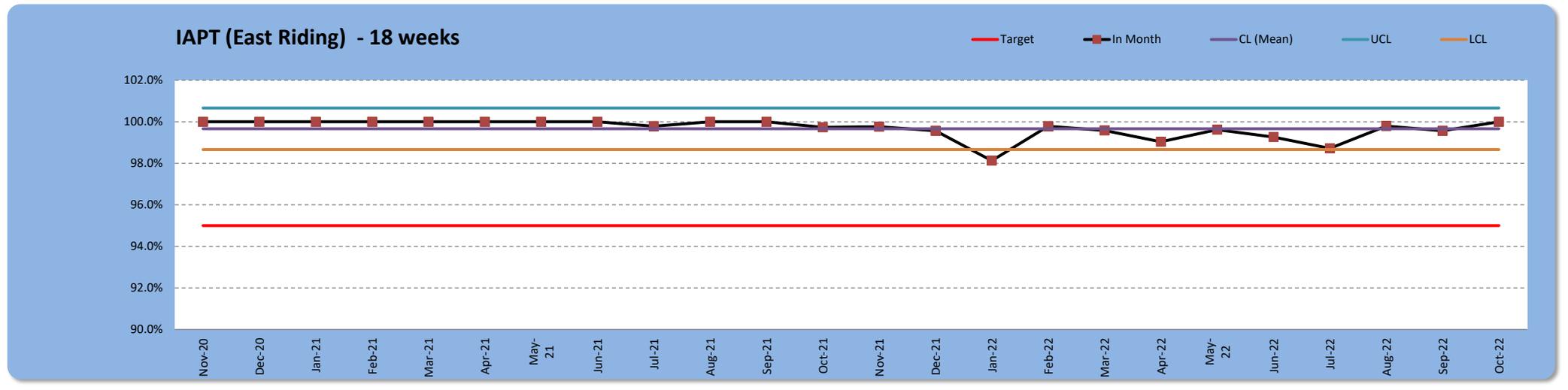
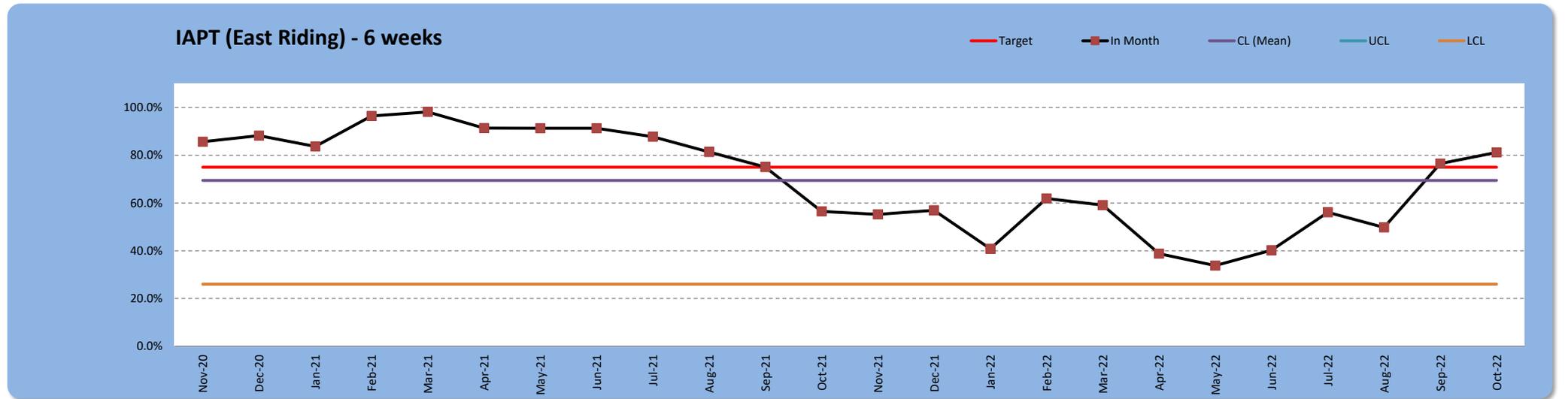
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2022**

		Current month			Current month
		6 weeks stands			18 weeks stands at:
Target:	Amber:	at:	Target:	Amber:	
75%	70%	81.2%	95%	85%	100.0%

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



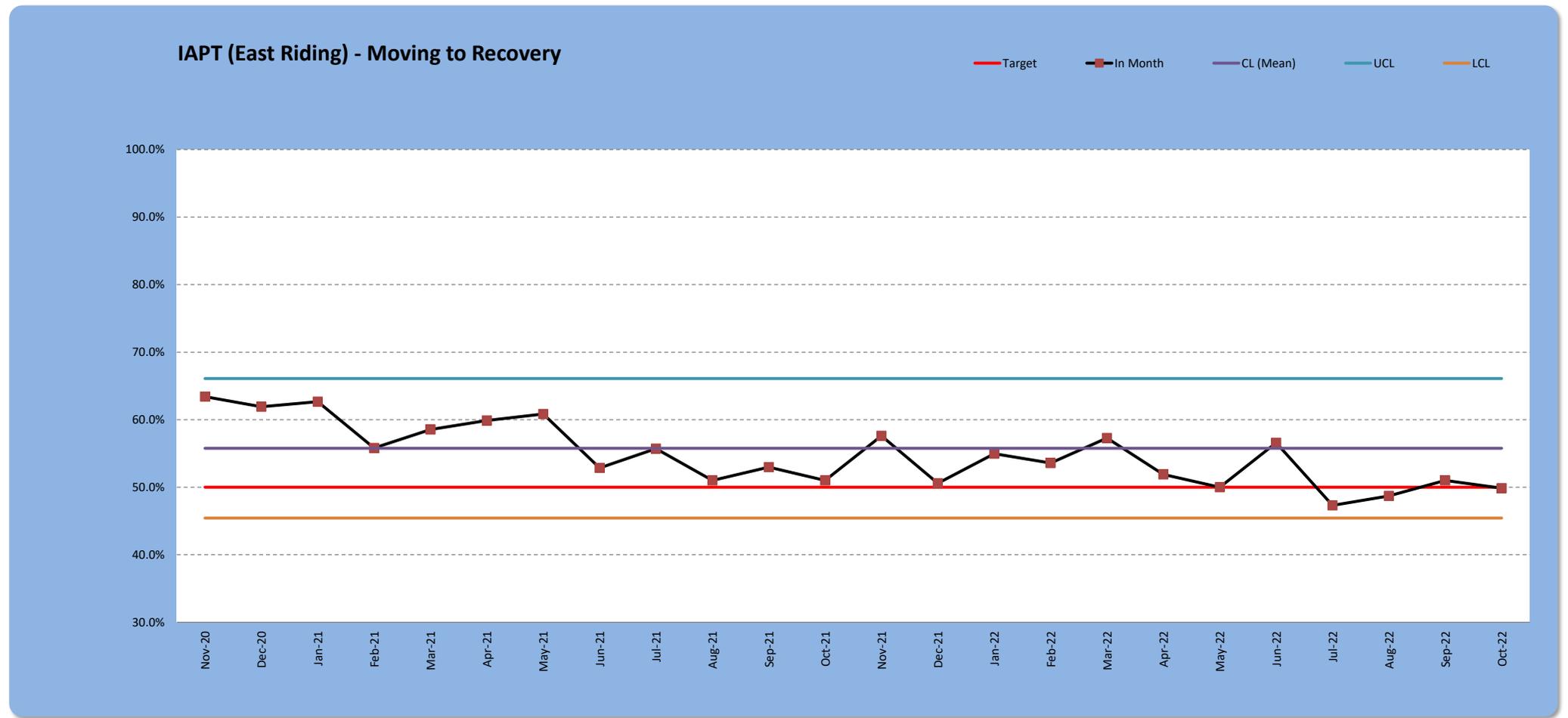
# PI RETURN FORM 2022-23

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2022**

Target:	Amber:	Current month stands at:
50%	45%	49.9%

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



# PI RETURN FORM 2022-23

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Oct 2022**

Target:	Amber:	Patients OoA within month:
0	0	5

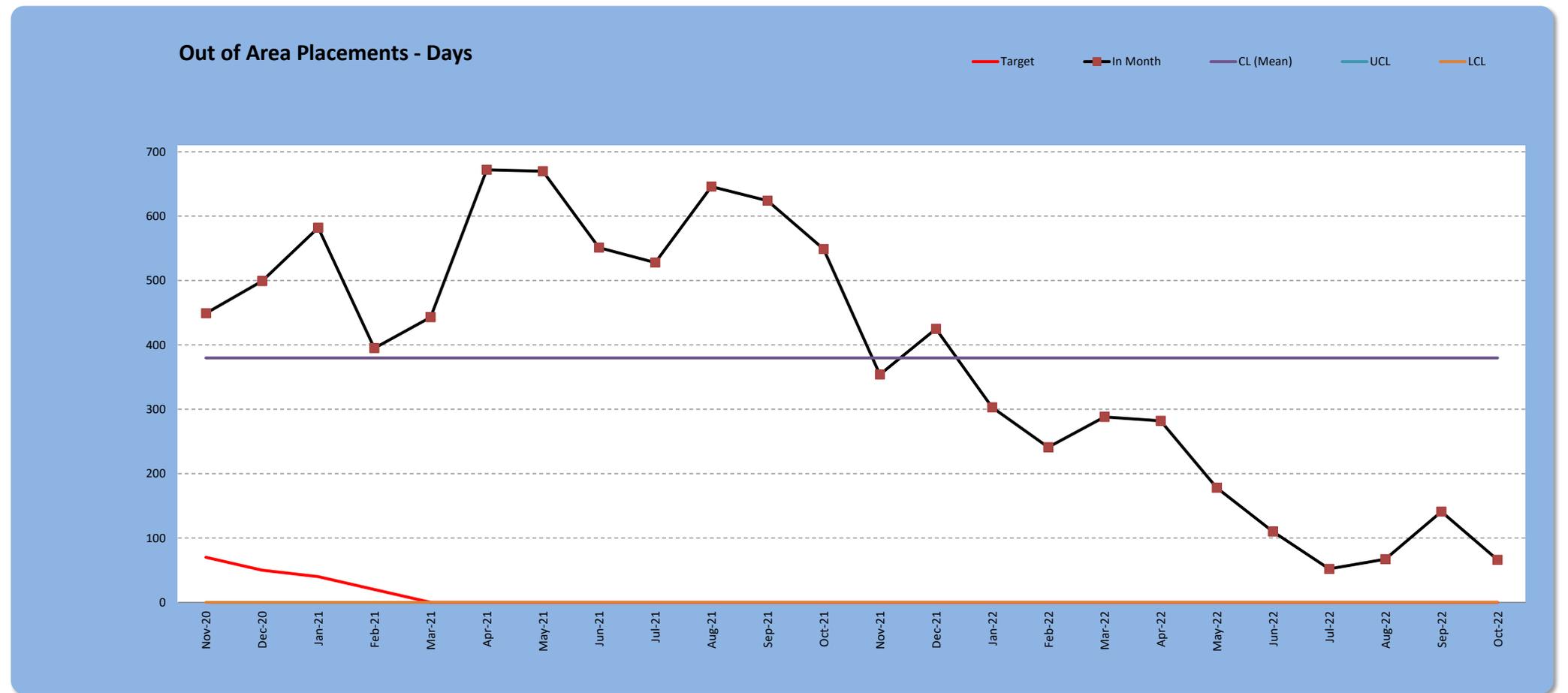
Split:	# days	# patients
Adult	52	3
OP	4	1
PICU	10	1

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

Executive Lead  
Lynn Parkinson

KPI Type

ST 4b



# PI RETURN FORM 2022-23

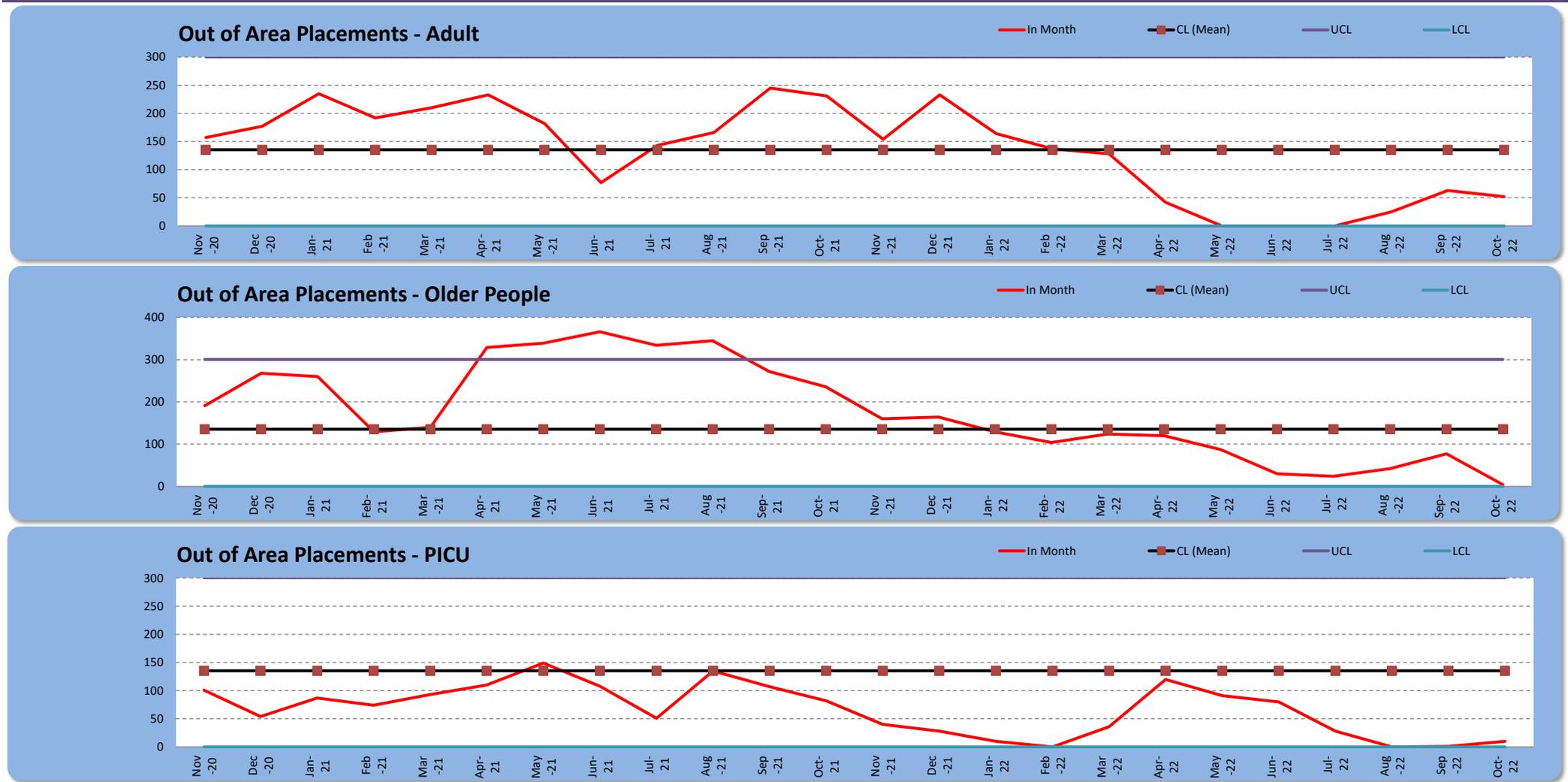
## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Oct 2022**

Split for Current month:

Oct-22	
52	Adult
4	OP
10	PICU
66	Total

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



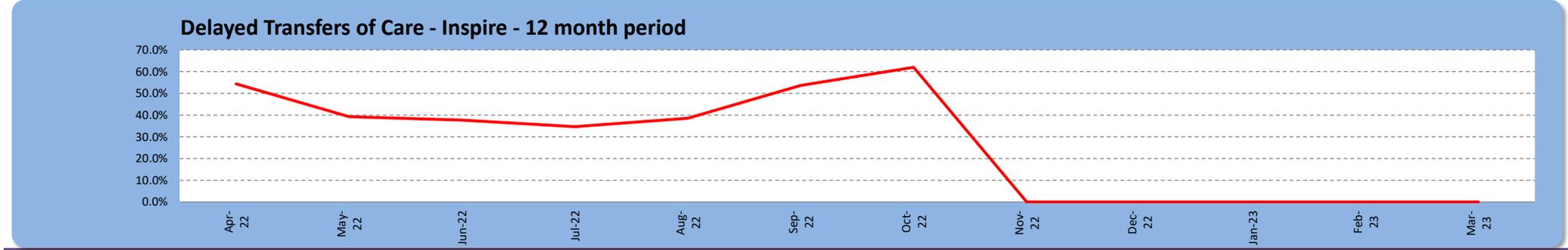
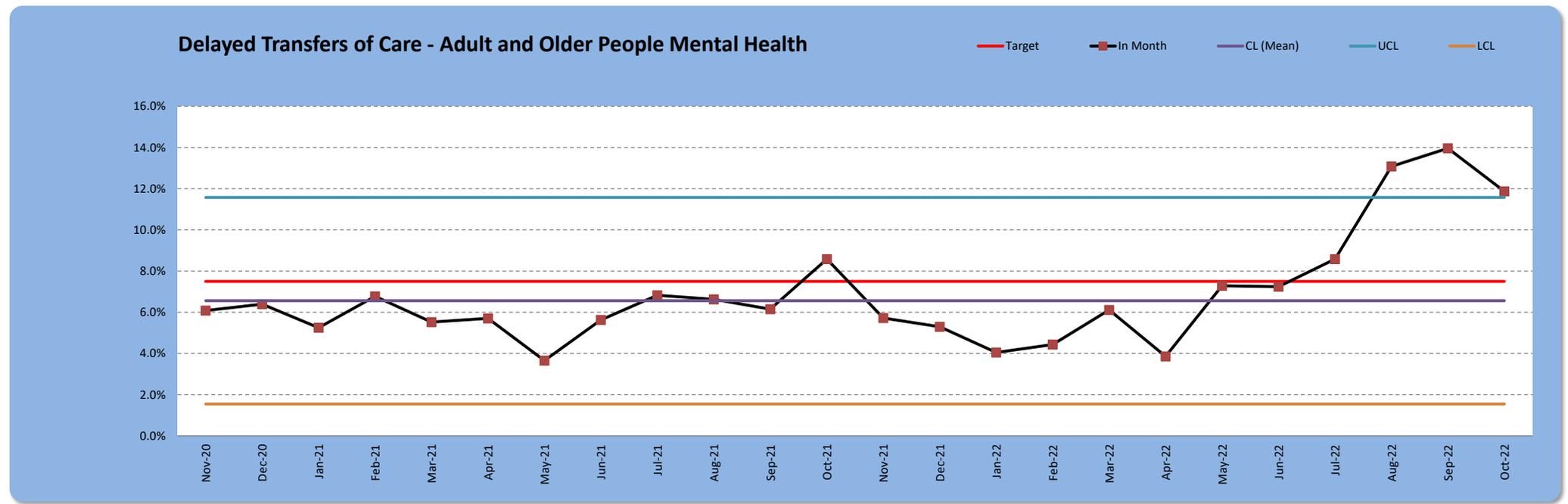
# PI RETURN FORM 2022-23

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Oct 2022**

Target:	Amber:	Current month stands at:
7.5%	7.0%	11.9%

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



# PI RETURN FORM 2022-23

## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

Oct 2022

Target:	Amber:	Current month stands at:
5.0%	5.2%	4.9%

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



# PI RETURN FORM 2022-23

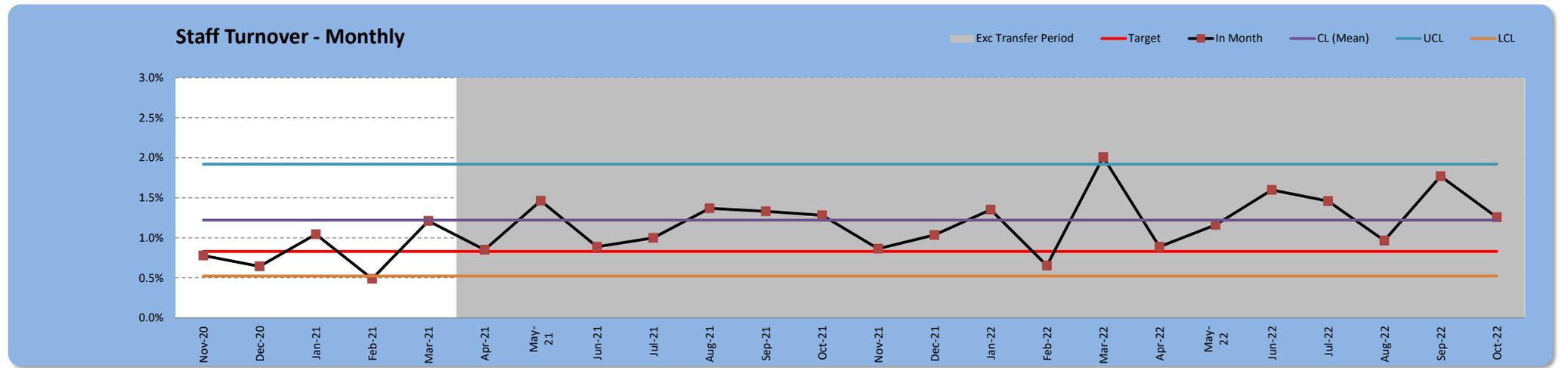
## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

**Oct 2022**

Target:	Amber:	Current month stands at:	Target:	Amber:	Rolling figure stands at:
0.8%	0.7%	1.3%	10%	9%	15%

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



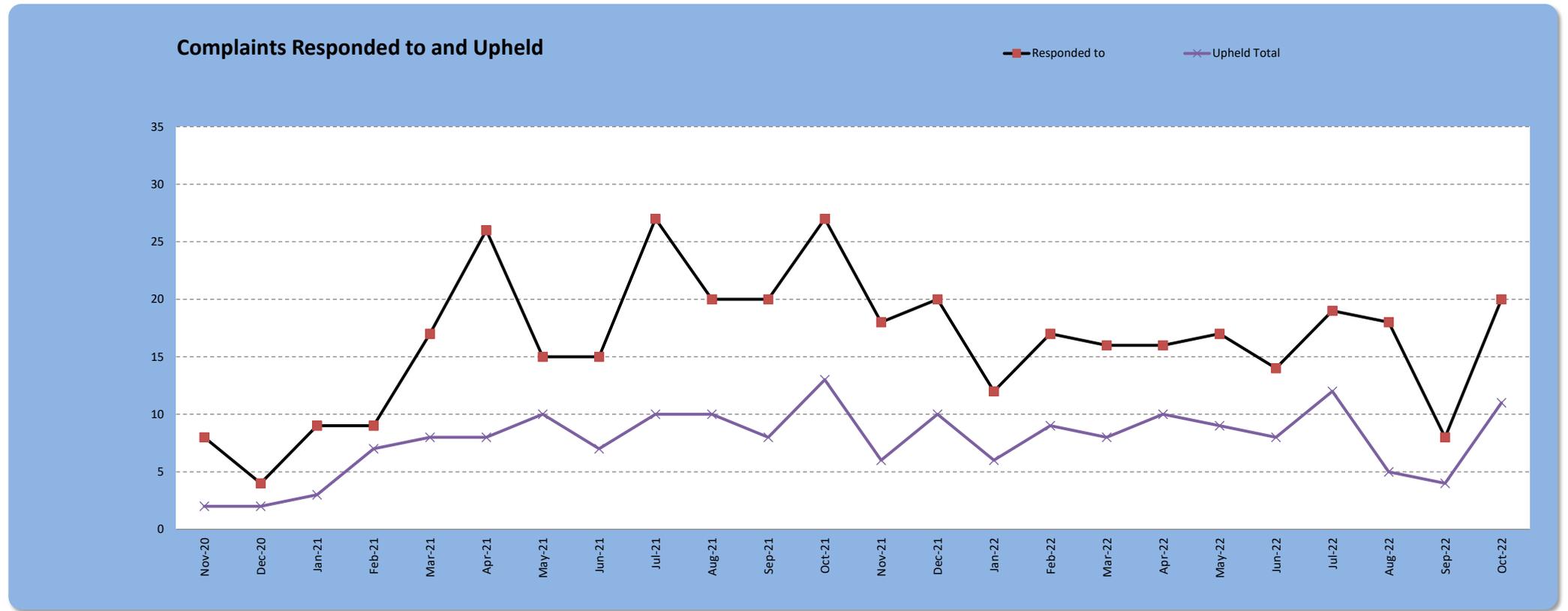
# PI RETURN FORM 2022-23

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

For the period ending: **Oct 2022**

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

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



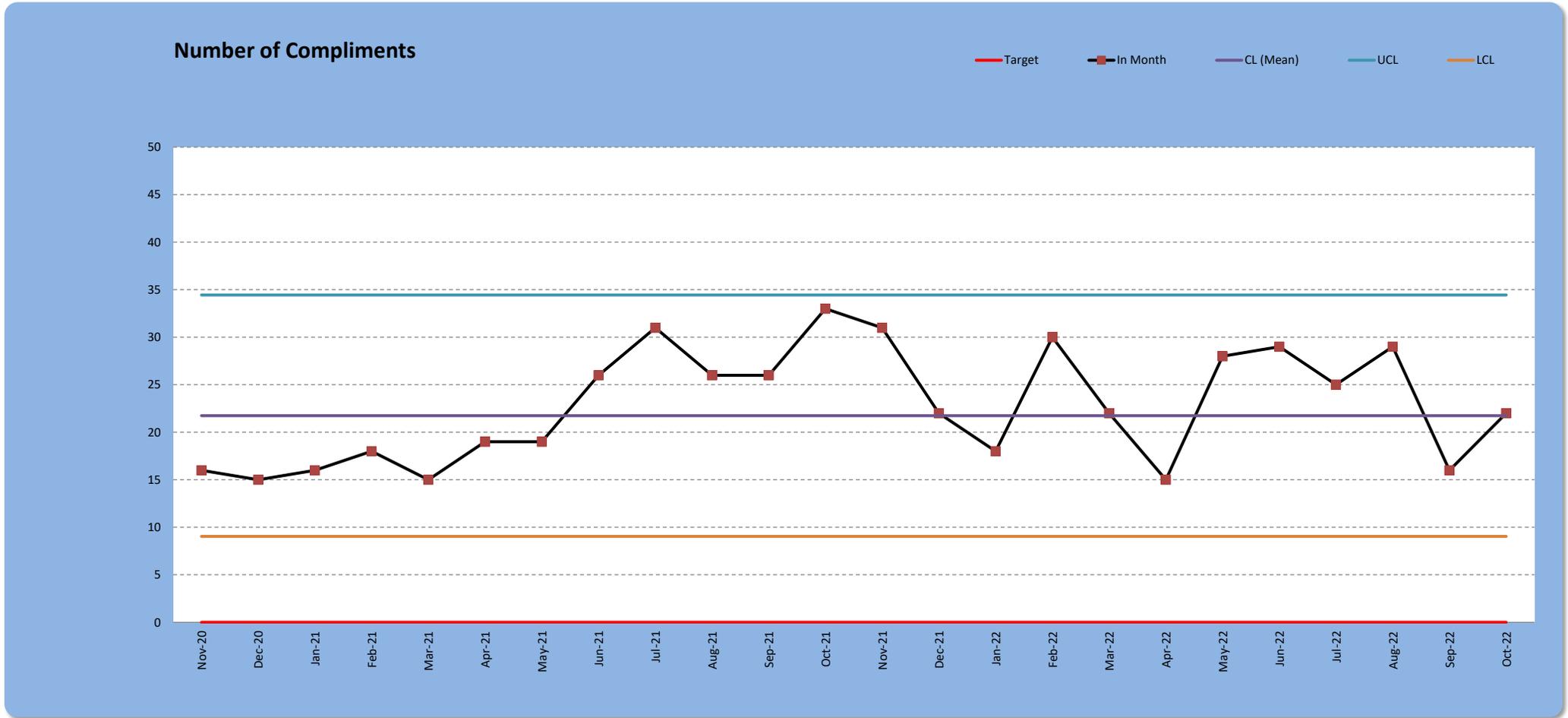
# PI RETURN FORM 2022-23

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

For the period ending: **Oct 2022**

Target:	Amber:	Current month stands at:
n/a	n/a	22

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





Executive Team:

Chief Executive: Michele Moran

Chair: Caroline Flint

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Director of Workforce and Organisational Development: Steve McGowan

Medical Director: Michael Dasari

Director of Nursing: Hilary Gledhill

Issue Date: 29/11/2022

## TPR Waiting Times Narrative

Indicator/Service	Narrative
72 hour follow up and 7 day follow up	<p>The position on follow ups within 72 hours continues to perform well against target – 87.4% against 80% target. Though the target on follow ups for 7 days reduced to below the 95% target in October, performance is usually good and slight variations in performance can have a significant impact due the low numbers included in this target. Performance management is being monitored across Adult Mental Health inpatient units where 5 breaches of the 7 day target occurred.</p>
CPA (Care Programme Approach)	<p>Performance has decreased slightly in October from September’s position. The CPA exception report been changed to ensure Division level data is more accessible. An oversight framework has been implemented via the Performance and Access Manager who is monitoring and addressing non-compliance.</p> <p><u>Mental Health Planned Care</u> continue to perform well with robust Division monitoring and accountability in place. Efforts continue to ensure the target of 95% is achieved.</p> <p><u>Secure Services</u> – are liaising with BI to validate the position, the service position is that all patients who do require CPA reviews are being monitored and are within date.</p> <p><u>Children’s &amp; LD Division</u> – are validating their position with 5 cases showing as being non-compliant.</p> <p><u>Mental Health Unplanned Care</u> – The service is validating the position to ensure reporting is accurate. The teams are continuing to review the genuine cases and work through the associated challenges. 17patients are currently reported as non-compliant.</p> <p>The project group for developing and introducing new CPA are developing the new KPI’s in line with the changed approach, these will then be agreed through the appropriate governance mechanisms ahead of any changes.</p>
Memory Diagnosis - >18wks	<p>Recent capacity and demand analysis work has determined both the recurrent and non- recurrent requirements for the services. This is currently in the process of being costed to understand if funding is available to support recovery within budget or if a Business Case will be required to seek additional funding. Meanwhile, the service continues to optimise capacity via skill mixing and use of locum psychiatrists whilst replacing leavers in line with the future staffing model.</p>

RTT Waits – Complete	The October position shows a very small improvement from September. It is still expected that as other 52-week recovery initiatives are mobilised, the position will again worsen due to increased assessments/interventions taking place that are already over 18wks.
RTT Waits - Incomplete	<p>Whilst focus remains on eradicating the longest waiting patients, attention and emphasis continues on ensuring waiting lists are validated, operational and clinical processes for communicating with patients waiting are in place. The improvement trajectories continue to be very closely monitored.</p> <p>Work continues on monitoring or mobilising the recovery plans for the following services:</p> <ul style="list-style-type: none"> <li>- Paediatric Autism Spectrum Diagnosis (ASD) (recovery of over 52ww position)</li> <li>- Adult Attention Deficit Hyperactivity Disorder (ADHD)</li> <li>- Adult ASD</li> <li>- Core CAMHS</li> <li>- Paediatric ADHD</li> <li>- Memory Assessment Service</li> </ul>
52 Week Waits	<p>October’s position is very similar to last month. The main contributing areas, excluding ASD for both children and adults, continues to be ADHD for both children and adults.</p> <p><u>Adult ADHD</u> Work has commenced with full validation of the waiting list prior to undertaking assessments. A contract is in place with an independent provider to commence this recovery work for assessments. Improvement is expected in line with the trajectory in Q4.</p> <p><u>Children’s ADHD</u> Recovery work is underway with a new contract now in place with an independent provider commencing in January. 300 assessments have been agreed initially with the possibility to increase further. Robust oversight is of progress against the trajectories takes place at a fortnightly programme board supported by the Deputy COO.</p>
Adult ASD	The position continues to improve in line with agreed recovery trajectory which is closely monitored via weekly performance meetings.
Paediatric ASD	Assessment capacity was slightly reduced in October due to staff availability. This has been resolved and the position is expected to recover in November and be in line with the improvement trajectory.

<p>Out of Area Placements</p>	<p>Services continue to monitor and avoid where possible with a procedure in place to minimise and repatriate OOA placements. Escalation meetings are in place for complex DToCs (No Criteria to Reside). Bed escalation and management protocol developed to minimise the impact of C19.</p> <p>After reducing to zero for a short period in the summer, the number of out of area placements began to increase as a direct result of the increasing number of complex cases whose discharge is delayed due to available social care packages or specialised hospital placements. Both the OOA position and DTOC position have improved in October.</p>
<p>Delayed Transfers of Care (no criteria to reside)</p>	<p>The number of delayed transfers of care was reduced during October. These patients are waiting predominantly for specialised hospital placements with other NHS providers or local authority provided residential placements. System escalation mechanisms are in place to address this overseen by the Chief Operating Officer. Focus will be maintained on improving this position further in order to achieve the best outcomes for our patients and to ensure it does not adversely impact on the improved position we have achieved in reducing out of area placements. The ICB and Provider Collaborative are escalating DTOC as an issue requiring focussed system action.</p>

**Agenda Item 10**

Title & Date of Meeting:	Trust Board Public Meeting – 30 November 2022		
Title of Report:	Finance Report Month 7 (October 2022)		
Author/s:	Name: Peter Beckwith Title: Director of Finance		
Recommendation:	To approve		To receive & discuss
	For information/To note	✓	To ratify
	The Trust Board are asked to note the Finance report for October and comment accordingly.		
Purpose of Paper:	This report is being brought to Board to provide the financial position for the Trust as at the 31 October 2022 (Month 7).  The report provides assurance regarding financial performance, key financial targets and objectives		
Key Issues within the report:			
<b>Matters of Concern or Key Risks to Escalate:</b> <ul style="list-style-type: none"> <li>Primary Care is showing an overspend of £0.731m on gross expenditure which is primarily caused by the increased use of Locum Doctors</li> <li>The Year to Date Agency expenditure totalled 5.252m, this is £1.070m more than the previous year's equivalent Month 7 position</li> </ul>	<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>A Primary Care Recovery Forecast has been developed with oversight at Executive Management Team</li> <li>An Agency Recovery Plan has been developed aimed at reducing the level of agency costs and of recruiting to permanent medical consultancy posts</li> </ul>		
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>The Trust recorded an overall financial position consistent with the Trust's planning target</li> <li>The cash balance at the end of Month 7 was £29.314m.</li> <li>The Better Payment Practice Code figures show achievement of 91.4%.</li> <li>The Trust remains on Track to deliver a break even position for the financial year.</li> </ul>	<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>The Trust Board are asked to note the Finance report for October 2022, and comment accordingly.</li> </ul>		

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

**Monitoring and assurance framework summary:**

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

√ Tick those that apply

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

## **FINANCE REPORT – October 2022**

### **1. Introduction**

This report is being circulated to The Board to present the financial position for the Trust as at the 31 October 2022 (Month 7). The report provides assurance regarding financial performance, key financial targets and objectives.

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

### **2. Position as at 31 October 2022**

Under the ICB planning process which concluded on 20 June, the Trust is required to achieve a break even position for the year and this updated the previous plan which was a £1.011m deficit.

The Month 7 target accounts for this change with the profiled position being a deficit of £0.203m which has been achieved. Going forward the monthly targets will reflect the requirement to break even at the yearend which will mean a minor monthly surplus.

Table 1 shows for the period ended to 31 October 2022 the Trust recorded an operating deficit of £0.203m, details of which are summarised in table 1 on the following page.

There is one item which doesn't count against the Trust's financial control targets, which is the Donated asset Depreciation of £0.044m year to date, this takes the ledger position to a deficit of £0.247m.

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

	22/23 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
<b>Income</b>							
Trust Income	162,352	13,595	13,054	(542)	93,655	92,378	(1,277)
Clinical Income	16,367	1,344	1,569	226	9,460	10,239	779
<b>Total Income</b>	<b>178,719</b>	<b>14,939</b>	<b>14,623</b>	<b>(316)</b>	<b>103,114</b>	<b>102,617</b>	<b>(498)</b>
<b>Expenditure</b>							
<u>Clinical Services</u>							
Children's & Learning Disability	36,819	3,042	3,093	(51)	21,336	21,320	16
Community & Primary Care	31,208	2,576	2,698	(123)	18,338	18,880	(543)
Mental Health	55,252	4,587	4,754	(167)	32,636	32,512	124
Forensic Services	12,630	1,065	1,059	7	7,366	7,355	10
	<b>135,909</b>	<b>11,269</b>	<b>11,603</b>	<b>(334)</b>	<b>79,676</b>	<b>80,068</b>	<b>(392)</b>
<u>Corporate Services</u>							
	<b>37,844</b>	<b>2,796</b>	<b>2,358</b>	<b>438</b>	<b>19,156</b>	<b>18,148</b>	<b>1,008</b>
<b>Total Expenditure</b>	<b>173,753</b>	<b>14,066</b>	<b>13,961</b>	<b>104</b>	<b>98,832</b>	<b>98,216</b>	<b>616</b>
<b>EBITDA</b>	<b>4,966</b>	<b>873</b>	<b>662</b>	<b>(212)</b>	<b>4,283</b>	<b>4,401</b>	<b>118</b>
Depreciation	3,976	151	446	(295)	2,449	3,122	(673)
Interest	148	12	(37)	49	86	(114)	200
IFRS 16	-	-	9	(9)	-	76	(76)
PDC Dividends Payable	2,341	195	195	-	1,366	1,366	-
ICS Contribution	-	-	13	(13)	-	154	(154)
<b>Operating Total</b>	<b>(1,499)</b>	<b>515</b>	<b>36</b>	<b>(479)</b>	<b>381</b>	<b>(203)</b>	<b>(585)</b>
BRS	(1,500)	479	-	479	584	-	584
<b>Operating Total</b>	<b>1</b>	<b>36</b>	<b>36</b>	<b>(0)</b>	<b>(203)</b>	<b>(203)</b>	<b>(1)</b>
<b>Excluded from Control Total</b>							
Donated Depreciation	70	6	6	0	41	44	(3)
	<b>(69)</b>	<b>30</b>	<b>30</b>	<b>(0)</b>	<b>(244)</b>	<b>(247)</b>	<b>(3)</b>
<b>Excluded</b>							
Commissioning	2	0	(12)	12	2	(0)	2
<b>Ledger Position</b>	<b>(71)</b>	<b>30</b>	<b>42</b>	<b>12</b>	<b>(245)</b>	<b>(247)</b>	<b>(2)</b>
<b>EBITDA %</b>	<b>2.8%</b>	<b>5.8%</b>	<b>4.5%</b>		<b>4.2%</b>	<b>4.3%</b>	
<b>Surplus %</b>	<b>-0.8%</b>	<b>3.4%</b>	<b>0.2%</b>		<b>0.4%</b>	<b>-0.2%</b>	

## **2.2 Income**

Trust Income is showing a position of under achieving against budget by £1.277m. Of this £0.541m relates to Covid income which has been received and deferred to offset future potential pressures relating to Covid expenditure including the seasonal risk of Out of Area funding demands.

In addition to this there are under achievements in relation to Whitby Void Space £0.238m and other Income of £0.444m both relate to areas which are part of negotiations with Commissioners.

Clinical income which is specific to other income sources is overachieving by £0.779m.

## **2.3 Divisional Expenditure**

The overall Operational Divisional Gross Expenditure is showing an overspend of £0.392m.

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

Children's and LD is reporting a £0.016m underspend. There are some pressures relating to the CAMHS Inpatient Unit from the use of Agency Nurses and Healthcare Assistants to cover the rota pattern and the use of Medics in Community CAHMS, this is offset by underspends elsewhere in the service.

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

Community and Primary Care is reporting an overspend of £0.543m.

Primary Care is showing a Gross Expenditure overspend against budget of £0.731m which is primarily due to pressures caused by the required increase of Locum Doctors which are significantly more expensive than substantive staff, offset by underspends in Community of £0.188m.

Primary Care have produced a recovery plan which has oversight at Executive Management Team. The main aim of this plan is to reduce the reliance on Locum Doctors. Three new GPs were due to start with the Trust in August however visa delays have stalled this and Locum expenditure has continued to be used to fill these roles.

### 2.3.3 Mental Health

The Division is showing an underspend of £0.124m. There are pressures within the Unplanned service division which relates to the acuity of patients within Adult and the Older Adult Units which requires increased safer staffing numbers. This is currently offset by underspends within the Planned division.

### 2.3.4 Corporate Services

Corporate Services are showing an underspend of £1.008m, the main factor being the central contingency budget.

### 2.3.5 Depreciation

The actual Depreciation position at Month 7 is currently showing an overspend of £0.673m. A review of Depreciation in line with the Revaluation of Assets is currently being undertaken and will be reported through the Finance and Investment Committee.

### 2.3.6 Forecast

Based on the Month 7 position and previous months performance, the Trust remain on Track to deliver a break even position for the financial year.

## 3. Cash

As at the end of Month 7 the Trust held the following cash balances:

**Table 2: Cash Balance**

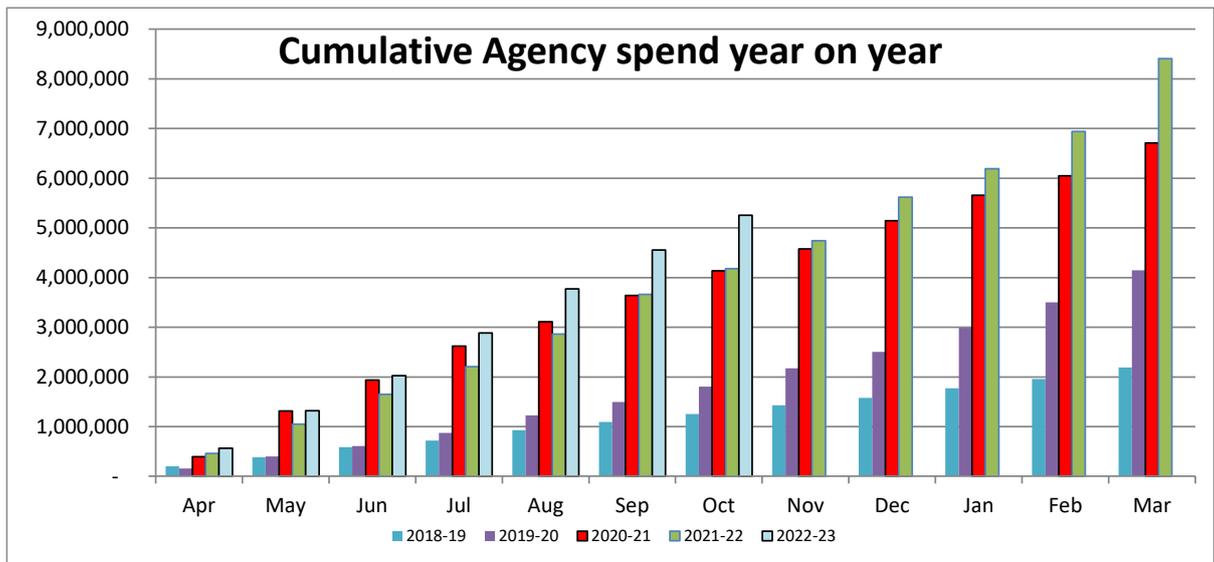
Cash Balances	£000s
Cash with GBS	29,029
Nat West Commercial Account	233
Petty cash	52
<b>Total</b>	<b>29,314</b>
Of this £5.331m relates to the Provider collaborative	

Included within this amount is the Provider Collaborative cash amount of £5.331m, this has increased as the payment mechanism between lead provider collaboratives has moved to recharges rather than the former block payment mechanism.

#### 4. Agency

Actual agency expenditure for August was £0.780m. The year to date spend is £5.252m, which is £1.070m above the same period in the previous year.

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



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

Staff Type	Apr-22	May-22	Jun-21	Jul-22	Aug-22	Sep-22	Oct-22	Total
	£000	£000	£000	£000	£000	£000	£000	£000
<b>Consultant</b>	319	313	279	553	384	353	480	2,681
<b>Nursing</b>	125	201	230	135	289	144	205	1,328
<b>AHPs</b>	13	(27)	27	14	10	13	2	52
<b>Clinical Support Staff</b>	50	214	132	95	154	193	62	900
<b>Administration &amp; Clerical</b>	56	57	39	59	53	(2)	31	291
<b>Grand Total</b>	<b>563</b>	<b>759</b>	<b>706</b>	<b>855</b>	<b>890</b>	<b>700</b>	<b>780</b>	<b>5,252</b>

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

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

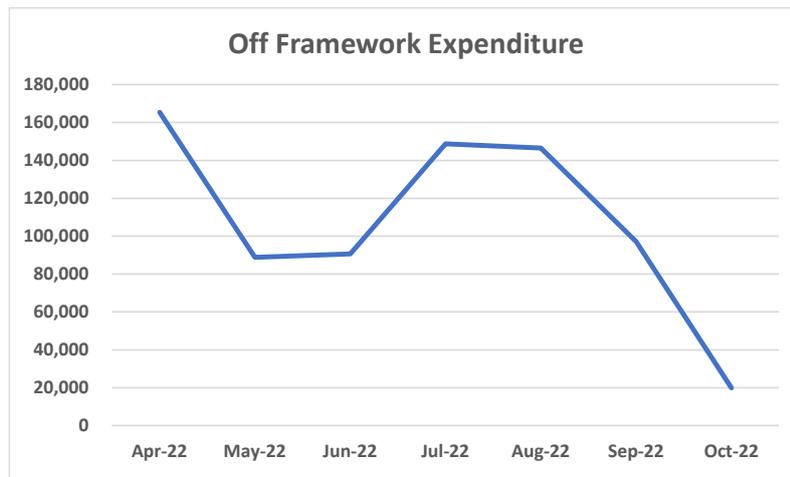
#### 4.1 Off Framework Agency usage

NHS England requires all trusts to procure their agency staff through agency frameworks NHS England have approved.

There is a 'break glass' provision in the agency rules that allow Trusts to override this rule on exceptional patient safety grounds. Director sign off is in place with all exceptions picked up and challenged.

The graph shows the level of expenditure for October was £0.020m compared to an average of £0.108m.

**Table 5: Off Framework Expenditure**



**5. Better Payment Practice Code BPPC**

The BPPC figures are shown at Table 6. The current position is 91.2% for Non NHS and 92.7% for NHS. This represents an improvement on the previous month for Non NHS which was 91.0%. The NHS position has had a reduction from 92.9%. The overall payment is 91.4% and is a minor improvement from the previous month. Work is ongoing to improve the position internally through Communications and then by monitoring.

**Table 6: Better Payment Practice Code**

Better Payment Practice Code	YTD	YTD
	Number	£
<b>NON NHS</b>		
Total bills paid	22,460	61,943
Total bills paid within target	19,757	56,512
Percentage of bills paid within target	<b>88.0%</b>	<b>91.2%</b>
<b>NHS</b>		
Total bills paid	677	10,625
Total bills paid within target	569	9,847
Percentage of bills paid within target	<b>84.0%</b>	<b>92.7%</b>
<b>TOTAL</b>		
Total bills paid	23,137	72,568
Total bills paid within target	20,326	66,359
Percentage of bills paid within target	<b>87.9%</b>	<b>91.4%</b>

## 6. Recommendations

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

**Agenda Item 12**

Title & Date of Meeting:	Trust Board Public Meeting – 30 November 2022				
Title of Report:	Humber and North Yorkshire Integrated Care System – Mental Health, Learning Disabilities and Autism Collaborative Programme Update				
Author/s:	Michele Moran, H&NY ICB Board Member, Mental Health, Learning Disabilities and Autism  Alison Flack, Programme Director H&NY ICB Mental Health, Learning Disabilities and Autism Collaborative Programme				
Recommendation:	To approve		To receive & discuss		
	For information/To note	YES	To ratify		
Purpose of Paper:	To update members on the progress of the H&NY ICB Mental Health, Learning Disabilities and Autism Collaborative Programme.				
Key Issues within the report:					
<p><b>Matters of Concern or Key Risks to Escalate:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>• Assurance and monitoring of recovery plans continues against the NHS Long Term Plan.</li> <li>• Our fourth international annual conference to take place on 12<sup>th</sup> December 2022. Professor Sir Michael Marmot will be our keynote speaker. We have also secured Chris Dzikiti, Director of Mental Health at the Care Quality Commission as a speaker. The conference focuses on health inequalities within Mental Health Learning Disabilities and Autism.</li> <li>• International recruitment fare taking place in Kerala, India in November 2022.</li> <li>• We will be rolling out the Oliver McGowan training for Learning Disabilities and Autism. This will be across the ICB and led/championed by Erika Cawthorne and Trish Bailey from the collaborative team.</li> <li>• Winter planning workshop held with all partners. Action plan developed.</li> <li>• Various expressions of interest being explored including:             <ul style="list-style-type: none"> <li>○ Problem gambling</li> <li>○ Autism Specific Peer Support Worker</li> </ul> </li> </ul>				

	<ul style="list-style-type: none"> <li>○ CAMHS- Digital Inpatient Experience Tool</li> <li>○ Children and Young People's Health Inequity</li> </ul>			
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>• N/A</li> </ul>	<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>• None. Update for information only.</li> </ul>			
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Report to Board	✓

### Monitoring and assurance framework summary:

The work of the H&NY collaborative programme is overseen by the H&NY ICB Board and the H&NY Mental Health, Learning Disabilities and Autism Executive Strategic Leadership Group.

Workplans are delivered and monitored regularly by the MH & LDA Operational Leadership Group.

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

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

### **Humber Teaching NHS Foundation Trust Board Update – November 2022**

#### **Headlines**

- Assurance and monitoring of recovery plans continues against the NHS Long Term Plan.
- Our fourth international annual conference to take place on 12<sup>th</sup> December 2022. Professor Sir Michael Marmot will be our key note speaker. We have also secured Chris Dziki, Director of Mental Health at the Care Quality Commission as a speaker. The conference focuses on health inequalities within Mental Health, Learning Disabilities and Autism.
- International recruitment fare taking place in Kerala, India in November 2022.
- We will be rolling out the Oliver McGowan training for Learning Disabilities and Autism. This will be across the ICB and led/championed by Erika Cawthorne and Trish Bailey from the collaborative team.
- Winter planning workshop held with all partners. Action plan developed.
- Various expressions of interest being explored including:
  - Problem gambling
  - Autism Specific Peer Support Worker
  - CAMHS- Digital Inpatient Experience Tool
  - Children and Young People's Health Inequity

#### **Current Work Priorities**

The following is a summary of some of the key current priorities within the programme.

#### **Recovery plans**

- The programme team have reviewed current progress against both our planning trajectories and the Long Term Plan targets. Following this analysis, key areas of concerns in terms of performance include Dementia, Children and Young People's Eating Disorders waiting times (urgent and routine), Individual Placement Support and Improving Access to Psychological Therapies.
- Community Mental Health access is above planning trajectories but continues to be below the Long Term Plan ambition. The increase in activity required to meet the ambition is being discussed with leads.
- Physical health checks for people with serious mental health issues are on track to meet ambition, although there has been a slight dip in some local places in Quarter 2. This issue is being explored and is thought to be related to coding issues that will be resolved for Quarter 3.
- Children and Young People's access is below ambition but we expect to meet the trajectory by the end of the year. There is also a query relating to whether data from all providers and services is being counted towards the access target (we suspect 50% of Mental Health Support Teams are not currently counted). This would likely see us meeting the ambition. This has been raised with NHSE for exploration.
  
- Perinatal Mental Health and Maternal Mental Health are reported to be on track to meet their locally agreed targets (below) but will not meet LTP ambition of 10%:
  - Humber four – currently 4.4% of birth rate (target 8.6% by year end)

- NY&Y – currently 4.3% of birth rate (target 7.1% by year end)

### **Winter planning**

The mental health winter planning workshop was held virtually on Monday 31<sup>st</sup> October with senior representation from across the system including mental health providers, acute trust, local authority, ambulance service and VCSE. All of the winter guidance that has been disseminated from NHSE since August 2022 was reviewed with a key focus on mental health specific information. Each of the mental health providers shared their winter business continuity plans including good practice, risks and mitigations, and actions.

The Integrated Care Board will develop a System Control Centre (SCC) to ensure a consistent and collective approach to managing system demand and capacity as well as mitigating risk. Several metrics will be reviewed on a daily/weekly basis to support operational and clinical decision making. (Publication reference: PR2084 System Control Centres). Patient safety, care and quality is a significant overarching priority for all actions.

- The ICB will be monitored against six key metrics to ensure safe and effective urgent and emergency care. (111 Call abandonment, 999 call answering times, Category 2 ambulance response times. Average hours lost to ambulance handover delays per day, Adult general and acute type one bed occupancy. Percentage of beds occupied by patients who no longer meet the criteria to reside).
- Providers will re-evaluate their funded winter planning initiatives to measure impact, value for money and efficacy, and to share learning. Some of the schemes include Children's Safe Space, a walk-in crisis space, additional capacity to support crisis lines.
- Development of an ambulance/mental health provider daily huddle to review mental health related calls from the stack – learning from North-West Ambulance Service (NWAS).
- A decision on the resilience hub funding to be prioritised to ensure robust support for the workforce.
- Gemma Willingham-Storr to coordinate a review and update of the provider mutual aid winter plans from previous winters.
- Partners to develop a toolkit/checklist for use in acute services to support timely discharge planning, and connect with external support such as specialist services, advocacy etc. Building on this will be exploration of developing a specialist role with acute care to coordinate complex discharges for people with mental health needs, learning disabilities and autism.
- There will be £500m funding nationally to speed up discharges however details on this are delayed due to recent governmental changes.

### **2023/24 planning**

The collaborative team and local place colleagues have begun to explore requirements and priorities for 2023/24 planning, in preparation for NHSE planning guidance, due in December 2022.

We expect there to be further pressure on NHS finances in general following the budget announcement due on 17<sup>th</sup> November and this is likely to mean that we will need robust prioritisation processes in place to make difficult decisions around how to best use the total resource available to MH LDA across our system. We are currently developing planning principles that will guide us in these discussions.

### **Quality – inpatient settings**

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

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

To kick off this work, a series of workshops will be held nationally over the coming months and some basic baseline information will be gathered shortly around number of inpatients settings and length of stay.

### **International Recruitment – Kerala**

Humber and North Yorkshire ICB have agreed to formally support a programme of work to develop a relationship with the Indian State of Kerala and enhance our opportunities around International Recruitment. This means that all providers in Humber and North Yorkshire can partner with us to recruit to vacancies right across the system, through a careers festival in Kerala, in **November 2022**.

Having led the way with the building of relationships in Kerala, NAViGO has been working with the ICB People Team, and, in conjunction with the Department of Health and NHS England have managed to negotiate this as a first trial of a major career festival in India, following the signing of a government agreement between both countries in July 2022. In addition, the relationship and local agreements will include the ethical provision of giving back to Kerala, through education, training, and potentially work placements. We see this as a long-standing relationship as one stream of international recruitment, adding to the current international recruitment arrangements that individual providers have.

We have an exciting opportunity and though it may be complicated and challenging, the result has great potential to fill a large number of vacancies across our various sectors and professionals, including Doctors, Nurses, AHPs, Social Workers, Technicians, Radiographers, Pharmacists and Support Workers.

We have national level buy in both in the UK and India and agreements already in place to support this being a success.

### **Humber and North Yorkshire Mental Health, Learning Disabilities and Autism Collaborative Annual Conference, 12<sup>th</sup> December 2022 - Improving the Health of Our Population: Levelling up through Health Equalities, Early Intervention and Prevention**

Our 4<sup>th</sup> International Annual conference will take place on 12<sup>th</sup> December 2022 and will focus on tackling health inequalities and understanding the impact they have on people with mental health issues, learning disabilities and/or autism.

We have a fantastic programme of speakers, including our key note speaker Professor Sir Michael Marmot, Professor of Epidemiology at University College London, Director of the UCL Institute of Health Equity, and Past President of the World Medical Association.



We have also secured Chris Dzikiti, Director of Mental Health at the Care Quality Commission as a speaker.

We will be hearing from a range of senior leaders in the health and care system and also focussing on some of the great work being done across our system to tackle health inequalities.

You can sign up to attend our conference here:

<https://www.eventbrite.co.uk/e/hny-mental-health-learning-disabilities-and-autism-annual-conference-tickets-396510512617>



Title & Date of Meeting:	Trust Board Public Meeting – 30 November 2022											
Title of Report:	Humber & North Yorkshire Integrated Care Board Meeting 12 October 2022 Minutes											
Author/s:	Michele Moran Chief Executive											
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To receive &amp; discuss</td> <td></td> </tr> <tr> <td>For information/To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> </table>				To approve		To receive & discuss		For information/To note	✓	To ratify	
To approve		To receive & discuss										
For information/To note	✓	To ratify										
Purpose of Paper:	To provide the Integrated Care Board Minutes for the Board's information.											
Key Issues within the report:												
<b>Matters of Concern or Key Risks to Escalate:</b> <ul style="list-style-type: none"> <li>Nothing to escalate, but Concerns - developing regarding the financial picture</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Edenfield discussions and work in progress, Operating Policy and developing Memorandum of Understanding</li> </ul>										
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Developing Board Assurance Framework</li> </ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>Digital strategy and Digital Terms of Reference</li> </ul>										
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date								
	Audit Committee		Remuneration & Nominations Committee									
	Quality Committee		Workforce & Organisational Development Committee									
	Finance & Investment Committee		Executive Management Team									
	Mental Health Legislation Committee		Operational Delivery Group									
	Charitable Funds Committee		Collaborative Committee									
			Other (please detail) HNY ICB Report	✓								

**Monitoring and assurance framework summary:**

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



**HUMBER AND NORTH YORKSHIRE INTEGRATED CARE EXTRAORDINARY BOARD**

**MINUTES OF THE MEETING HELD ON  
WEDNESDAY 12 OCTOBER 2022 AT 9.30AM, CONFERENCE ROOM, ERGO,  
BRIDGEHEAD BUSINESS PARK, HESSLE, HU13 0DG**

**PRESENT:**

**(Voting Members)**

Sue Symington (Chair)	Humber and North Yorkshire Integrated Care Board
Councillor Jonathan Owen	Local Authority Partner Member / Integrated Care Partnership Vice Chair
Mark Chamberlain	Non-Executive Director
Stuart Watson	Non-Executive Director
Stephen Eames	Chief Executive
Amanda Bloor	Chief Operating Officer
Dr Nigel Wells	Executive Director of Clinical and Professional Services
Jane Hazelgrave	Executive Director of Finance and Investment
Teresa Fenech	Executive Director of Nursing and Quality

**IN ATTENDANCE:**

Andrew Burnell	Partner Participant – Community Interest Companies
Jason Stamp	Partner Participant – Voluntary and Community Sector
Louise Wallace	Partner Participant – Public Health
Michele Moran	Partner Participant – Mental Health
Shaun Jones	Partner Participant – NHS England
Helen Grimwood	Chief Executive Officer of Hull CVS - Healthwatch
Anja Hazebroek	Executive Director of Communications
Jayne Adamson	Executive Director of People
Karina Ellis	Executive Director of Corporate Affairs
Andy Williams	Interim Chief Digital Information Officer
Emma Jones	Business Support Manager (Minute Taker)

**1. Welcome and Introductions**

The Chair welcomed everyone to the meeting.

**2. Apologies for Absence**

Apologies for absence were noted from:

Councillor Michael Harrison	Partner Participant – Local Government North Yorkshire Council
Councillor Stanley Shreeve	Partner Participant – Local Government North & North East Lincolnshire
Simon Morritt	Provider Partner Member
Dr Bushra Ali	Primary Care Partner Member

**3. Declarations of Interest**

In relation to any item on the agenda of the meeting Board Members were reminded of the need to declare:



- (i) any interests which were relevant or material to the ICB;
- (ii) that nature of the interest declared (financial, professional, personal, or indirect
- (iii) any changes in interest previously declared;

There were no declarations of interest in the business of the meeting. All interests were as per the register of interests.

**4. Notification of Any Other Business**

Any proposed item to be taken under any other business must be raised and subsequently approved, at least 48 hours in advance of the meeting by the Chair.

There were no items of any other business to be discussed at this meeting.

**Outcome:**

(a)	Board Members noted the contents of the verbal update provided.
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**GOVERNANCE**

**5. Board Assurance Framework**

Karina Ellis presented information with regard to the Board Assurance Framework (BAF) which brought together in one place all of the relevant information on the risks to the Board’s strategic objectives and is an essential tool for Board to use during the Board meeting.

Four principal risks were identified under the following ICB strategic objectives:

- Realising our vision, improving outcome population health and health care and delivering our operational plan.
- Tackling inequalities in outcomes, experience and access and delivering our operational plan.
- Delivering our operational plan.

A further detailed iteration of the BAF will be presented at the November meeting.

**Outcome:**

(a)	Board Members noted the contents of the verbal update provided.
(b)	A further detailed iteration of the BAF will be presented at the November meeting.

**STRATEGY**

**6. Chief Executive Update**

Stephen Eames provided a verbal update regarding specific key areas.



Reference was made to the extraordinary time being faced, with the cost-of-living crisis, the impact of the war in the Ukraine and collectively trying to recover the health and care position following the pandemic.

The plan for patients had been discussed and this was not centrally prescriptive and should be proactive for clinicians to be able to make the best decisions on the front line.

Big messages needed to be conveyed regarding doctors and dentists and it was important to highlight that the totality of standards across the Integrated Care System (ICS) as 86% of patients were receiving an appointment in two weeks but there was a need to concentrate on the 14% that were not getting that standard of care. It was acknowledged that access to dental care needed to be made easier and this would be helped with support from the international recruitment work with Kerala.

Louise Wallace conveyed that really good conversations were taking place about population health. Tobacco was the single preventative killer and there was a need to address smoking and tobacco across the area and to have ambition and a Centre of Excellence regarding this, although a level of investment was needed, and it was hoped that the Board would provide their support.

With regard to cardiovascular disease, it was really important to collaborate with colleagues across local government, NHS and wider at scale to look at behaviour lifestyle changes and work together collaboratively. Healthy work, health lives and addressing obesity across the population, linked to maternity services and people maintaining a healthy weight during and after pregnancy and to undertake this initiative at scale.

Discussion took place regarding the maternity piece and Michele Moran conveyed that it would be good to link this to the mental health prevention work

Nigel Wells also conveyed that work was taking place regarding strengthening the approach towards cardiovascular disease and Councillor Jonathan Owen referred to the Health and Well Being Board (H&WBB) in terms of this which would link to the work that was taking place.

It was acknowledged that this was really complimentary work and would enhance the work at Place and also with the Integrated Care Partnership (ICP).

**Outcome:**

(a)	Board Members noted the contents of the verbal update provided.
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**7. Cost of Living**

Anja Hazebroek provided a verbal update regarding cost of living in terms of the actions agreed and the messages to be communicated. She conveyed that it was important to share the key parts of the discussion with stakeholders in developing the Integrated Care Board (ICB) and Integrated Care Partnership (ICP).



A letter had been drafted by S Symington, Chair and the Vice Chair Councillor Jonathan Owen regarding the positive initiatives that were taking place and the key actions that the ICB were progressing regarding the unique position to understand what was happening across the area to coordinate good and best practice in terms of what was working and having an impact.

The ICB were looking to secure clear evidence in terms of the impact and was working with local universities regarding this and expediting the approach to social prescribing and the fantastic work that was happening and the ambitious work taking place regarding workforce and recruitment opportunities.

**Outcome:**

(a)	Board Members noted the contents of the verbal update provided.
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**TRANSFORMATION**

**8. Quality and Patient Safety**

Teresa Fenech presented information regarding quality and patient safety. The key areas of focus were:

- Urgent and Emergency Care
- York and Scarborough Teaching Hospitals NHS Foundation Trust
- Mental Health
- Quality Committee

Urgent and Emergency Care

It was noted that an Urgent and Emergency Care (UEC) summit had taken place on 11 August 2022 which had been held to confront some of the challenges and agree collective action as stakeholders.

There was significant clinical risk at every part of the patient pathway and delays in getting patient through the pathways lead to detrimental impact. There had been significant harm issues prior to the event as well as lesser harm and this was not always captured. A harms matrix had been established to capture harm across all the pathways and a monthly report was also being provided by Yorkshire Ambulance Service (YAS) regarding this. The real time harm dashboard would also capture the patient experience measures.

York and Scarborough Teaching Hospitals NHS Foundation Trust (Y&STHFT)

It was reported that York and Scarborough Teaching Hospitals NHS Foundation Trust (Y&STHFT) had received an unannounced Care Quality Commission (CQC) inspection visit in March 2022 and a report had been published in June 2022 in which several concerns had been raised. In particular there were too few staff to meet the demands of the patient in terms of capacity and the need to support the Trust in terms of the system and wider stakeholders was recognised. A Rapid Quality Review meeting had taken place at the end of August 2022 as it was felt that not enough progress had been made with meeting the requirements laid out by the CQC and it had been agreed to remove a ward at the York hospital site (30 beds) by the end of



October 2022 and reduce delayed discharges to no more than 600 per day, in order to release staff to care.

The NHS England (NHSE) Intensive Support Team had also visited the Trust and additional offers of support had been made.

In addition to this, action plans had been put in place by the Trust in terms of meeting some of the CQC requirements and these were noted by the Board Members.

It was acknowledged that there had been significant support to the Trust and engagement from stakeholders had taken place and the system recognised the needs of the patients at the Trust.

The biggest areas of risk were identified along with the mitigating action to be taken.

It was acknowledged that if the CQC identified other issues upon a reinspection then this would be a concern, although actions had been implemented across both the York and Scarborough hospital sites.

Discussion took place and Amanda Bloor expressed caution regarding the no criteria to reside as not all patients had a social care need and work was taking place regarding this. Mark Chamberlain requested that an update be provided about this at a future Board Meeting. Councillor Owen expressed that there was a lot of frustrations regarding lack of knowledge between hospitals and social care teams regarding this.

Nigel Wells conveyed the need as a Health and Care Partnership system to look at continuity of care as this reduced the risk of dying and consideration needed to be given to this going forward.

Andrew Burnell reported that there were twenty-seven patients currently in Hull University Teaching Hospitals Trust (HUTHT) that were Covid positive and fit for discharge and hot space capacity was needed in terms of the criteria that was applied and, given the pressure that the system was under, the criteria was too risk adverse. It was acknowledged that the Provider organisations were trying their hardest to get the patient flow going but Covid restricted this further.

Stephen Eames stated that together with Medical Directors and Clinical Leaders there was a need to assess the greater appetite for risk across the system and this was especially important for this winter. This issue would be raised at the NHS National Leadership Event tomorrow (13 October 2022).

The Board Members acknowledged that the issues were trying to be addressed along with the issue of the twin-demic.

Following on from the above it was noted that the ICB had received notification that the CQC had announced a further inspection visit at York Hospital on 11 October 2022 and would be inspecting urgent and emergency care, medicine and maternity as well as following up on the warning notice. A well-led inspection had also been announced for 22-24 November 2022.



Mental Health: Panorama Edenfield

Reference was made to the BBC Panorama programme at the Edenfield Centre in Prestwich regarding the alleged verbal and physical abuse of patients. A letter from the National Director for Mental Health had been received and subsequently, the ICB had written to all Providers regarding safeguarding arrangements. It was noted that Mental Health Providers had already started to take proactive action regarding this. It was acknowledged that this could happen anywhere and the right arrangements in terms of early detection needed to happen.

Reference was also made to people with learning disabilities and another exposé in a mental health institution which showed significant levels of abuse. Feedback would be provided in terms of the actions taken.

Michele Moran expressed that the BBC Panorama programme had been very distressing and lots of work had taken place at Humber Teaching NHS Foundation Trust (HTFT) regarding the culture and recruitment process. There was a National Team, an inpatient quality initiative was in place, and it was understood that there would be further programmes of this nature. The Learning Disabilities Mortality Review LeDeR reports detailed avoidable deaths of people with learning disabilities.

Stephen Eames conveyed that, in the context of being open and transparent, it was useful to come together with Mental Health providers in terms of the actions to be taken forward to minimise the inherent risk.

Disappointed was expressed by Stuart Watson that it had taken a television programme to implement good practice. It was recognised that the mental health environment was closed which made it more complex and there was proactive work that would be done in terms of risks and leadership to drive this forward.

The culture of organisations was important, and Jason Stamp conveyed that how things were regulated and embedded into organisations needed to be considered instead of waiting for flash points.

Teresa Fenech stated that a report would be brought back to Board which would encapsulate the work that was being undertaken and Jane Hazelgrave referred to metrics that were used. The NHS needed to be aware of how this information was gathered to determine that something was happening.

It was stated that there was 50,000 people in mental health care.

Sue Symington stated the need to start from a realistic position and that it would be useful to have a workshop around the broad nature of mental health provision within the Humber and North Yorkshire geography area of all the different elements.

Quality Committee

It was reported that feedback from the Quality Committee would be provided, and a formal report would be submitted to the next Board Meeting in November 2022.

A deep dive was taking place on the safeguarding arrangements being put in place to ensure oversight of safeguarding as a whole and functioning as a collective rather than separate teams.



Mark Chamberlain reported that a rolling programme of deep dives would be taking place and horizon scanning in terms of learning from things that had happened elsewhere. There was a need to not focus on data from Providers and look at other areas regarding Population Health, Voluntary Community and Social Enterprise (VCSE) etc. as this was an important part of the system.

Information was also shared regarding the Serious Incident (SI) legacy position. The total across the four Place areas was 481. Some places had made more progress in closing some of these and the next step was the learning from this and whether the actions had been embedded. There had been 130 SIs since 1 July 2022, and these were being addressed as part of the ICB.

Sue Symington sought clarification in terms of the SI proportion figures and whether these were accurate in terms of reporting / not reporting and it was noted that this would be more concerning if there were very few. It was acknowledged that the numbers were not the area of focus and there was much more work to be done in terms of what the SIs were telling the ICB.

Louise Wallace conveyed that it would be interesting to determine if there was a multiagency element to some of the SIs and it was conveyed that the SIs would move into a patient safety reporting framework, which would identify what the differences were, although the same principles sat behind these.

Information regarding Ockenden insights visits and thematic review was shared at the meeting, especially in terms of the immediate and essential actions. It was noted that there was no longer anything in the red domain (not met) and this was work in progress. Issues around workforce and availability of staff and the detail would be taken forward.

The second Ockenden report was yet to be looked at and East Kent and requirement from these would hopefully be published next month.

Jane Hazelgrave sought clarification regarding the Clinical Negligence Scheme for Trusts (CNST) and whether this was still undertaken. It was confirmed that Providers still used this.

Stuart Watson asked if there was any output regarding maternity to provide assurance around this and it was confirmed that this would be shared.

Stephen Eames expressed the need to understand, following the reviews, where the risks might be, and this needed to be considered. It was noted that one of the outcomes from Ockenden was culture and listening to families regarding maternity services and some of the experiential issues needed to be looked at and it was the role and responsibility of the ICB to lead and support this in terms of Providers.

**Outcome:**

(a)	Board Members noted the contents of the verbal update provided.
(b)	The outputs regarding maternity to provide the assurance would be shared with Stuart Watson.



## 9. Finance

Jane Hazelgrave presented the Month 5 financial position for the ICB and the ICS for the period to the end of August 2022. The ICB position represented a combination of the CCG reported position for Quarter 1 and the first two months of the new ICB body to provide a full position for the financial year to date position and forecast.

A meeting had taken place on Monday 10 October 2022 with the underlying position to be determined along with the things that needed to be done together to resolve this in terms of the settlement going forward. It was noted that the 2% inflation rate did not cover this.

From a financial governance perspective, an initial meeting had been arranged to take place in November 2022 with Place Based leads regarding financial governance and Scheme of Delegation (SoD). A meeting was also planned with members of the Board

A meeting had also been planned for 1 November 2022 regarding the Integrated Board Report (IBR) in terms of what the Board wanted the financial information to look like.

Discussion took place and Stephen Eames conveyed that efficiency savings were needed for the NHS regardless of the ring-fenced monies.

The planning guidance was to be issued before Christmas 2022 and it was noted that the pay award had been funded non recurrently this year which had added financial pressure to the challenging position as an 8% efficiency was required over the next year.

Stuart Watson sought clarity regarding the financial risks and this information would be provided.

Mark Chamberlain referred to energy costs as this had not been sighted this year and it was noted that the NHS did lots of buying forward and this information would be collected going forward.

Concern was expressed by Andrew Burnell regarding the efficiency target of 6-7% especially in terms of the impact this would have with respect to provision. Stephen Eames expressed that the only way to stop this was to disinvest in something.

Louise Wallace referred to a system review being undertaken in terms of income resource pressures across the area.

It was expressed by Michele Moran that a system approach was required as not able to maintain the quality in terms of these pressures.

### **Outcome:**

(a)	Board Members noted the contents of the report and the update provided.
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(b)	Clarity regarding the financial risks would be provided.
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## 10. People

Jayne Adamson and Jason Stamp presented information regarding the People 180-day Action Plan.

It was noted that NHS leaders and organisation would be expected to work together with their NHS partners in the Integrated Care System (ICS) to deliver ten outcome-based people functions from April 2022. In establishing the ICS people function, each Integrated Care Board (ICB) would need to collaborate with partners to agree what people activities could best be delivered, at what scale and how to use resources in the system most effectively, recognising that different systems would take different approaches depending on local circumstances.

The people's function vision and strategy was to make the Humber and North Yorkshire area a better place to live and work by building strong foundations and being the best place to work, growing and training our own workforce, demonstrating system leadership, and embracing new ways of working.

In terms of the Strategy into Action, the biggest risk regarding workforce was a lot of the money was non-recurrent and people needed to be empowered to enable how the ICB worked together.

An Ignition Event had taken place to move the People Plan forward and thirty partners had been brought together reflecting various parts of the system to look at collective workforce solution to system problems.

Task and finish groups had been established with membership from across the system to drive forward the workforce priorities along with eighty volunteers.

Reference was made to the 180 days of action on workforce from now up until end of March 2023, some of which were more urgent than others. The 180 days provided a target to energize people to take this forward.

A workforce contract had been signed with State of Kerala although this needed to be balanced with growing and training our own and recruiting together and doing things differently. Expectations would need to be managed in terms of the work being done and an overarching strategy had been developed, along with the internal ICB Team and a plan on a page would be produced.

Discussion took place and Sue Symington raised the issue of pace in terms of recruitment of domiciliary staff and when this started. It was noted that the Task and Finish group was to provide more pace and the local government was working with NHS colleagues regarding this.

Stephen Eames conveyed that a recruitment day had taken place yesterday (11 October 2022) in York which was specific to that area. He also expressed that having strategies was great if they were implemented and acknowledged the excellent piece of work undertaken, which could be mirrored in other areas.



The big risks regarding the 180-day strategy were referred to by Mark Chamberlain and clarification was sought as to what the Board could do to help make this happen. It was noted that the people funding was non recurrent, which was a risk and these risks had increased. There was funding for this year and next year, but this was more of a risk thereafter and Jason Stamp conveyed the importance of the capacity of the system to engage as they needed to in terms of addressing the issues.

Stephen Eames referred to the notion of one workforce and whether this could be done as currently the ICB was dealing with the issue of not enough doctors or nurses and training was needed to make the best use of the resources that were in place to support the recruitment and retention of staff and the potential of apprenticeships needed to be looked at further and to focus on what could be achieved.

The need to create a future for staff to work in the healthcare environment was expressed by Andrew Burnell, although he was concerned regarding the non-recurrent financial issue in terms of attracting staff and the need to work in partnership going forward.

Michele Moran reminded Board Members of the good working relationships that were in place along with the mutual aid arrangements in place. In terms of the future, there was a need to work with education as well as growing what was already in place. The NHS and local government was a fantastic place to work and provided a number of opportunities.

Reference was made by Jane Hazelgrave to shared learning and it was noted that there was lots of innovation, and this was being shared across the ICB.

In terms of marketing and the Communication Strategy, Anja Hazebroek conveyed that the NHS and local government needed to be seen as a sector whereby people could be effective and there was opportunity to understand the health and education sector more fully and the dimensions regarding this needed to be considered further.

**Outcome:**

(a)	Board Members noted the contents of the verbal update provided.
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**11. ICB Operating Arrangements Place Partnerships and Sector Collaboratives**

Amanda Bloor presented information regarding the ICB Operating Arrangements in terms of how the Humber and North Yorkshire Integrated Care Board (HNY ICB) would work together with the six Places and five sector Collaboratives to develop and mature the arrangements over the course of 2022-2023.

Five collaboratives had been established and operated through executive functions across the Humber and North Yorkshire geography, to take action once where it made sense.

For 2022-2023, eleven transitional operational agreements had been developed for each of the six Place Health and Care Partnerships and five sector Collaboratives, which were based on the NHS England (NHSE) Memorandum of Understanding



## Humber and North Yorkshire Health and Care Partnership

(MoU) and described how each would work with the ICB on system priorities, performance improvement, governance and Integrated Care System (ICS) development to deliver outcomes for patients, the local population and the wider NHS.

In terms of next steps, the ICB was further developing the Operational Scheme of Delegation (OSoD) and reflecting on this guidance and building on Section 75 guidance and maturity matrixes as well as understanding the available frameworks in terms of how budgets might want to be delegated.

Further information would be brought back to a future Board Meeting in the New Year and the ICB would continue to embed what they were doing and to reflect and review the work taking place.

Discussion took place and the Chair stated that different arrangements would be put in place within each Place area, although the Integrated Care Partnership (ICP) was a statutory committee that was required to be put in place through the Health and Care Act 2022.

The first meeting had taken place on 21 September 2022 and the membership included Local Authority Chief Executives, elected members, NHS Place Directors, along with the ICB Chief Executive, the Chair, Sue Symington, and Councillor Jonathan Owen, who was Vice Chair. Public Health inclusion was to be determined on the ICP. It had been agreed to meet monthly, with a specific responsibility to produce an Integrated Care Strategy (ICSt) by December 2022 and meetings would continue into the New Year. The practicalities of meetings and development of the Strategy had been discussed at the initial meeting and it was hoped that the Strategy would be launched at the Integrated Care Board (ICB) meeting and Integrated Care Partnership (ICP) meeting on 14 December 2022.

Councillor Jonathan Owen conveyed that the Local Government Association (LGA) had held a session a couple of weeks ago and it was noted that ICPs had been reviewed and they were all structured in very different ways and paper from the meeting would be shared with ICB Members.

The Chair expressed that it was positive that the ICP had an important piece of work to produce together before Christmas 2022 and the focus that this brought.

Reference was made to the restructure and Jane Hazelgrave expressed the need not to lose sight of this, as operationally, this was using stress and strain in terms of the workforce and the number of vacancies being carried. An observation was also made that the ICB was doing much more in terms of structures compared to other ICBs in the regional area and were being more revolutionary in terms of trying to get some of the corporate functions aligned to enable things to be done once rather than six separate times. The amount of resources in the ICB was much less compared to the other ICBs.

Mark Chamberlain expressed his view that the ICB were going down the right path and supported the approach being taken.

Clarification was sought by Andrew Burnell about the interface between the ICB and



the Region and it was noted that a draft MoU was in place, although this needed to be formalised in terms of some of the arrangements and requests for information.

Shaun Jones mentioned that NHS England (NHSE) would be undertaking a restructure with Health Education England (HEE) and NHS Digital and further information would be shared about this.

**Outcome:**

(a)	Board Members noted the contents of the report and the verbal update provided.
(b)	Further information would be brought back to a future Board Meeting in the New Year and,
(b)	A copy of the paper from the Local Government Association would be shared with Board Members.

**STRATEGY**

**12. Digital Strategy**

Nigel Wells provided an overview of the Humber and North Yorkshire Integrated Care System Digital Strategy which had been commissioned by the ICS Digital Executive and co-created collaboratively with key stakeholders across the system including health, social care and Voluntary Community and Social Enterprise (VCSE) colleagues from February 2022 to May 2022.

Thanks were conveyed to Andy Williams, Interim Chief Digital Information Officer, and John Mitchell, Associate Director of Digital for the information they would be presenting regarding the Digital Strategy.

Andy Williams reported that the Strategy would be published on a whiteboard platform for comments in terms of the governance process this had been commissioned and cocreated through Digital Operations Forum and the Improvement Forum.

The Strategy covered the entire Humber and North Yorkshire partnership and was for the system. Working collaboratively with partner organisations, the strategic priority areas had been identified against the following (What Good Looks Like) themes:

- Well led
- Smart foundations
- Safe practice
- Support people
- Empower citizens
- Improve care
- Healthy populations

and approval and agreement was sought to share the Strategy with the Integrated Care Partnership (ICP).



John Mitchell presented further information and reference was made to the mission to deliver digital and information services and solutions that enabled citizens to start well, live well, age well, end their lives well and the need for digital, in terms of the the right information, at the right place at the right time.

The story of 'Simon' was shared at the meeting.

It was noted that digital/technology could sometimes feel a bit removed from the patient but had an impact on the patient journey and how this could be pushed forward with innovation and research.

The Strategy had been co-designed across the system and complied with the national requirements, what good looked like in terms of digital and what needed to be done to improve on digital maturity elements.

The priorities of the Strategy were identified and the need to level up in terms of having a platform for the future was acknowledged.

It was noted that electronic patient records were ageing and there was potential funding to develop digitally shared records.

Regarding cyber security, the Digital Inclusion Strategy was a sub strategy of the Digital Strategy, and this would be accompanied with an implementation plan.

Information was shared regarding digitally shared records and the impact this had on professionals and the impact on the patient in terms of digital patient empowerment. Reference was also made regarding unplanned emergency care in terms of the best place/service for the patient. The most appropriate care needed to be provided. In terms of diagnostics, there was a need to make the best use of the capacity within the system. Regarding digital inclusion there was a risk we could exclude patients in terms of the digital patient maturity and work was taking place regarding this. When this was right, the care for the patient would be right. Regarding End of Life (EoL) care planning technology was in place to take this forward, and this information was being widely shared so that empowered decisions could be made. In terms of future system planning, there would be a single data score across the ICB to understand the requirements of the population.

It was acknowledged that virtual wards could free up the necessary capacity.

Andy Williams expressed his thanks to John Mitchell and his team for the work undertaken whilst transitioning into the new structure and keeping the programmes of work going.

Discussion took place and Councillor Jonathan Owen sought clarification in terms of when the plan would be implemented.

Reference was made to digital inclusion by Jason Stamp who welcomed this as a key element of the Strategy, although the biggest barrier was with communities, where the British language was not the first language, and this needed to be considered along with the opportunity to have discussions with the Voluntary Community and Social Enterprise (VCSE).



John Mitchell confirmed he had engaged with the Local Authority and private providers regarding Information Governance (IG) and how to break down some of the barriers.

Councillor Jonathan Owen conveyed that there was commonality of systems across local government, and it was confirmed that links were in place and the engagement by the Local Authorities (LAs) had been incredible. It was acknowledged that some of the systems in place integrated and talked to each other but not all of them did and a true benefit to clinicians was having systems that enabled this.

A Hazebroek sought clarity as to how the Digital Strategy could be shared more broadly especially in terms of the overarching vision, the ambition, and key goals in terms of start well, live well, age well, end lives well and sought clarification as to what the themes/key pillars were regarding this.

A lot of the solutions were digital in terms of the health care record and Michele Moran referred to those people with learning disabilities to ensure that these people were not left out and that work was taking place regarding this.

Stephen Eames stated that the potential investment would make a huge difference regarding what the plan was next in terms of deliverability to take this forward and the process in terms of technology needed to be considered.

The connection between workforce, digital streams, and operational teams for digital solutions to work was referred to by Jayne Adamson along with the need to engage with colleagues operationally and transformational.

It was noted that there was a £75-76 million financial gap to achieve everything in the Strategy and the resources to enable this would need to be discussed at a future meeting as currently it was a small team.

Andrew Burnell stated that the maturity was learning the lesson of bringing people with you and that a realistic expectation to the public needed to be provided.

The Chair conveyed her thanks.

**Outcome:**

(a)	Board Members noted the contents of the Strategy approved by the Integrated Care Board for publication and, as this is the first ICS-wide Strategy, for onward submission to the Integrated Care Partnership for endorsement.
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**DEVELOPMENT OF THE INTEGRATED CARE BOARD**

**13. Digital Committee Terms of Reference**

Nigel Wells presented the Digital Committee Terms of Reference of the Integrated Care Board (ICB). The committee was part of the robust operation and governance of the ICB and supported the delivery of responsibilities set out in the scheme of



reservation and delegated where appropriate.

**Outcome:**

(a)	Board Members noted the contents and approved the terms of reference for the Digital Committee.
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**14. Integrated Care Partnership Development**

This had been discussed at Item 11.

**15. Board Assurance Framework Review**

The Chair referred to the discussions undertaken at Board Meeting today with regard to the Board Assurance Framework (BAF) review.

Reference was made to the twin demic and whether this was a BAF issue or whether this should be on a risk register. In addition to this, it was noted that a Winter BAF was in place, ensuring there was enough capacity and resilience to meet pressures of the busy winter period.

It was proposed that further information be included in the BAF regarding prevention and further information with more detail would be shared at the November 2022 meeting.

The relationship between the BAF and risk register was raised and the balance between the two was needed in terms of the items on the risk register that linked back to the areas on the BAF.

It was acknowledged that failure to innovate was a huge risk and the Board needed to be transformational in this regard and the political aspect was acknowledged in terms of the BAF.

**Outcome:**

(a)	Board Members noted the contents of the verbal update provided.
(b)	Further information with more detail would be shared at the November 2022 meeting.

**16. Any Other Business**

No items of any other business were noted.

**17. Date and Time of Next Meeting**

The next public meeting would be held on Wednesday 9 November 2022 at 9.30am, Conference Room, Ergo, Bridgehead Business Park, Hessle, HU13 0DG.



**18. Exclusion of the Public and the Press**

The ICB Board is recommended to approve the following resolution:

That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest Section 1(2) Public Bodies (Admission to Meetings) Act 1960.

**Agenda Item 14**

Title & Date of Meeting:	Trust Public Board Meeting – 30 November 2022										
Title of Report:	Mental Health Legislation Committee Assurance Report following meeting of 10 <sup>th</sup> November 2022										
Author/s:	Name: Michael Smith Title: Non-Executive Director and Chair of Mental Health Legislation Committee										
Recommendation:	<table border="1" data-bbox="539 689 1528 770"> <tr> <td data-bbox="539 689 938 730">To approve</td> <td data-bbox="938 689 1031 730"></td> <td data-bbox="1031 689 1410 730">To receive &amp; discuss</td> <td data-bbox="1410 689 1528 730">√</td> </tr> <tr> <td data-bbox="539 730 938 770">For information/To note</td> <td data-bbox="938 730 1031 770">√</td> <td data-bbox="1031 730 1410 770">To ratify</td> <td data-bbox="1410 730 1528 770"></td> </tr> </table>			To approve		To receive & discuss	√	For information/To note	√	To ratify	
To approve		To receive & discuss	√								
For information/To note	√	To ratify									
Purpose of Paper:	<p>The Mental Health Legislation Committee (MHLC) is one of the sub-Committees of the Trust Board</p> <p>This paper provides assurance to the Board with regard to the agenda issues covered in the committee held on 10 November 2022.</p>										
Key Issues within the report:											
<p><b>Matters of Concern or Key Risks to Escalate:</b></p> <ul data-bbox="97 1137 742 1245" style="list-style-type: none"> <li>• No written update regarding progress with re-audit of consent to treatment</li> <li>• Staff shortages within Probation Service</li> </ul>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul data-bbox="813 1137 1476 1397" style="list-style-type: none"> <li>• To report back on consent to treatment re-audit</li> <li>• Continue to receive assurance re Edenfield scandal</li> <li>• To be kept updated on MAPPA level 4 (terrorism) consultation</li> <li>• Issue with s136 data is being addressed</li> </ul>										
<p><b>Positive Assurance to Provide:</b></p> <ul data-bbox="97 1512 782 2098" style="list-style-type: none"> <li>• MAPPA update reported on positive impact of re-unification of Probation Service (though see above re staff shortages)</li> <li>• Committee provided with submission to Mental Health Bill consultation, resulting from Trustwide process using focus groups</li> <li>• Committee assured regarding Board report, Reducing Restrictive Interventions (RRI) group, team meetings and safety huddles relating to potential issues as highlighted at Edenfield Centre by BBC Panorama programme</li> <li>• Performance report highlighted no major issues and utility of s4 commentary was commended</li> <li>• CQC had made 8 unannounced visits – only</li> </ul>	<p><b>Decisions Made:</b></p> <ul data-bbox="813 1512 1492 1585" style="list-style-type: none"> <li>• Minor variations Terms of Reference agreed and approved for submission to Board.</li> </ul>										

minor actions needed, all of which are complete			
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>	Audit Committee	Date	Remuneration & Nominations Committee
	Quality Committee		Workforce & Organisational Development Committee
	Finance & Investment Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Charitable Funds Committee		Collaborative Committee
			Other (please detail) Report produced for the Trust Board

### Monitoring and assurance framework summary:

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

### Committee Assurance Report – Key Issues

- Insight report: - The Committee was informed about:
  - Call for Evidence Draft Mental Health Bill – response from series of consultations from Trustwide focus groups submitted. Staff shortages in Community Mental Health Team (CMHT). Report highlighted issues re capacity of Community Mental Health teams (CMHT) to develop therapeutic relationships due to high caseloads and a rise in acuity. Assurance heard that Hull and East Riding areas have received £4m investment into primary mental health over past few years and work ongoing to optimise investment monies.
  - 'Toxic culture' of abuse at mental health hospital revealed by BBC secret filming – Edenfield. Report discussed in (Reducing Restrictive Interventions) RRI group, observed visits should include asking patients if they feel safe. Meetings with all divisional leadership teams to look at findings and focus on visibility and engagement at Matron and above levels and how they use patient safety data, RRI group data by

RRI group and quality of safety huddles; Trust in reasonably good position.

- Performance Report: -
  - Admission rates –within usual parameters; detentions at under 50% with a high in July and is a system variation.
  - S5(4) and S5(2) within usual parameters and appropriate to section conversion.
  - Utility of s4 commentary was commended.
  - Applied CTOs (Community Treatment Order) average at 30 over the quarter.
  - Tribunal/hearing requests heard – percentage remains consistent.
  - Out of Area – slight increase for September.
  - AWOL commentary explains most attributed to failing to return from unescorted leave.
  - S136 – lower numbers in September - issue uploading S136 form to Lorenzo in a timely manner. Issue is being addressed with Mental Health Crisis Intervention Team (MHCIT) to understand the issue with completing the form.
  
- RRI report Q1: –
  - RRI group considering findings of Edenfield specifically use of restrictive practices. Report highlighted team meetings and safety huddles relating to potential issues as highlighted at Edenfield Centre by BBC Panorama programme.
  - Making gradual progress with compliance for PATS (Personal and Team Safety) and DMI (De-escalation Management Intervention) training; reviewed staff training needs analysis for PATS.
  - Reduction in seclusion in Q2 within usual variations, but above variation rise in restraint; focus on understanding reasons.
  - Use of Force – accessible real time data included on dashboard end November to enable triangulation at ward and overall levels; needs work to interpret.
  - Reviewed work plan; keen to step up co-production work to reduce restrictive interventions
  - Chair requested commentary to explain length of long-term segregation and CAFO (Care Away From Others) patients in light of Edenfield report.
  
- MAPPA update reported on positive impact of re-unification of Probation Service, though there are significant staffing challenges. Good continuity with single points of access (SPA) across Divisions, including Learning Disabilities. Next report will include a section on terrorism for clients considered to be at risk of radicalisation and terrorism.
  
- Subject to slight amendment in relation to a further Non-Executive Director being identified to become a member of the committee Terms of Reference agreed and approved for submission to Board.
  
- MHLSG subgroups and CQC MHA visits: -
  - Committee noted there were no overdue actions for the eight CQC MHA visits over the last year, environmental outstanding action and issue with provider both resolved.
  - Completion of capacity to consent to treatment form (Z48) position had improved however Committee requested written update regarding progress with re-audit of consent to treatment.

Title & Date of Meeting:	Trust Board Public Meeting – 30 November 2022		
Title of Report:	Assurance Report from Audit Committee		
Author/s:	Stuart McKinnon-Evans. Chair of Audit & Non-Executive Director		
Recommendation:	To approve		To receive & discuss
	For information/To note	X	To ratify
Purpose of Paper:	To inform the Trust Board of the outcome of the Audit Committee of 8 November 2022		
Key Issues within the report:			
<p><b>Matters of Concern or Key Risks to Escalate:</b></p> <ul style="list-style-type: none"> <li>Regarding single waiver tenders, notwithstanding strong compliance with our procedures, it can be concluded that the lack of a strong local supply chain creates a risk of dependence on one provider, with risks of sustainability, and potential limited options to secure value</li> <li>The national Provider Selection Regime, when introduced in 2023/4, will signal a departure from the long-established competitive tendering regime, and will require the adoption of revised decision-making on when and how to contract while securing quality, value, access/equality, social value, integration and sustainability of supply.</li> <li>Our main information governance and fraud vulnerability remains human error, evidenced in high numbers of staff being caught by mock phishing exercises in November 2021 and again in November 2022.</li> </ul>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>Requested data on contracts that have been competed, compared to those given single tender waiver, to gain a perspective on scale of waiving</li> <li>Any gaps in controls identified on Risk Registers should be accompanied by the specific actions to close them</li> <li>Requested the Executive to keep considering the overall Trust-wide risk assessment, in view of anticipated fiscal pressures</li> <li>Forensic Division were asked to review the composition of their risk assessment, to consider whether eg workforce, clinical, quality risks are assessed commensurate to the mainly security risks evident on the reported register.</li> <li>Cyber Essential should be cited specifically in the Information Governance plan</li> <li>Circulate the Governors and others appropriate the advisory/for information publications named in the external auditor’s reports</li> </ul>		
<p><b>Positive Assurance to Provide:</b></p> <ul style="list-style-type: none"> <li>Self-assessment concludes that the work of the Committee passes muster against the standards defined by the HFMA</li> <li>Noted the continued compliance with Single Tender Waiver arrangement, leading to 6 new waivers since August, and a list of upcoming waivers expected</li> <li>4 Internal Audits have been completed, all with Significant or High Assurance, and an advisory</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>Key performance Indicators were agreed (with some development) to be used in tracking progress against the strategic goal of Fostering Integration, Partnerships and Alliances. They are a combination of factual information, supported by a periodic qualitative survey of internal and external stakeholders, to assess the efficacy and impact of our involvement in formal and informal networks and governance, all to be aligned with</li> </ul>		

<p>report on cyber security. The Plan remains on track</p> <ul style="list-style-type: none"> <li>• A busy programme continues to raise awareness of Fraud</li> <li>• External audit work on the Local Government Scheme is on track to complete, which will allow the 2021/2 accounts to be finalised (expectation is by end of November)</li> <li>• The liability against IR35 is being reviewed and quantified</li> <li>• Work is underway, to complete by March 2023, to achieve compliance with the target substantial compliance with national Emergency Preparedness, Resilience and Response standards (current rating being 84%, or partially compliant)</li> <li>• The Information Governance arrangements stand up well against national standards and independent scrutiny, and the work plan for 2021/22 was implemented in full.</li> <li>• A brief review concluded that we were “Being Humber” in the meeting, although there was no explicit reference to diversity in our deliberations.</li> <li>• In general, the Committee conclude from the suite of reports to the meeting, that the systems of internal controls and governance remain in good shape half-way through the operating year.</li> </ul>	<p>the Quality Account.</p> <ul style="list-style-type: none"> <li>• Endorsed the Board Assurance Rating of Green for Fostering Integration Partnerships and Alliances, currently Green</li> <li>• The Committee concluded it is compliant with the HFMA standards for audit committees</li> <li>•</li> </ul>
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<p><b>Governance:</b> Please indicate which committee or group this paper has previously been presented to:</p>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	

**Monitoring and assurance framework summary:**

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

Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

## Committee Assurance Report – Key Issues

The Committee considered the following matters:

**Strategy implementation:** Key performance indicators to track progress against the strategic goal of Fostering Integration, Partnerships and Alliances. We agreed a set of metrics to be used in ongoing reporting, recognising the reliance on judgement and perception to measure intangibles such as influence and alignment of purpose, for example. We concluded that progress can be tracked by a combination of a) factual data (maps of governance bodies/networks; financial data to measure collaborations; data on out of area placements and delayed transfers) b) a periodic qualitative survey of internal and external stakeholders to assess the efficacy and impact of our involvement in formal and informal networks and governance c) the data should align with the Quality Account. The Partnerships and Strategy team will develop the reporting.

**Self-Assessment:** The Committee assessed itself against the criteria of the HFMA checklist, concluding it did pass muster against the standards. No major concerns were raised in relation to any of the items on the checklist, though the Committee asked for some additional evidence to be added to how committees/boards assess risks, and the advantage of having NEDS on different committees to allow cross-referencing and triangulation.

**Single tender waivers and contract extensions:** the Committee reviewed and endorsed the latest single tender waivers and took note of a list of contracts expiring by September 2023 which will likely to extended without competition. The Committee took assurance that decisions are compliant with our process, including robust challenge from CEX. Some concerns were discussed about whether the supply chain is not strong enough to afford sustainability and demonstrable value (through the lack of competition). We asked for data on contracts which are competed, as opposed to waived through, to give a sense of relative scale.

Introduction at national level of the **Provider Selection Regime** (potentially in 2023/4), which will signal a departure from the long-established competitive tendering regime. It will give the Trust more discretion to make direct awards, to identify most suitable providers without competitive processes, whilst still allowing a place for competitive procurement. The trust will need to adopt new processes to deliver the revised objectives of securing: quality and innovation; value; access, inequalities, disparities, choice; social value; integration, collaboration, service sustainability.

**Board Assurance Framework at Q3:** notwithstanding our discussion about KPIs and metrics, the Committee considered the BAF as it stands, noting no change in the assessment currently at Green. Following discussion, some of the reported data will be updated/superseded.

**Trust-wide risk register:** It was endorsed as reported, though the Committee noted the risks have been static for some time. The Executives agreed to have an eye to whether the expected fiscal tightening would change the composition. We also discussed how to report risks associated with potential “Edenfield” situation, noting that such a risk can feature as catastrophic impact but with low likelihood, to keep it visible in risk discussions at all levels of the organisation. NEDs expressed some frustration that some gaps in controls are not accompanied by specific actions to

close them.

**A deep-dive into the Forensic Services Divisional risk register:** The residual risks relate to: underoccupancy leading to low income; incomplete contract/service specification; staff availability for the new prison contract with TEWV; vehicle shortages; waiting lists; control of weapons, banned and illegal substances; security standard operating procedures need review, and inductions/refreshers have lapsed, both due to absence of security manager; physical characteristics of seclusion rooms (“weak points”); limited psychiatry cover. Forensic Division were asked to review the composition of their risk assessment, to consider whether eg workforce, clinical, quality risks are assessed commensurate to the mainly security risks evident on the reported register.

**Progress of the Internal Audit Plan:** Delivery of the plan remains on track, with just under 50% of planned days utilised at the time of the report. No new changes have been made to the schedule. Five reports have been finalised. Four provide High/Substantial assurance, which continues good track record of assurance levels (on conflicts of interest; guardians of safe working; e-rostering; communication and marketing. An advisory report on cyber security echoed our known concerns about phishing vulnerabilities. The Trust continues to manage follow up actions well.

**Counter Fraud activity:** The Committee received a report on Counter Fraud experts and in-house team covering: alerts, fraud prevention notices, advice and guidance issued; referral benchmarking Information for Q2 (all Audit Yorkshire); investigations update; Working Whilst Sick information; update on compliance with the Government Functional Counter Fraud Standard – Requirement 3; and actual days used to deliver 2022/23 counter fraud plan. The most frequent types of fraud remain those related to secondary working. Both the internal audit and Counter Fraud managers commented that, regarding information governance (specifically phishing), they believe the Trust has done all it reasonably can to put controls, safeguards and training in place, but the human error remains the source of risk. On the upside the managed phishing exercise had identified over 500 staff who will participate in Fraud Masterclasses.

**External audit:** The audit of the Local Government Pension Scheme is still underway, complicated by the need for funds to demonstrate to their auditors more evidence for the valuation of unlisted securities. Only then can the 2021/2 accounts be finalised and signed off (no specific date, November 2022). We took note of advisory and for information publications for the attention of those charged with governance, to be circulated. Looking ahead to 2022/3, it is possible that local government reporting timescales will be shortened which will in turn improve the timescales for the Trust. The Committee welcomed that the high quality of Mazars work has been highlighted in an October 2022 Financial Reporting Council publication.

**Emergency Preparedness Resilience and Response:** We received a report on how the Trust will be able to comply with the now 55 core standards. Work is due to complete by March 2023 to increase compliance from the current 84% (partial compliance) to above 90% (substantial compliance). This report had already been presented to the October 2022 Trust Board, so the Audit Committee re-endorsed it.

**Compliance with IR35:** As also reported to the Finance and Investment Committee, work is underway to obtain a better understanding of the Trust’s potential IR35 liability. The Committee endorsed the planned approach, noting good progress to date by PS Tax, who have been commissioned to complete the work by December 2022.

A substantive annual report on **Information Governance (IG) for 2021/2**. We welcomed the High/Substantial, and independently assured, compliance with the NHS Data Security and Protection Toolkit. Policies and procedures have been reviewed and signed off. More than 95% (the target) of staff completed their mandatory training. 235 IG incidents were reported, a rise of

2% on the previous year. Frequently, they related to information being disclosed to the wrong recipient, or information recorded to the wrong patient. 20 incidents were reported to the Information Commissioner's Office, but none required further action. The IG team handled c 1250 internal queries, with data sharing being the mode. The Trust received 818 Access to Record requests, 24% up on the previous year: and 268 FOI, again a 25% rise. 6 formal complaints were lodged, of which 2 upheld. A programme of audits identified mainly positive findings; some isolated weaknesses in paper-based patient data control were identified in Whitby Hospital and West End. Top IG risks are people (ie human error); training and compliance; devices not in use. This is reflected in the results of a phishing test in November 2021 which led 389 members of staff to put security at risk. Lansweeper software has been implemented to automate the detection of vulnerabilities; other operational actions and improvements were taken at the instigation of national initiatives. All objectives of the 2021/22 work plan were achieved, augmented by other actions including guidance, support, information, data sharing agreements. Against this backdrop, it was disappointing to note that 530 users were enticed to enter their credentials at risk in a November 2022 phishing exercise. They are encouraged to take a Fraud Masterclass.

Finally, the Committee undertook a brief self-assessment against the newly promulgated standards for "**Being Humber**", concluding we had, although there was no explicit reference to diversity in our deliberations.