

Trust Board Meeting 25 November 2020 Agenda - Public Meeting

For a meeting to be held at 9.30am Wednesday 25 November 2020, by Microsoft Teams

		Lead	Action	Report Format
Standing Items				
1.	Apologies for Absence	SM	To note	verbal
2.	Declarations of Interest	SM	To receive & note	√
3.	Minutes of the Meeting held on 28 October 2020	SM	To receive & approve	√
4.	Action Log and Matters Arising	SM	To receive & discuss	√
5.	Patient Story - The Impact of a Dementia Diagnosis on a Family	JB	To receive & note	√
6.	Chair's Report	SM	To note	verbal
7.	Chief Executives Report	MM	To receive & ratify	√
8.	Publications and Highlights Report	MM	To receive & note	√
Performance & Finance				
9.	Performance Report	PBec	To receive & note	√
10.	Finance Report	PBec	To receive & note	√
Assurance Committee Reports				
11.	Charitable Funds Committee Assurance Report & 22 September 2020 Minutes	MC	To receive & note	√
12.	Mental Health Legislation Assurance Report	MS	To receive & note	√
13.	Workforce & Organisational Development Committee Assurance Report & 16 September 2020 Minutes	DR	To receive & note	√
14.	Audit Committee Assurance Report	PB	To receive & note	√
Quality and Clinical Governance				
15.	Community Mental Health Service User Survey Presentation (Jennie Bradley, Senior Business Consultant Quality Health attending)	JB	To receive & note	√
16.	Covid 19 Report	LP	To receive & note	√
17.	Freedom to Speak Up Report	MM	To receive & note	√
Corporate				
18.	Board Assurance Framework Report	MM	To receive & note	√
19.	Risk Register Update	HG	To receive & note	√
20.	Charitable Funds Annual Accounts	PBec	To receive & approve	√
21.	Ethics Advisory Group Action Log	JB	To receive & note	√



22.	Review of Standing Order Scheme of Delegation and Standing Financial Instructions	MH	To receive & approve	√
23.	Items for Escalation	All	To note	verbal
24.	Any Other Business			
25.	Exclusion of Members of the Public from the Part II Meeting			
26.	Date, Time and Venue of Next Meeting Wednesday 27 January 2021, 9.30am – venue to be confirmed			



Agenda Item 2

Title & Date of Meeting:	Trust Board Public Meeting – 25 November 2020		
Title of Report:	Declarations of Interest		
Author/s:	Name: Sharon Mays Title: Chair		
Recommendation:	To approve		To receive & note <input checked="" type="checkbox"/>
	For information		To ratify
Purpose of Paper:	The report provides the Board with a list of current Executive Directors and Non Executive Directors interests.		
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date	Date
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee		Workforce & Organisational Development Committee
	Finance & Investment Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Charitable Funds Committee		Other (please detail) Monthly Board report <input checked="" type="checkbox"/>
Key Issues within the report:	Contained in the report		

Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)				
√ Tick those that apply				
<input checked="" type="checkbox"/>	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
<input checked="" type="checkbox"/>	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
<input checked="" type="checkbox"/>	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			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
Executive / Directors	
Ms Michele Moran Chief Executive (Voting Member)	<ul style="list-style-type: none"> • Appointed as a Trustee for the RSPCA Leeds and Wakefield branch • Chair of Yorkshire & Humber Clinical Research Network
Mr Peter Beckwith, Director of Finance (Voting Member)	<ul style="list-style-type: none"> • Sister is a Social Worker for East Riding of Yorkshire Council • Son is a Student at Hull York Medical School
Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals (Voting Member)	No interests declared
Dr John Byrne, Medical Director (Voting Member)	<ul style="list-style-type: none"> • Executive lead for Research and Development in the Trust. No personal involvement in research funding or grants. Funding comes into the Trust and is governed through the Trust's Standing Instructions • Senior Responsible Officer for the Local Health Care Record Exemplar (LHCRE). which is governed through Humber Teaching NHS FT standing orders and procedures
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
Non Executive Directors	
Mrs Sharon Mays – Chair (Voting Member)	<ul style="list-style-type: none"> • Trustee of Ready Steady Read • Sister is Head of Compliance Standards and Information at Tees Esk and Wear Valley NHS Foundation Trust
Mr Peter Baren, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> • Non Executive Director Beyond Housing Limited • Son is a doctor in Leeds hospitals
Mr Mike Cooke, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> • Trustee of Yorkshire Wildlife Trust • Independent Executive Mentoring Coach • Chair, Cochrane Common Mental Disorders Expert Advisory Board
Mr Mike Smith, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> • Director MJS Business Consultancy Ltd • Director Magna Trust • Director, Magna Enterprises Ltd • Sole Owner MJS Business Consultancy Ltd • Associate Hospital Manager RDaSH • Associate Hospital Manager John Munroe Group, Leek • Non Executive Director for The Rotherham NHS Foundation Trust

Mr Francis Patton, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> • Non Executive Chair, The Cask Marque Trust • Treasurer, All Party Parliamentary Beer Group • Industry Advisor The BII (British Institute of Innkeeping) • Managing Director, Patton Consultancy • Non Executive Director of SIBA and Chair of SIBA Commercial, The Society of Independent Brewers • Director, Fleet Street Communications Limited • Non Executive Chair, Barnsley Facilities Services Limited • Non Executive Director Barnsley NHS Foundation Trust • Non Executive Chair of BIIAB which is an awarding body for training in the hospitality sector • Non Executive Chair of BIIAB Qualifications Ltd
Mr Dean Royles, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> • Director Dean Royles Ltd • Owner Dean Royles Ltd • Advisory Board of Sheffield Business School • Strategic Advisor Skills for Health • Associate for KPMG

Item 3

Trust Board Meeting
Minutes of the virtual Public Trust Board Meeting held on Wednesday 28 October 2020
by Microsoft Teams

Present: Mrs Sharon Mays, Chair
Mrs Michele Moran, Chief Executive
Mr Peter Baren, Non Executive Director
Prof Mike Cooke, Non Executive Director
Mr Francis Patton, Non Executive Director
Mr Dean Royles, Non Executive Director
Mr Mike Smith, Non Executive Director
Mr Peter Beckwith, Director of Finance
Dr John Byrne, Medical Director
Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
Mr Steve McGowan, Director of Workforce and Organisational Development
Mrs Lynn Parkinson, Chief Operating Officer

In Attendance: Mrs Michelle Hughes, Interim Head of Corporate Affairs
Mrs Jenny Jones, Trust Secretary
Mr Adam Dennis, Communications Officer
Ms Kerry Todd, Service Leader, East Hull Community Mental Health Team (for item 181/20)
Mrs Rachel Kirby, Strategic Communications Manager (for item 191/20)
Mr Lee Rickles, Yorkshire & Humber Care Record Programme Director & Chief Information Officer (for item 192/20)

Apologies: None

Due to the Government guidance for the Coronavirus, the Board meeting was held by Microsoft Teams. Board papers were available on the website and an opportunity provided for members of the public to ask questions via e mail. Members of the public were also able to access the meeting through a live stream on Youtube.

- 178/20 **Declarations of Interest**
The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they declare their interest and remove themselves from the meeting for that item.
- 179/20 **Minutes of the Meeting held 30 September 2020**
The minutes of the meeting held on 30 September 2020 were agreed as a correct record with the amendment to 158/20, fifth paragraph which should read “.....Quality **Committee**.....”
- 180/20 **Matters Arising and Actions Log**
The actions list was discussed and noted.
- 181/20 **Patient Story**
Ms Kerry Todd, Service Leader joined the meeting to share her career journey with the Board. Kerry has been with the organisation since she began as an admin assistant at Withernsea Hospital. As part of this work she arranged out patient appointments, supported CPNs and took minutes of meetings. Kerry became interested in the mental health and wellbeing side of patient care and with support from her manager and team, undertook a



secondment to nurse training. After achieving a degree and qualifying as a nurse she worked for the assessment and intake team. In subsequent months she gained promotion and had the opportunity to work with student nurses to share her experiences and give them support.

Kerry explained that throughout her career she has received fantastic support from her managers and colleagues in all of her roles. She is now a Service Leader working with a great team and using her knowledge and experience to help others and to provide good patient care.

The Chief Executive thanked Kerry for attending the Board meeting and for sharing her journey. She asked if there was anything else that she thought could have been done to help or benefit her more during this time. Kerry said that she had been fortunate and also humbled at what she had achieved and that the only person stopping anyone from progressing was themselves.

Mrs Parkinson said that the transformation of Community Mental Health Teams (CMHT) programme is underway and the Trust is struggling to recruit to some of the additional posts. She asked Kerry what she felt should be done to try and attract people from elsewhere to come and work in the CMHTs. Kerry said that working in the CMHT offered stability with 9 -5 working which is good for a home life and for childcare. Working in unplanned care involves working weekends, evenings and nights which is not ideal for family life. In the CMHT there is also the variety of work and meeting many people and working with families and those around them. Mrs Parkinson thanked Kerry for her insight which would be good to include in future information for recruitment.

Mrs Gledhill agreed it was a fantastic story and good for the organisation that Kerry has stayed with the Trust throughout her career and would like to discuss further as to the reasons for this as it is often a struggle to retain nurses.

The Chair thanked Kerry for sharing her inspirational story with the Board and for everything she does for patients and their families.

182/20

Chair's Report

The Chair provided an update in relation to the work she has undertaken since the last meeting which included:-

- Attending a variety of external meetings including a Humber Coast and Vale (HCV) Chairs and Members meeting and a Humber Advisory Board meeting
- Attendance at regular national and regional roadshows and Humber and Yorkshire Chairs meeting
- Proud To Be Awards – the Chair was delighted to attend the virtual awards which saw the Trust's volunteer drivers win an award which was well deserved.
- Virtual staff awards continue to be ~~was~~ held jointly with the Chief Executive to thank staff for their long service and to celebrate Employees of the Month and retirees.
- Freedom to Speak Up – a catch up meeting was held with the Chief Executive, the Freedom to Speak Up Guardian, Mrs Flack and Mr Baren, the Senior Independent Director. Mrs Flack also attended the Staff Governor meeting during the Freedom to Speak Up month (October).
- Attendance at the virtual Scarborough and Ryedale Patient Experience form
- Governor elections are underway and the outcome of nominations will be announced shortly. Cllr Paul Nickerson has joined the Council as the appointed Governor for East Riding of Yorkshire Council.

Resolved: The verbal updates were noted.

183/20

Chief Executive's Report

The report provided updates from each of the Directors along with a summary of activities

undertaken by the Chief Executive who drew the Board's attention to the following areas:-

Capital Bid

The Trust was not successful in being one of the 40 hospital schemes announced as no Mental Health Trusts were included. The Chief Executive is raising this issue in various forums.

The Big Conversation

The Trust supported a conversation with Emma Hardy MP on Mental Health which was supported by our clinicians and reached over 2000 people.

Proud To Be Awards

The volunteer drivers were the proud winners of the Volunteer Team category in the Smile Proud to Be Awards. Our volunteers are truly amazing and make a real difference to people's lives on a daily basis and more so in recent months. Congratulations were sent from the Board to the Trust's Volunteer Driver team.

Humberbelievable

Our recruitment and marketing campaign continues and links well into the sSSh campaign which is the Hull and East Riding recruitment drive launched during the month

Brexit

Our Brexit planning continues with the Brexit group continuing to meet on a monthly basis and works with the system to review plans for the the exit in relation to ports and transport..

Thank You to Staff

All staff received a £10 voucher in their wages this month as an expression of our gratitude and thanks for all their continued hard work.

Together We Can – the Chief Executive has been on TV Humber to promote the staff book. ITV have also approached the organisation and are talking to staff next week.

Communications Team

Work is progressing on the Trust's branding by the Communications Team. The team is also involved in other work including the Flu campaign where a short animation film has been produced and the Poppulo platform for staff. Mrs Hughes reported that statistics show a 102% increase in visitors to the Trust's Humberlieveable recruitment website and drew attention to the Patient Information portal which is an exciting development being progressed in conjunction with the University of Hull which will bring huge benefits to patients accessing information . The Patient and Carer Engagement team and the Communications Team are working together on this project.

Health Stars

Health Stars continues to work closely with NHS Charities and is involved in the Whitby development fundraising.

Humber Coast and Vale (HCV)

An Oversight group within the HCV has been established to look at the governance arrangements and connections between the HCV and the central office.

A piece of work is being undertaken in relation to the Provider Collaborative which the Chief Executive being the lead for the Mental Health and Learning Disabilities stream. Andrew Burnell, Chief Executive City Health Care Partnership is the lead for Community and Chris Long, Chief Executive Hull University Teaching Hospitals, for the Acute work. The Chief Executive has been asked to bring these all together as all are doing similar things, but separately.

International Conference

The Mental Health Partnership international conference is taking place on 27 November 2020 and includes Claire Murdoch, Alistair Campbell and Ray James as speakers.

Staff Survey Update

Mr McGowan reported that the Trust is ahead of the nation average for update of the survey. It is currently at 23% against the national figure of 20%.

Remembrance Service

A virtual service is taking place on 8 November at 2pm led by the Trust Chaplain, Eve Rose.

Professor Cooke commended to the Board the patient safety work that has been seen at the Quality Committee referred to in the Director of Nursing update. He also thought the virtual meeting with the Chair of the Care Quality Commission (CQC) was well received.

Professor Cooke noted the substantial compliance achieved through the Emergency Planning Preparedness and Resilience (EPRR) self assessment. With the additional pressures of a second Covid wave, winter, Flu, bed pressures and fatigued staff, he felt it was important to recognise that we are in a difficult time even though substantial compliance has been reached. Mrs Parkinson agreed with his view and that these areas had all been included. The emergency planning element is set against the core standards which is complex given the areas it covers including staff getting tired. Staff and the impact on staff resilience is the number one priority for the organisation. Mr Smith is the Non Executive Director lead for emergency planning and explained that the results are at a point in time. He was pleased to see the link between emergency planning and Covid 19 reflected as in other organisations this was not the case.

In terms of responding to Professor Cooke's question about consultant recruitment for the Inspire Unit, Dr Byrne said that despite the efforts put into recruitment, it was challenging and the position has not improved.

Mr Patton noted the slight improvement in the Humber Coast and Vale 52 week waits for patients, however this was still the worst in the country. The Chief Executive confirmed that work has been ongoing around this and is led by City Health Care Partnership. The system is looking at this with support from the Trust but as it is not a Trust issue it makes it more difficult. It is being led by Ivan O'Connor. It was raised recently about the good work that has taken place at Scarborough and a recommendation made to have a look at this work to see if it utilised in Hull.

In relation to the impressive voluntary services update, Mr Patton asked how many volunteers the organisation has and how many more would be needed in the future. Mrs Parkinson did not have the information to hand, but estimated there were around 30 volunteers and it is a priority to increase this number as demand for these services is increasing with the main uptake being around isolation.

Mr Patton referred to the quality update for Child and Adolescent Mental Health Services and thanked the team for their performance. He noted the thank you voucher given to staff this month and asked if there were plans to do something at Christmas. The Chief Executive said discussions are taking place with Mr McGowan's team around this and to build on the gifts that have already been given including pamper packages and the increase of the working from home payment.

The Chief Executive highlighted that the Trust has been awarded the White Ribbon Accreditation. Mrs Gledhill explained that the action plan was completed and the organisation accredited. Update reports will be presented to the Quality Committee.

Resolved: The report and verbal updates were noted.

184/20

Publications and Highlights Report

The report provided an update on recent publications and policy with updates provided by the Lead Executives. Professor Cooke referred to a publication “NHS Reset” published by the NHS Confederation and recommended this as a helpful document.

Mr Baren noted the Care Quality Commission (CQC) report on infection control plans asking how visiting for patient’s families would be affected should Hull and East Riding move into tier 2 restrictions. The Chief Executive said many discussions have taken place with the Executive team around visiting taking into account the recent letter from Claire Murdoch which indicated that visiting should not be restricted.

The Trust now has a low number of Covid 19 positive patients whose families are from different tiers. Staff receive early information and use their clinical judgement and risk assessments as required. Pictorial information on the tiers has also been produced for staff to support decisions and has been discussed at the Ethics Committee. Mrs Parkinson said that the organisation is well prepared and wanted to bring the key issues to support visiting in a safe way across all areas. Guidance has been put in place by way of a this tiered alert system which will be used in conjunction with risk assessments and a check list for visitors which also covers travel from higher tier areas. Dr Byrne emphasised the importance of protecting patients and keeping staff safe, but also about supporting visiting as is it a fundamental part of good care. Mr Smith commented that other areas that would have an impact are for patients on leave and patients who may have to go out of area to other tiers where the rating is higher and how this is managed. The guidance will be circulated to Non Executive Directors for information

Resolved: The report was noted.

The tiered alert system guidance will be circulated to Non Executive Directors Action LP/JB

185/20

Performance Report

Mr Beckwith, Director of Finance, presented the report which informed the Board on the current levels of performance as at the end of September 2020. Information for indicators that have fallen outside of the normal variation range was provided including Safer Staffing Dashboard, 52 week wait times, Early Intervention in Psychosis (EIP) and Staff turnover.

Mrs Gledhill referred to the safer staffing dashboard informing the Board that where there is sickness in in patient units, appropriate HR processes are in place. She noted that care hours per patient per day were very good which is positive given the level of sickness that was recorded. Professor Cooke surmised that the second Covid 19 wave could be pushing staff which was manifesting itself in the sickness levels asking if there is anything further that could be done. Mrs Parkinson confirmed that some fatigue in staff is being seen across inpatient areas. HR business partners are working with managers and that where required, support processes are in place. A rise in stress and anxieties levels is being recorded and the Mental Health Division is reviewing these to see if anything different can be done to support staff. Staff continue to be encouraged to take breaks and annual leave, but this is an area of concern. Mr McGowan said that the staff survey is showing that staff are tired and the best way to help staff is to fill vacancies. At the next Workforce and Organisational Development Committee there will be a deep dive into some areas which can be shared with the Board.

Mr Royles noted that we have been in the pandemic for some time and he was pleased to hear of the work that is being done to promote breaks and annual leave for staff. He however felt that sickness absence would continue to rise in future months.

Professor Cooke noted that Waiting times were high in Humber Coast and Vale (HCV) and new trajectories are awaited. He commented that Early Intervention in Psychosis (EIP) cases are showing some pressures. Mrs Parkinson said work has been completed on the trajectories and they will come to the November Board meeting. In terms of EIP a steep rise is being seen in referrals which was anticipated due to Covid 19. However there has been

some staff absence and recruitment is underway. A recovery plan is in place and increased resource has been put into the service.

The Chair reported that Staff Governors had raised concerns about staff fatigue and reflected that generally in society people are feeling fatigued by the current situation and changes to people's lives outside of work.

Vacancy rate of registered nurses had moved from 16.8% to 9.1% and Professor Cooke asked if this is because the establishment has reduced or whether there has been more recruitment. Mrs Gledhill explained that it has been a good year for nurse recruitment which has had an effect on the rate and reduced the number of vacancies. A large number of newly qualified nurses have made a difference and many go into inpatient units. Since April 61 new nurses have been recruited and another 30 are going through the process which is positive. The challenge will be in retaining them. Mr McGowan pointed out that there are 24.7 more nurses working in the Trust compared with last September's figure which shows the good work that is being done and there is potential through skill mix work to do more.

Mr Baren asked about out of area placements noting there had been a slight reduction in month. He was also concerned about the associated cost pressures and patients going into and out of difference restriction tiers which may impact on visiting and may not be of benefit to patients. Mrs Parkinson explained that the reason for the rise is due to functional older people's services demand due to the excessive rise in acute needs for older people due to the implications of Covid 19 with the demand exceeding the number of beds available. Two beds have been procured from system partners and discussions with local providers for step down beds continue. However it is not expected that this level of demand will reduce. Divisional planning is taking place to look at alternatives to crisis and inpatient admissions and more resources will be put into this element.

The overall number of beds in the organisation was reduced to allow for Covid 19 safe working to accommodate infection control, social distancing and the clinical doffing and donning requirements. The crisis pathway is being relooked at in addition to 24/7 telephone support and potentially a crisis café therapy approach. There will be cost pressures as well as the quality issue, but from talking to system partners and other mental health trusts they are all in the same position which is causing challenges.

The Chief Executive said from a system point of view, a piece of work will be done on the number of beds that have been lost in adult and older peoples services as a result of Covid 19 as this will give an idea of capacity in the system and the reasons for this eg whether low level tiers are in the right place, or whether changes in Primary Care Networks (PCNs) has made an impact. In Humber the bed base is very low and when this work is completed discussions will take place to discuss the outcomes.

Mr Patton congratulated the teams involved in training, return to treatment and turnover as all areas continue to improve during a challenging time.

The Chair suggested that the narrative on the return to treatment section be reviewed as it referred to deterioration. Improvement was noted on the Friends and Family Test and compliments were increasing.

Resolved: The report and verbal updates were noted
Waiting Times trajectories to come to the November Board meeting Action LP

186/20

Finance Report

Mr Beckwith presented the report which showed the financial position for the Trust as at 30th September 2020 (Month 6). Mr Beckwith explained that this is the last month operating in the current governance arrangements with retrospective Covid 19 claims and topping up to meet a break even position. Key highlights included:-

- A break even operational position was recorded to the 30th September 2020
- Within the reported position is year to date Covid expenditure claims of £9.077m,.
- Cash balance at the end of September was £27.702m, which is inclusive of an additional Block payment of £9.8m.

Mr Smith raised a point in relation to the mental health underspend on staff position and whether a premia could be offered as an incentive. Mr Beckwith explained that the main reason for the underspend was the due to Community Mental Health Teams (CMHT) transformation funding which was equated across the year. This had paused due to Covid 19 but plans are in place to revive this in the second half of the year. Mr Smith appreciated the update and asked if in future this could be added into the report in easy read language so that members of the public would see the rationale.

It was noted that in appendix 1, the reference to the sale of Westlands should read Westend.

Resolved: The report was noted.

187/20

Quality Committee Assurance Report & 5 August 2020 Minutes

The paper provided an executive summary of discussions held at the meeting on 7 October 2020. The approved minutes of the meeting held on 5 August 2020 were presented for information.

Professor Cooke informed the Board that good work has taken place on the patient safety dashboard that the Corporate Risk Manager has produced and he suggested these could be reviewed at the Board Time Out in December as part of the Quality Improvement session.

Two insight reports were reviewed, one being around Covid 19 which the Board asked the Committee to look at. Assurance was received from the content of the report and the Committee thanked Mrs Gledhill, Dr Byrne and Mrs Parkinson for this work.

A presentation was received on the Provider Collaborative and issues raised around quality delineation. Finance and contracting aspects were fine, but inclusion of how the Quality Committee may help was suggested to Mrs Bradbury.

An update on waiting lists was received and assurance provided that contact with long waiting patients continues.

Mrs Gledhill agreed it was good to see the Provider Collaborative information at the Committee and to be linked into the developing agenda. The patient safety dashboards are intended for teams to use with the information taken from the Datix system and a useful presentation was provided to the Committee. Dr Byrne commented that there was an element of operational focus at the meeting and important to see the patient safety work.

The Chief Executive thanked the Committee for an informative assurance report. She explained that with the Provider Collaborative we need to be mindful about more detail about links to various Committees. Commissioning and providers are being kept separate within the organisation and there may not be a clear link between the two. Professor Cooke said it was around role clarity and for the Committee to be able to add value to the changing process.

Resolved: The report and minutes were noted

188/20

Finance & Investment Committee Assurance Report

The assurance report for the meeting held on 21 October 2020 was presented by Mr Patton. He highlighted the following areas to Board members:-

- Hospital Build Plans– funding announced for another 8 hospitals that includes mental

health.

- Mental health trusts are to receive more than £400m over the next four years to eradicate dormitory wards
- Financial performance – the Committee discussed the impact of the arrangements for the second part of the financial year that have been published.
- Reviewed outstanding aged debtors which overall was a reduction compared to the August position
- Budget Reduction Strategy (BRS) which showed continued good work at Divisional and Corporate levels
- Provider Collaborative – the Committee reviewed the business case and was supportive and acknowledged the amount of work that had been done in a short space of time.

Mr Beckwith felt it was a good meeting with appropriate challenges. For the BRS normal contracting was ceased due to Covid 19 and required mitigation to give a level of assurance.

Mr Baren commented there were discussions around capital expenditure and assurance provided that some key capital works for ligatures is being progressed

Resolved: The Board noted the report and verbal updates

189/20

Covid 19 Update

The report prepared by Mrs Parkinson gave an update on the Trust's response and an overview of the ongoing arrangements and work with partner organisations to manage the Covid 19 emergency.

In line with rising infection rates, operational pressures are being seen around the use of mental health acute beds and the Opel position of 2/3 is contributed to by the demand around the Mental Health Liaison service and Emergency Department at Hull Royal Infirmary.

Three patients have tested positive for Covid 19. The outbreak was due to transmission between staff and learning has been picked up from this. This is not unique to this organisation as other mental health trusts have experience similar issues. Staff health and wellbeing remains key to resilience and continues to be an area of focus. No personal protective equipment (ppe) issues have been identified. Business Continuity Plans continue to be reviewed to ensure any learning from the previous months are factored in.

The Chair thanked Mrs Parkinson for the report noting how much work is taking place. She said the monthly updates were appreciated by the Board.

Professor Cooke asked if the patients who had tested positive were from the same or different areas. He was informed they are in different areas in a low threshold. Mrs Gledhill explained that the outbreak meetings are held by the Infection Control team and no breaches of ppe have been identified. From the meetings no reasons have been identified for the outbreak.

Resolved: The report was noted

190/20

Mortality Report Update for the Covid to July 2020

Dr Byrne introduced the report. He explained that the data was a statistical analysis and it was important not to forget whilst looking at the information, that individuals had passed away and that families are grieving.

An increase in mortality has been seen in line with the national picture particularly in relation to older people's mental health services and for people living in a nursing home and receiving daily care. Maister Lodge, one of the Trust's older people's inpatient unit has successfully managed to keep Covid 19 out of the wards. This was due to processes that

were put in early in the pandemic to protect staff and patients.

Visiting for patients has been discussed by the Ethics Advisory Group and continues to be reviewed to ensure continued protection for all involved.

Professor Cooke thanked Dr Byrne for the report which he was pleased to see in the public domain. The use of statistical process charts (spc) allows a look over a longer period of time. He felt there needed to be a look at wider areas including substance misuse, people dying from physical manifestations of this addiction and from suicide. He suggested thinking about looking at suicide rates locally. Dr Byrne commented that a Substance Misuse deaths review is being undertaken by the Clinical Risk Management Group and within this it will look at the data over a longer period of time to see if there are any patterns. The suicide picture is a challenge due to what the Sustainable Transformation Partnership (STP) monitors. Discussions take place with the Coroner's office about these cases

The Chief Executive confirmed the Integrated Care Service (ICS) has a suicide prevention lead and this topic will form part of the International Conference in November. Humber has not seen a significant rise in suicide numbers, but the ICS has. These do tend to be cases of people known to services and in middle aged men. The ICS is conducting a bigger piece of work and will be monitoring the rates especially as we move into a second wave of Covid 19.

Mr Patton was interested in the graph of total number of deaths which had increased from quarter 2 19.20. Dr Byrne explained that this was due to the addition of Scarborough and Ryedale data which had not previously been monitored.

Resolved: The Board noted the report.

191/20

Trust Corporate Visual Identity Update

Mrs Kirby attended to present the report and to inform Board members of the progress made with the brand work. Mrs Hughes explained that a wide engagement process has been undertaken to gain views to influence the branding work and involved a range of stakeholders including service users and carers.

Mrs Kirby talked through the report and also provided some further details via a presentation. She explained that the review of the branding is to ensure that it suits the Trust's purpose and provides the right identity and brand personality for the organisation. When complete there will be standard templates for staff to use.

Mood boards are being used to gain views and these have been put into three categories, circles and connections, lines and organic shapes. Board members were asked to consider their preferred options and a link to the survey will be circulated after the meeting.

The engagement process will take place until mid November, then work will commence on the creative changes with toolkits and assets being completed in December. It is anticipated that the launch will be w/c 18 January 2021.

Mr Smith thanked Mrs Kirby for the informative report and was impressed with the work to date. He particularly liked the problem solving section. Mrs Kirby said it was important to do this or the project would not work. Mr Baren agreed with the comments asking if there was any cost for the project and whether there would be any waste of existing resource eg letterheads. He was informed that this is being done in house using the expertise of the team. In terms of resources many are already digital and are downloaded so it is easy to make any changes and there is no change to the Trust's name logo. The Chief Executive confirmed that expense is being kept to a minimum which has helped with it being done internally.

Resolved: The report was noted

192/20

Cyber Security Update

As requested at the last Board meeting, the report provided an overview of the progress made to improve cyber security and to ensure we achieve our organisational goal in maximising an efficient and sustainable organisation.

Mr Rickles explained this is a complex area designed to protect information and systems that have sensitive information and ensuring that this is safe, with access for the right people at the right time. A project improvement plan has been produced and an update on progress was included in the report. The Office of the Senior Responsible Officer (SRO) has been established which is unusual, but allows key experts and information owners to support the direction and does not replicate the functions of the Information Group or Digital Delivery Group.

During recent months three denial of services attacks have been prevented which is a reflection on Covid 19 as more remote working takes place and the increased use in capacity.

Good progress is being made with the actions identified on the Cyber Operational Readiness plan. These focus on the technical and manager functions of people, procurement and contracting. Cyber champions will also be recruited in the organisation.

The Chair welcomed the report noting how much work has been taking place and thanked Mr Rickles and the team for this.

Mr Baren asked why some of the 0-3 month's actions were outstanding on the action plan. Mr Rickles explained that for the operational action this needed splitting into other issues of technical support and managing risk and the action plan will be updated to reflect this. If there are no solutions for some issues, an explanation should be provided on mitigations. It does not mean that systems are unsafe, unsecured or not maintained. Mr Rickles said that some issues may be down to funding, but that any areas needing action are reviewed and risk assessed to identify if any further investment is needed.

Mr Patton is the Non Executive Director lead for cyber security and meets regularly with Mr Rickles. He complemented Mr Rickles and the team for their great work and gained assurance from the meetings held that systems are secure and well managed. The Chief Executive agreed that this is impressive especially during the current situation. She felt it would be helpful in Sub Committee reports to identify where any timescales have been missed to have an indication of when it will be met. Mr Beckwith thanked Mr Rickles for all his work and support. Mr Rickles will pass the thanks onto the wider team as it is a distributed leadership process that has enabled the organisation to get to this position.

Resolved: The Board

193/20

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

The report summarised activity relating to appraisal and revalidation processes for 2019/20. The Annual Organisation Audit (AOA) data was also provided for information.

NHSE have asked organisations for voluntary submissions this year, however if the Board preferred a submission of a statement of compliance signed by the Chief Executive could be made.

It was positive to note that NHSE have reviewed the process and produced a shorter application form which will be easier to complete and engage medical colleagues going forward. Feedback received was good and will feature in the annual patient and carer experience report. An internal audit was undertaken and an outstanding action is around buddying up with a neighbouring trust which it is hoped will be Hull University Teaching Trust.

Resolved: The Board approved the annual submission to be signed by the Chief Executive and submitted to NHSE

- 194/20 **Healthcare Worker Flu Vaccination Self-Assessment 2020/2021**
Mr McGowan presented the report which provided self-assessment information in relation to the published NHS England and NHS Improvement (NHSE&I) best practice management checklist on flu vaccinations for healthcare workers. Each year organisations are asked to provide a self assessment on their approach to Flu.
- At the time of the Board meeting, 16.9% of the workforce had taken up the flu vaccination. With the restrictions in place alternative methods of delivery have had to be used as usually large meetings would have been targeted to help staff access the vaccination. A third delivery of the vaccine is due in November.
- Mr Royles acknowledged that this was a bigger ask of staff than usual due to the restrictions and also with any anxieties they may have generally. Mr McGowan agreed which is why additional measures have been introduced and there has been better communications and the flu animation video produced. The Chief Executive reminded the Board that there is also the additional annual leave day for staff who have completed their training, appraisal and had their flu vaccination.
- Resolved:** The report was noted.
- 195/20 **Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standards (WDES) Report**
Mr McGowan explained that the report set out the Trust's WRES and WDES reports. Trust data was submitted in August and is required to be considered by the Board prior to 31 October. The Board has already considered the objectives as part of the 2019/20 Equality, Diversity and Inclusion Annual Report.
- Areas of concern highlighted in the report have been taken into account when identifying robust and effective actions for the equality, diversity and inclusion strategy for the next year. As such, the Trust's Equality, Diversity and Inclusion Annual Report for 2019/20 contains a strong set of actions to address the concerns.
- Professor Cooke commented that the Board itself is less diverse than it was and was mindful of the key appointments that are coming up. The Chair agreed, adding that work has been done with recent appointments to try and encourage people from these backgrounds to apply for Board posts. It was agreed that it would be useful to pick this up as a Board discussion in the future.
- Resolved:** The Board noted the report
- 196/20 **Council of Governors Public Meeting Minutes 16 July 2020**
The minutes of the public meeting held on 16 July 2020 were presented for information.
- Resolved:** The minutes were noted.
- 197/20 **Items for Escalation**
No items were raised
- 198/20 **Any Other Business**
No other business was raised.
- 199/20 **Exclusion of Members of the Public from the Part II Meeting**
It was **resolved** that members of the public would be excluded from the second part of the meeting having regard to the confidential nature of the business to be transacted, publicity of

which would be prejudicial to the public interest.

200/20

Date and Time of Next Meeting

Wednesday 25 November 2020, 9.30am by Microsoft Teams

Signed Date

Chair

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

Summary of actions from October 2020 Board meeting and update report on earlier actions due for delivery in November 2020						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
28.10.20	184/20	Publications and Highlights Report	The tiered alert system guidance will be circulated to Non Executive Directors	Chief Operating Officer/ Medical Director	November 2020	Completed
28.10.20	185/20	Performance Report	Waiting Times trajectories to come to the November Board	Chief Operating Officer	November 2020	Item included as part of the performance report
Outstanding Actions arising from previous Board meetings for feedback to a later meeting						
Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
29.1.20	11/20(a)	Quality Committee Assurance Report and 9 October 2019 Minutes	High reliability organisations discussions to be continued at a future Board Time Out	Medical Director	June 2020	Due to Covid 19 the June Board Time Out has been cancelled and rearranged for September. Revised to December
29.1.20	11/20(b)	Quality Committee Assurance Report and 9 October 2019 Minutes	Quality Improvement and Patient Safety Board Development Session to be arranged	Medical Director	June 2020	Due to Covid 19 the June Board Time Out has been cancelled and rearranged for September. Revised to December

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



New Proposed Format Board Public Workplan 2020/2021 – (no August or December meeting) (v13)

Chair of Board: Sharon Mays
Executive Lead: Michele Moran

Board Dates:-	Strategic Headings	LEAD	29 Apr 2020 (Strategy)	20 May 2020	24 June 2020 (Strategy)	29 Jul 2020	30 Sep 2020	28 Oct 2020 (Strategy)	25 Nov 2020	27 Jan 2021	24 Feb 2021 (Strategy)	31 Mar 2021
Reports:												
Standing Items - monthly												
Minutes of the Last Meeting	Corporate	SM	x	x	x	x	x	x	x	x	x	x
Actions Log	Corporate	SM	x	x	x	x	x	x	x	x	x	x
Chair's Report	Corporate	SM	x	x	x	x	x	x	x	x	x	x
Chief Executives Report includes:- Policy ratification, Comms Update, Health Stars Update, Directors updates	Corporate	MM	x	x	x	x	x	x	x	x	x	x
Publications and Highlights Report	Corporate	MM	x	x	x	x	x	x	x	x	x	x
Monthly Items												
Performance Report	Perf & Del	PBec	x	x	x	x	x	x	x	x	x	x
Finance Report	Perf & Del	PBec	x	x	x	x	x	x	x	x	x	x
Bi Monthly Items												
Finance & Investment Committee Assurance Report	Committees	FP	x mtg canc		x		x	x		x	x	
Charitable Funds Committee Assurance Report	Committees	MC		x		x	x		x	x		x
Workforce & Organisational Development Committee	Committees	DR		x		x	x		x	x		x
Quarterly Items												
Quality Committee Assurance Report	Committees	MC	x mtg canc				x	x		x		
Mental Health Legislation Committee Assurance Report	Committees	MS		x			x		x		x	
Audit Committee Assurance Report	Committees	PB		x			x		x		x	
Board Assurance Framework	Corporate	MM			x		x		x			x
Risk Register	Corporate	HG			x		x		x			x
6 Monthly items												
Trust Strategy Refresh/Update	Strategy	MM						X update				x
Freedom to Speak Up Report def from April 20 due to Covid	Quality & ClinGov	MM	x						x			
MAPPA Strategic Management Board Report inc in CE report	Strategy	LP					x					x
Safer Staffing 6 Monthly Report	Quality & ClinGov	HG				x				x		
Research & Development Report	Quality & ClinGov	JB				x				x		

Board Dates:-	Strategic Headings	LEAD	29 Apr 2020 (Strategy)	20 May 2020	24 June 2020 (Strategy)	29 Jul 2020	30 Sep 2020	28 Oct 2020 (Strategy)	25 Nov 2020	27 Jan 2021	24 Feb 2021 (Strategy)	31 Mar 2021
Reports:												
Annual Agenda Items												
Review of Strategic Suicide Prevention Strategy	Strategy	JB										x
Recovery Strategy Update def from April 20 due to Covid	Strategy	LP	x									
Mental Health Managers Annual Progress Report inc in Assurance Report	Quality&ClinGov	LP		x								
Patient & Carer Experience Strategy Not due in 2020	Quality &ClinGov	JB			x							
Presentation of Annual Community Survey – Quality Health	Quality &ClinGov	JB								x		
Guardian of Safeworking Annual Report	Quality &ClinGov	JB					x					
Patient & Carer Experience (incl Complaints and PALs) Annual Report	Quality &ClinGov	JB			x							
Quality Accounts	Reg.Comp	HG		x							x	
Risk Management Strategy def to Jan 21	Strategy	HG							xdef	x		
Infection Control Strategy Not due in 2020	Strategy	HG				x						
Infection Prevention Control Annual Report	Quality &ClinGov	HG					x					
Safeguarding Annual Report added Sept 2020	Quality &ClinGov	HG					X					
Annual EPRR Assurance Report	Quality &ClinGov	LP	x									
EPRR Core Standards	Corporate	LP					x					
Patient Led Assessment of the Care Environment (PLACE) Update – was Sept 18, but 2019 visits took place Oct	Quality &ClinGov	LP										
Health Stars Strategy Annual Review def from March 20 due to Covid	Strategy	MM				x						x
Health Stars Operations Plan Update def from March 20 due to Covid	Perf & Delivery	MM				x						x
Annual Operating Plan	Strategy	MM									xdraft	x
Report on the use of the Trust Seal	Corporate	MM	x									
Review of Standing Order Scheme of Delegation and Standing Financial Instructions	Corporate	MH							x			
Annual Fire and Health and Safety Report def from May due to Covid	Corporate	PBec		x								
Annual Declarations Report def from May due to Covid	Corporate	PBec		x								
Charitable Funds Annual Accounts	Corporate	PB/ MC							x			
Equality Delivery Scheme Self Assessment def to Jan 21	Corporate	SMcG							X def	x		
Gender Pay Gap included in EDI report June	Corporate	SMcG			x							
WDES Report – added after July 19 meeting – reports into Workforce & Organisational Development Committee , but separate report to the Board included in EDI report June	Reg. Compl	SMcG			x							
Equality Diversity and Inclusion Annual Report	Corporate	SMcG			x							
Board Terms of Reference Review	Corporate	SM		x								
Committee Chair Report	Corporate	SM										x
Annual Committee Effectiveness Reviews & Terms of Reference (one paper)	Corporate	MH		x								
Workplan for 2020/21: To agree	Corporate	SM/ MM		x								
Deleted /Removed Items												
Digital Plan Annual Update – reports into Finance and Investment		PBec		x	x	x						

Board Dates:-	Strategic Headings	LEAD	29 Apr 2020 (Strategy)	20 May 2020	24 June 2020 (Strategy)	29 Jul 2020	30 Sep 2020	28 Oct 2020 (Strategy)	25 Nov 2020	27 Jan 2021	24 Feb 2021 (Strategy)	31 Mar 2021
Reports:												
Committee												
Estates Strategy Review –reports into Finance and Investment Committee		PBec				x				x		
Estates Annual Update - reports into Finance and Investment Committee		PBec				x						
Procurement Strategy Annual Review – reports into Finance and Investment Committee		MM				x				x		
Workforce & OD Strategy including an Annual Refresh – reports into Workforce & Organisational Development Committee		SMcG		x					x			
Guardian of Safeworking Quarterly Report – reports into Workforce & Organisational Development Committee		JB	x			x		x		x		
Sustainable Development Management Plan Update –reports into Finance and Investment Committee		PBec										
Equality Diversity and Inclusion Public Sector Duties- reports into Workforce & Organisational Development Committee		SMcG										
Safeguarding Annual Report (internal) – reports into Quality Committee		HG					x					
Internal Audit Annual Report – reports into Audit Committee		PBec										
Review Risk Appetite moved to July as per previous year and moved to part II July		HG				x						

Agenda Item 5

Title & Date of Meeting:	Trust Board Public Meeting: 25 th November 2020			
Title of Report:	Patient Story – The Impact of a Dementia Diagnosis on a Family			
Author/s:	Name: Mandy Dawley Title: Head of Patient and Carer Experience and Engagement			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	To inform Board members of Joan’s experiences in supporting and caring for her husband who lives with dementia.			
Governance: <i>Please indicate which group or committee this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Patient story	√
Key Issues within the report:	<p>The key messages of the Board story are:</p> <ul style="list-style-type: none"> Joan’s experience of being involved in the care planning process. Positive experience once Joan’s husband was admitted to Maister Lodge under Section 3 of the Mental Health Act. Through membership of the Patient and Carer Experience forum this has provided Joan with opportunities to be involved in the Trust’s Community Mental Health Transformation Programme, Mental Health Inpatient Redesign Programme, Dementia Diagnosis and Post Diagnosis Pathway Development Group and an interview panel to recruit a Mental Health clinician. 			

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	

The Impact of a Dementia Diagnosis on a Family

1. Introduction

The purpose of this patient story is to inform Board members of Joan's experiences in supporting and caring for her husband who lives with dementia.

2. Attendance at the Board meeting

Attending the Board meeting: Joan Rawdon will be in attendance and will be supported by Jo Inglis (Deputy Charge Nurse, Maister Lodge) and Mandy Dawley (Head of Patient and Carer Experience and Engagement).

3. Key Messages

Joan would like to provide the following messages to the Board:

- Joan's experience of being involved in the care planning process.
- Positive experience once Brian was admitted to Maister Lodge under Section 3 of the Mental Health Act.
- Through membership of the Patient and Carer Experience forum this has provided Joan with opportunities to be involved in the Trust's Community Mental Health Transformation Programme, Mental Health Inpatient Redesign Programme, Dementia Diagnosis and Post Diagnosis Pathway Development Group and an interview panel to recruit a Mental Health clinician.

Joan and her husband's story.

My husband was diagnosed with dementia in February 2013. However we first noticed some memory problems in 2007, by 2009 his Dementia was impacting on our "Quality of Life. My husband is a very Proud Man and did not wish to be referred for support. In 2016 he agreed to us both attending a monthly Alzheimers Support Group in Beverley. By this time we were isolated as a couple, our previous very active social life had disappeared, one of the things that happens when you become a "Dementia Family". We first entered the care of Humber Teaching NHS Foundation Trust (HTNHSFT) in 2018 into the Community Mental Health Team (CMHT) in Beverley, although back in 2013 we were part of a control group researching Cognitive Behaviour Therapy and Dementia.

During August 2018 whilst out shopping with my husband there were a number of incidents. Thankfully we were in a dementia aware retailer in Beverley and staff were able to help the issues to be resolved.

I contacted the GP who met with us both. I requested an urgent referral for Psychiatric Reassessment. The GP contacted Mental Health Services and attached two A4 sheets of Care Notes written by myself raising behaviours of concern. The GP followed up on his referral to Mental Health Services on at least two occasions. It was about six weeks before I had contact from the CMHT. During these six weeks there were a number of other difficult incidents and it was obvious my husband was very distressed. One involved my husband refusing to come into the house one cold evening. The Out of Hours Service were called for advice, several days later my husband was admitted to HRI with a "Chest Infection/Pneumonia".

By the time my husband was allocated a very supportive Community Mental Health Nurse, he was receiving day care two days a week. On one occasion he found his way onto the roof garden and they had a real concern that he was going to throw himself off. I went to the day centre with some of his medication to calm him down.

By the end of September, I was contacted by the Statutory run day service to advise that, due to his challenging behaviours they could no longer care for my husband and he was going to have to leave. This led me to source private residential homes for support. When I visited these it was apparent that they would not be suitable to support my husband, his needs were too challenging.

In November I arranged private day care (2 days a week), at a private residential home in Hessle.

By the end of January 2019, my GP was so concerned about my health he referred me to a Cardiologist. I contacted the private home to advise I desperately needed some respite and asked if my husband could take the next available bed just for 1 week, before it was allocated to someone, which they agreed to. During this time I received support from the CMHT (Beverley, and linked support from Hessle CMHT)

with counselling, and supporting me to make decisions about his long term residential care.

On 11 February 2019, I agreed to my husband's stay to be permanent. On Valentine's day, following a Serious Incident, the private home contacted Mental Health Services where a crisis meeting took place on 14th February. My husband was Sectioned (S2 MHA), he was admitted on 15th February to Maister Lodge. This process worked well and was very organized. Myself, Beverley CMHT and Hessele CMHT were all involved in the meeting.

Once admitted to Maister Lodge, I noticed a difference within my husband quite quickly. He could get agitated and aggressive however because he was in an environment with plenty of space which was run by skilled staff a lot of his agitation and unpredictable behaviour could be managed appropriately.

There is a very clear traffic light system within Maister Lodge which works so well, the team has weekly Multi-Disciplinary Team (MDT) meetings. I had a link to the meeting through the psychologist. During my visits I got to know the staff and they got to know me, they have a much more proactive approach. Dr Glover and the whole staff team were absolutely terrific at keeping me involved in decision making. I understand the difficulties the team has with the speed they have to work in admitting and transferring patients. My main concern is the lack of appropriate locally based move-on placements for people with dementia who have challenging behaviour, we are one of the lucky few, when my husband was sectioned there was a bed at Maister Lodge. Similarly when the assessment period was completed there was a bed in Castle Lodge. Many families in crisis are separated because the only resources available are out of county. As we are discovering with the Covid crisis, people with dementia need regular contact with friends and family to prevent an accelerated deterioration in their illness.

At the end of May 2019 my husband was discharged to a specialist dementia unit in a residential nursing home. Goole CMHT and Maister Lodge offered extensive support to the unit, however following a serious incident, about a week after the admission, the placement broke down and my husband was transferred back to Maister Lodge, by ambulance at 11:30 pm.

Once back in Maister Lodge, Jo (Inglis) was brilliant; we met early the following morning to review the care plan. The MDT concluded that my husband required a longer stay, secure hospital placement. Jo liaised with the CCG and on 3rd June he was assessed by Castle Lodge independent hospital. I visited the hospital and spoke to the ward manager. My husband was transferred into Castle Lodge on 7th June. With continued Psychiatric support and a skilled nursing team we were able to rescind the Section 3 MHA Order earlier this year. He is currently still a hospital inpatient under the Deprivation of Liberty Safeguards (DoLS). I continue to be involved in his care, attending every ward round by conference call. It is our hope

that he will be discharged at some point to a specialist dementia unit which is able to offer him appropriate support.

As my husband was now an inpatient, I was able to become involved in carers groups. I joined the Carers Advisory Group (CAG) where I met Mandy Dawley, and found out about the work of the Patient and Carer Experience team. Mandy sent me an invitation to the next forum.

Through the forum, I have become involved in a number of projects from being part of an interview panel to recruit a Mental Health clinician, presenting and talking with a Consultant Psychiatrist to Medical students. Currently I am part of the Trust's Community Mental Health Transformation Programme, Mental Health Inpatient Redesign Programme and Dementia Diagnosis and Post Diagnosis Pathway Development Group. This involvement has had a positive impact on my own wellbeing, but I truly believe that the current developments will improve services and support to service users and carers in this area.

Agenda Item 7

Title & Date of Meeting:	Trust Board Public Meeting – 25 November 2020			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	✓
Purpose of Paper:	To provide the Board with an update on local, regional and national issues.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly report to Board	✓
Key Issues within the report:	<ul style="list-style-type: none"> Identified within the report Ratification of policies as identified in the report 			

Monitoring and assurance framework summary:

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

✓ Tick those that apply

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

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



Chief Executive's Report

1 Around the Trust

1.1 Portfolios

Annually I review Directors portfolios however with the pandemic and recruitment of a Deputy this was placed on hold. However now concluded with the following changes;

- Charitable Funds Committee - Steve McGowan will be the Executive lead.
- Remuneration and Nomination Committee - Steve McGowan will be the Executive lead
- Commissioning Committee – the Executive lead will be Pete Beckwith and the Non - Executive Director Lead is Peter Baren
- Estates will transfer back to Pete Beckwith, with Medical Staffing transferring to Workforce. Exact details are being worked through.
- Brexit Senior Responsible Officer (SRO) transfers to Steve McGowan.
- Mental Health Legislation to John Byrne

These changes will distribute the workload and link to appraisal plans.

1.2 Miranda House – PICU Refurbishment

The refurbishment of the inpatient estate at Miranda House forms part of the Trusts planned capital programme for 2020/21 and a wider programme for the planned refurbishment programme for mental health inpatient facilities. This is with a view to enhancing the existing inpatient estate, whilst recognising the strategic direction of the Trust to develop a single site solution for adult and older adult mental health.

Following an assessment into the condition of the current inpatient estate, PICU has been identified as the priority ward. In addition, and following the patient relocations urgent works have been identified to remediate damage and enable bedrooms in the unit to be brought back into use.

As a consequence of the urgency of the need to bring the bedrooms back into use the Trust has utilised the Strategic Partnership Agreement (with Citycare), this will enable the immediate works to be progressed whilst work with operational leads is progressed to develop a phased programme for the wider ward refurbishment with works undertaken within a live PICU environment. It is envisaged that works will be completed by the end of the financial year.

1.3 Lateral Flow Testing

The Trust has been chosen as one of the first 34 NHS trusts (1 of 2 mental health Trusts) to roll out Lateral Flow Testing to staff. The planning team with the Medical Director as the SRO and Claire Jenkinson (Deputy COO) successfully launched the program to over 100 staff members within 36 hours of receiving our first supplies. The program is supported by a comprehensive communications program including webinars, dedicated webpage are for managers and participating colleagues. In addition we have also been supporting our system partners and the national Mental Health Trust network by sharing our resources and learning.

1.4 Team Meetings

My virtual team meetings continue as usual alongside other virtual meetings. Morale remains high though staff are tired and understandably there are dips in staff resilience. We are looking to develop more tools for staff in support.

1.5 Staff Thank You Gift

Health Stars face masks will be distributed during the month as another thank you to staff the £10 voucher was very well received by staff. Plans are in place for a Christmas thank you and we will be delivering Christmas hampers to all inpatient units.

1.6 Humber Coast and Vale (HCV) International Conference

The HCV international conference that I am leading will be held on the 27th November with key note speakers being Claire Murdoch, Ray James, Nav Kapur and Alistair Campbell.

1.7 Research Conference

Over 300 people took part in the recent virtual research conference, which was a great success. Taking place over two days the speakers came from a wide ranging background and covered various subjects. Very well done to all the team involved but especially Cathryn Hart. Thank you all

1.8 Covid Communications

I thought it would be useful as an update to highlight some of the major communications over the past months specifically in relation to COVID:

Communications started - 13 March

- COVID intranet pages launched – 16 March
- Usual internal communications are stood down and twice daily COVID updates start – 19 March
- Offer of hotel accommodation to staff – 19 March
- COVID specific 7 day comms start - wk comm 23 March
- Established three PPE stock hubs – communicated 26 March
- Humber Bridge Toll reimbursements – 28 March
- Promotion of national NHS staff discounts – 30 March
- Health and Wellbeing hub launched – 16 April
- Psychology support launch – 1 April
- Claiming for taxis – 1 April
- Weekly food hampers provided by Proud team, Health Stars and Voluntary Services - 2 April
- Food provision for frontline staff – 3 April (communicated, not sure of exact start date)
- First Ask an Exec session – 3 April
- £6 allowance working from home – 9 April
- Back to basics campaign start – 17 April
- Shiny minds launch – 20 April
- Care Mail launched – 27 April
- Revive pamper packages: 29 April (communicated, not sure when first one went out)
- NHS 72 birthday and the 'light up blue' campaign at inspire to show support – 5 July
- Stop, Think, Social Distance campaign vinyl graphics installed – wk comm 1 June
- MSK Physiotherapy staff self-referral scheme – 6 May
- Launched our Appreciation Wall – 12 May
- Together We Can – 12 June
- Humbelievable cards lanyards and badges issued to staff - 7th September
- Book launch – 28th September
- World Mental Health Day staff campaign – 10th October
- Staff Awards letter and gift sent to all staff at their home address - 26th October
- Charity Face Covering distributed to staff - 18th November

1.9 BAME Charity Monies

Health Stars have been granted £50,000 of funding from NHS Charities Together towards a Black, Asian and minority ethnic project within the Trust and our local community. They are working in partnership with the Health Tree Foundation, the charity for Northern Lincolnshire and Goole NHS Foundation Trust who also received the same amount of funding. The project will see a BAME Wellbeing Coordinator employed, who will start at the end of November. The idea of this post is to set up the project to give additional support and resources to those from the BAME community who have been adversely affected by COVID-19. The project will focus on, wellbeing, peer support and will be a place where we can connect people who have shared life experiences as well as a reach out befriending service for those who are shielding and self-isolating.

1.10 Brexit

The Brexit project team continue to meet monthly with representation from across the Trust. Advice from the Government is to continue to plan for Business as Usual and not stockpile with assurance provided on the Government's National approach to securing the continuity of supply.

2 Around the Region

2.1 National Pilot

HCV Provider Collaborative has expressed an interest in being one of 4 national pilots for listening to people and using that information to enhance LD in-patient care. This will be a great development for the region. Humber will look to lead this work.

2.2 Humber Coast and Vale Appointment

HCV have announced that Mark Bradley will be joining the team in the role of Senior Finance Lead for the Humber, Coast and Vale Health and Care Partnership.

2.3 Humber, Coast and Vale Allyship / Active Allies Group

Following the development of the HCV BAME Network the team have developed a **Humber, Coast and Vale Allyship / Active Allies Group** consisting of non-BAME volunteers across the Partnership who wish to help support and empower colleagues. At least one member of this group will join the meetings of the BAME Network of Networks Group.

3 National News

3.1 NHS Revised Legislation

NHS revised Legislation is due in January 2021, which will focus on the roles of Integrated Care Systems

3.2 National Publication

The Trust was part of the recent national publication by Health Education England regarding - Guidance on the support of mental health social workers working in NHS, independent or integrated services. Another positive publication for our staff and Humber.

4 Director's Updates

4.1 Chief Operating Officer Update

4.1.1 Community Mental Health Team Transformation

One of our key transformation projects is the redesign of Community Mental Health Teams. Through the Humber Coast and Vale Health and Care Partnership (HCV) Mental Health Programme the Trust successfully bid for two years funding from NHS England to become one of 14 national early adopter pilot sites. The focus of this work is to develop the mental health offer in primary care organised to deliver in each of the 12 Primary Care Networks (PCN's) in Hull and the East Riding of Yorkshire. The programme was paused nationally in March 2020 due to the Covid 19 pandemic but since June the project programme and governance arrangements have been fully restored and considerable progress has been made. Recruitment has progressed well, overall this is a brand new establishment of 86 whole time equivalent staff and includes new types of roles e.g. health and wellbeing coaches and peer support workers alongside a range of professionally registered staff. Some of these posts are being directly recruited to by our partner Mind.

To date we have successfully recruited to all our non-registered roles - Peer Support Workers, Mental Health and Wellbeing Coaches and Nursing Associates. We are now in the service implementation stage as we have sufficient registered staff for three of the Primary Care Networks (PCN's) to 'go live'. The next steps are to ensure that there is sufficient staff recruited and deployed to support all of the PCN's by the end of March 2021. To support and facilitate this we have appointed a CMHT PCN Lead for the Transformation Programme to work with the PCN's to roll out the service in each of the areas.

The Trust has been working with the Recovery Star outcome measure to develop an online training package which the Trust will pilot. Training for the Peer support workers has commenced. We continue to work closely with the Kings Fund and the other pilot sites via 5 platforms to help the accelerated delivery of the transformation through:

- Action Learning Sets
- Curated frameworks and models for local action released to support action learning.
- Pathway Specific Group Discussion
- Themed Engagement Events
- Playback Sessions

A wide range of stakeholder engagement events have continued to be held with partners and staff. Specific events have taken place with the Primary Care Networks and more are planned.

4.1.2 East Riding Partnership – Addictions Service

Young People's Service

At the end of June 2020 the Local Authority Commissioner for East Riding Addiction Services made the decision to transfer the funding from the Local Authority to the East Riding Partnership. This funding will provide additional posts to the East Riding Partnership Young People's Service and therefore enhance our existing provision. This decision was awarded based on the quality of interventions they had observed through monitoring of our service for both the young people's element and the adult service offer. The additional funding means that in the coming months recruitment will take place for the following roles:

- A Band 6 Addictions Nurse for clinical leadership and management of complex cases.
- A Band E Social Worker Practitioner; this is a strategic post working with the "**Edge of Care**" Service and will enable us to work more collaboratively at a strategic level and support cases where there is hidden harm, Working with families and working with those young people who are most vulnerable and are at risk of becoming "looked after" by the Local Authority.
- A Band D Trainer/Recovery Worker; this role will work with the young person's Social Worker and provide educational training packages within schools, the screening of any young people with potential substance misuse issues and identify ways of building young people's recovery capital.

Optimise (Prevention and Support for Prescription Medication Dependence)

The Optimise Service is aimed at prevention of prescription medication dependence. This will support patients with prescribed medications that can cause dependence to withdraw from medications safely, improving health and wellbeing, reduce prescribing budgets and support the national agenda in place to address this need. The team consists of two Registered Nurses who work within the East Riding Partnership Addiction Service. The service will provide recovery orientated, patient centred support through a multi-disciplinary approach, working with the patient's individual needs and in conjunction with the patient's GP, pharmacist and the addiction service. Extra support will be recommended through joint working and/or referrals with the Pain Service, Musculoskeletal, Mental Health, Social Prescribing and Health Trainers as required. Patients and carers will be provided with the information and resources to help with their decision making.

4.1.3 Redesigning Inpatient Mental Health Services

Our Redesigning Inpatient Mental Health Services project is progressing well in developing the case to provide new facilities for all the services/units in scope:

- Mental health inpatient services for adults and older adults
- Clinical decision Unit

- Psychiatric Intensive Care Unit
- Section 136 suites
- Corporate services / HQ accommodation
- Mother and Baby unit (6 beds)

The first draft of the Outline Business Case (OBC) has been completed and will continue to be refined and updated until the end of November. The OBC will be presented to the Finance and Investment Committee in December and to the Trust Board in January.

Our stakeholder workshops in support of the qualitative options appraisal process have now been concluded and these were attended by a wide variety of stakeholders all with a different but important perspective to bring to the process. A stakeholder reference group has been established and will meet regularly to ensure that our key partners and commissioners are engaged and have opportunity to contribute to the project, their support will be essential to achieving a successful full business case. With the support of KPMG we have undertaken work to explore potential funding options and reviewed procurement solutions.

The Clinical Lead for the project is currently focusing on finalising the model for mental health hospital liaison and mental health crisis service in a single site option and work will start on the detailed workforce planning aspects of the project in December.

4.2 Director of Nursing, Allied Health and Social Care Professionals

4.2.1 Learning from COVID Outbreaks in our Services

At the time of writing, since April 1st 2020 we have had a total of 7 outbreaks in our inpatient services. Learning themes from the outbreaks have been in relation to:

- The current estate does not provide adequate provision for suitable donning and doffing of PPE. Estates, H&S and the infection control team have reviewed the donning and doffing arrangements across all of our inpatient sites. Work is underway to improve facilities including the provision of external cabins to facilitate staff donning, doffing and changing.
- Regular communication and infection control team visits to patients led to a good level of patient compliance
- The Trust uniform policy required amendments to reflect the changes required as a consequence of the pandemic. Staff needed to be reminded to not come to work in their uniforms.
- Staff frustrations at times with the wearing of PPE- needed reminding of the need to wear full PPE in line with national guidance.
- Staff were tested in a prompt and efficient manner but the results were not received quickly enough to allay staff anxieties. Reminder to communicate regularly with staff and ensure support available.
- In the early stages of the pandemic national guidance was produced and changed at regular intervals as more was learnt about the virus. Need to ensure our policies and procedures are reviewed in light of the changes and a strict administration process is followed regarding uploading on to the intranet to ensure only the current version is available.
- Good communication between the infection control team and the affected teams in all outbreaks. Good support from our consultant microbiologist.
- Staff tiredness, busy shifts and new staff returning to work who had missed the PPE training led to some breaches in the wearing of PPE. Staff reminded of the need to take regular breaks and ensure all staff are trained in the use of PPE and that the training is documented.

The infection control team have supported teams to manage and control the outbreaks to good effect with learning captured and disseminated across the Trust. Learning from other providers has also been disseminated.

The full report detailing the outbreaks and lessons learnt will be presented to the Quality Committee in December

4.2.2 Health Education England Clinical Expansion Bids

We were invited to put in bids to Health Education England for clinical expansion bids. As a Trust we submitted successful bids which are outlined below. Both bids come with Key Performance Indicators (KPI's) and will be closely monitored by Health Education England (HEE) & NHSI with regular reporting to these required.

4.2.3 Allied Health Professionals (AHP)

Sam Jaques-Newton, Head of AHPs and Practice Development supported a successful bid put in by the Integrated Care System AHP Council to work across all the partner organisations to improve student capacity by introducing a new improved model which included the provision of NHS encrypted laptops and phones which are essential for these placements to occur. This is specifically important when considering the rural geography within the region.

We have been awarded £12,995 to support these placements

4.2.4 Nursing

Following a successful bid we have been awarded an additional £50,000 to continue to deliver sustainable placement growth in the NHS workforce in line with the ambitions of the Long-term Plan, throughout the academic year 2020/2021. The funding is for undergraduate placement expansions and will support the growth of education and training across healthcare professions. This additional funding will help us to increase our nursing placements over the next year and will be used to employ Practice Education Facilitators to support the students on placements and work on opening up new placements across Trust services. The opening up of new placements is imperative as we are facing a huge challenge due to Covid-19 as our student capacity is significantly reduced due to the social distancing regulations and the need to ensure patients and staff remain safe. When looking at this for nursing historically we were able to offer 121 student nurse placements at any one time, we are now down to 63 placements which is half our usual capacity.

We are carrying out a full review with all our placement areas to look at any alternatives or innovative ways that we can continue to accommodate students in safe ways ensuring they are able to meet their required course learning outcomes. We have also established a Practice Placement Group to ensure there is equity in respect of placement numbers across trust services.

4.3 Medical Director

4.3.1 Annual Research Conference

The 4th Annual Research Conference we held on the 17th & 18th Of November. This year it was held virtually over 2 days as a consequence of the pandemic. We are currently evaluating feedback data but the anecdotal evidence suggests high levels of audience participation across the event both internally and externally.

4.3.2 Virtual Services

The Patient and Carer experience team have continued its series of virtual services which a focus on this month on a remembrance day service as well as supporting the White Ribbon Launch by the Trust's safeguarding team. Mandy Dawley has also been working with NHSE/I with regard to our previously acclaimed patient and carer experience framework with a view to some follow up national publications.

4.3.3 Quality Improvement Week

The Trust held its first Quality Improvement week virtually between the 9th and 14th of November with a series of lunchtime showcase events from teams and individuals that had recently completed QI work. This included the Trust Chair presenting the Board QI charter which was well received. We had over 250 attendees at the events over the 5 day period.

4.3.4 HYMS Students

Dr Caroline Lino who has recently been appointed as GP Lead for primary care education is now overseeing 2 groups of HYMS students across our Hull and East Riding practices. The reintroduction of medical students into our practices is an important step in not just supporting the recent expansion of Hull York Medical school, but more importantly creates the opportunity to develop an endearing relationship with the next generation of medical students as potential members of our future workforce.

4.3.5 Civic Award

Eve Rose, the Trust Chaplain has been awarded a Civic award by the Lord Mayor for Kingston Upon Hull for her chaplaincy work in the Trust. During COVID Eve's work has become more important than ever supporting teams and individuals during difficult times and her work with our virtual services has allowed her to spread the message of hope and reconciliation to a wider audience.

4.3.6 Continuous Professional Development Day

Dr Kate Yorke, our Associate Director for Psychology, together with her colleagues in Hull University will be hosting the bi-annual continuous professional development day, the main discussions being about BAME and COVID impact.

4.4 Director of Workforce & Organisational Development

4.4.1 National Staff Survey

The National Staff Survey was launched in October 2020 with new questions relating to Covid-19. By measuring staff experience in a consistent way to previous years, the 2020 NHS Staff Survey provides an opportunity to demonstrate the impact that the Covid-19 pandemic has had on staff experience. The survey closes on Friday the 27th of November 2020. We are currently at 34% return rate (as at 9th November) the NHS average response is currently 36%.

4.4.2 Asymptomatic Testing for NHS Staff

We have been selected as a pioneer site for this testing. Guidance, standard operating procedures and training have been received from NHSI and roll out to staff commenced on 13th November.

4.4.3 Updated NHS Employers Health, Safety and Wellbeing page on the NHS Employers website

NHS Employers have recently updated their Health, Safety and Wellbeing information page on their website.

Among the updates are the following:

- Updates on hotel accommodation for NHS staff;
- New NHS Covid-19 app guidance for healthcare workers;
- Updates to Covid-19 advice for pregnant staff from the Royal College of Obstetricians and Gynaecologists;
- Supporting staff with childcare responsibilities. updated FAQs answering key questions that NHS Employers have received about childcare from the HR community.

4.4.4 Public Sector Exit Payments Cap

The Restriction of Public Sector Exit Payments Regulations 2020 (the Regulations) were made on 14 October 2020 and came into force on 04 November 2020.

The Regulations impose a cap of £95,000 (the cap) on exit payments in the public sector. Public sectors bodies within the scope of the Regulations include the NHS, as well as local authorities, maintained and academy schools, fire authorities, the civil service and the police.

4.4.5 Shielding for Clinically Extremely Vulnerable (CEV) staff from 05 November

In response to the government's new guidance (published on 04 November) on shielding and the protection of clinically extremely vulnerable people, NHS Employers issued a latest news page which summarised the key points for employers.

Only those individuals who have been identified as being CEV will be required to shield and those individuals are strongly encouraged to work from home. To enable this, in the first instance employers should:

- consider what existing duties can be completed at home; or
- consider a temporary reallocation of duties to allow the individual to work from home.

Where neither of these is possible, staff will be eligible to receive Covid-19 Special Leave.

This has been communicated out across the trust.

4.4.6 Flu

We are currently at 37% for flu vaccinations of front line workers and took our final delivery of the vaccine this week (w/c 9/11/20). 80 peer vaccinators are in situ to roll this out and communications continue to take place across the trust to promote it.

4.4.7 Humber High Potential Development Scheme (HHPDS)

As part of PROUD we identified a need to develop talent within the Trust, to support us to grow our own high potential individuals.

The approach will form the HHPDS. This will provide development, opportunities to be involved in key projects and work across the Trust, and prepare staff for a move into their next role. The scheme is open to staff at Bands 2 to 7.

HHPDS will work alongside the appraisal process, so we can identify and recognise an individual's performance and potential. This allows us to open up the access to a range of different development opportunities within our Trust, for those who demonstrate the highest potential to achieve and grow with us.

Each cohort will comprise 10 individuals. The scheme will last for one year (1st January to 31st December).

Each Individual in the pool will get:

- A Lumina Spark Personality Profile and Feedback - conducted online and will help each individual to recognise their strengths in the workplace, and how they can work to build on hidden talents.
- Personalised Talent Development Plan – a tailored development plan owned by the individual and built with the support of OD in conjunction with specialist support from key areas (if appropriate). It will look at building the skills pertinent to each individual's career aspiration, and be the responsibility of each individual to manage their progression through the plan.
- Inclusion in an Action Learning Set – providing peer support to overcome challenges as they arise and encourage self-reflection. Being involved in an action learning set can also

help to foster an openness to change and encourage the individual to look for a range of different solutions to an issue.

- Coaching – 4 sessions lead by an external professional coach – the role of the external coach is to support the individual to see beyond the current environment that they work in. This again supports openness to change encouraging the individual to look for more options, which creates a choice in the solution selected.
- Mentor – for some on the programme a mentor will be needed to support them through the core aspects of the role. The mentor will act as a point of reference with regard to the technicalities of the role in which they aspire or are operating in. The mentor can guide and advise on actions, as well as suggest events or learning which would benefit the individual.
- Shadowing / Secondment / Project work to support PDP – By working in a different environment the learner will gain insight and a new perspective. For some it may be working in the field that they aspire to be in, providing real life work experience. Benefit can also be gained from working on a secondment or shadowing experience for a role around where the individual aspires to be so they can build their 'all round' experience of the role.
- Senior Sponsor – the sponsor will be someone senior in the business who will take an interest in the individual, champion them at appropriate places, and support to guide development. The sponsor may set projects, or invite the learner to meet with them to boost their awareness or exposure to different aspects of their role. They will also be involved in assessing the individual's progress and raising the profile of the learner.
- Attend an EMT or Board meeting – provide the learner with the exposure to the workings of the Trust, and the process that is adopted when making decisions. It will also support the learner to build their network.
- External Personal Development Training – this will be dependent upon the individuals specific learning requirements, but a fund of £1,000 per person will be made available to support where appropriate.
- Place on the Leadership Programme - (if not already identified to take one up.)
- One day a month protected learning time

Applications close at the end of November.

4.4.8 Executive Coaching

As part of PROUD, the trust agreed to provide coaching support to senior managers across the trust as part of the 'high support, high challenge' culture we are trying to adopt.

The intent of the work is to provide a safe, supportive and challenging space within which selected individuals from the Executive Team and 'next level down' can explore and develop themselves ahead of a 360 degree appraisal process in April/May 2021.

The coaching will provide time for the identified individuals to clarify their performance ambitions, work towards them and be ready for feedback from selected individuals about them.

This support is voluntary and there is no compulsion for those identified as having access to this to undertake it.

There will be up to 6 sessions of 1.5 hours per person over a 4 to 6 month period for 16 people.

Sessions will be sponsored by the line managers of those taking part so that outcomes can be calibrated between individuals in real life contexts.

Topics may include:-

- Influencing outcomes the Leader is responsible and accountable for delivering in this financial year
- Changing mindset, beliefs or behaviour in order to influence outcomes
- Changing relationships with self, team, stakeholders, system
- Developing the ability to give and receive constructive performance development feedback

Discussions are confidential between Coach and coachee.

Currently 7 of the 16 staff offered coaching have come forward to take this up.

4.5 Director of Finance Update

4.5.1 Winter Pressures

Humber has secured £0.166m Winter Monies funding via the Humber Coast and Vale Mental Health Partnership. Funding will be split equally (£0.083m each) to support keeping Older People in their home through CMHTs and to support Children and Adolescents in Crisis.

4.5.2 Working from Home Allowance

The Trust has recently increased the amount staff can claim for Working from Home to reflect the increased cost of winter. The amount that can be claimed has increased from £6 per week to £10. This can be claimed through E expenses and will be paid through staff wages.

4.5.3 Clinical Systems

Lorenzo Cloud Migration

Data validation testing is taking place between 18th November and 2nd December 2020 with cutover planned to commence at 8pm on Tuesday 8th December 2020. There will be an estimated outage of approximately 6 hours during which read only access will be provided. ANS assurance report is due in next week however verbal confirmation has been received that no risks have been identified. Trust wide communications to be issued to confirm timescales etc once validation has been completed

4.5.4 Electronic Referral Service (ERS)

ERS went live with ability to send routine MH referrals via ERS from all GP practices on Monday 9th November 2020. The Trust has already received some referrals in ERS with no issues reported. The Trust are receiving daily reports via Business Intelligence to monitor and ensure no referrals are missed. The plan is to continue to dual run until end January 2021 and then (providing there are no issues) the Trust will only accept routine referrals via ERS.

4.5.5 Information Technology

Windows 10

The migration to Windows 10 is nearly complete. The users/managers of the last 15 devices that need upgrading have been contacted this week to arrange the upgrades. Work to decommission servers that are old and/or no longer used is progressing with an action plan being drawn up.

Office 365

Work continues with Office 365 to define back-office policies and test deployments. Initial discussions are taking place to look at project groups from non-IT areas to help deploy different components of the office 365 suite. NHSmail centrally are still migrating user mailboxes to the new system, this is due to complete mid-December.

Mobile Communications Tender

Following a tender process for our mobile telephone contract, where three companies submitted a bid, a preferred provider has been selected. A paper has been submitted to the private part of the Trust Board with a recommended outcome.

Patch Management

Work continues with Desktop Central to simplify the deployment of security updates. This system makes it easier for the Trust to keep laptops and desktops secure and up-to-date in the current working from home COVID environment

Care Certs

Details of notifications received during 2020 are summarised in the table below:

	Issued	Deployed or no Action required
High Priority	7	7
CareCert Bulletins	36	36

The Trust has not detected any Distributed Denial of Service (DDoS) attacks against our internet connections during October

4.5.6 Estates

Donning, Doffing and Staff Change Provision

Changing cabins have been delivered to all sites identified as requiring additional changing facilities, fit out programme work scheduled for completion w/c Monday 16th November, following which the facilities will be available for use (with the exception of water services for hand wash provision within the cabins which will be available two weeks later in accordance with the Trusts water safety plan, hand gel will be provided as an interim provision)

In addition and following liaison with the infection Prevention and Control Team works to provide enhanced donning and doffing facilities (where changing cabins are not required) are progressing with contracts being appointed and schedule of works being agreed with operational leads.

Estates Works During COVID-19

The Estates team are continuing to liaise with operational teams to ensure that access to sites for reactive maintenance and planned programmes of work are coordinated. In recent weeks, and as a consequence of the increased prevalence of the virus within the Trust's inpatient facilities, the Estates team have regularly liaised with the IPC team and Modern Matrons to ensure that an appropriate and proportionate service level is maintained.

This has resulted in the following position statement:

Tier 1 & 2	<i>All regular and statutory maintenance and repairs will be completed</i> <i>All requests for work will be assessed on receipt to ensure that a proportionate maintenance service is provided</i> <i>Capital project works will continued as planned</i> <i>Work will only be re-scheduled works if the area is high risk (i.e. works within a COVID-19 cohort ward)</i>
Tier 3 <i>(including national lockdown commencing 05/11/2020)</i>	<i>Estates will continually review all regular and statutory maintenance and repairs, including those undertaken by our external contract partners to support continued operational service delivery and ensure that the statutory</i>

	<p><i>compliance of the estate is maintained</i></p> <p><i>All requests for work will be assessed on receipt, to ensure that a proportionate maintenance service is provided</i></p> <p><i>Capital project worked will continue as planned subject to individual project assessment.</i></p> <p><i>Work will only be re-scheduled works if the area is high risk (i.e. works within a COVID-19 cohort ward)</i></p>
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5 Trust Policies

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

Policy Name	Approving Committee	Date Approved	Lead Director
Multi-agency policy and procedure for conveying a patient to hospital under the Mental Health Act 1983	Mental Health Legislation Committee (MHLC)	5/11/20	Medical Director
Inpatient Leave Policy	MHLC	5/11/20	Medical Director
Physical Restraint Policy	MHLC	5/11/20	Medical Director
S136	MHLC	5/11/20	Medical Director
Travel and Expenses Policy	Executive Management Team	16/11/20	Director of Finance

6 Communications Update

15th Oct – 13th Nov

The Marketing and Communication's team have continued to focus on supporting the Trust response to the COVID-19 outbreak. Key work during this time period includes:

- COVID-19 update going out three times per week as follows:
 - Monday – standalone email
 - Wednesday and Friday – as part of The Global

These emails are extremely well read with the COVID update on Monday 9th November being opened by 89% of staff.

- Design and communication of visiting measures following the Government Tier levels.
- Design and delivery of monthly GP and Stakeholder email newsletters
- The team supported the roll out of staff asymptomatic testing producing supportive printed and digital assets including a new testing hub on the intranet and co-ordinating a staff Q and A session.

Key Projects

- **Humblebelievable – Recruitment Campaign**

We continue to drive excellent levels of traffic to our recruitment website through a range of organic

and paid campaigns. This month of campaign focus has been nursing to support the winter workforce pressures.

Users	Pageviews	Avg Session Duration	Most viewed page
2494 (+35% Increase in new visitors)	4,816 (+47% increase)	01:00 mins	/jobs/ (3,100 views)

We worked closely with the recruitment and nurse recruitment team to create two generic nurse job descriptions to drive any potential nursing candidates to. These applications were then considered by the clinical teams who then contact candidates with relevant positions that match their expertise.

The Mental Health Nurse advert received over 6,000 impressions with 218 clicks direct to the application and job description section of the website. The Learning Disabilities Health Nurse received over 7,000 views with 167 clicks direct to the application. Applications have been received following this campaign (it remains open).

- **Brand Project**

Following and engagement period the route testing has been completed and a refined brief has been created to move the project to the next phase of visuals. There will then be a further set of brand panels to refine the final concept prior to sharing it with the board at the December timeout.

External Communications

- **Awareness Dates**

AHP Week, 12 – 18 Oct

AHP Week is a social movement to bring AHP's together. Our aim was to establish an integrated AHP Week through using internal channels to reinforce important key message that AHP's have a valued contribution to the workforce and through our external channels celebrate our dedicated AHPs. We held four virtual events throughout the week which attracted people from both inside and outside of the Trust and contributed to the important conversation and learn more about what our AHPs do.

Positive outcomes of this campaign was high social media engagement rates, staff morale boost through appreciation of their efforts and increasing public confidence in our services through highlighting positive and uplifting stories from around the Trust.

International Stress Awareness Week, 2 – 8 Nov

This year, the theme for ISAW was managing stress and mental health issues in the age of Covid-19. We were able to use the assets we had created for World Mental Health Day to remind our audiences of the importance of seeking support during these challenging times.

The campaign has excellent engagement rates on social media (over 6,300) and strong support internally from staff, colleagues and externally from the CCGs. Our assets were used across the patch by our partners and other organisations who felt they were also beneficial for their staff and networks.

- **Media Coverage**

Media interest has been high over the period but our focus remains on creating positive and uplifting content where possible as well as managing reactive enquiries.

Positive new stories published	Negative new stories

Local media	17	Local media	1
Website/Social Media	6		
TOTAL	23		1

Coverage included the launch of 'Together We Can' our book of COVID-19 staff stories, the launch of the new Recovery College website platform and the new Physio Direct self-referral service in Scarborough and the Trust being chosen as a site for asymptomatic staff testing.

- **Website**

The Trust public-facing website continues to improve in performance since its relaunch. Over October and into November the site saw a 16% increase in the average amount of time that users spend on any one page, compared to that of the year prior. The bounce rate also continues to reduce year on year (drop by 6.68% compared to 2019), indicating that the improvements to the website are allowing visitors to navigate through the site effectively to find the information or download that they require. We are seeing more users returning to the site, increase in users visiting the site for the first time, and an increase in users visiting via the use of mobile devices since it was optimised as part of the relaunch.

	Target	Performance over period
Bounce Rate	50%	62%
Social Referrals	12%	5%
	(a 10% increase in 2019 position)	

- **Social media**

	Target	Performance over period
Engagement Rate	4%	3.4%
Reach	+50,000 p/m	229,206
Link Clicks	1500 p/m	1,464

Throughout the period, as well as sharing Trust messages we have supported key messages from the NHS and PHE to support winter pressures and important public health information including the 'Just' the Flu campaign, Hands-Face-Space and Government updates about lockdown measures and local tier systems.

- **Service Support**

The team continues to provide support to services by communicating important messages through our Trust website, intranet, social media platforms, stakeholder newsletters and PR. As part of this, we have worked closely with teams in the promotion of key messaging including:

- Occupational Therapy Week
- National Befrienders Week
- QI Week
- Research virtual conference
- GP access campaign
- Whitby Hospital development
- Community Mental Health Transformation

- **Design**

43 hours of design support has been provided over the period to ensure a professional, consistent and connected message across our visual assets. Designs include; COVID-19 Cohort Leaflet for staff, Volunteer, HR and Recruitment Booklets, Telephone Befrienders Booklet, Social media assets for virtual events and awareness campaigns, video production of Matrons' Story (Staff Story), Visiting Guidance Poster, Staff Survey and more.

Internal Communications

We continue to provide communications support to a range of internal communications campaigns including staff survey and the flu.

Staff Awards Gift

Earlier this year we knew that we needed to think about how we rewarded and recognised staff given that the usual ceremony format may not be possible. We sent out a survey in July asking staff how they wanted us to celebrate this year. The clear feedback was that they wanted us to cancel this year's awards and revisit plans at a later date and send a thank you pack in its place. The survey also asked you what kinds of treats we could include that would help staff to feel valued and rewarded. The most popular response was for a voucher to be sent to staff as a gift.

A letter and voucher were sent in a branded 'Humbelievable' envelope to the home address of all permanent and active bank staff at the end of October. The vouchers shared that the payment would be given with their monthly salary. The gifts were well received by staff and we received some positive feedback.

Supporting our Nightingale wards

Following feedback from Matrons that our Nightingale ward at Hawthorne Court was challenging to staff we produced a supportive leaflet to answer staff questions. We interviewed nurses who had worked on the wards so that staff could hear inspiring and reassuring stories direct from their peers. This leaflet has been shared with Matrons and Service Managers and circulated through internal communications. Targeted emails to Nurses and Health Care Assistants are also scheduled to continue to promote this important part of our COVID response.

Poppulo

Our internal communications platform continues to support us to deliver timely and targeted email communications. Open rates are up 11% over the period, demonstrating that during a period of increased operational pressures, communications remains a priority for staff.

	Our average engagement rates
Open Rate	70%
Click Through Rates	19%

Intranet

The importance of the intranet as a space to find out instant and up to date information has been embedded since the outbreak of COVID-19. This is evident when you compare performance from the week preceding the first lock down (39,997 page views) compared to the November lockdown (54,562 page views). The 36% increase in traffic shows how more staff now know to use the site as a reliable resource for COVID information and Trust updated. Traffic throughout October 2020 was almost double that of October 2019 (+95%) demonstrating the improvement in internal communications.

Current performance:

	Target	Performance over period
Bounce Rate	40%	60.88%

Visits	+20% on 2019 average	+48.66%
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7 Health Stars Update

Christmas

Whilst it will be a little different this year for us all Health Stars are keen to make it as special as possible in any way they can. Health Stars would like to ask that any Christmas related wishes are submitted no later than the 30th November to ensure they can process these with extra safety measures in place due to COVID19 ensuring all items are delivered prior to the 18th December.

<https://healthstars.org.uk/submit-your-wish/>

Health Stars continue to adapt their ways of working as do so many of us during these unprecedented times. This year they will be working with each unit to encourage them to “make” something special to use as a raffle prize to raise funds specifically for their unit. This will be a great opportunity for units to engage with patients on crafting events to engage and stimulate festive cheer, to create something special and personal to them.

Ideas include: Wreathes, Baubles, Woodwork, Tapestry, Paintings etc.

We are incredibly proud of the fantastic work that continues to go on in our services during these challenging times and we would like to encourage all units to get involved and be creative and showcase their many talents.

The raffles will be facilitated through Virgin Money Giving and admin completed by Health Stars who will allocate digital tickets to ensure no “physical” paper tickets are issued, we aim to keep everything virtual with an individual link created for each unit. It will be the unit’s responsibility to promote the raffle to friends and family to raise funds for their designated fund zones.

NHS Charities Together Stage 3

Health Stars have been working closely with Trust leads and Directors to discuss and explore any opportunities of which the grant allocation of £66,000.00 could be used to support staff of Humber Teaching NHS Foundation Trusts general health, well-being and mental health post COVID19. Health Stars will be in attendance at the Trusts Health & Wellbeing group to discuss potential projects and have already received 2 staff project proposals which is fantastic.

Health Stars continue to invite thoughts and feedback for projects for Stage 3.

The deadline for application is 31st March so there is plenty of time but the sooner we put projects forward the sooner we can apply and get the funds in place to make them happen. They are awarding the funds each month rather than at the final deadline.

hello@healthstars.org.uk

NHS Charities Together - Second Wave Covid Grants following Government announced national Lockdown

Following the recent announcement of a national lockdown in England, which came into effect from 5th November, NHS Charities Together second wave grant eligibility in England was been slightly adjusted. From Thursday 5th November, all NHS Trust charities in England were eligible for second wave Covid Grants of £50,000. Previously, this was only available to NHS Trust charities residing in a Tier 2 (High) or Tier 3 (Very High) Covid category in England. Health Stars made a recent application and we are pleased to announce they have been successful in receiving a further £50,000.00. They are working closely with Executive Leads to discuss the best way to utilise this additional grant in support of Humber Teaching NHS Foundation Trusts Staffs Health and wellbeing.

Whitby Appeal

Health Stars are keen to engage with the local community and are in regular attendance of the Whitby Hospital Appeal group along with the Patient and carers experience forums. Health Stars will be co-ordinating and facilitating 4 newly formed task and finish groups comprising of local members of the Whitby community. These groups will ensure the members of Whitby can voice their opinions in support of the rebuild and allow Health Stars to highlight areas where charitable funds can be utilised. The recent response has been exceptionally positive and they are excited to work with these groups to continue to build relationships and support.

Health Stars are in the process of recruiting a part time appeal co-ordinator based in Whitby. The role will be temporary to support the appeal and most importantly be located within the local community to stimulate fundraising on the ground. Interviews take place on 12th November in the hope a successful candidate can be in post prior to Christmas.

Charity Facemasks

Health Stars are currently in the process of distributing Charity and Trust branded face masks to each of our staff members. These have been funded by Humber Teaching NHS Foundation Trust and are to raise funds for Health Stars. Each member of staff will be gifted 1 mask and are being encouraged to text donate either £3 or £5 to support the fantastic work our charity continues to deliver across our Trust, ***these are for home use and not clinical use***. Additional masks will be available to purchase directly from the charity should these be required. Staff health and wellbeing is always at the forefront of our minds and we are extremely grateful for the continued efforts our staff make not only through the pandemic but always.

**Michele Moran
Chief Executive
November 2020**

Agenda Item 8

Title & Date of Meeting:	Trust Board Public Meeting – 25 November 2020			
Title of Report:	Publications and Policy Highlights			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	
	For information	x	To ratify	
Purpose of Paper:	To update the Trust Board on recent publications and policy.			
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	13/11
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report:	<p>I. Taking a Patient FIRST approach to planning for winter</p> <p>II. Covid-19 related suicide prevention</p> <p>III. NHS strengthens mental health support for staff</p> <p>IV. NHS encourages children and young people to seek help as new data shows rise in mental health problems</p> <p>V. NHS launches renewed recruitment drive NHS improvement</p> <p>VI. Out of Sight - who cares?</p> <p>VII. Transitional regulatory approach</p>			

Monitoring and assurance framework summary:

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

√ Tick those that apply

	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been	Yes	If any action	N/A	Comment



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

Publications and Policy Highlights

The report provides a summary on recent publications and policy.

1. Taking a Patient FIRST approach to planning for winter CQC 5 November 2020

In his latest blog, Chief Inspector of Hospitals, Ted Baker, discusses our new resource, *Patient FIRST*, which has been produced in partnership with clinicians to help monitor safety and identify what additional work may be needed to maintain it. The resource focused on five key areas:

- Flow
- Infection control
- Reduced emergency department attendances
- Staffing
- Treatment

The report identifies actions that can be taken at a departmental, trust and wider system level to maximise capacity, maintain effective patient flow, and keep staff and patients safe.

[Read the blog and visit our website to access the resource.](#)

We have also spoken to clinicians about some of the areas covered in *Patient FIRST* as part of a new podcast mini-series looking at emergency care through the lens of coronavirus. The first two episodes explore [reduced demand and improved capacity](#) and [infection prevention and control](#). Listen via [Soundcloud](#), or your favourite podcast provider.

Lead: Chief Operating Officer

Patient First focus is on emergency departments and is based on five principles to support emergency care:

- 1. Patients must come first and safety cannot be compromised.**
- 2. Emergency departments must focus on their core function of rapid assessment and emergency stabilisation of critically ill and injured patients.**
- 3. Staff in emergency departments must have the authority to move people from the department after their initial assessment to a more appropriate pathway of care outside the emergency department.**
- 4. Patients must have access to other services outside hospital to help ensure emergency departments are not the default pathway.**
- 5. Delivering good quality urgent and emergency care must have the support of all services inside and outside hospital.**

We continue to work closely with our colleagues in acute services to ensure our mental health triage, assessment and hospital liaison pathways reflect these principles. This publication will also be reviewed by the clinical network in the Mental Health Division.

2. **Covid-19 related suicide prevention** National Confidential Inquiry into Suicide and Safety in Mental Health 9 November 2020

We have been working with several local areas in England to count probable suicide deaths for the months before and after lockdown. You can now read initial conclusion from this work on our COVID-19-related suicide prevention [webpage](#). We found no rise in suicide after lockdown. However, we need to be cautious about this finding as there could be higher figures in some areas or in some groups, and because it is too early to examine the long-term impact of the pandemic on mental health and suicide.

Lead: Medical Director

This is an important update from the National Confidential Inquiry team whose report can be summarised as follows. 'We examined suicide figures from established "real-time surveillance" (RTS) systems in several parts of England, total population 9 million, comparing the months pre-lockdown (January-March 2020) to postlockdown (April-August 2020). The average number of suicides per month varied but there was no evidence of a rise post-lockdown. The post-lockdown figures were higher than in the equivalent period in 2019 but this should be understood in the context of rising suicide rates and improving RTS systems.

Several important caveats apply, and these findings do not rule out higher figures in some areas or as a result of a future economic downturn'. The report has been shared with senior clinicians across the Trust our network of professional leads with an emphasis placed on revisiting the well establish learning and facts with regard to suicide prevention.

3. **NHS strengthens mental health support for staff** NHS Improvement 20 October 2020

NHS staff will get rapid access to expanded mental health services that are being rolled out across the country as part of efforts to deal with the second wave of coronavirus. NHS England and NHS Improvement will invest an extra £15 million to strengthen mental health support for nurses, paramedics, therapists, pharmacists, and support staff. Staff referred by themselves or colleagues will be rapidly assessed and treated by local expert mental health specialists. Those with the most severe needs will be referred to a specialist centre of excellence. The investment will fund outreach work among those deemed most at risk such as critical care staff.

The new investment will make the NHS more resilient. Mental health problems are one of the main reasons for staff absences, with latest data showing that anxiety, stress and other psychiatric illness accounted for 28.3% of all sickness leave in May 2020. The £15 million funding package will be spent on:

- creating a national support service for critical care staff who research suggests are most vulnerable to severe trauma
- funding nationwide outreach and assessment services, ensuring staff receive rapid access to evidence based mental health services

- developing wellbeing and psychological training, set to be rolled out this winter.

Lead: Director of Workforce & Organisational Development

Whilst we have dedicated support in house for our staff, this additional support is welcomed.

4. NHS encourages children and young people to seek help as new data shows rise in mental health problems NHS Improvement 22 October 2020

England's top children and young people's mental health doctor is encouraging youngsters to seek help if they need it, as **NHS Digital's new survey** shows there has been a rise in mental health problems in children and young people during the pandemic. The survey shows one in six children and young people had a probable mental health disorder in July during the first wave, compared to one in nine in 2017. NHS England's Professor Chitsabesan has said that it is entirely understandable that young people have concerns and anxieties given the impact and upheaval caused by the coronavirus outbreak. And the NHS is stressing that children and young people, and those who care for them, should be reassured there are sources of help for anyone concerned with their mental health and is encouraging families to seek support, especially if symptoms are persistent and impacting on their everyday life.

Lead: Chief Operating Officer

We too have anticipated this expected rise in mental health issues in children and young people during the pandemic. We continue to work closely with our system partners to ensure that the response to this is effective. The Humber Coast and Vale mental health and learning disability partnership launched Kooth, an online counselling and emotional wellbeing platform at the commencement of the first wave coronavirus. This publication will be reviewed by our clinical advisory group and our CAMHS clinical network.

5. NHS launches renewed recruitment drive NHS improvement 11 November 2020

The NHS is launching a renewed recruitment drive to capitalise on the 'Nightingale effect' as the health services contends with the second wave of COVID-19. The professionalism and dedication staff have shown throughout the pandemic has generated unprecedented interest in joining the NHS while the demands of contending with coronavirus, while keeping other services running, means recruitment has never been more crucial. The We are the NHS campaign aims to increase applications for both degree courses and direct entry jobs, seeking to build upon the existing 1.2 million-strong workforce and to shine a light on the incredible work they do. It will share real stories from nurses, allied health professionals and healthcare support workers who are proud of their careers in the NHS in adverts across TV, radio and billboards.

Child, adult and mental health nursing, along with midwifery and some allied health professional roles, all require a degree. Nurses can specialise in a variety of areas, with responsibilities ranging from the performance of some medical procedures to the development of treatment plans for patients. An equally broad range of roles are available within allied health professional specialisms, including podiatrists, physiotherapists, prosthetists and speech and language therapists. This year, candidates for university courses in nursing and allied health professions have access to a support system to guide them step-by-step through the application process, alongside tailored support. The government has recently announced 5,000 additional places for these courses, and grants and bursaries are available to support healthcare students through their studies, ranging from £5,000 to £8,000 each year.

Lead: Director of Workforce & Organisational Development

Given our humble campaign this additional promotion of roles and vacancies nationwide is welcome.

7. Out of Sight - who cares? CQC October 2020

We've published our report *Out of Sight – who cares?* which looks at the use of restraint, seclusion and segregation in care services for people with a mental health condition, a learning disability or autistic people. In the report we're calling for improved community-based capacity and capability across education, health and care for people with a mental health condition, a learning disability, or autistic people, after our review found undignified and inhumane care in some hospital settings providing complex care.

For more information and to download the full CQC report [visit our website](#).

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

The report makes a number of recommendations at a national level.

The report has been circulated to clinical leads, the Head of Safeguarding and the Head of Mental Health Legislation for review. To be discussed in the Reducing Restrictive Interventions Group to identify any action areas for the Trust.

8 Transitional regulatory approach CQC October 2020

As the risks from the coronavirus pandemic change, we're evolving our approach to regulating. Our transitional regulatory approach is flexible, and builds on what we learned during the initial phases of the pandemic. It focuses on safety, how effectively a service is led, and how easily people can access the service.

It is not a return to business as usual, and our ability to re-rate is limited by the pandemic and our published methodology. The transitional approach includes:

- a strengthened approach to monitoring, based on specific existing key lines of enquiry so we can continually monitor risk in a service

- using technology and our local relationships to have better direct contact with people who are using services, their families and staff in services
- targeting inspection activity where we have concerns

You can find out more on [what to expect from the transitional monitoring approach on our website](#), including the monitoring questions we will ask providers.

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

Transitional arrangements discussed with our CQC Relationship Manager who will liaise with us at a future date in respect of convening a meeting to review the well led KLOE followed by meetings with each division to review compliance with KLOEs.

Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting – 25 th November 2020			
Title of Report:	Performance Report - Month 7 (October)			
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	<p>This purpose of this report is to inform the Trust Board on the current levels of performance as at the end of October 2020.</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>			
Governance:		Date		Date
<i>Please indicate which committee or group this paper has previously been presented to:</i>	Finance & Investment Committee		Executive Management Team	☑
	Mental Health Legislation Committee		Operational Delivery Group	☑
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report:	<p>Commentary is included below for those indicators that have fallen outside of the normal variation range.</p> <p>Friends and Family Test (FFT) - Involvement - The majority of Augusts FFT responses are attributed to Primary Care.</p> <p>GP practices use the MJOG text facility patients only answer the key question (overall, how was your experience of our service).</p> <p>Due to the small number of FFT returns for other areas data can become distorted and the Patient Experience Team continue to work closely with services to encourage proactive uptake of the survey in line with COVID precautions.</p> <p>52 Week Waiting Times – As previously reported to Trust Board and in common with the National picture, the Trust’s performance on waiting lists has been affected by the impact of changes in services as a result of the response to the COVID19 pandemic.</p> <p>Whilst this has impacted on all services it has been particularly noticeable in CAMHS areas, specifically for the autism diagnosis service which has been effected by school closures leading to inability to access critical information to support making a diagnosis, older peoples memory assessment service and our department of psychological medicine service. Recovery plans are in place for all the areas with excessive</p>			



	<p>waiting times and these are monitored via the Operational Delivery Group and Divisional Performance Accountability Reviews. Clinical pathways continue to be adapted to fully utilise digital opportunities to improve productivity whilst ensuring that clinical outcomes are optimised and good patient experience is maintained.</p> <p>Attached as an appendix to this report are waiting times trajectories, a detailed waiting times paper is due to be presented to the Quality Committee in December.</p> <p>EIP (14 Days) – The 14 day access standard was not met in October, this has occurred due to a cumulative increase in the number of referrals in recent months (likely due to the impact of Covid- 19 on mental health and wellbeing) and a reduction in staff availability due to vacancies, long term training and absence.</p> <p>As reported to October Board a recovery plan is in place which is focussed on increasing the available staffing resource through use of additional hours, use of bank staff and recruitment to vacancies.</p> <p>Performance has improved in October and the expectation is that the recovery plan will continue to recover performance if staffing levels can be maintained.</p>
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Monitoring and assurance framework summary:

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



Financial Year
2020-21

INTEGRATED BOARD REPORT

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

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



Reporting Month:
Oct-20

Caring, Learning and Growing

Chief Executive: Michele Moran
Prepared by: Business Intelligence Team



Humber Teaching NHS Foundation Trust Integrated Board Report

For the period ending: **Oct 2020**

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

What are SPCs?
Statistical process control (SPC) charts can help us understand the scale of any problem, gather information and identify possible causes when used in conjunction with other investigative tools such as process mapping.
SPC tells us about the variation that exists in the systems that we are looking to improve:
S – statistical, because we use some statistical concepts to help us understand processes.
P – process, because we deliver our work through processes ie how we do things.
C – control, by this we mean predictable.
SPC should be used to help to get a baseline and evaluate how we are currently operating. SPC will also help us to assess whether service changes have made a sustainable difference. They give an indication as to whether there is relatively stable variation over time or whether there are special causes creating exceptional variance. This is done by analysing the chart looking at how the values fall around the average and between or outside the control limits. The average and control limits do not indicate whether the indicator is achieving the target that has been set, but they allow us to better understand how stable the performance is and whether or not it is changing.

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

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

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

Humber Teaching NHS Foundation Trust

Integrated Board Report

For the period ending:

Oct 2020

Goal 2	RTT - Completed Pathways	Based on patients who have commenced treatment during the reporting period and seen within 18 weeks of their referral
Goal 2	RTT - Incomplete Pathways	Based on patients who have been assessed but continue to wait more than 18 weeks for treatment
Goal 2	RTT - 52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - Adult ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Adult and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - Paediatric ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Children and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks
Goal 2	RTT - Early Interventions	Percentage of patients who were seen within two weeks of referral
Goal 2	RTT - IAPT 6 Weeks and 18 weeks	Percentage of patients who were seen within 6 weeks and 18 weeks of referral
Goal 3	Recovery Rates - IAPT	Recovery Rates for patients who were at caseness at start of therapeutic intervention
Goal 3	Out of Area Placements	Number of days that Trust patients were placed in out of area wards
Goal 4	Delayed Transfers of Care	Results for the percentage of Mental Health delayed transfers of care
Goal 4	Staff Sickness	Percentage of staff sickness across the Trust (not including bank staff)
Goal 4	Staff Turnover	Percentage of leavers against staff in post
Goal 5	Finance - Cash in Bank	Review of the cash in the Bank (£000's)
Goal 5	Finance - Income and Expenditure	Review of the Income versus Expenditure (£000's) by month
Goal 6	Complaints	Two charts showing the number of Complaints Received (1) and the number of Complaints Responded to and Upheld (2)
Goal 6	Compliments	Chart showing the number of Compliments received by the Trust by month

PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Oct 2020**

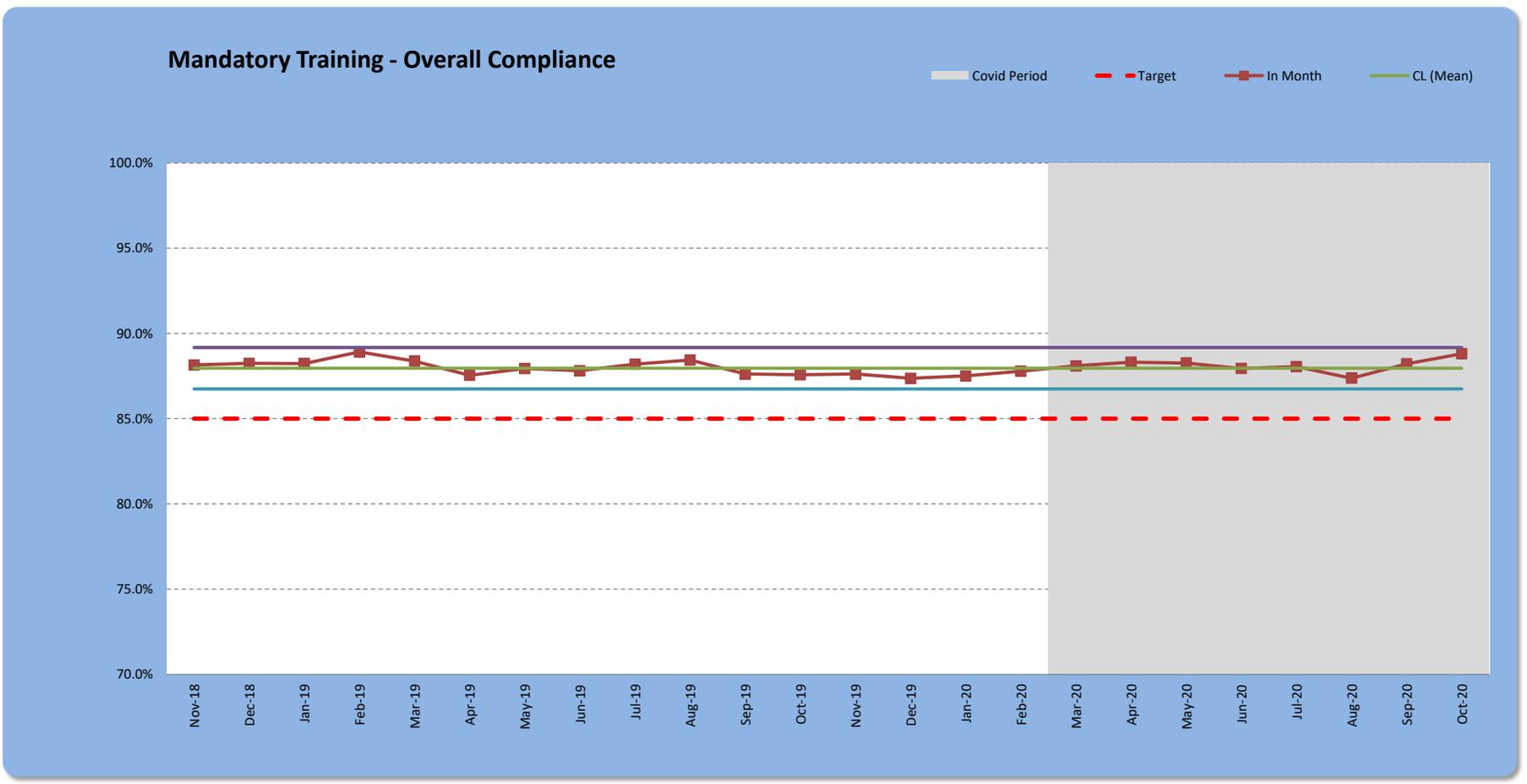
Indicator Title	Description/Rationale	Executive Lead
Mandatory Training	A percentage compliance based on an overall target of 85% for all mandatory and statutory courses	Steve McGowan

KPI Type
WL 5

Narrative

Above Target, 1.2% increase on last month.

Target: 85%
 Amber: 75%
 Current month stands at 88.8%



PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending:

Oct 2020

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

KPI Type
WL 2 VAC

Narrative

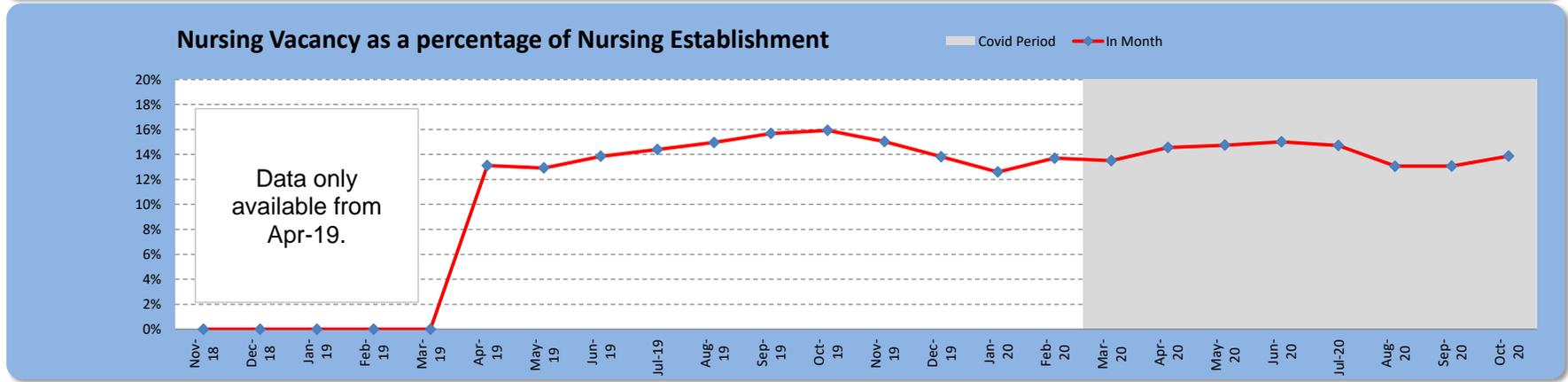
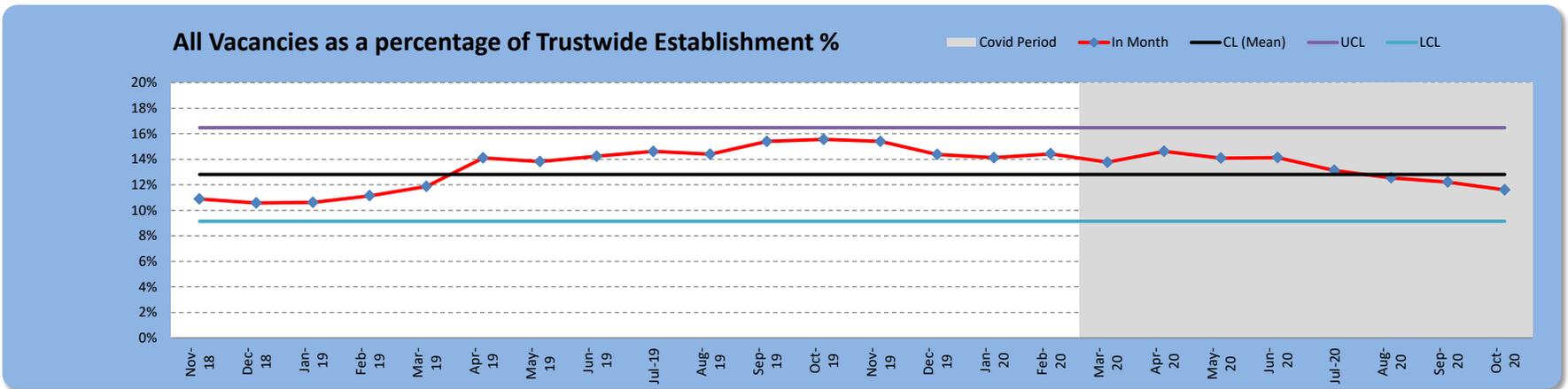
Vacancies dropped by 0.6% when compared to the previous reporting period.

Nursing Vacancy rate has increased by 0.8% on the previous month.

Breakdown for Month

	Trustwide	Nursing
Est	2936.9	833.4
Vac	340.7	115.6
	11.6%	13.9%

Current month stands at 11.6%



PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Oct 2020**

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

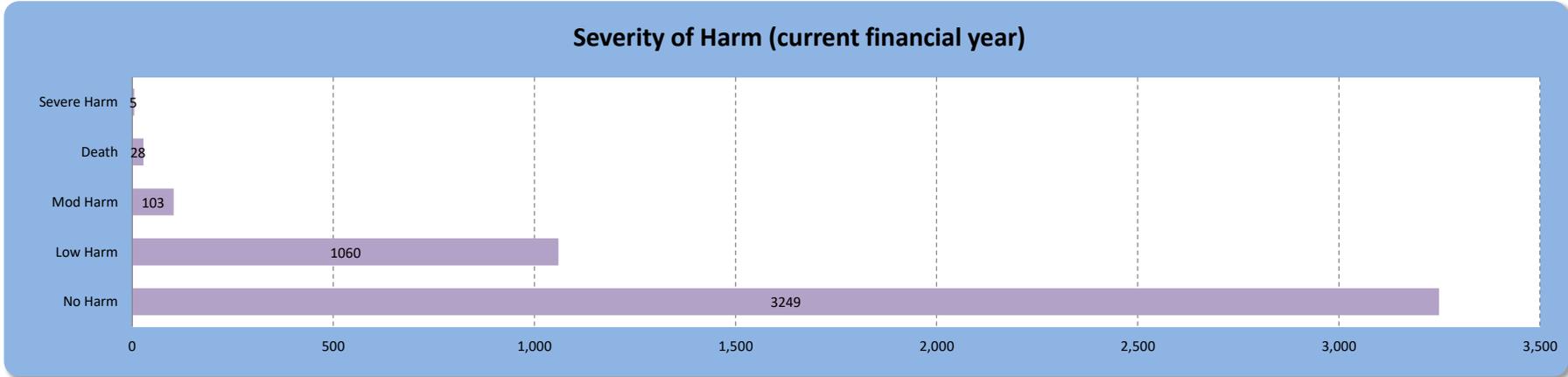
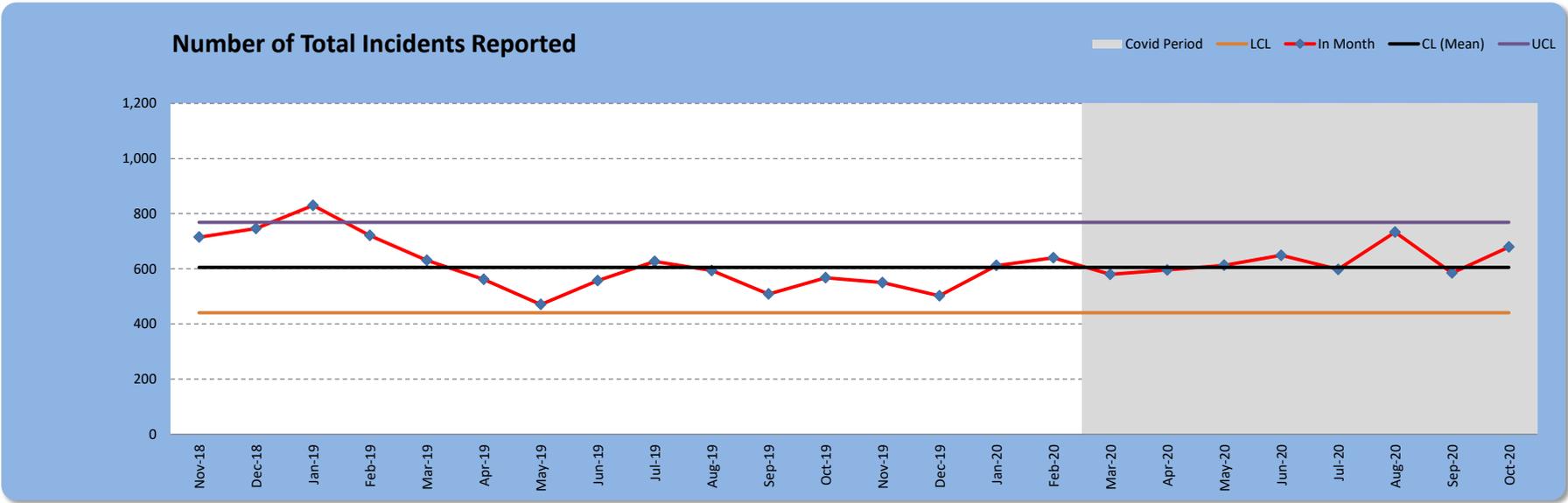
Narrative

Increase of 94 when compared to the previous month.

UCL: 769
LCL: 441

Current month stands at 679

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



PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Oct 2020**

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

KPI Type
WL 9a

Narrative

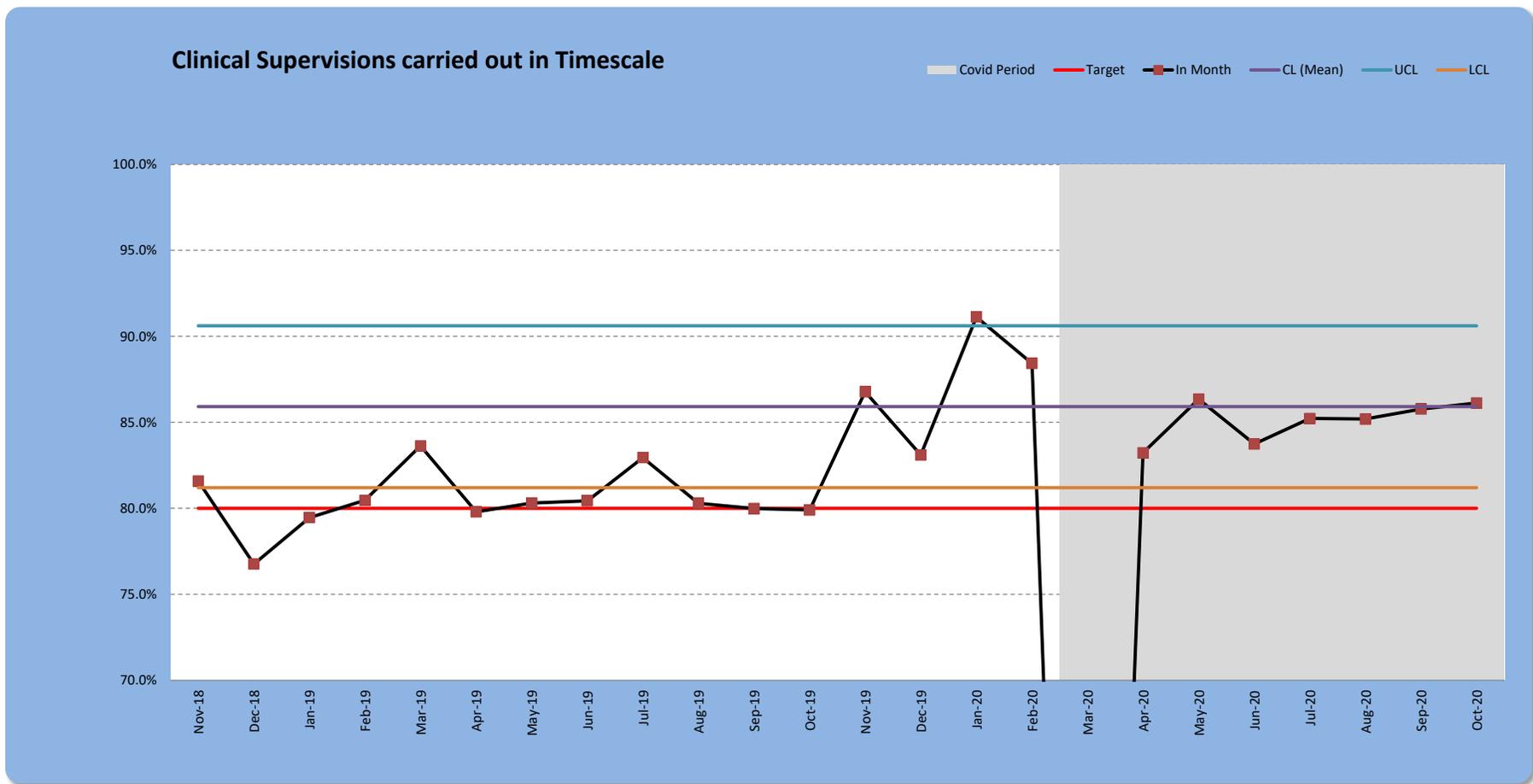
Performance has increased in October by 0.2%

No data for Mar-20 for any teams as the data collection was suspended due to COVID-19 planning.

Target: 80%

Amber: 75%

Current month stands at 86.1%



HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING QUALITY DASHBOARD

Staffing and Quality Indicators

Contract Period: 2020-21
Reporting Month: Sep-20



Shown one month in arrears

Speciality	Units					Bank/Agency Hours				Average Safer Staffing Fill Rates				QUALITY INDICATORS (Year to Date)				High Level Indicators					Indicator Totals		
	Ward	Speciality	WTE	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld) relating to Staff Availability	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Aug-20	Sep-20
										Registered	Un Registered	Registered	Un Registered												
Adult MH	Avondale	Adult MH Assessment	36.6	79%	18.74	13.8%	↑	0.0%	→	80%	74%	97%	100%	0	9	0	0	87.9%	91.1%	83.3%	94.7%	1.8%	2.2	0	1
	New Bridges	Adult MH Treatment (M)	41.0	97%	8.47	8.8%	↓	7.6%	↓	63%	99%	91%	102%	0	0	0	0	No Ret	95.6%	77.8%	96.4%	9.8%	3.0	2	3
	Westlands	Adult MH Treatment (F)	36.8	96%	10.09	34.8%	↓	6.7%	↑	87%	114%	100%	152%	3	39	0	0	83.3%	88.4%	83.3%	80.8%	3.9%	1.4	3	1
	Mill View Court	Adult MH Treatment	35.8	100%	10.02	15.4%	↑	0.0%	→	73%	90%	72%	111%	0	20	0	0	100.0%	93.0%	100.0%	93.8%	1.8%	4.8	3	3
	STARS	Adult MH Rehabilitation	24.6	69%	43.06	29.3%	↑	2.1%	↑	45%	49%	104%	86%	0	10	0	0	95.0%	88.7%	58.3%	84.6%	20.5%	-0.8	N/A	4
OP MH	PICU	Adult MH Acute Intensive	33.6	68%	34.42	40.1%	↓	16.3%	↓	79%	174%	90%	154%	1	96	0	0	100.0%	88.9%	83.3%	90.5%	14.2%	7.0	1	1
	Maister Lodge	Older People Dementia	33.2	70%	16.76	18.5%	↓	0.0%	→	65%	104%	100%	105%	0	41	0	0	87.5%	93.7%	80.0%	96.0%	4.6%	1.0	2	1
Specialist	Mill View Lodge	Older People Treatment	25.6	100%	15.04	24.6%	↑	0.7%	↓	75%	96%	103%	121%	0	3	0	0	80.8%	88.5%	83.3%	86.7%	4.2%	1.9	3	2
	Pine View	Forensic Medium Secure	26.7	69%	8.99	14.2%	↓	0.0%	→	76%	71%	100%	79%	0	0	0	0	96.3%	95.7%	100.0%	100.0%	9.2%	2.0	4	3
	Derwent	Forensic Low Secure	25.0	90%	16.36	41.3%	↓	0.0%	↑	95%	97%	104%	156%	2	10	0	0	84.8%	91.0%	90.0%	94.1%	11.8%	2.4	1	1
	Ouse	Forensic Low Secure	24.1	93%	7.71	12.4%	↑	0.8%	↓	92%	89%	100%	98%	0	3	0	0	100.0%	98.5%	90.0%	100.0%	3.1%	1.4	1	1
	Swale	Personality Disorder Medium Secure	25.9	60%	13.94	42.8%	↓	0.0%	↑	89%	87%	100%	122%	0	3	0	0	92.0%	92.8%	83.3%	94.1%	0.0%	0.2	2	0
Child & LD	Ullswater	Learning Disability Medium Secure	38.5	55%	15.32	22.2%	↑	0.0%	→	65%	85%	100%	59%	1	5	0	0	100.0%	93.3%	80.0%	94.7%	7.1%	0.0	2	3
	Townend Court	Learning Disability	37.4	55%	26.19	33.9%	↓	0.0%	→	53%	96%	50%	137%	0	17	0	0	65.6%	90.2%	50.0%	92.3%	2.3%	6.9	4	4
	Inspire	CAMHS	45.9	51%	29.43	0.0%	→	0.0%	→	72%	72%	82%	94%	5	6	0	0	86.7%	91.8%	85.0%	100.0%	0.7%	3.0	0	0
CH	Granville Court	Learning Disability Nursing Treatment	61.5	Not Avail	n/a	24.6%	↑	0.0%	→	109%	92%	103%	104%	0	0	0	0	91.2%	85.7%	90.9%	75.0%	8.8%	0.0	1	1
	Whitby Hospital	Physical Health Community Hospital	45.6	80%	11.05	0.0%	→	0.0%	→	94%	86%	97%	100%	1	0	0	n/a	88.2%	95.4%	94.1%	66.7%	8.7%	0.8	0	1
	Malton Hospital	Physical Health Community Hospital	24.8	80%	10.59	Not on eRoster	→	Not on eRoster	→	83%	94%	97%	97%	1	5	0	n/a	90.5%	84.3%	72.7%	52.6%	6.0%	5.7	2	1

Exception Reporting and Operational Commentary

RAG ratings for Inspire have been removed until all beds are available. Planned establishment has been set at both Orion and Nova wards being fully operational. Until both units are open and functioning, the RAG rating has been stepped down.

Please note, Hawthorne Court has been removed as its no longer an active ward, instead the facility has been assigned to be COVID ward as and when required. STARS (Specialist Treatment and Recovery Service) has opened during August, reporting in place from September.

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

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

Registered Nurse Vacancy Rates

Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
16.80%	18.60%	16.11%	15.70%	15.00%	13.10%	13.90%	12.80%	12.64%	12.50%	9.60%	9.10%

Slips Trips and Falls

	Apr	May	Jun	Jul	Aug	Sep
Maister Lodge	7	4	3	7	1	1
Mill View Lodge	1	0	0	1	2	7
Whitby	1	9	1	2	1	1
Malton	4	1	3	3	7	0

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

Quality Dashboard

Description : Learning from Mortality Reviews

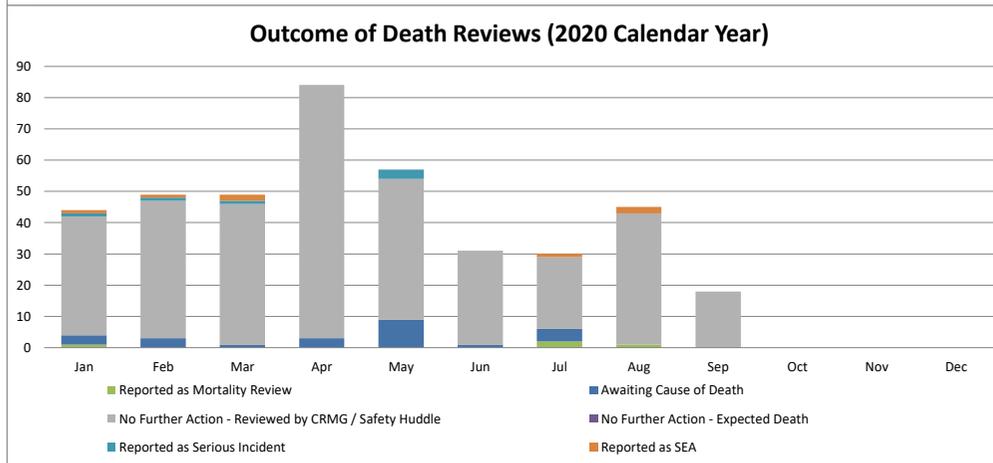
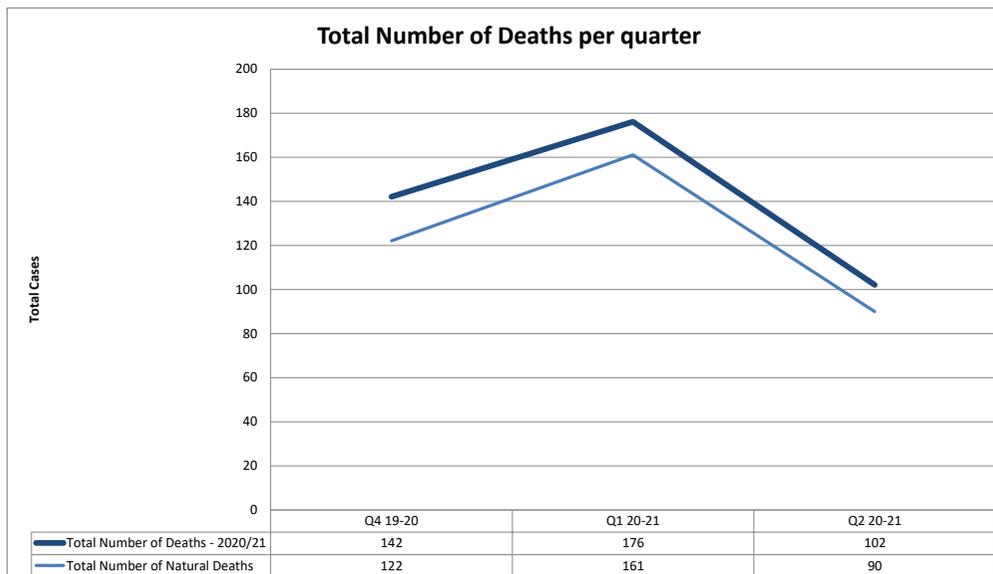
Summary of total number of deaths and total number of cases reviewed under the SI (Serious Incident) Framework or Mortality Review

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

	Q4 19-20	Q1 20-21	Q2 20-21	Q3 20-21	YTD
Total Number of Deaths - 2020/21	142	176	102		420
Total Number of Natural Deaths	122	161	90		373
Proportion of Natural Deaths	85.9%	91.5%	88.2%		88.8%
Total Number of Deaths - Community Hospitals	38	38	22		98
Total Number of Deaths - MH Inpatients	1	3	0		4
Total Number of Deaths - LD Inpatients	0	2	0		2
Total Number of Deaths - Forensics Inpatients	0	0	0		0
Total Number of Deaths - All Community excl. MH	44	63	39		146
Total Number of Deaths - Addictions	5	3	5		13
Total Number of Deaths - MH Community	61	71	41		173

Review Process

Reported as Mortality Review	1	0	3		4
No Further Action - Reviewed by CRMG / Safety Huddle	127	156	83		366
No Further Action - Expected Death	0	0	0		0
Reported as Serious Incident	3	3	0		6
Reported as SEA	4	0	3		7
Child Death Review	0	1	0		1
Statements Being Produced For Coroners	0	1	0		1
Total Deaths Reviewed	135	161	89	0	385
Awaiting Cause of Death	7	13	4		24
Not Yet Reported	0	2	9		11



Quality Dashboard

Section 2.2 Mortality Dashboard

Quality Dashboard

Description : Learning from Mortality Reviews

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

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

	Q4 19-20	Q1 20-21	Q2 20-21	Q3 20-21	YTD
Number of LD Deaths in Inpatients	0	2	0		2

PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Oct 2020**

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 %

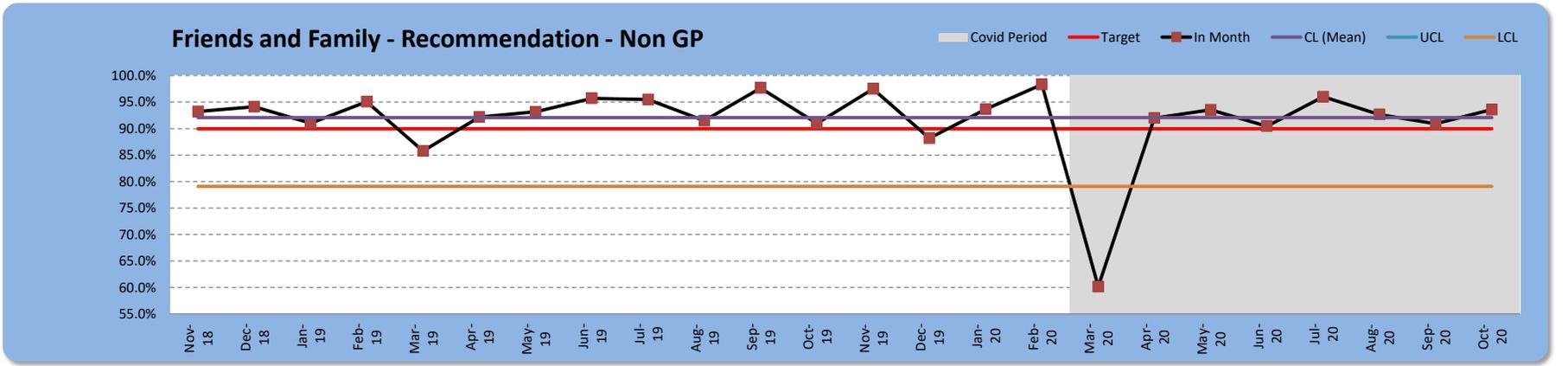
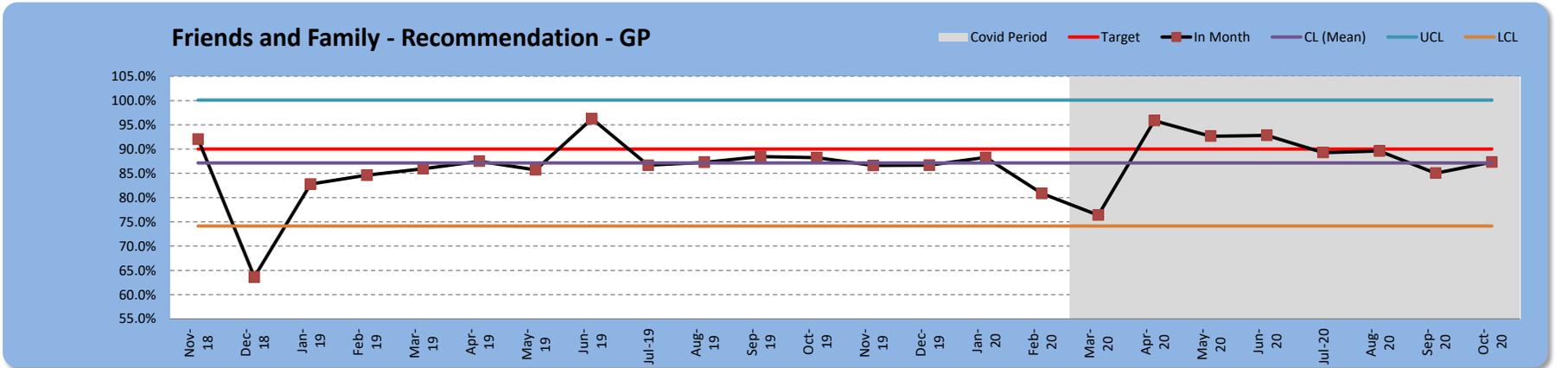
Narrative

GP Recommendation is below target for Oct-20 at 85%, but has increased by 2.1% when compared to the previous month.

Non GP is above target at 93.6% for October which is an increase of 2.7%.

Target: 90%
Amber: 80%

Current month stands at 87.5%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2020**

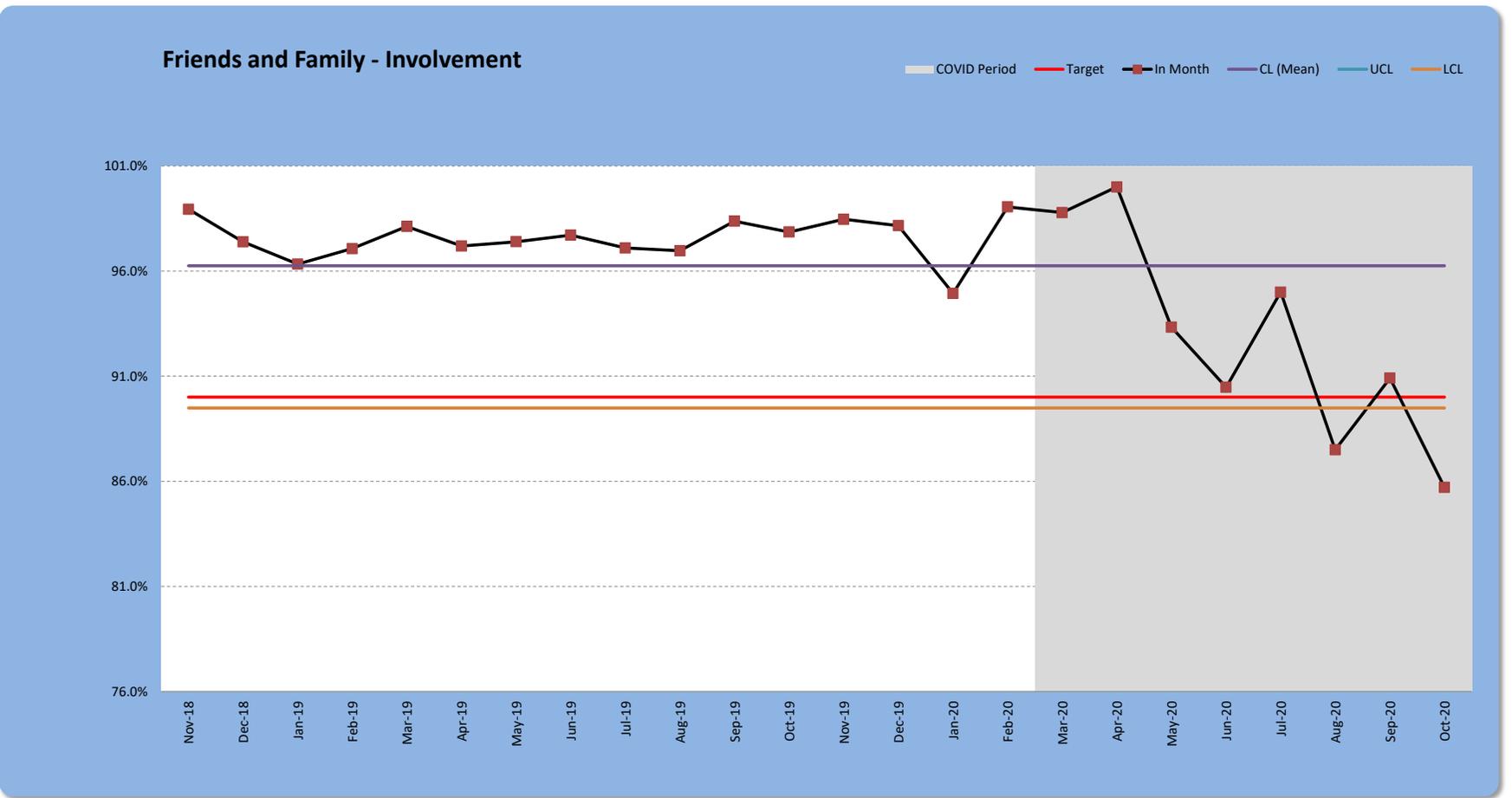
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Friends and Family Test	Results of the overall surveys completed where patients felt they were involved in their care	John Byrne	CA 3c %

Narrative

Performance has decreased by 5.2% when compared to the previous month.

Target: 90%
Amber: 80%

Current month stands at 85.7%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2020**

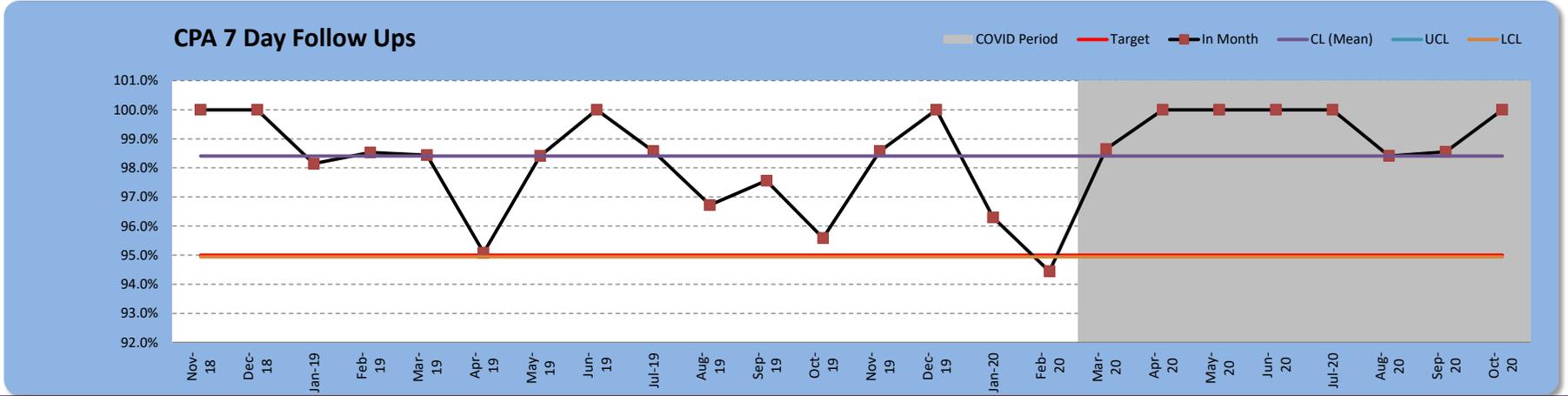
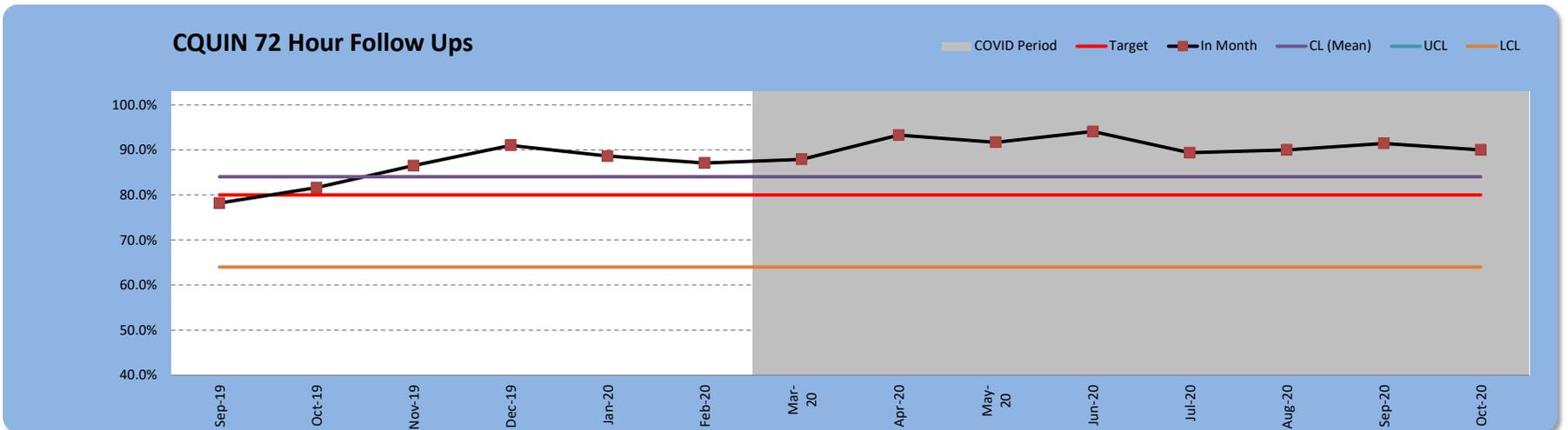
Indicator Title	Description/Rationale	Executive Lead
72 Hour Follow Ups	This indicator measures the percentage of patients who were in the CQUIN scope and had a follow up within 72 hours of discharge	Lynn Parkinson

KPI Type
OP 12

Narrative

Both 72 hours and 7 day indicators are above target for October.

Target: 80%
 Amber: 60%
 Current month stands at 90.0%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2020**

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

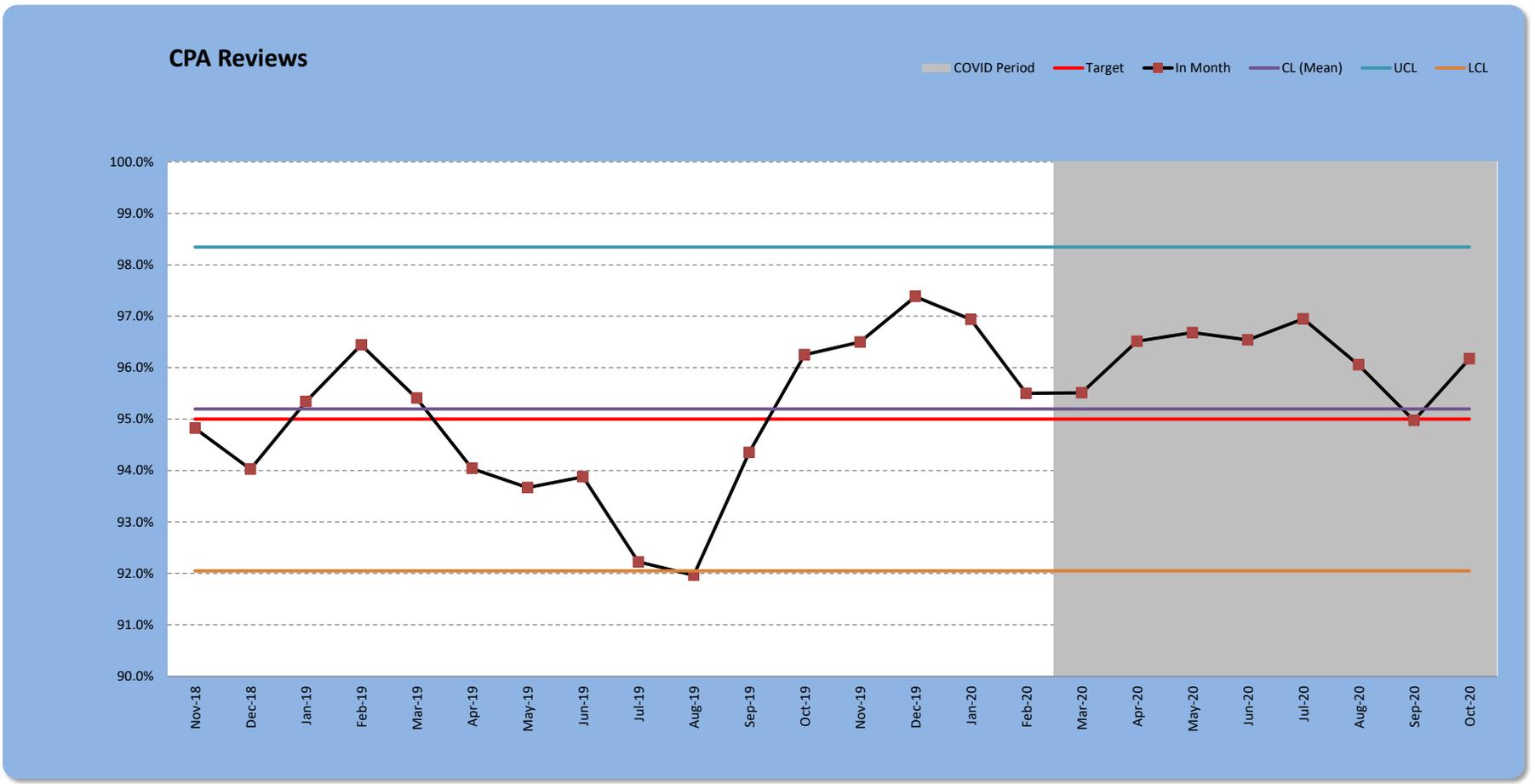
KPI Type
OP 7

Narrative

Performance has increased by 1.2% when compared to the previous month.

Target: 95%
Amber: 85%

Current month stands at 96.2%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2020**

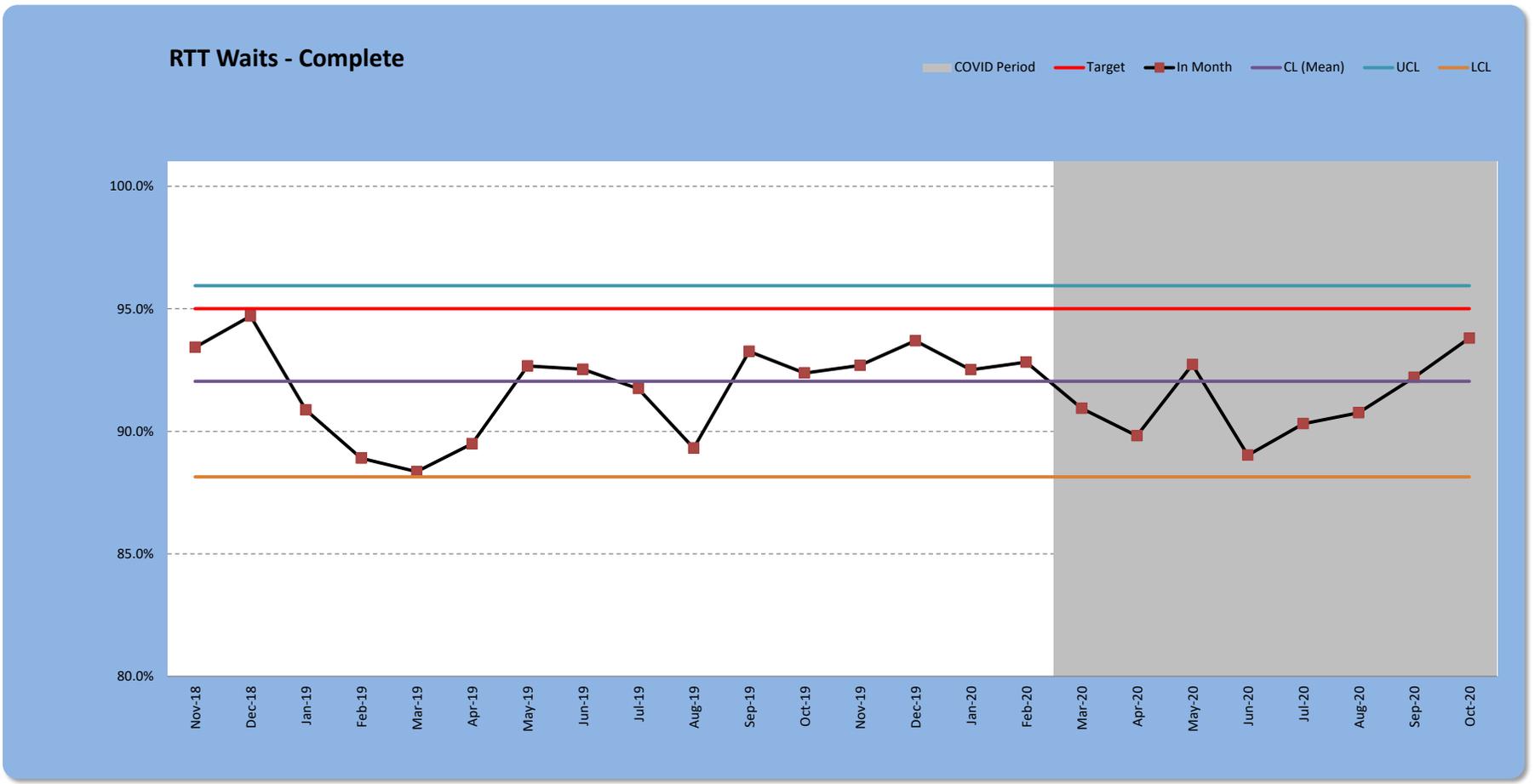
Indicator Title	Description/Rationale	Executive Lead
RTT Experienced Waiting Times (Completed Pathways)	Referral to Treatment Experienced Waiting Times (Completed Pathways) : Based on patients who have commenced treatment during the reporting period and seen within 18 weeks	Lynn Parkinson

KPI Type
OP 20

Narrative

Increase of 1.6% when compared to the previous month.

Target: 95%
 Amber: 85%
 Current month stands at 93.8%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2020**

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

KPI Type
OP 21

Narrative

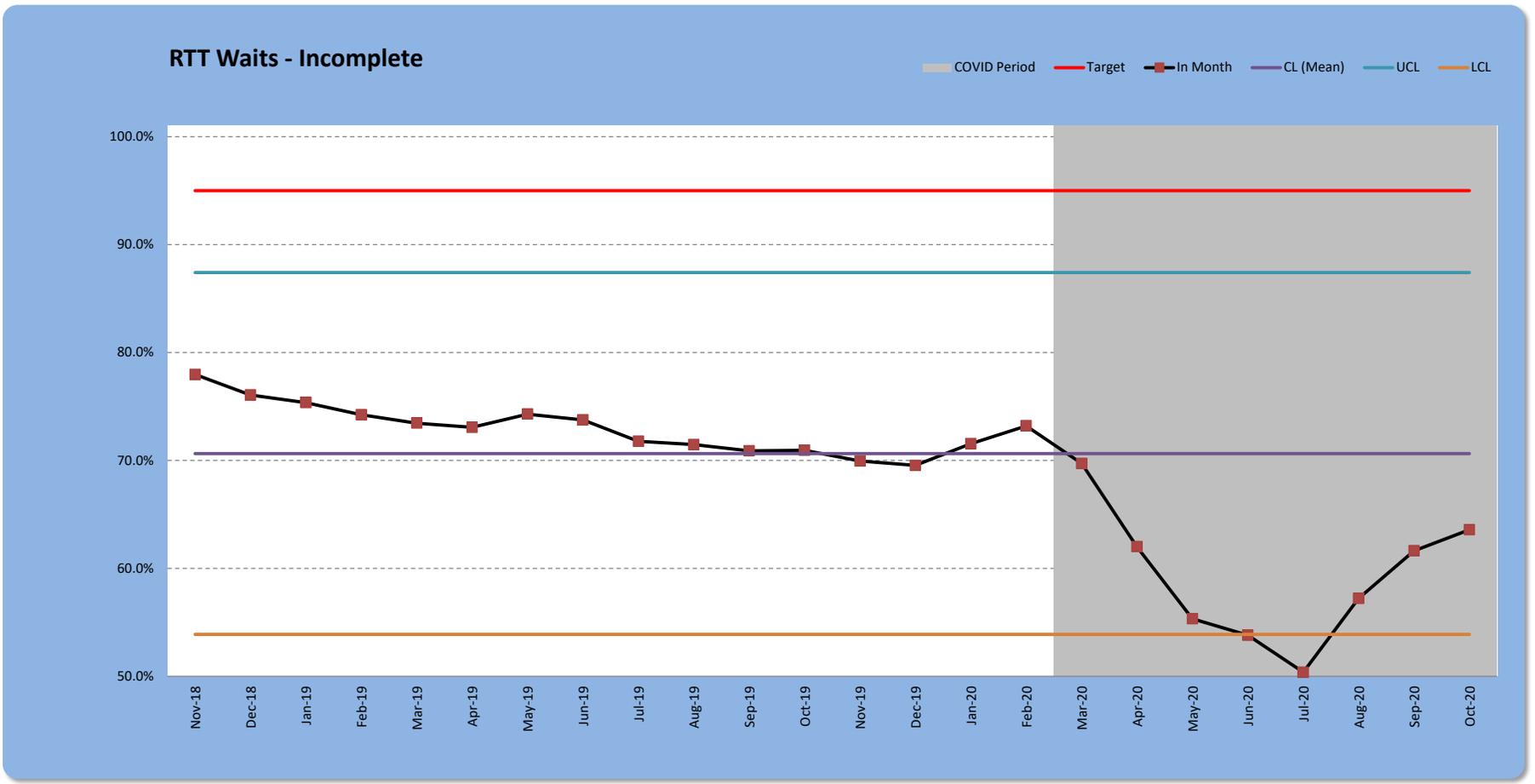
Low performance is Good.

Increase (Deterioration) of 1.9% when compared to the previous month but remains within the Control Limits

Target: 95%

Amber: 85%

Current month stands at 63.6%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2020**

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

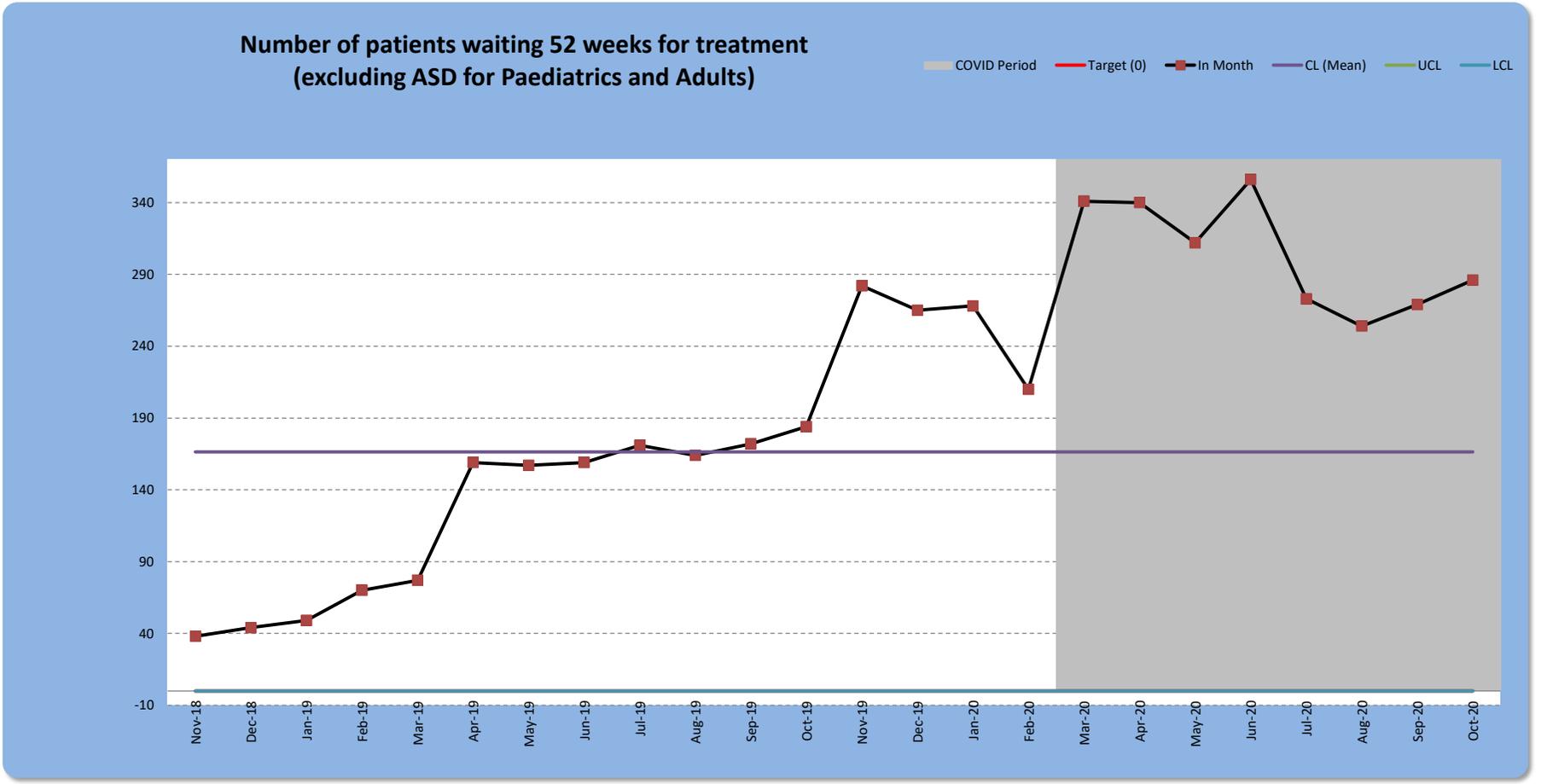
KPI Type
OP 22x

Narrative

Increase of 17 when compared to the previous month.

Target: 0
Amber: 0

Current month stands at 286



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2020**

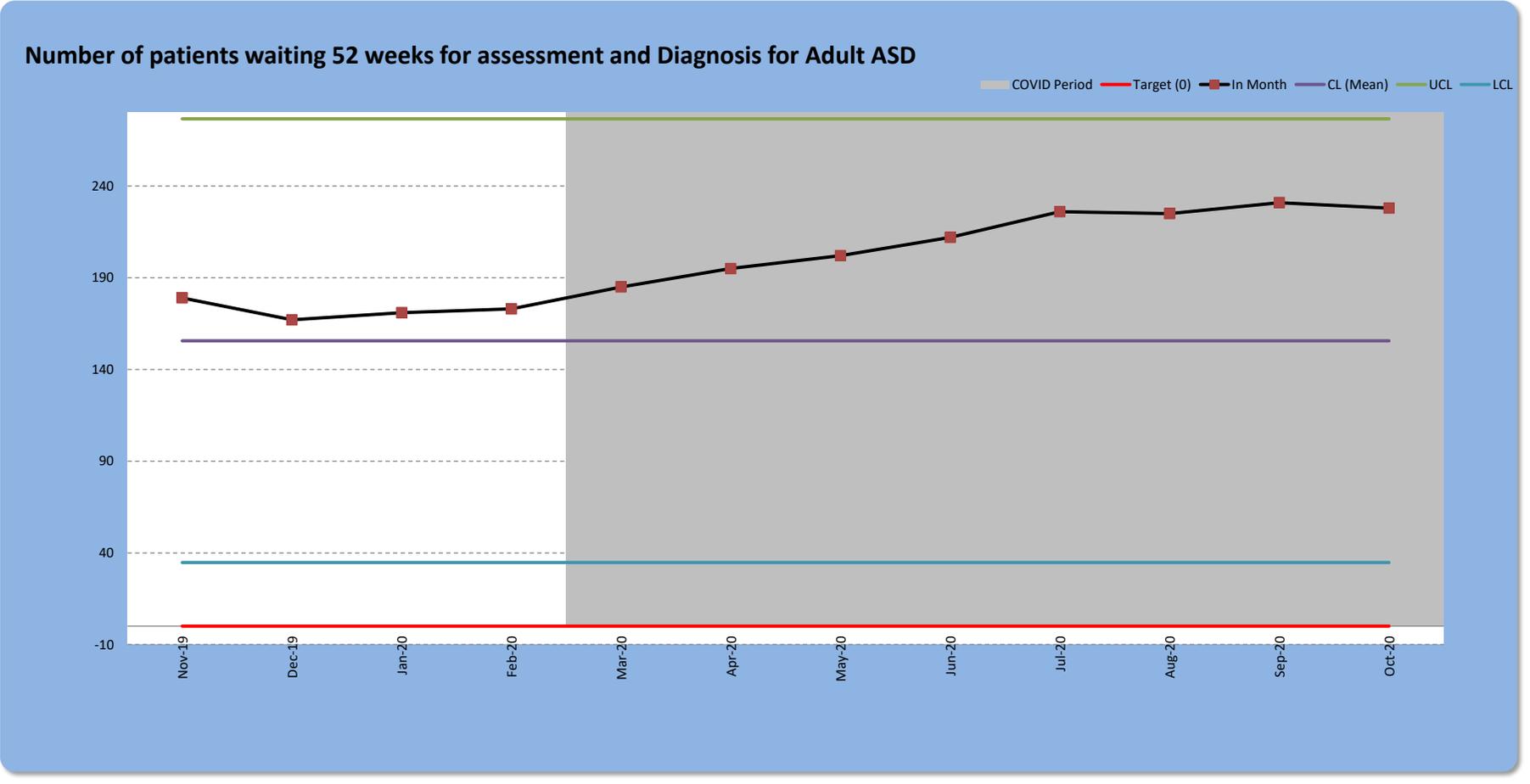
Indicator Title	Description/Rationale	Executive Lead
52 Week Waits - Adult ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Adult and have been waiting more than 52 weeks	Lynn Parkinson

KPI Type
OP 22u

Narrative

Reduced by 3 when compared on the previous reporting period.

Target: 0
 Amber: 0
 Current month stands at 228



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

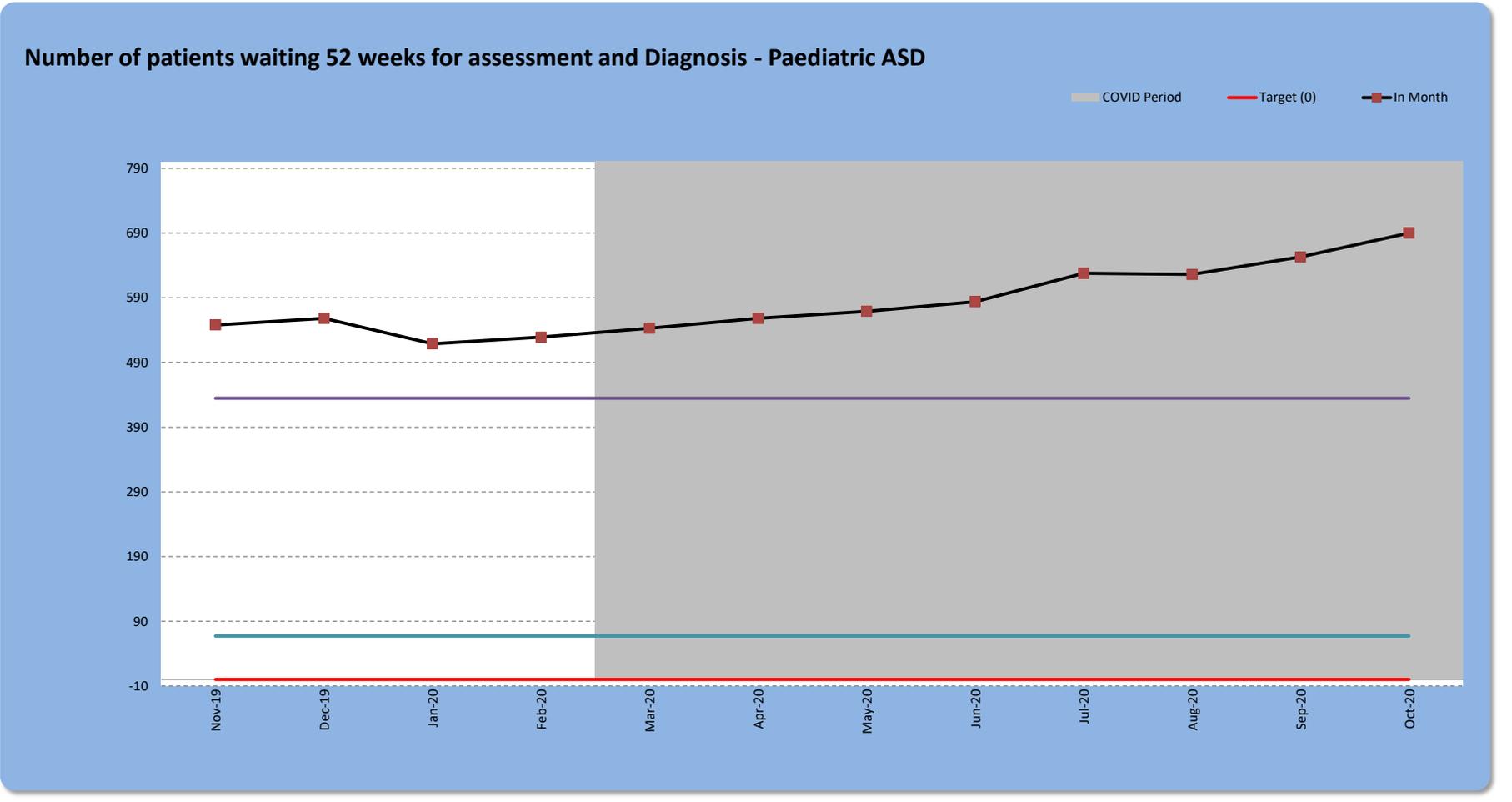
For the period ending: **Oct 2020**

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

Narrative

Increase of 37 when compared to the previous reporting period.

Target: 0
 Amber: 0
 Current month stands at 690



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2020**

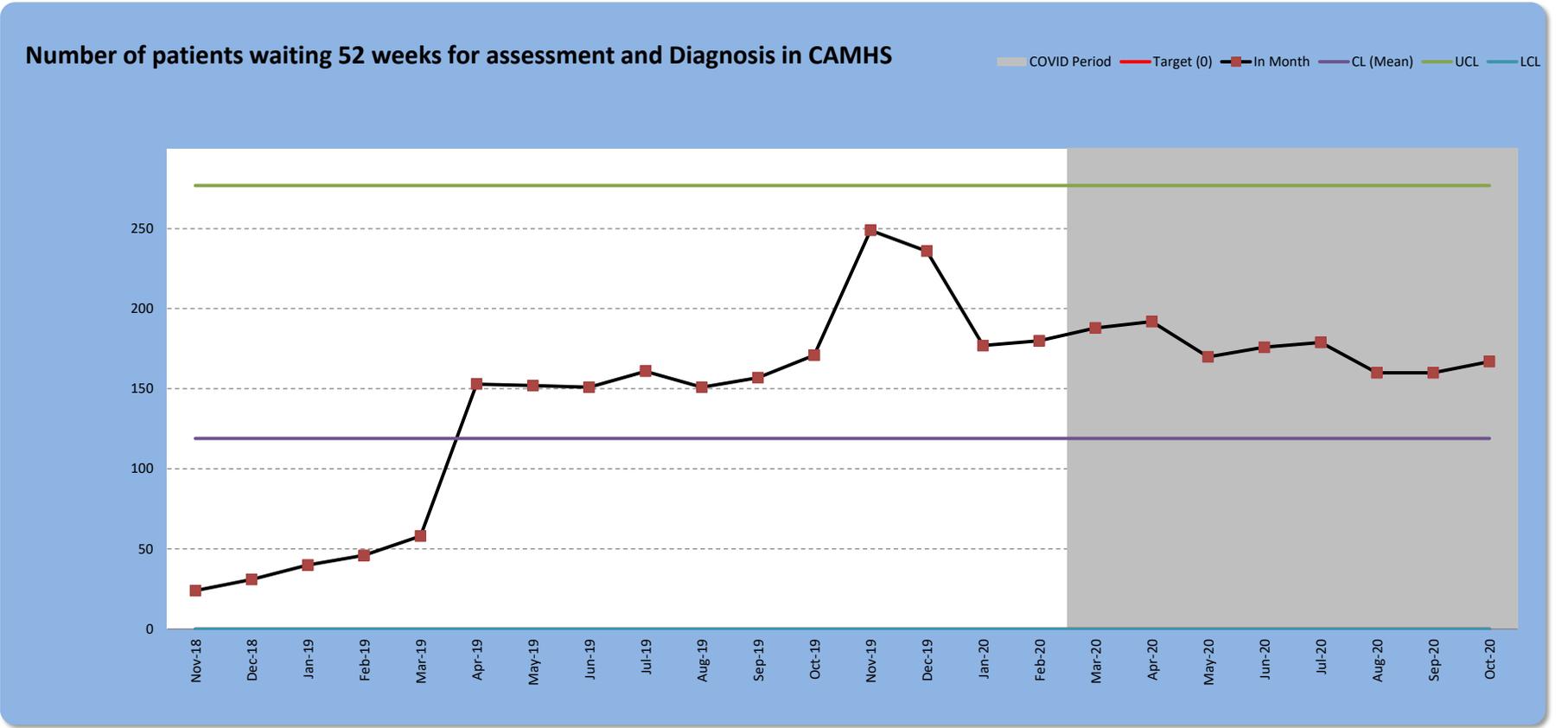
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks (excluding paediatric ASD)	Lynn Parkinson	OP 22j

Narrative

Increase of 7 when compared to the previous month.

Target: 0
Amber: 0

Current month stands at 167



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2020**

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

Narrative

Increased by 27.8% when compared to the previous month and remains below target.

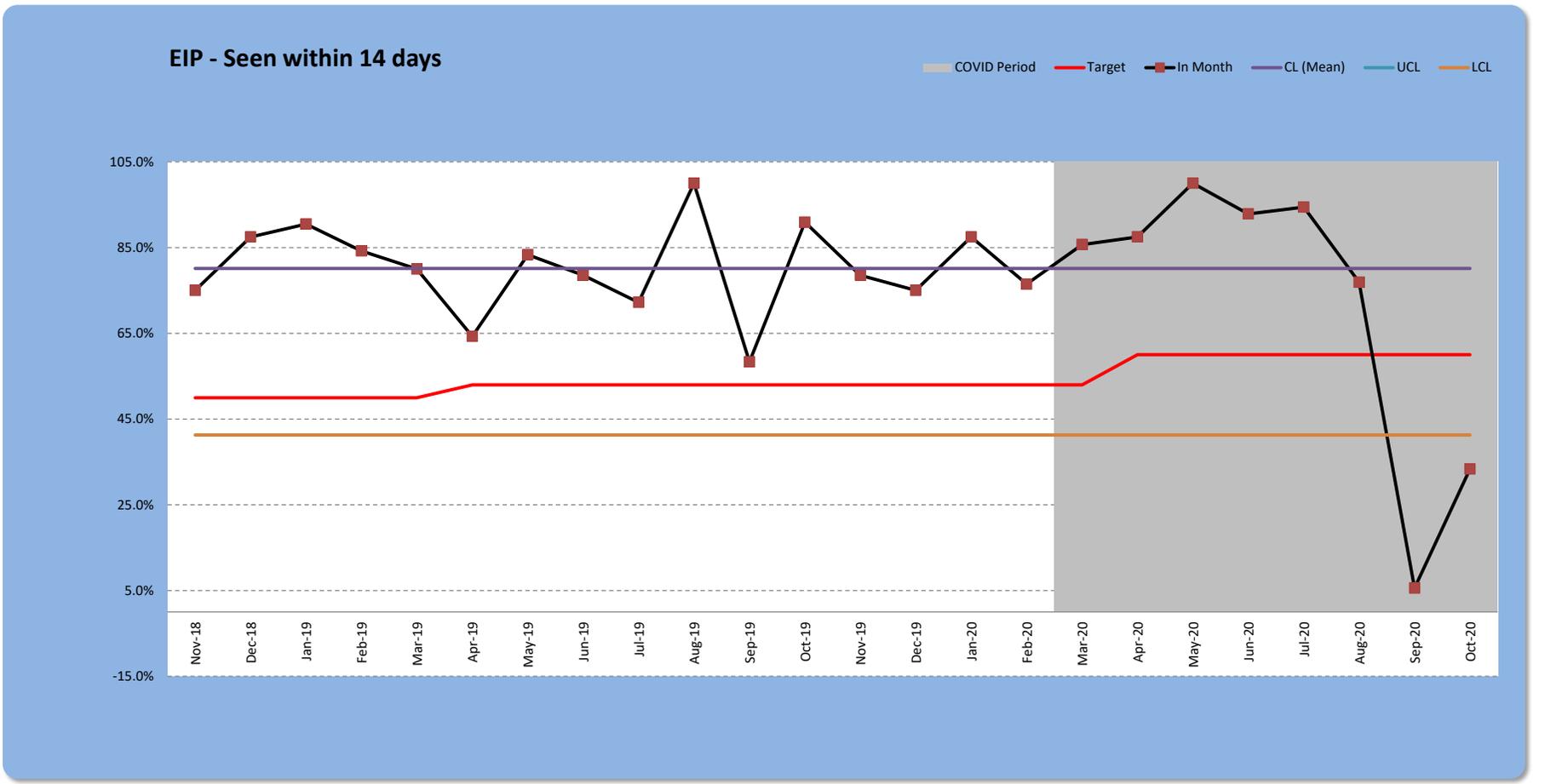
Target has increased to 60% in 2020/21.

Reduction in staff levels in August and September is the main factor for drop off in performance.

Target: 56%

Amber: 51%

Current month stands at 33.3%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2020**

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

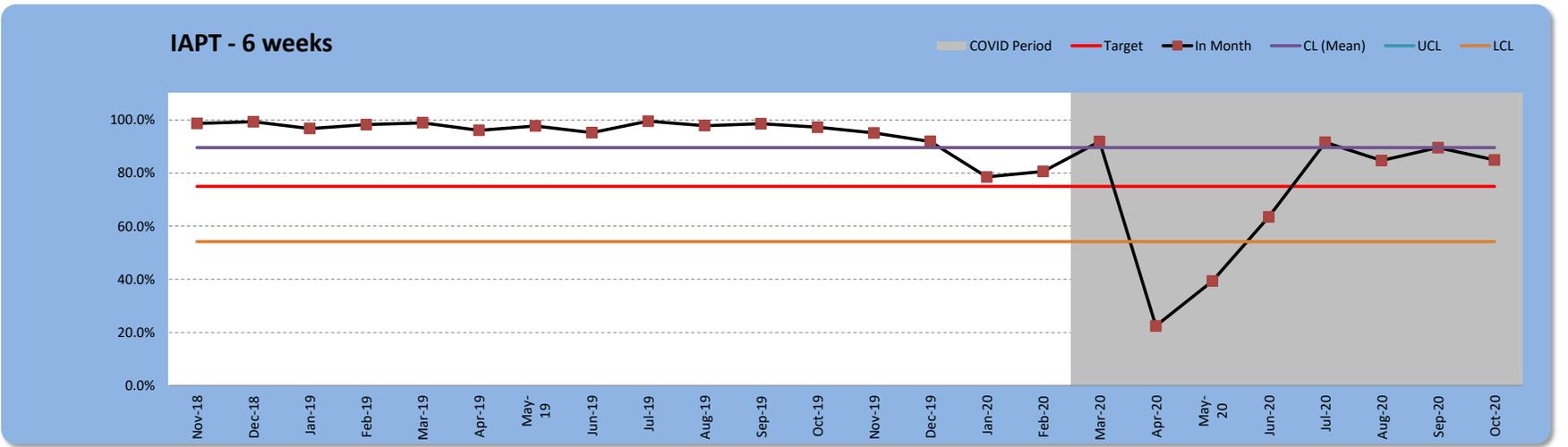
Narrative

Performance has decreased by 4.7% but remains above the target of 75%

Target: 75%

Amber: 70%

Current month: 84.9%



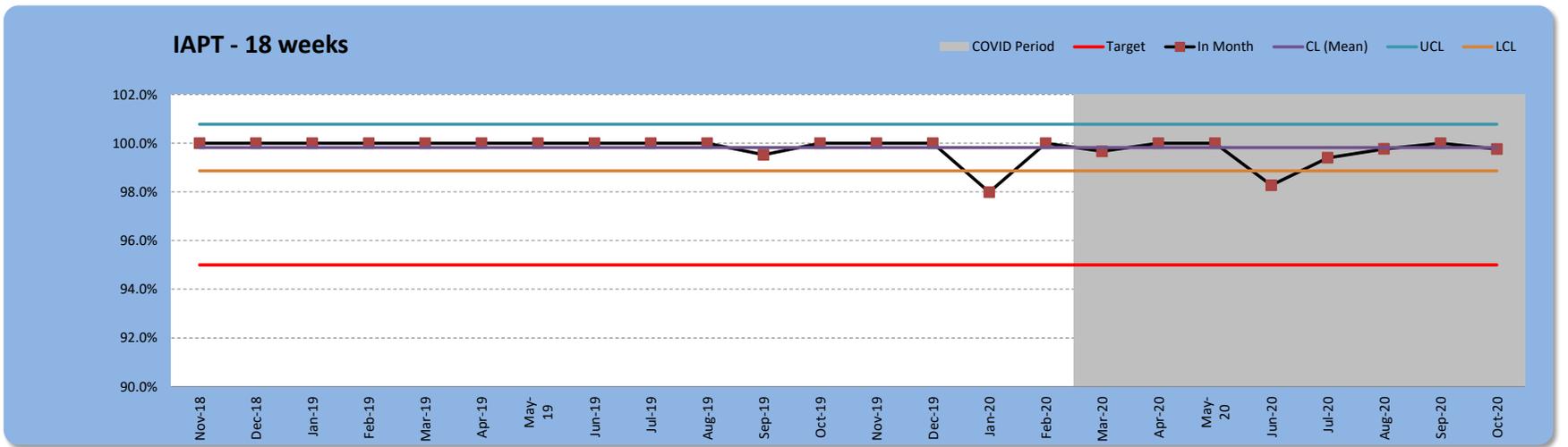
Narrative

Performance stands at 99.8% for October and remains above target.

Target: 95%

Amber: 85%

Current month: 99.8%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2020**

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

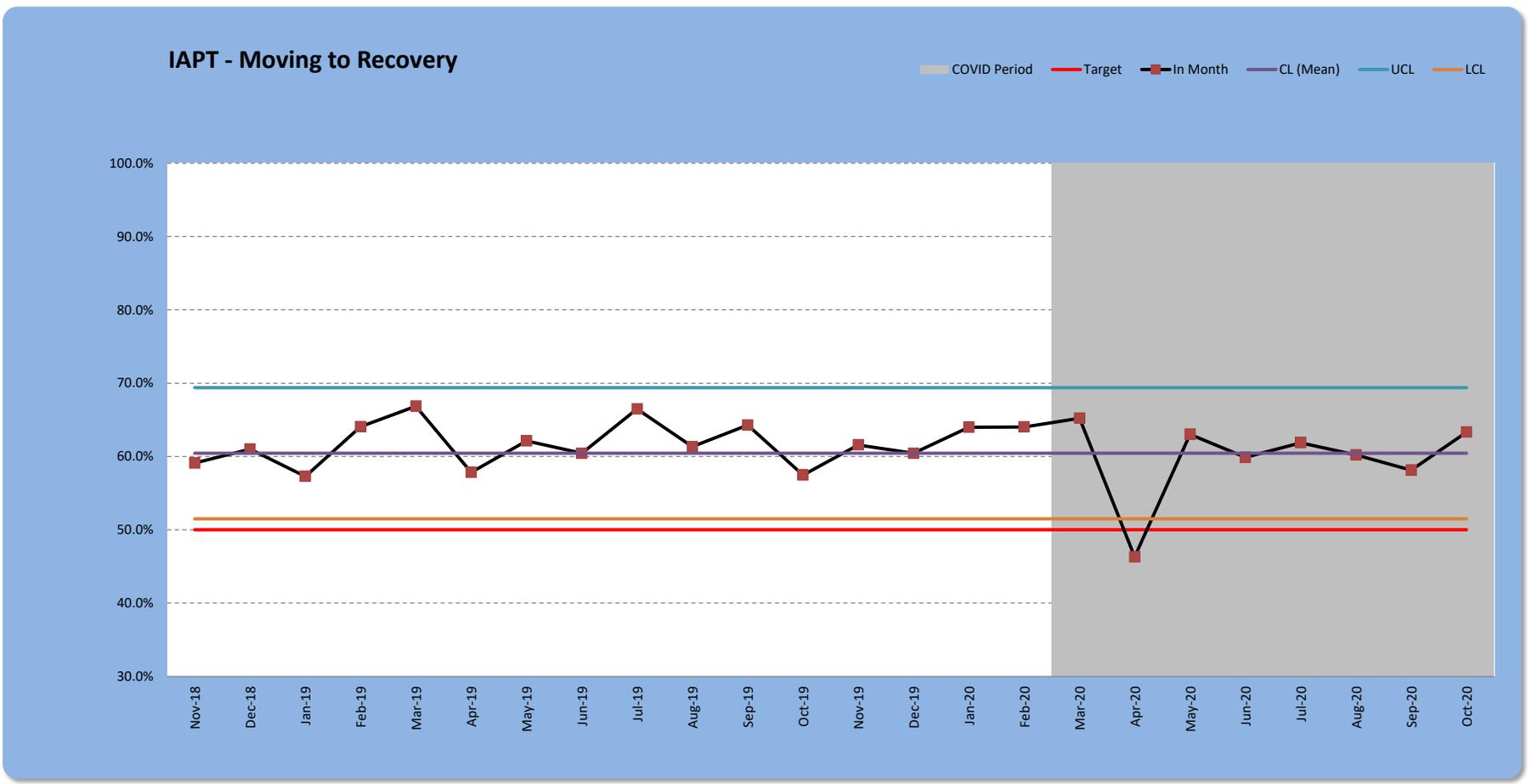
KPI Type
OP 11

Narrative

Performance has increased by 5.2% when compared to the previous month. Performance remains above the 50% target.

Target: 50%
Amber: 45%

Current month stands at 63.3%



PI RETURN FORM 2020-21

Goal 3 : Fostering Integration, Partnership and Alliances

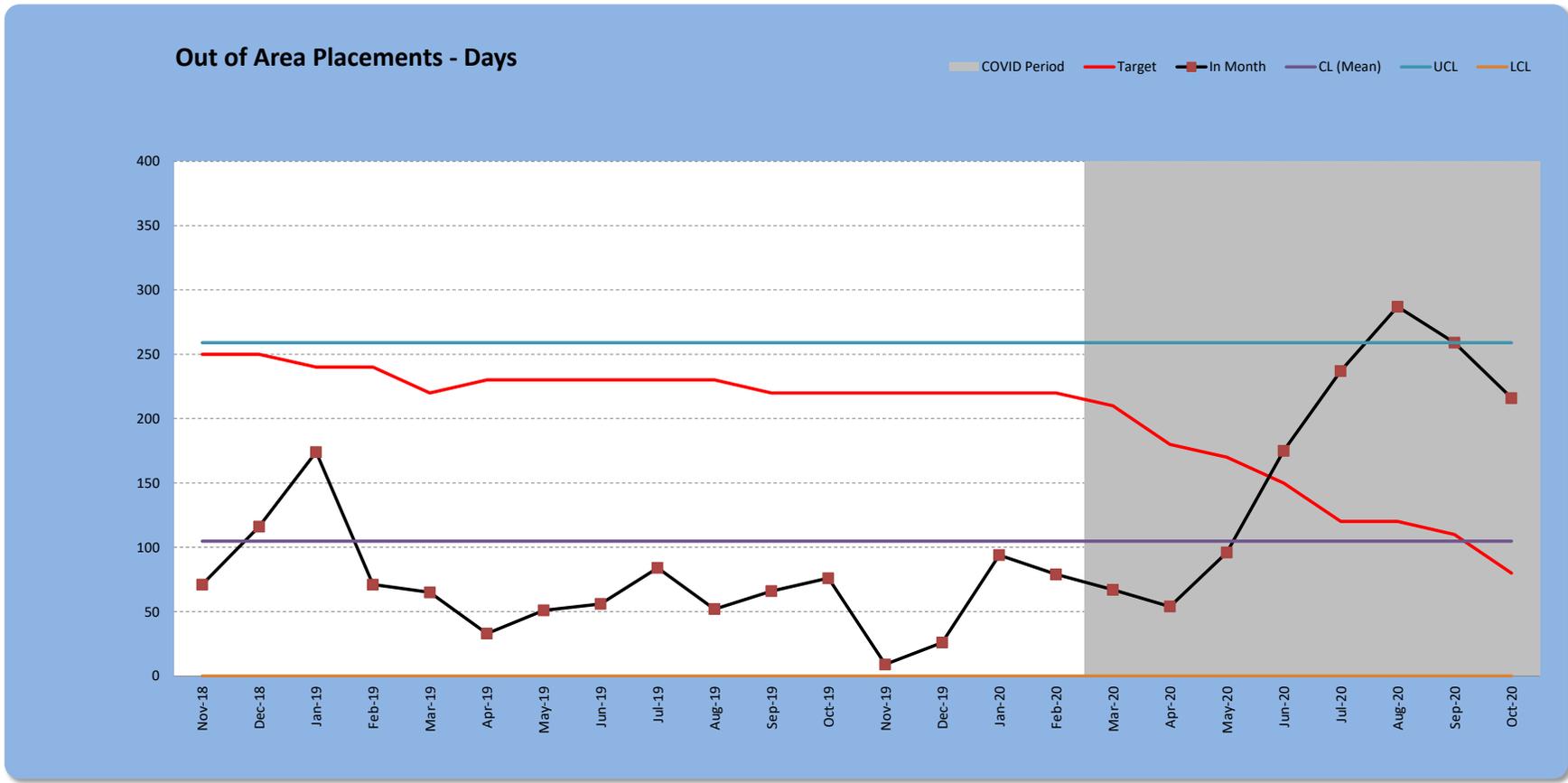
For the period ending: **Oct 2020**

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

Narrative

Out of area days remain high October has seen a reduction of 43 days when compared to the previous month.

Target: 80
 Amber:
 Current month stands at 216



PI RETURN FORM 2020-21

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Oct 2020**

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

KPI Type
OP 14

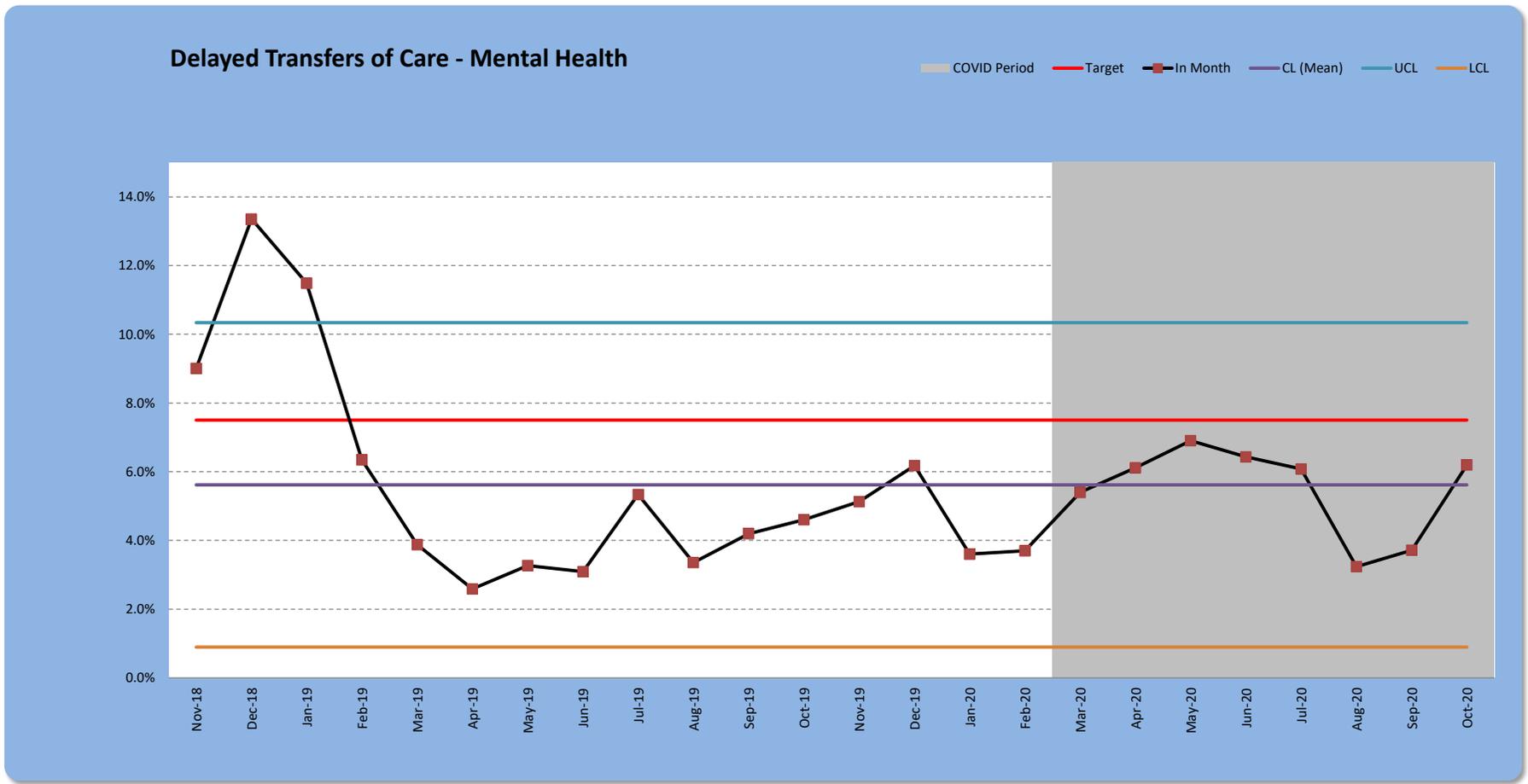
Narrative

Performance has increased (Deterioration) by 2.5% compared against previous month but remains within target.

Low performance is Good.

Target: 7.5%
Amber: 7.0%

Current month stands at 6.2%



PI RETURN FORM 2020-21

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

Oct 2020

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

KPI Type
WL 1

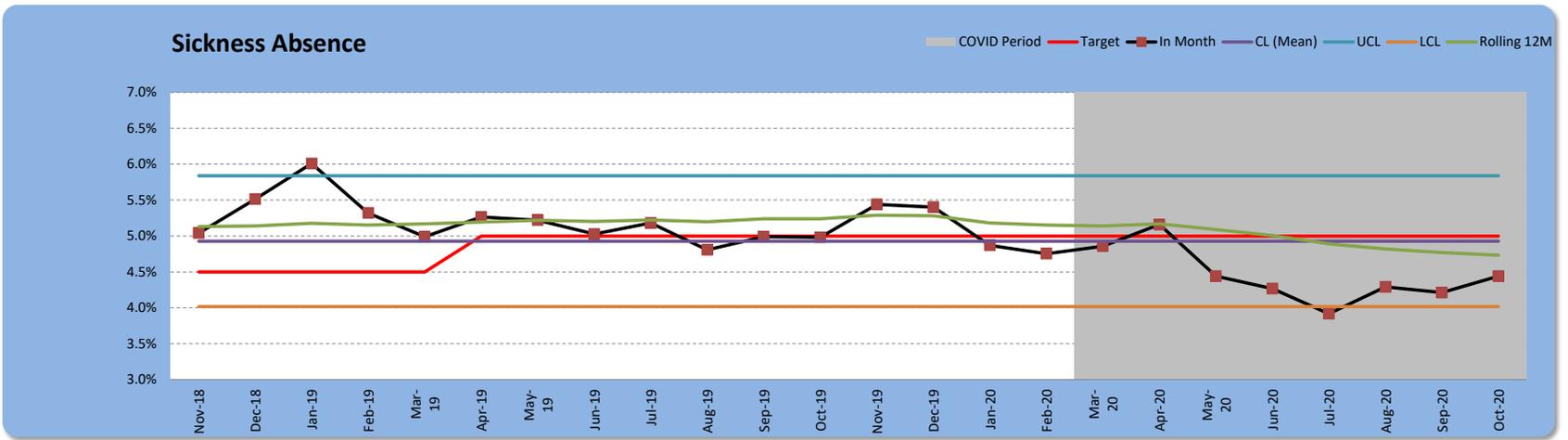
Narrative

Sickness/Absence Rate for Oct-20 is 4.4%. Final position for Sep-20 was finalised at 4.2%.

Oct-20 Rolling 12 month figure is within target reporting at 4.7%

Target: 5.0%
Amber: 5.2%

Current month
4.4%



PI RETURN FORM 2020-21

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Oct 2020**

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

Narrative

Within Target

Target: 0.83%

Amber: 0.70%

Current month stands at 0.8%



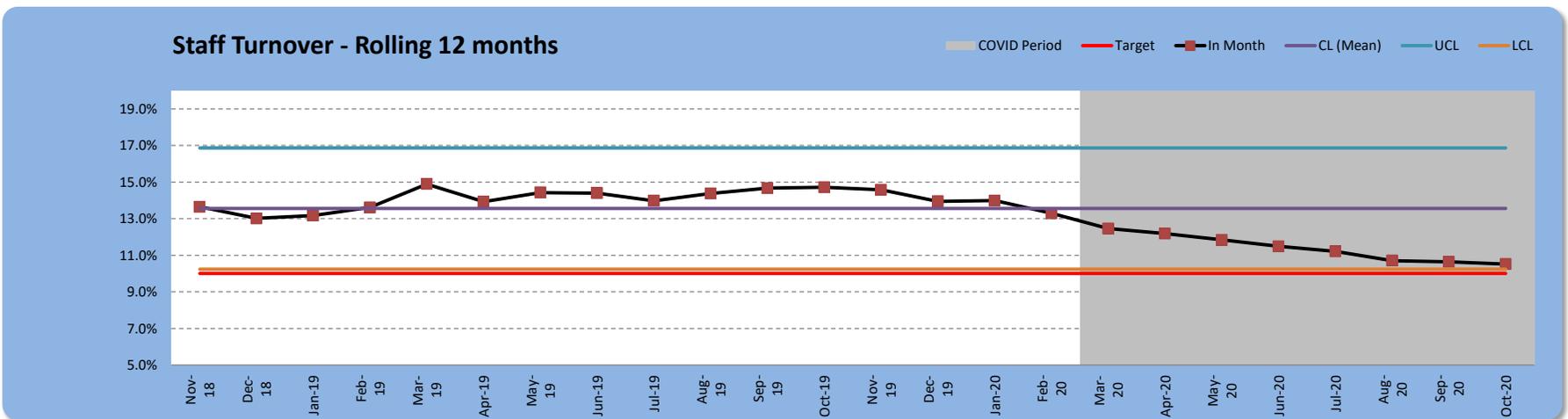
Narrative

Exceeds Target.
Low Performance is Good.

Target: 10%

Amber: 9%

Current month stands at 10.5%



PI RETURN FORM 2020-21

Goal 5 : Maximising an Efficient and Sustainable Organisation

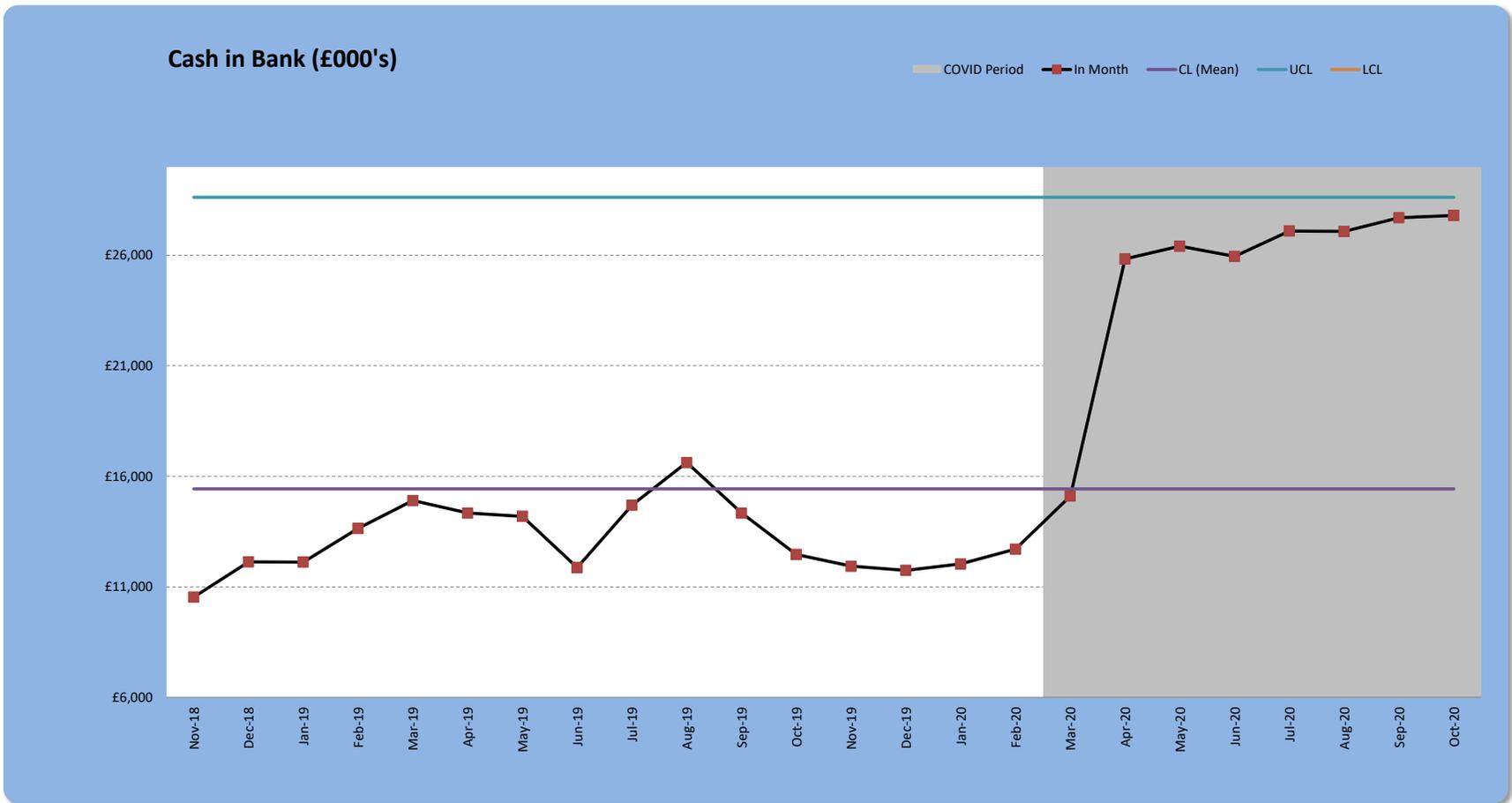
For the period ending: **Oct 2020**

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

Narrative

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

Current month stands at £27,802 ,000



PI RETURN FORM 2020-21

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Oct 2020**

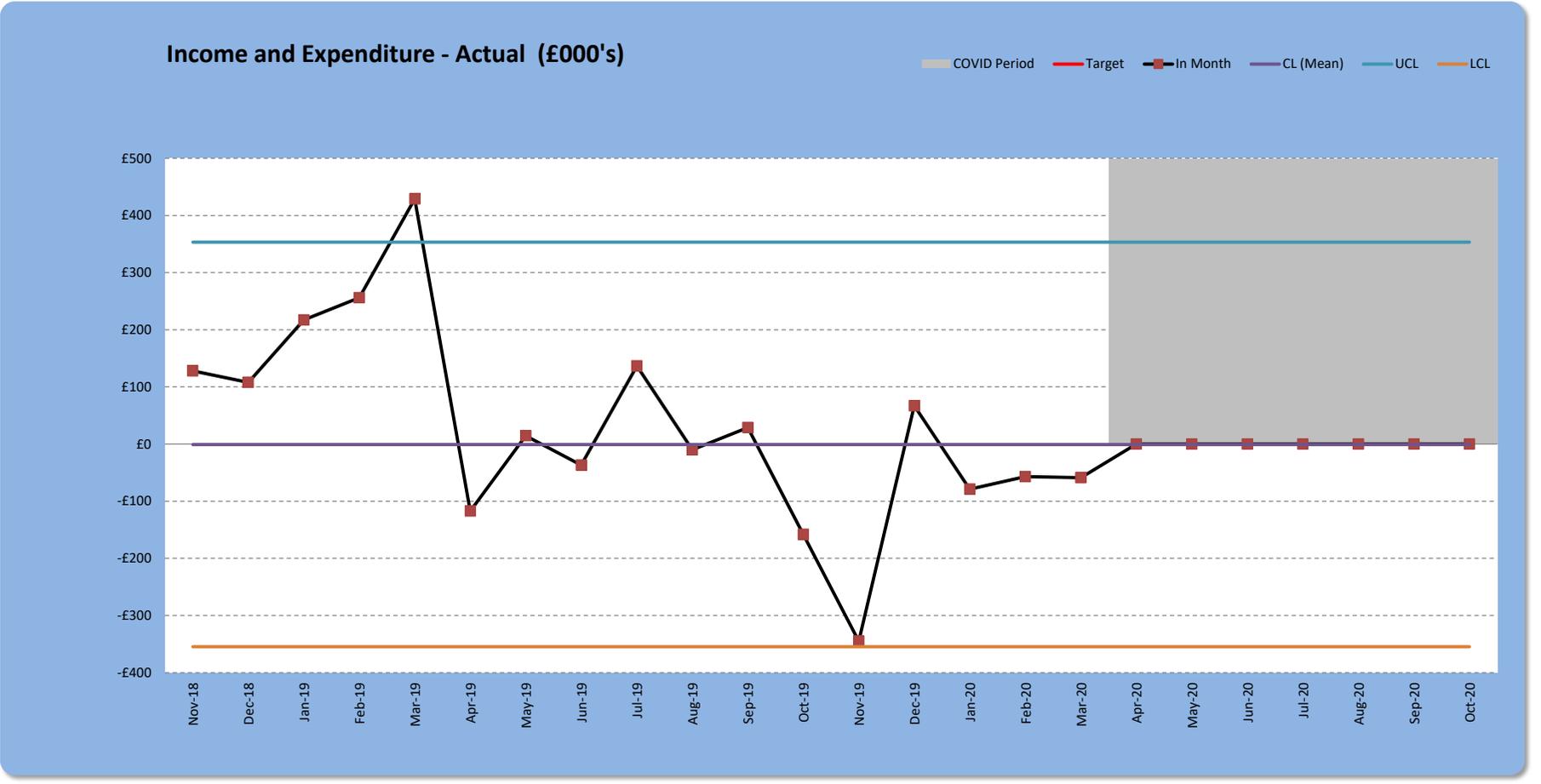
Indicator Title	Description/Rationale	Executive Lead
Income and Expenditure (£000's)	Review of the Income versus Expenditure (£000's) by month	Peter Beckwith

KPI Type
F 4b

Narrative

The Trust is at break even status

Target:
Amber:
Current month stands at £0 ,000



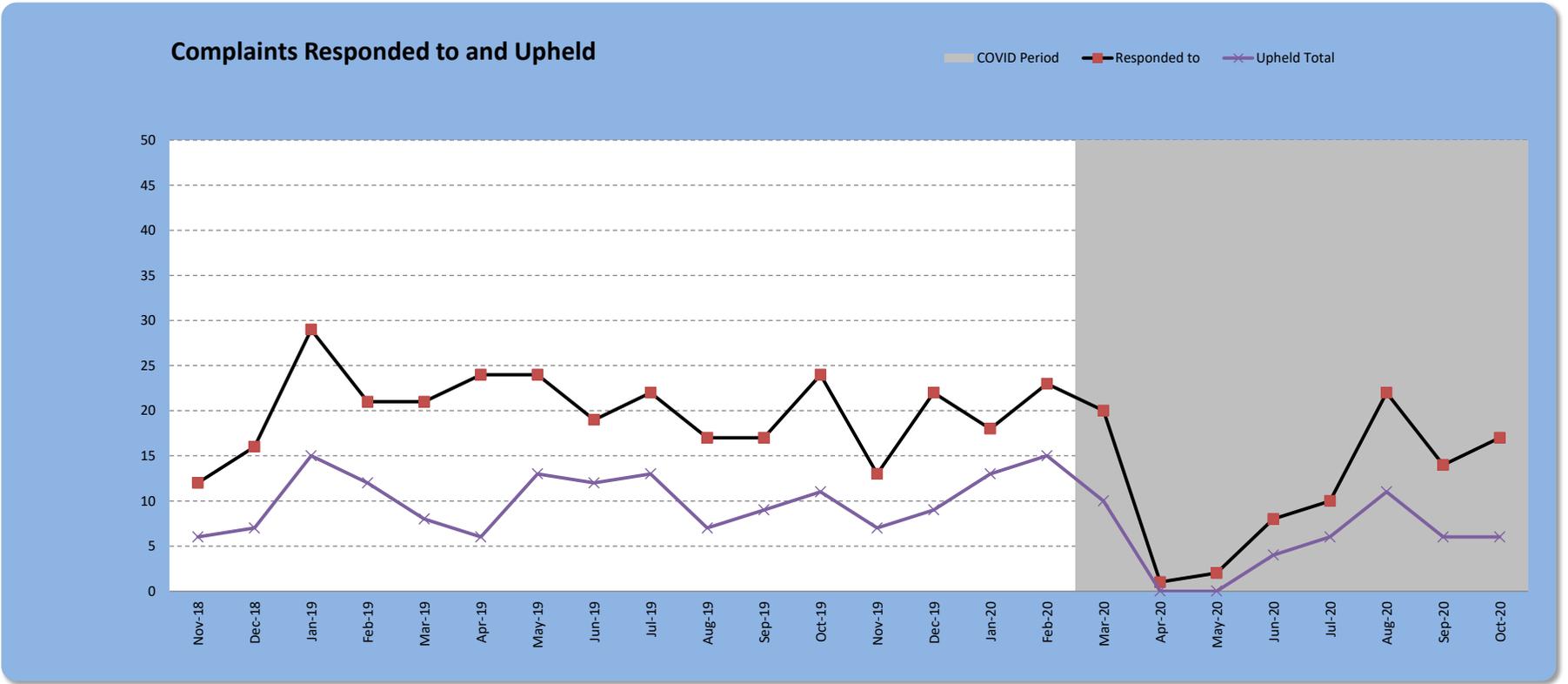
PI RETURN FORM 2020-21

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Oct 2020**

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

Narrative
Upheld Results
During the month, the following number of complaints was responded to 17
Of the number of complaints responded to in the month 6 were upheld which equates to 35.3%
YTD Upheld
50.0%



PI RETURN FORM 2020-21

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Oct 2020**

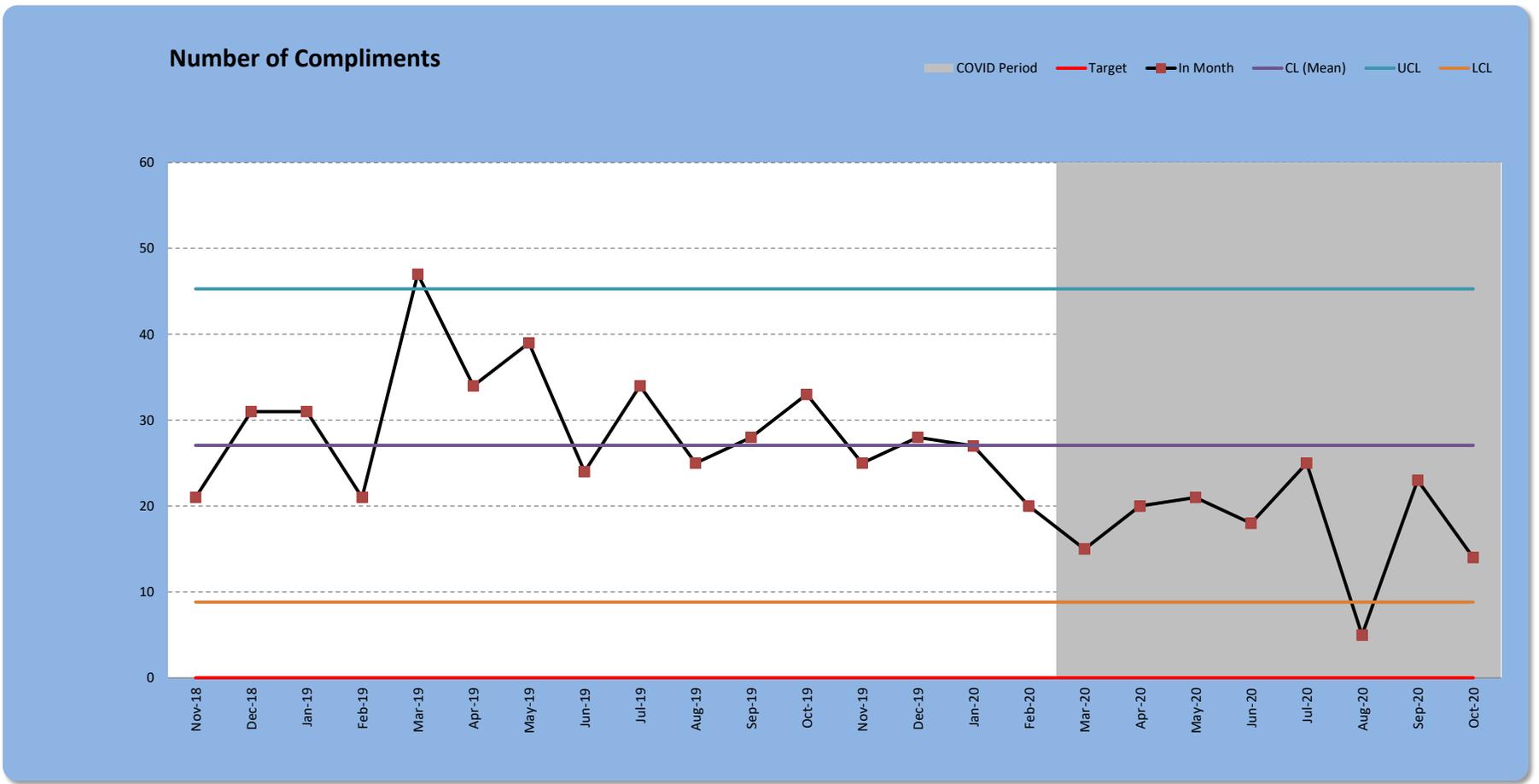
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Compliments	Chart showing the number of compliments received into the Trust	John Byrne	IQ 7

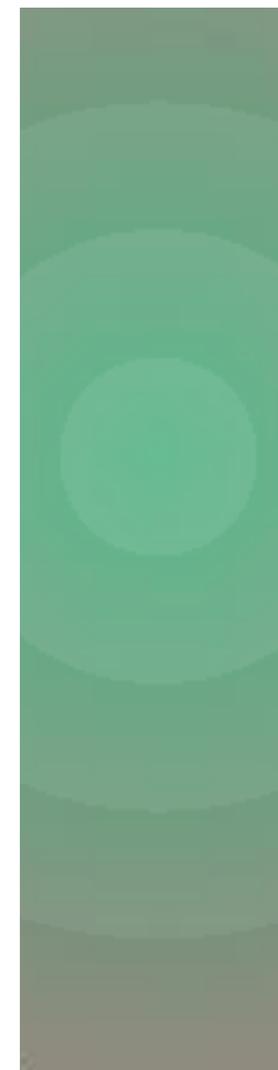
Narrative

14 compliments received in the month

Target: 0
Amber: 0

Current month stands at 14





Executive Team:

Chief Executive: Michele Moran

Chairman: Sharon Mays

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Director of Workforce and Organisational Development: Steve McGowan

Medical Director: John Byrne

Director of Nursing: Hilary Gledhill

Issue Date: 13/11/2020



Projected trajectory for East Riding Neurodiversity CYP ADHD pathway

All CYP ADHD assessments had to be paused at the beginning of lockdown and the team were unable to conduct face to face appointments. Face to face appointments have only been able to recommence in October 2020. The basic assessment consists of a school observation, a developmental history, the ACE (ADHD Child Evaluation) and a Qb test.

Even though schools have reopened the Service is currently not visiting them, firstly due to safety and the risk of transmission and secondly because the setup is so different to pre Covid that they would struggle to get a valid observation with the young person in 'bubbles' or unable to interact with their peers. They are therefore having to rely on schools to give them some information they need.

For more complex assessments the Service would also look to undertake some cognitive assessments. They have been unable to undertake these in their original format at this time given the validity of the assessment with the use of PPE and with Covid restrictions. The team have trained in the use of a Q- interactive assessment. This is a method of completing a cognitive assessment using iPads and is therefore able to occur in a socially distant face to face appointment. This began to be offered in October 2020.

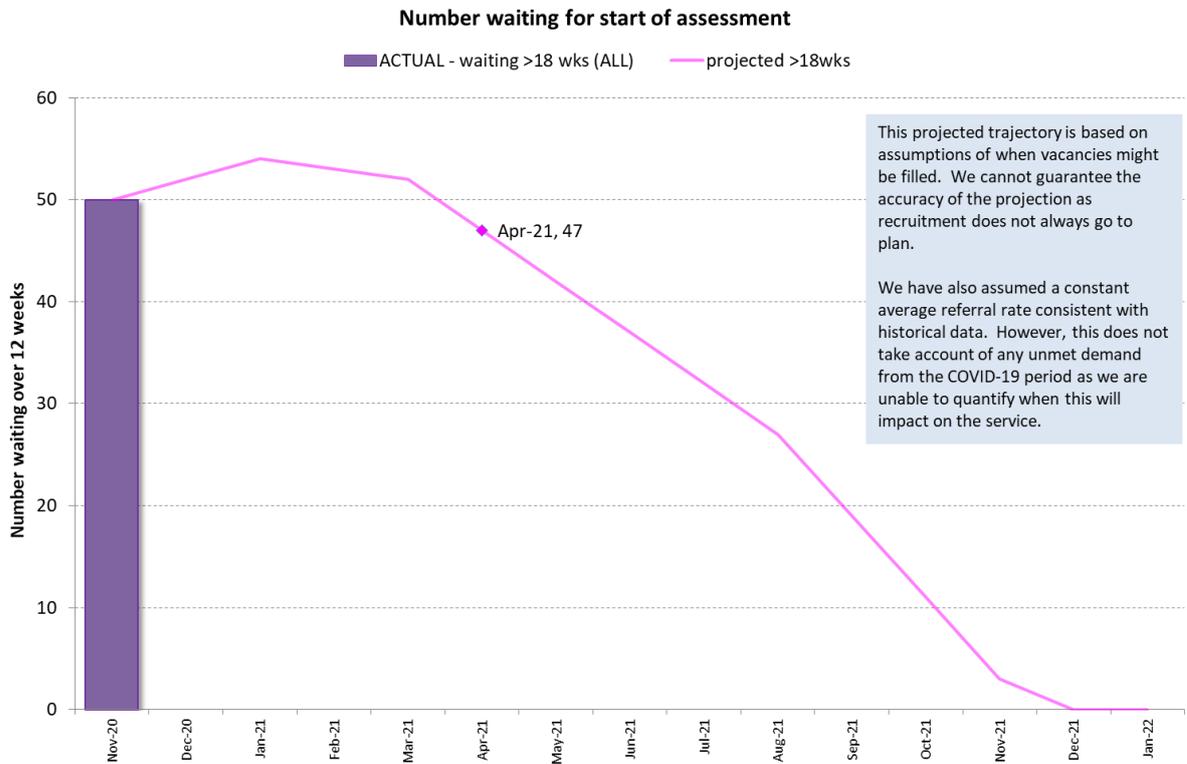
The Service is no longer able to undertake a Qb test given Covid restrictions and the team are in the process of purchasing a Qb- check digital test. This is currently awaiting IG approval and the purchase of a licence for its use. The Qb check offers a covid-secure objective assessment of ADHD symptomatology. It involves a link being sent to the family via email. It does however rely on certain digital requirements and so not all families will be able to access it at home, but the Service is exploring possibilities of these young people affected being able to access the assessment via their school computers.

For staffing we are able to project which vacant posts we expect to be filled when, but recruitment does not always go to plan.

Current capacity is as follows:

- Registered Nurse Cassidy, Miss Deborah Joy 1.0 – in post.
- Clinical Psychologist vacancy (awaiting sign off for a developmental post band 7-8, 0.6 WTE.
- Psychology Assistant - Vacancy- cannot recruit until clinical psychology is in post to supervise. 1.0 WTE.
- specialist nurse - vacancy - post recruited to. Possible start date end of January 2021, 1.0 WTE.
- Non medical prescriber - vacancy - possibly looking at a staff grade doctor in the short term(2.5 days week). 1.0 non-medical prescriber, or 0.5 WTE staff grade doctor.





We have estimated recruitment dates for the vacant posts in order to populate the trajectory, however these dates are highly speculative.

The trajectory assumes that the service is able to complete assessments and is therefore very much a best case scenario and should be viewed and understood as such.



Projected trajectory for Hull Neurodiversity CYP ADHD pathway

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Even though schools have reopened the Service is currently not visiting them, firstly due to safety and the risk of transmission and secondly because the setup is so different to pre Covid that they would struggle to get a valid observation with the young person in 'bubbles' or unable to interact with their peers. They therefore have to rely on schools to give them some information they need.

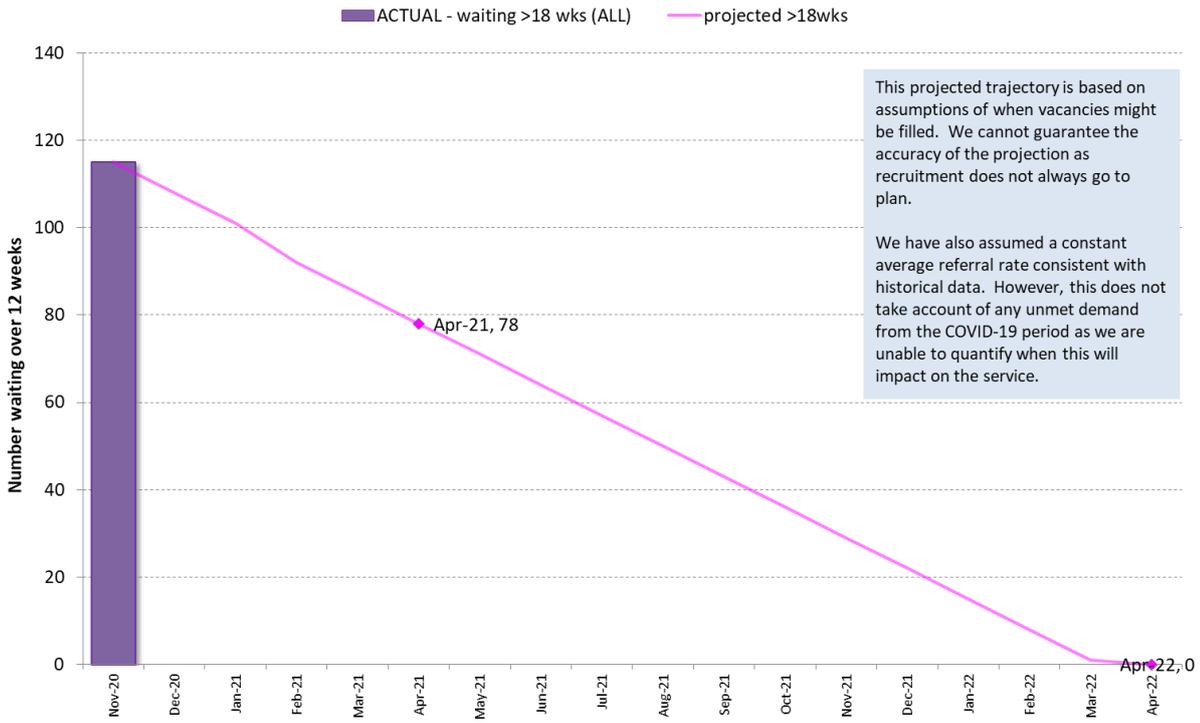
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For staffing we are able to project which vacant posts we expect to be filled when, but recruitment does not always go to plan. Projected capacity up to February 2021 includes 1.2 WTE locums currently in place to support dealing with the ADHD cases transferred from CHCP at the start of the year; this is projected to cease at the end of February 2021 when their locum contracts expire, as these non-recurrent posts are not funded beyond that point. The impact on the projected waiting list is barely noticeable because we are also projecting that 1.1 WTE vacant posts will be filled at around the same time, although this is of course subject to a successful recruitment process for each post.



Number waiting for start of assessment



Projected trajectory for East Riding CYP Autism Assessment Service

An autism assessment in an ideal world is made up of a developmental history / a school observation and an ADOS. There is also the collating and reviewing of information from parents and professionals involved which takes time to request/receive/review.

However, the Service is very often required to undertake additional assessments within an autism assessment which would include cognitive testing and language assessments. This is to be able to fully consider differential diagnosis. They may also need to liaise with other services – CAMHS/Paediatrician/SLT/Education etcetera to undertake a piece of work first before we can conclude. This all then impacts on the timescale of a full assessment and support of feeding back to the family.

Within current Covid-19 restrictions the Service can undertake the developmental history over the telephone/upstream. We are unable to visit schools to undertake an observation of both structured and unstructured time – due to spreading and also children being in ‘bubbles’ or similar that gives a different picture of how that child usually presents.

The Service is often reliant on other agencies supplying us with up to date information and this can also have an impact on time scales if not received in a reasonable time frame.

The Service is currently unable to undertake an ADOS due to the need for close proximity of the young person with the clinician, hygiene of equipment, but also because the wearing of PPE/social distancing makes the assessment invalid.

Whilst the restrictions of visiting schools continue to impact, the teams have adapted their processes to support autism assessments to continue in the coming months. The clinicians have attended virtual training on the BOSA (Brief Observation of Symptoms of Autism). This is a brief assessment whereby the clinicians support the parent to undertake specific tasks with their child and the clinicians observe from another room. The teams have also had to purchase all new equipment for the BOSA’s which require sourcing/ordering/learning to use.

There are obvious limitations to the BOSA, for example if the parent doesn’t feel comfortable and cannot get the child to undertake the task, the parent can lead the child into specific directions, or there is just not enough information seen to be able to conclude either way. The ER team opened up referrals at the beginning of lockdown and undertook the developmental history with parents, but could only do so many before having a back log to now work through. They are now working through the face to face BOSA’s with those families but will not be able to conclude on all of them due to not enough information/observation.

Projected trajectory of the waiting list

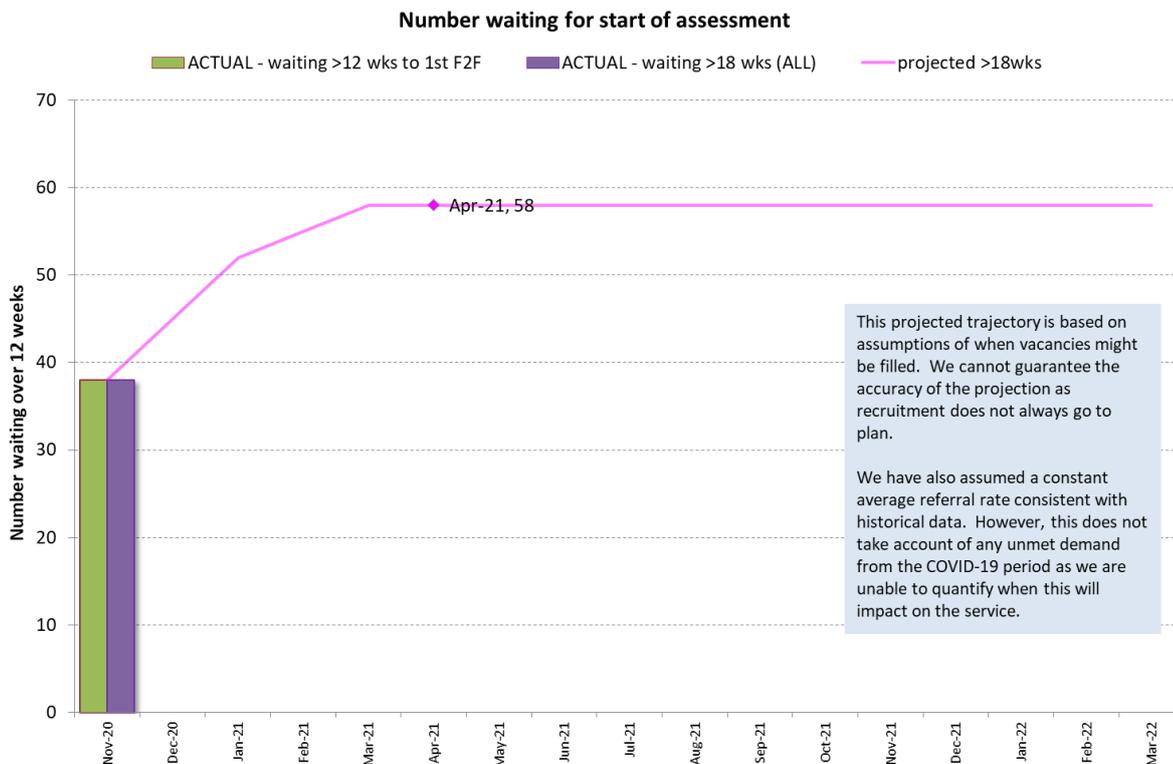
We have attempted to project how the waiting list will change in size in the coming months. It is important to remember that the following projection is based on a set of assumptions about how the future will unfold during very uncertain times, and that we have not been able to fully take account of some of the variables.

For staffing we are able to estimate which posts we expect to be filled when, but recruitment does not always go to plan. We have not included any long term sickness in this estimate, but this is of course more likely during a pandemic.



The challenges currently faced by schools impact directly on the ability of this service to complete assessments, with entire year-group ‘bubbles’ going into self-isolation at extremely short notice. This can impact on both the availability of the children and young people in appropriate settings for observations, and potentially on the availability of any staff with their own children needing to self-isolate. However, we are unable to quantify this at all and we have therefore not factored it in.

Because we have not been able to factor in the unpredictable variables noted above, the projected trajectory below is certainly a ‘best case scenario’ and should be viewed and understood as such.



The trajectory assumes that each 1.0 WTE is able to complete 4.3 assessments per month. This is based on a breakdown of the current pathway and the time involved at each phase. Available capacity calculations take into account adjustments for annual leave, training, sickness and a reasonable (and widely used) assumption of productivity during the remaining clinical time.

The current vacancies are:

- 0.6 wte Psychologist band 8a – we have assumed for the projection that this post will be filled from April 2021 but this likely to be ambitious, the Service went out to recruitment in October and got one applicant but they withdrew prior to interview. The advert is currently out but no applicants so far.
- 1 x B7 SLT post is currently vacant but has been recruited to, with an expected start date in mid-January 2021.

The above trajectory and supporting analysis suggests that the service has sufficient capacity to support the average accepted referral rate of 14 referrals per month but does not have any spare capacity to reduce the waiting list. The waiting list will therefore continue to grow until the existing vacancies are filled, at which point it is projected to stabilise.



Projected trajectory for Hull CYP Autism assessment Service

An autism assessment in an ideal world is made up of a developmental history / a school observation and an ADOS – within Hull this would normally be done in a morning at the school setting with 2 clinicians. There is also the collating and reviewing of information from parents and professionals involved which takes time to request/receive/review.

However, the Service is very often required to undertake additional assessments within an autism assessment which would include cognitive testing and language assessments. This is to be able to fully consider differential diagnosis. They may also need to liaise with other services – CAMHS/Paediatrician/SLT/Education etcetera to undertake a piece of work first before we can conclude. This all then impacts on the timescale of a full assessment and support of feeding back to the family.

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Whilst the restrictions of visiting schools continue to impact, the teams have adapted their processes to support autism assessments to continue in the coming months. The clinicians have attended virtual training on the BOSA (Brief Observation of Symptoms of Autism). This is a brief assessment whereby the clinicians support the parent to undertake specific tasks with their child and the clinicians observe from another room. There are obvious limitations to this, for example if the parent doesn't feel comfortable and cannot get the child to undertake the task, the parent can lead the child into specific directions, or there is just not enough information seen to be able to conclude either way.

Projected trajectory of the waiting list

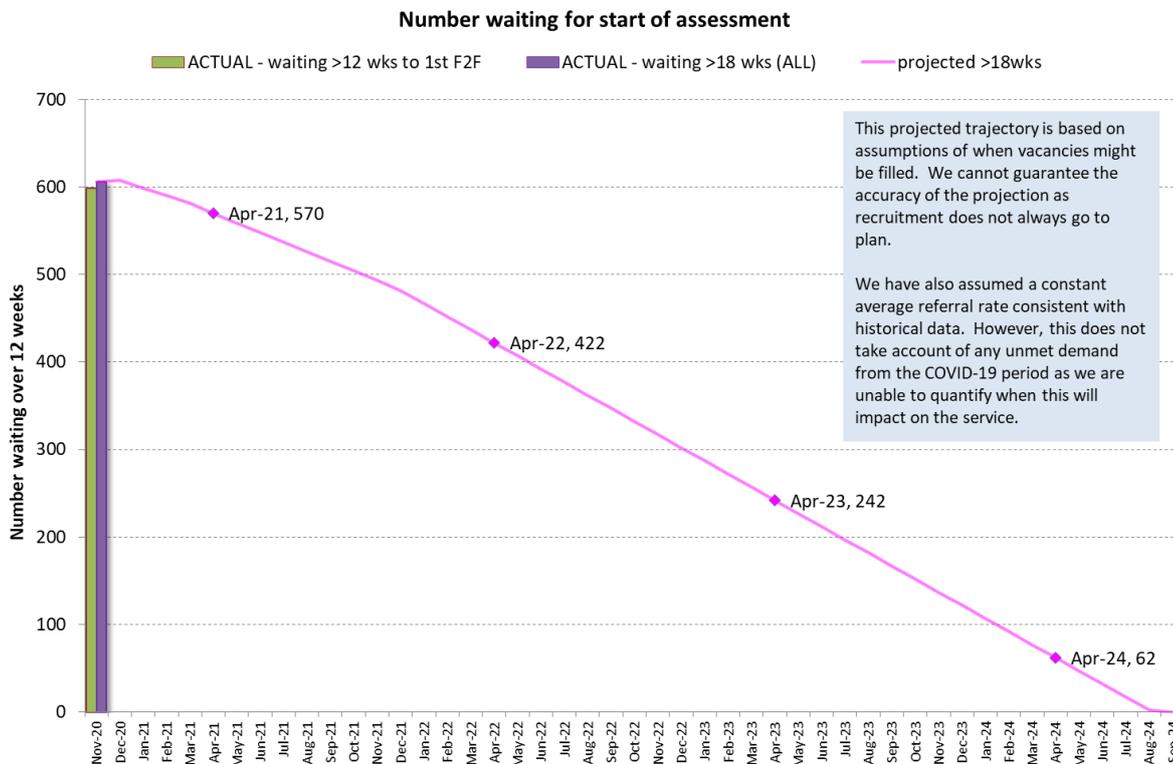
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For staffing we are able to quantify which posts we expect to be filled when, but recruitment does not always go to plan. We have estimated when current long term sickness might end but cannot predict when more might occur, which is of course more likely during a pandemic.

The challenges currently faced by schools impact directly on the ability of this service to complete assessments, with entire year-group ‘bubbles’ going into self-isolation at extremely short notice. This can impact on both the availability of the children and young people in appropriate settings for observations, and potentially on the availability of any staff with their own children needing to self-isolate. However, we are unable to quantify this at all and we have therefore not factored it in.



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The service has the following staffing considerations and noted limitations:

- 4.2 wte Psychology (+0.8 maternity leave till Feb 21)
- 1.5 wte SLT (+1.2 long term sick)
- 1.0 wte Advanced Nurse
- 1.0 wte Assistant psychology

Vacancies are:

- 1.0 wte B7 OT (unable to recruit, can it be changed discipline or can it be used within sensory service supporting Neuro?)
- 2 x B5 practitioners to support screening – projected start date Jan 21
- 1 x B6 Nurse to support screening – can this be turned into a part time B7 in the assessing team?
- 1 x B7 SLT going on maternity leave from end Dec for 1 year – can we offer a part time secondment?

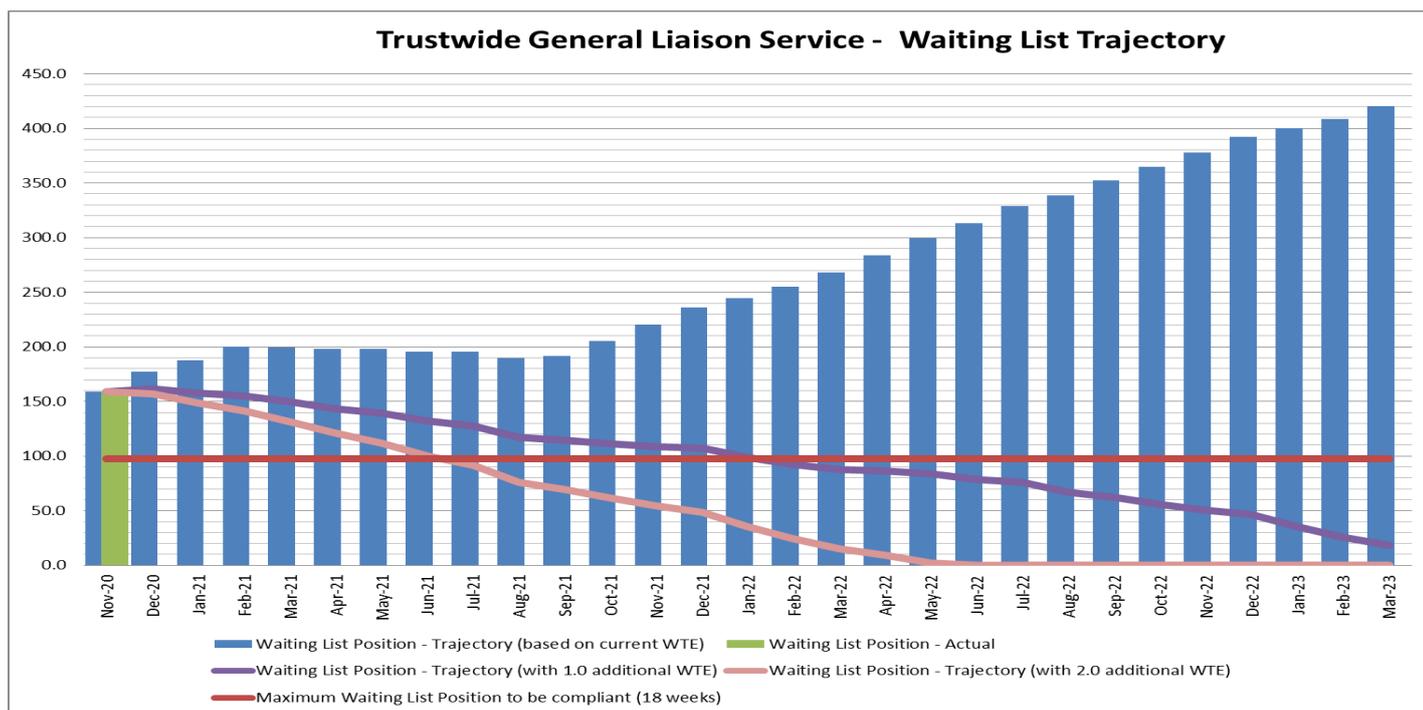


Projected trajectory for General Liaison (Including Provider to Provider contracts with Hull University Teaching Hospital)

The trajectory is based on the profile WTE position up to March 2023. For staffing we are able to project which vacant posts we expect to be filled when, but recruitment does not always go to plan.

The blue stack lines are based on the current WTE and inclusive of any new posts to be filled either on a permanent or temporary basis. We have built in the projected positions if we add in additional posts to the workforce (see purple line for 1 staff member and peach line for 2 additional WTE).

The red line illustrates the maximum waiting list position we need to achieve to ensure we remain 18 week compliant.



Caveats

- The data included in this trajectory is based on demand received for General Liaison and the referrals received as part of the Provider to Provider contracts we have with Hull University Teaching Hospital.
- The majority of the longest waiting patients belong on the consultant workforce. 97 from 159 on the waiting list to be exact. Unfortunately most of the long waiters (18+ weeks) relate to consultants.



- The consultants are expected to pick up the more complex patients at the start of the pathway and the caseload management aspect is provided by the consultant with support from therapists and 1 nursing member of staff.
- The length of time a patient is on a consultant caseload is very lengthy sometimes 5+ years. This has resulted in the consultant not being able to provide new capacity for the trajectory. Instead we have had to review the discharge data to analysis how many new cases can be taken on average each month. The capacity has been set based on the of caseload discharges each month, 1 patient discharge equals 1 patient taken from the waiting list.
- We have also had to reduce the new cases taken on each month with staff being temporally removed from the service due to COVID redeployment and maternity leave.
- Within the trajectory, we have included the option of adding in additional Nurse/Therapist who would be able to pick up 18 new cases every 6 weeks, doubling the new case capacity from 4 to 8 cases per WTE. We need to acknowledge that the trajectory is based on 'Nurses/Therapists' being able to pick up consultant cases to be able to achieve a downward trajectory on this waiting list.

Assumptions

- 35% drop out rate before first contact has occurred.
- New case capacity per month per WTE (adjusted for COVID Absence) = 4, for 6 months from Feb-21 this will increase to 8 as we introduce an temporary additional nurse who will be able to take 18 patients from the waiting list every 6 weeks.
- We have built in additional posts into the trajectory to provide options; this has been built on increasing the WTE to 8 cases per month to replicate the temporary nurse post the service has in place.
- Staff Productivity is set at 70% - an NHS standard.
- Nov-20 to Feb-21 WTE reduced from 6.2 due by 1.0 WTE (Consultant) due to phased return and no new cases to be picked up agreed as part of the return work conditions.
- Feb-21 Recruit Temporary nurse for 6 months, to be able to pick up 18 new cases every 6 weeks.
- Apr-21 reduced WTE by 0.6 due to Maternity Leave.
- Nov-21 to Mar-21 reduce 0.5WTE to be redeployed to MHLS for support the ward referrals.

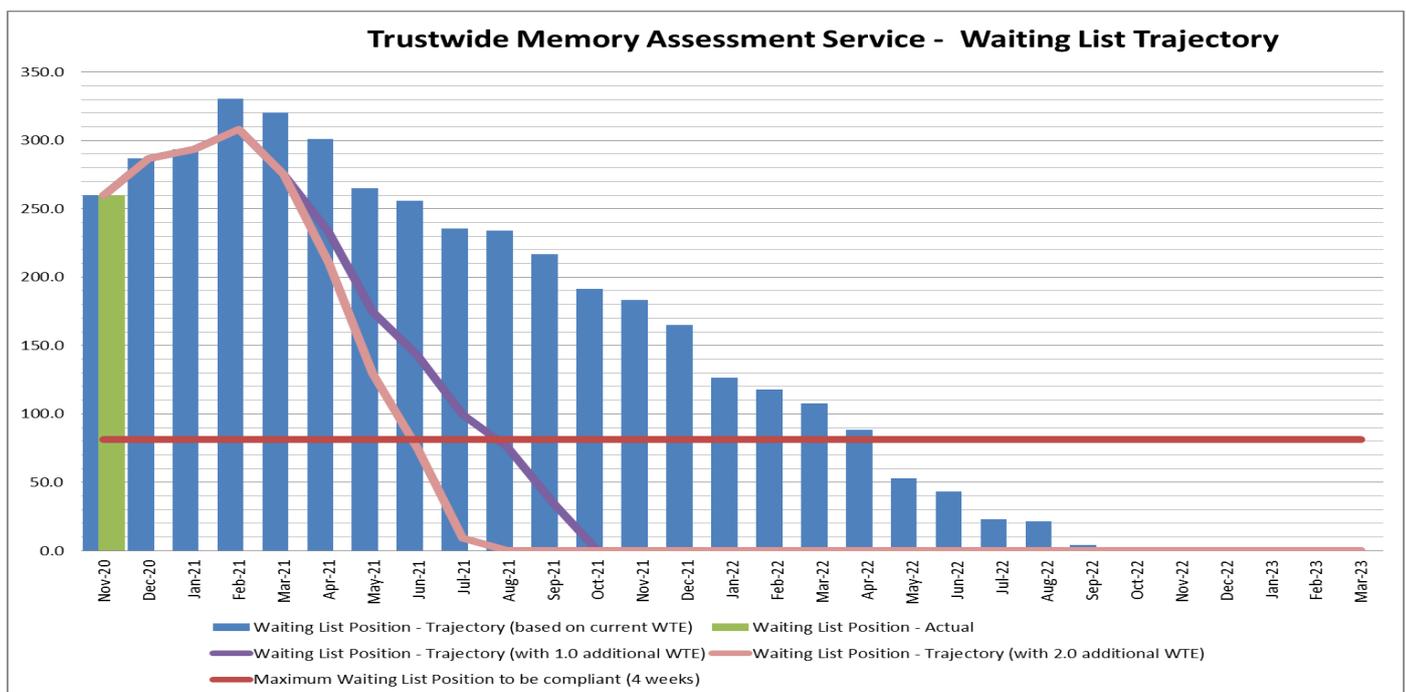


Projected trajectory for Memory Assessment Service

The trajectory is based on the profile WTE position up to March 2023. For staffing we are able to project which vacant posts we expect to be filled when, but recruitment does not always go to plan.

The blue stack lines are based on the current WTE and inclusive of any new posts to be filled either on a permanent or temporary basis. We have built in the projected positions if we add in additional posts to the workforce (see purple line for 1 staff member and peach line for 2 additional WTE).

The red line illustrates the maximum waiting list position we need to achieve to ensure we remain 18 week compliant.



Caveats

- Any additional posts will need to be split 50/50 between assessments and caseload management, which we have factored into additional workforce options.
- Temporary staffing required to clear the backlog and then subject to NO significant issues (Pandemic etc.) the current level of staff will be able to sustain the maximum waiting list of 91 (Average number of referrals per week X 3 weeks)



- Since the pandemic the service have developed a new way of working which means the start of the assessment is now completed over the phone. At the moment these have been coded as 'Triage' by the clinicians, but moving forward these will be coded as 'Initial Assessment', meaning the waiting list will significantly reduce. This needs CCG sign off by both Hull and East Riding but initial discussions have taken place with the CCG to change the pathway process.
- The service received 140 referrals on average per month, but after the drop out, the capacity needs to equal to be greater than 120 per month to meet the demand of the service.

Assumptions

- New case capacity is calculated on 20 cases per week
- Staff Productivity is set at 70% which is normal levels in the NHS.
- We have profiled in additional posts based on when realistically they workforce can be secured. This would require additional funding, these are not vacant posts.



Agenda Item: 10

Title & Date of Meeting:	Trust Board Public Meeting– 25 th November 2020			
Title of Report:	Finance Report 2020/21: Month 7 (October)			
Author/s:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To receive & note	X
	For information	X	To ratify	
Purpose of Paper:	<p>This report is being brought to the Trust Board to present the draft financial position for the Trust as at the 31st October 2020 (Month 7).</p> <p>The report provides assurance regarding financial performance, key financial targets and objectives.</p> <p>The Board are asked to note the financial position for the Trust and raise any queries, concerns or points of clarification.</p>			
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report:	<ul style="list-style-type: none"> A break even operational position was recorded to the 31st October 2020 Within the reported position is year to date covid expenditure of £9.545m, details of which are included in the report. Cash balance at the end of October was £27.802m, which is inclusive of an additional Block payment of £9.8m. 			

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 2020

1. Introduction and Purpose

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

2.1 For 20/21 the normal contracting arrangements between NHS organisations have been ceased and the Trust will receive a block income allocation.

For the purpose of Month 7 reporting all NHS clinical income has been grouped together with expenditure for clinical services reported as Gross.

Expenditure for corporate services continues to be reported as net, and provider to provider income arrangements continue to be in operation.

Income for covid claims included in the position has been allocated across the divisions and corporate areas to enable the non-covid underlying position to be reported.

The Trust reported a year to date break even position for October inclusive of £0.575m reserve for BRS risk. After £0.042m of donated asset depreciation and an impairment charge of £0.554m (which does not count against the Trust's Control Total), the Trust reported a deficit of £0.596m, details of which are summarised in the following table.



Table 1: 2020/21 Income and Expenditure

	20/21 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Income							
Trust Income	120,944	10,047	9,979	(68)	70,574	71,054	480
Clinical Income	15,405	1,094	1,335	241	8,317	8,595	278
Total Income	136,349	11,141	11,314	173	78,891	79,649	758
Clinical Services							
Children's & Learning Disability	27,836	2,289	2,331	(42)	16,384	15,945	439
Community & Primary Care	30,070	2,448	2,446	2	17,938	17,868	70
Mental Health	44,331	2,572	3,435	(863)	25,392	24,798	594
Secure Services	10,168	837	869	(32)	5,799	6,161	(361)
	112,405	8,147	9,082	(935)	65,513	64,771	742
Corporate Services							
Chief Executive	1,902	150	141	9	1,152	1,152	-
STP Office	476	36	47	(11)	38	106	(67)
Chief Operating Officer	6,625	488	454	35	3,957	4,062	(105)
Finance	10,297	987	1,069	(82)	6,432	6,332	100
HR	2,946	259	274	(16)	1,808	1,837	(29)
Director of Nursing	2,155	177	209	(32)	1,346	1,305	41
Medical	1,808	154	154	-	1,047	962	85
Finance Technical items (including Reserves)	(6,746)	382	(557)	939	(5,014)	(3,594)	(1,420)
	19,464	2,635	1,791	844	10,765	12,161	(1,396)
Total Expenditure	131,869	10,781	10,873	(91)	76,278	76,932	(654)
EBITDA	4,480	359	441	(82)	2,613	2,717	(103)
Depreciation	2,942	245	252	(7)	1,716	1,771	(55)
Interest	148	12	-	12	86	70	16
PDC Dividends Payable	2,341	195	189	6	1,366	1,350	16
PSF Funding	(951)	(79)	-	(79)	(555)	(474)	(81)
Operating Total	-	(14)	-	(14)	-	-	-
Excluded from Control Total							
Donated Depreciation	220	18	6	12	128	42	86
Impairment	-	-	554	(554)	-	554	(554)
Ledger Position	(220)	(32)	(6)	(26)	(128)	(596)	468
EBITDA %	3.7%	3.6%	4.4%		3.7%	3.8%	
Surplus %	0.0%	-0.1%	0.0%		0.0%	0.0%	



2.2 Trust Income

Trust income year to date was £0.480m ahead of budget. The income is based on a block allocation calculated by NHS England based on previous income figures.

2.3 Clinical Services

2.3.1 Children's and Learning Disability

Year to date expenditure of £15.945m represents an underspend against budget of £0.439m

2.3.2 Community and Primary Care

Year to date expenditure of £17.868m represents an underspend against budget of £0.070m

2.3.3 Mental Health

An underspend of £0.594m was recorded year to date for Mental Health. Budget pressures in Mental health unplanned care due to additional staffing costs, has been offset by the underspend in Mental Health planned care from current vacancies.

2.3.4 Secure Services

An overspend of £0.361m was recorded YTD for Secure Services. The main reasons for this is the use of Agency Medical Staff (£0.223m), to which the Service are actively recruiting and an unfunded Enhanced Package of Care on Ullswater (£0.124m). The remaining balance relates to a number of less material issues which are being monitored closely.

2.4 Corporate Services Expenditure

The overall Corporate Services expenditure was £1.396m overspent. The main pressure sits within Finance Technical, when this line is excluded corporate services are reporting a £0.024m underspend.

- The Finance directorate is reporting a year to date underspend of 0.100m.
- The Human Resources directorate has a year to date overspend of £0.029m.

2.5 COVID Expenditure

At the end of October 2020 the Trust recorded £9.545m of Covid related expenditure, details of which are summarised below.

From month 7, covid expenditure is no longer claimed, instead as part of the revised plan, the block from Hull CCG now includes of £0.365m of Covid funding per month, as well as £0.465m of Top up funding.



COVID 19 Revenue Claim	April £m	May £m	June £m	July £m	Aug £m	Sept £m	Oct £m	Total £m
Pay Costs	0.258	0.414	0.397	0.183	0.162	0.227	0.076	1.717
Non Pay Costs	0.281	0.302	0.201	0.302	0.436	0.875	0.136	2.533
Income Top Up	0.100	0.399	0.317	0.576	0.444	0.384	0.283	2.503
SDF M1-6 Top up						2.318		2.318
PSF Claim	0.079	0.079	0.079	0.079	0.079	0.079		0.474
Total Costs in Position	0.717	1.194	0.994	1.140	1.121	3.883	0.495	9.545

3. Statement of Financial Position

The Statement of Financial Position in Appendix 4 shows the Trust's assets and liabilities as at 31st October 2020. In month, the net current asset position decreased by £0.356m to £6.374m. This was related to an increase in trade creditors in month and an increase in other current assets due to prepayment additions and a higher VAT debtor.

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

3.1 Cash

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

Table 2: Cash Balance

Cash Balances	£000s
Cash with GBS	27,504
Nat West Commercial Account	247
Petty cash	51
Total	27,802

As part of the national response to the COVID pandemic the Trust received two Block income receipts in April (£9.8m) and therefore the reported cash position is significantly higher.

3.2 Capital Programme

Year to date the capital expenditure spend is £3.349m comprising of expenditure for IT services (£0.443m), Informatics (£0.238m), LHCRE (£1.152m) and Property Maintenance (£1.085m).

£0.429m of Covid related capital expenditure has been recorded year to date. £0.248m relates to Estates projects and £0.181m on IT related projects. £0.117m of capital funding has been received year to date for Video conferencing and laptops.

4. Recommendations

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



Appendix 1
Statement of Financial Position

	OCT-20 £000	SEPT-20 £000	Movement £000	COMMENTS
Property, Plant & Equipment	110,303	109,959	344	
Accumulated Depreciation	(26,258)	(26,010)	(248)	
Net Property, Plant & Equipment	84,045	83,949	591	
Intangible Assets	11,241	10,978	263	
Intangible Assets Depreciation	(1,948)	(1,937)	(11)	
Net Intangible Assets	9,293	9,041	274	
Total Non-Current Assets	93,338	92,990	865	
Cash	27,800	27,702	98	Additional Block payment received in April
Trade Debtors	5,261	5,394	(133)	Receipt from North Yorkshire CCG and East Riding Council.
Inventory	150	150	(0)	
Non Current Asset Held for Sale	1,543	1,543	0	Westlands reclassified as AHFS
Other Current Assets	1,978	1,162	816	Increase in prepayments and higher Vat debtor
Current Assets	36,732	35,951	781	
Trade Creditors	4,149	3,436	713	
Accrued Liabilities	26,209	25,785	424	Additional Block payment received in April
Current Liabilities	30,358	29,221	1,137	
Net Current Assets	6,374	6,730	(356)	
Non-Current Payables	1,216	1,216	0	Local Government Pension Scheme Liability
Non-Current Borrowing	3,981	3,981	0	
Long Term Liabilities	5,197	5,197	0	
Revaluation Reserve	18,558	18,558	0	
PDC Reserve	62,499	62,499	0	
Retained Earnings incl. In Year	13,460	13,467	(7)	
Total Taxpayers Equity	94,517	94,523	(6)	
Total Liabilities	130,072	128,941	1,131	



Agenda Item 11

Title & Date of Meeting:	Trust Board Public Meeting – Wednesday 25 November 2020			
Title of Report:	Charitable Funds Committee Assurance Report 22 September 2020			
Author/s:	Name: Mike Cooke Title: Non Executive Director and Chair of Charitable Funds Committee			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	<p>The Charitable Funds Committee (CFC) is one of the sub committees of the Trust Board.</p> <p>The report includes details of the meeting held on 3rd of November alongside minutes of the previous meeting 22 September 2020 which are attached for information.</p>			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Assurance Report	√
Any Issues for Escalation to the Board:	<ul style="list-style-type: none"> The Committee noted the verbal update and endorsed the Audit Committee recommendation that any expenditure above £100k is taken to the Board for approval. Charity ideas to come back from staff health and wellbeing group in relation to phase 3 NHS Charities funding. 			

Monitoring and assurance framework summary:

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



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

Key Issues:

A meeting of the Charitable Funds Committee (CFC) was held on 3 November 2020. The meeting was positive and well attended with good progress and assurance being made in this area.

Key Issues

The Committee

- Approved the 22 September 2020 CFC minutes (attached) as an accurate record.
- Noted the progress on the actions list and workplan.
- Received a Health Stars presentation relating to Bridlington from Mr Barber. It was agreed that the Health Stars presentation would be shared with the Committee after the meeting.
- Noted the September Board Assurance Report.
- Noted the Insight Report and the good progress being made, Mrs Winterton was advised to contact Lynn Parkinson on the Committees behalf and ask for some ideas from the Staff Health and Wellbeing Group, as well as make contact with Sue Hillier in terms of reaching out to the Leadership Forum.
- Noted the CFC Finance Report and Circle of Wishes Update. Mr Barber agreed to amend the admin fees for Smile and ensure they are split accordingly in time for the January meeting.
- Mr Beckwith agreed to finalise the accounts and send to Mr Baren for final review for inclusion on the November Board Agenda.
- Noted the verbal update on the Health Stars Operating Plan KPI's. It was agreed the Health Stars Operating Plan KPI's report would be circulated to all Committee members after the meeting, as it was missed of the combined agenda and papers.
- Noted the verbal update and endorsed the Audit Committee recommendation that any expenditure above £100k is taken to the Board for approval.

Charitable Funds Committee

Minutes of the Charitable Funds Committee Meeting

Held on Tuesday 22 September 2020, 10.00am – 12noon, via Microsoft Teams

- Present:** Professor Mike Cooke, Non-Executive Director (Chair)
Peter Baren, Non-Executive Director
Peter Beckwith, Director of Finance
Steve McGowan, Director of Workforce and Organisational Development
- In Attendance:** Rachel Kirby, Communications & Marketing Manager
Andy Barber, Hey Smile Foundation Chief Executive
Andy Steele, 360 Accountants (item 33/20)
Sophie Holmes, 360 Accountants (item 33/20)
Kerrie Neilson, PA (minutes)
- Apologies:** Michele Moran, Chief Executive
Victoria Winterton, Head of Smile Health
Kristina Poxon, Fundraising Manager

It was declared that the meeting would be recorded for note taking purposes and the recording would be destroyed once the minutes have formally been approved by the Charitable Funds Committee at the next meeting on 3 November 2020.

29/20 **Declarations of Interest**
None declared.

30/20 **Minutes of the Meeting held on 21 July 2020**
The minutes of the meeting held on 21 July 2020 were agreed as a correct record subject to the following amendment: Item 14/20 to read “declarations of interest” rather than “declarations of engagement”.

31/20 **Action List, Matters Arising and Workplan**
The actions list was discussed and the following was noted:

23/20 Operations Plan 2020/21 & KPI's

Mr Barber reported that we are still awaiting the report from NHS Charities Together. As soon as the report is available it will be shared with Committee members.

32/20 **Insight Report**

Mr Barber presented the report that provided an update on topical issues. The following key issues were highlighted and discussed:

- NHS Charities Together BAME Project Funding
- NHS Charities Together Stage 2 & Stage 3 Funding
- Humber Centre Shop Proposal
- Whitby Appeal
- Face Masks
- Covid-19 Book

It was reported that the Charity have been successful in a bid for NHS Charities to support the Trust and wider communities Black, Asian and Minority Ethnic (BAME) population.

It was noted that stage 2 is the community partnerships grant round. This is a grant across the Humber Coast and Vale Integrated Care System (ICS) geography. All charities in the ICS will need to work together to apply for a grant in partnership as well as working with community partners. The grant is for £623,000. A lead charity has been agreed for this phase which is the Health Tree Foundation at Northern Lincolnshire and Goole NHS Foundation Trust. This charity is also managed by HEY Smile Foundation similar to Health Stars.

Mr Barber noted that the aim of the funding is to work with communities not to spend the money within the four walls of the NHS. It is about giving money to the voluntary sector and working with partners to do prevention not about investing in the NHS again. From a governance point of view NHS Charities Together can't invest directly into the voluntary sector it needs to go through NHS Charities.

The first meeting of the HCV ICS took place on Tuesday 8 September. Mr Barber provided a verbal update following his attendance at that meeting. He stated that he stressed to all partners about that way of working and the particular themes that came out strong was "preventing admission to NHS facilities" "facilitating discharge from NHS facilities" sections a and b.

It was noted there are couple of pieces of work that Smile have already started having discussions with colleagues within Humber. For example, Sam Grey and looking at the befriending work that has been going in within Humber and how we can expand upon that. That is a piece of work that a lot of our partners across HCV are interested in and the concept of the potential of a good call centre, and how we do that across the patch as a whole with this potential funding. Mr Barber connected with Professor Stephen Eames at the HCV meeting on 21 September in relation to this funding and Professor Stephen Eames gave a letter of support to the work that has been going on with NLAG and Humber and supported us in putting that application together.

It was noted that stage 3 is the recovery grant aimed at support staff. This is being given out based on £22 per person employed by each NHS Trust. Health Stars grant allocation is £66k. Unlike the previous grants given based on staff numbers, this grant is not given automatically and we need to apply for the money. As a result we need to come up with ideas for staff projects. Mr Barber added that this was discussed at the HCV meeting and there was also talks around how we could potentially look at how we could top slice some of the Charitable Funds for more support towards our people within Humber. This work compliments the work that is already going on within Human Resources. We are going to focus our direction on that piece of work and start to look and scope out what we could do with that potential funding. Mr Barber agreed to reach out to Mr McGowan outside of this meeting, to ensure that it is done in line with existing works. Mr Barber emphasised the need to bear in mind the changes on the COVID situation as we may need to invest in different ways with our employees going forward.

Mr Barber noted from an NHS Charities Together point of view, it is very positive and there are some great responses from the Chief Executive and the Committee and a strong standard of applications coming from Health Stars.

Professor Cooke welcomed views from Mr McGowan on BAME. Mr McGowan reported that the Trust now has a BAME staff network up and running and Grace Gava is the chair. Mr McGowan stated that he and Michele Moran had an all staff BAME call last week with and that there is some really positive work going on. He agreed with Mr Barbers comment about it being very important that we keep this structured and focused and address the issues that are Humber issues, rather than potentially wider issues. Mr McGowan said he is really keen to listen to Grace Gava and the BAME network.

Professor Cooke welcomed further questions or comments on BAME. Mr Baren queried BAME expenditure that is coming through and what we can do with regards to communicating to potential employees that may want to join us in the future and how we can use this to stretch our

network. Mrs Kirby noted that this is something that she is interested in so she can raise the profile of the work and build into Humberlievable.

Professor Cooke welcomed thoughts on prevention for stage 3. Mr Beckwith stated that it should link in with the Staff Health and Wellbeing Group, as well as Lynn Parkinson and Mr McGowan. Professor Cooke suggested that Mr Barber links up with Lynn Parkinson and Natalie Belt.

Mr Barber took Committee members through the Humber Centre Shop proposal. It was noted that the Humber Centre have approached Health Stars to propose the idea of Health Stars jointly running the Humber Centre Shop alongside the team at the Humber Centre. A proposal outlining further detail was discussed.. It will require some investment from Health Stars. The idea is that all future income would then come into the Humber Centre fund at Health Stars.

Professor Cooke asked if there is a market for this. Mr Barber stated yes there is a surplus. Professor Cooke then asked if Patti Boden was on board. Mr Barber confirmed yes. Professor Cooke asked for Committee members views. It was noted that the Committee is in favour.

It was confirmed that work is ongoing in relation the Trust purchasing face masks as a gift for members of staff.

Mrs Kirby reported that the Covid-19 book is due to be published late September / early October.

Mr Barber explained the detail in the Whitby Appeal Proposal Appendix D. He reported that there is some financial information listed and we have been working with colleagues within Humber to look at what areas of investment we could put in to the larger developments. As we go through this process more detail will be brought to this Committee on budgets and also the detail of each individual items' and what a dementia ward looks like, along with what information is going in there. It is very imperative that we build a relationship there for the future.

Mr McGowan commented that there is nothing in there that is directly about staff so he wondered whether part of that investment is going to be adding into enhancing the staff experience within the hospital given the staff recruitment issues that we have in Whitby. Professor Cooke asked if this could be linked in with the Staff Health and Wellbeing Group. Mr McGowan agreed and said it would also be useful to have that as part of the actual proposition.

Mr Baren suggested contacting Whitby Abbey Charity as they may be able to help with the campaign. He pointed out that he is a Director of a Charity called Beyond Housing, which is a Housing Association that has some properties in Whitby. Therefore, it might be worth doing something jointly with them to get the message out through the tenants.

The Committee discussed the following key decisions and the following was noted:

1. Budget and Wish list approval – Approved subject to the comments to build it up thinking about staff and items that would increase specific donations.
2. Allocation of existing funds to appeal – Approved. It was noted this is approximately £30k.
3. Employment of part time post (*employed by Smile and recharged) – Mr Barber stated that this will be brought back to a future Committee once we have a clear plan.
4. Approval of Appeal name and logo – Mrs Kirby agreed she is happy to be involved in this work. Mr Barber advised as soon as the Appeal name has been approved work will start on designing a logo.

Resolved: The report and verbal updates were noted by the Committee.

The Committee approved the Humber Centre Shop Proposal and look forward to receiving one or two break even scenarios. ACTION AB/VW

Mr Beckwith agreed to circulate the Artists impression of the Whitby site to Committee members. ACTION PBec

Review of Full Accounts

Mr Beckwith introduced the draft accounts explaining that this is the first sight of the draft accounts for 2019/20. It was noted that the draft accounts have come to the Committee slightly early this year, to enable the Committee to review and if there are any areas for clarification then there is an opportunity to bring back to the next Committee, prior to submission at the end of January 2021. Mr Beckwith confirmed he has reviewed the draft accounts for 2019/20 and he is happy.

Mr Steele confirmed an independent examination was undertaken and no errors have been identified, feedback was provided on the transparency of fund zones and use of Zero accounting. Ms Holmes added that there has been a drop in income this year due to grants dropping, which is explained by the Impact Appeal timelines. It was noted that last years' grants totalled £175k compared to £105k for this year. The overall income dropped from £259,692 in 2019 to £166,958 in 2020. Ms Holmes went on to highlight the various expenditure costs and noted that there hasn't been much change to expenditure. The biggest change comes from the drop in wages due to staff changes. The governance costs are the costs that the Charity pays Smile for the management and the work that they do.

It was noted that the net income £67,567 so despite the fact that income has dropped the costs have also decreased in line with that we are showing a surplus for the year, which is a very positive position to be showing.

Mr Barber stated that the accounts show really good management of our costs and appropriate to the work that has been delivered. There has been a reduction in governance costs as well as the staffing costs and that the operation has not been affected due to that and that has helped with the ratio, by making sure that our fundraising costs are in line with best practice and showing that we are positively spending the money. The accounts do show that we are still holding money for the CAMHS Impact Appeal and that spend is on-going at the Children's Centre. However, it has slowed down due to COVID. Progress is being made and we are working very closely with partners. Mr Barber stated from his perspective he is really pleased with the set of accounts and he formally thanked 360 Accountants.

Ms Holmes took Committee members through the balance sheet as at 31 March 2020. She explained that the cash at the bank was in a very healthy position and the creditors we owed money to at the end of the year was minimal, compared to the previous year. She confirmed we are in a good position at the end of this financial year. It was noted that the total funds at the bottom of the balance sheet have increased as we have made a surplus this year. The restricted funds have dropped because we are making an effort to spend that money and the restricted funds have increased, partly due to the Impact Appeal but also because they have been reviewed and hopefully will start to decrease as that money is spent in the best way.

Ms Holmes informed the Committee that pages 1-7 is the Trustee report which includes new delegation limits.

Professor Cooke welcomed questions or comments. Mr Baren pointed out that the Trust name at the top of each page does not have Teaching listed. He then referred to page 2 under the heading "significant activities" third paragraph down, he asked for the word "existing" to be amended to "former". He then referred to page 5 under "key personnel" and noted that Head of Smile and Charity Co-Ordinator are both listed twice. His final comment related to the Trustees on page 6. He pointed out that Paula Bee needs adding to that list as she was a Non-Executive Director and Chair of the Charitable Funds Committee until 31 August 2019.

Professor Cooke formally thanked 360 Accountants.

Resolved: The Committee considered and approved the draft accounts subject to some minor amendments and further commentary on future plans focussing on Whitby and Bridlington.

ACTION AB/VW/PBec

Ms Holmes agreed to make the suggested amendments then go back to Mr Beckwith and Mr Baren for final review and sign off. ACTION SH/PBec/PB

34/20 **Circle of Wishes and Finance Report**

Mr Barber presented the report that provided the Committee with an update on the progress Health Stars is making and to highlight any issues which need to be discussed and/or approved.

Mr Barber highlighted the following items covered in the report:-

- Circle of Wishes Update
- Finance update
- Fund Zone Balances

It was noted a full income and expenditure account is attached at Appendix A, for the 2nd quarter of 2019/20 and year to date figures £95.2k of income has been raised. Direct and Operating expenditure year to date total £63.5k, leaving a net surplus of £31.7k. Income includes grant income from NHS Charities Together along with fundraising from the COVID-19 appeal.

Still to be received is the funds raised through the Barclays & HEY Smile Foundation Impact Appeal Ball and £50k BAME grant funding from NHS Charities Together.

A breakdown of fund zone balances (£712k) is attached at Appendix B, as requested by the Committee this splits funds between restricted and unrestricted.

The Committee had no questions or concerns on the report.

Resolved: The Committee noted the report and verbal updates.

35/20 **Review Health Stars Operational Plan KPI's 2020/21**

Mr Barber presented the report that provided the Committee with a proposed suite of Key Performance Indicators (KPI) for 2020/21 against which regular performance updates can be presented to the committee.

Mr Barber reported that there is one element of change to note and that relates to the ratio it has dropped to 5.20 from 5.60 and this is being monitored on a regular basis.

Professor Cooke for Committee members' views on KPI's and asked if they are happy with the direction of travel and are we measuring the right things. Mr Baren stated that he thought we was doing two KPI's on income generation i.e. income without grants.

Mr Barber updated the Committee on the work that Mrs Poxon has taken on in terms of sitting on a number Trust Boards to support the Trust and she is also a Domestic Violence Champion which is excellent.

Mr Beckwith noted that it would be helpful for the Committee to see percentage ratios with and without grants.

The Committee formally thanked Mrs Poxon and Mrs Winterton for their professional contribution and hard work throughout this difficult period.

Resolved: The report and verbal updates were noted by the Committee.

Mr Barber agreed to bring a paper on Health and Landscape in Bridlington to the next meeting in November. ACTION AB

36/20 **Risk Register**

Mr Barber presented the report which provides the Committee with an updated risk register in

relation to Health Stars and Charitable funds. It was confirmed the risk register was reviewed by EMT on 14 September and no changes were proposed.

Mr Barber reported that the voluntary sector information has been dropped to the lowest score, following a recommendation from Michele Moran. He also stated that the risk around grants will also be monitored in between the next two meetings, along with further effects of lockdown due to COVID and working from home.

Mr Beckwith stated that he is happy with the risk register work. He also confirmed that the Execs feel it reflects what is going on.

Professor Cooke thanked everyone involved in the risk register work.

Resolved: The Committee noted and approved the risk register.

37/20

Review of Fund Zones

Mr Barber presented the report explaining that the purpose of the report is to propose funds that can be closed following a review for approval by the Committee.

The Health Stars team have conducted a review of the current funds and fund zones and would like to propose changes to the following 19 funds and fund zones. 17 funds are proposed to be closed with reasons detailed within the report. The remaining two funds will be moved into other fund zones rather than being closed.

Professor Cooke welcomed any questions or comments. It was noted that all of the Committee members were in agreement with the paper and proposal.

Resolved: The report and verbal updates were noted by the Committee.

The Committee approved 17 funds to be closed and 2 to be moved noted that the closing balances. ACTION AB/VW/PBec

38/20

Monthly Board Assurance Report

Professor Cooke summarised the virtual Microsoft Teams meeting and noted that it was another very productive meeting. He requested that all of the following is included in the September Board Assurance Report.

- Welcomed both Andy Steele and Sophie Holmes from 360 Accountants to the meeting.
- Approved the 21 July 2020 CFC minutes as an accurate record subject to one minor amendment to the heading title for item 14/20 to read “declarations of interest rather than declarations of engagement.
- Noted the progress on the actions list and workplan.
- Received a presentation from 360 Accountants on the 2019/20 draft accounts. An independent examination was undertaken and no errors have been identified, feedback was provided on the transparency of funds zones and use of Zero accounting.
- The Committee was pleased to note the trends and noted the drop in income which is explained by the Impact Appeal timelines.
- The Committee considered and approved the draft accounts subject to some minor amendments and further commentary on future plans focussing on Whitby and Bridlington.
- Noted the really helpful insight report, formally thanking Mr Barber, Mrs Winterton and Mrs Poxon for all of their hard work. The Committee also expressed their gratitude on the specific work they are doing tailored to Humber as this is really making a huge difference.
- Noted the good progress made in relation to the successful application for BAME funding monies and acknowledged the benefits of being part of a wider network, building on the existing work in the Trust that is being led by Mr McGowan and Grace Gava.
- Noted the need for a proactive approach for use of the NHS Charities stage 2 prevention funding and stage 3 staff wellbeing funding, the latter being influenced by the existing

Health and Wellbeing staff group.

- The Committee approved the Humber Centre Shop Proposal and we look forward to receiving one or two break even scenarios.
- The Committee welcomed the publication of the COVID-19 booklet due to be published late September / early October.
- The Committee noted the good discussion around Whitby, approved the target funding for the appeal suggesting some amendments to the wish list. The name of the appeal was agreed with a logo to subsequently be designed. The Committee also supported securing a part time fundraising role with Smile but working in the Community.
- Reviewed and noted the positive Circle of Wishes Update and Finance Report, and welcomed the KPI's paper. The committee requested further analysis in future reports on income ratios including and excluding grant funding.
- Noted that it was good to see consistency in the papers.
- Received, discussed and agreed the risk register, noting that the Execs feel it reflects what is going on. There is a need to bear in mind the second COVID wave.
- Approved the simplification of fund zones.

Resolved: The verbal update was noted by the Committee. It was noted that all of the above will be included in the September Board Assurance Report. **ACTION PBec/MC/KN**
The Committee agreed that this item should be moved higher up on future agendas. ACTION KN

39/20 **Items for Escalation or Inclusion on the Risk Register**

Professor Cooke verbally reported that he would like to escalate the following items to the Board in the September Board Assurance Report.

- Annual Accounts have been received and are approved subject to minor amendments.
- The Charity have been successful in a bid for NHS Charities to support the Trust and wider communities Black, Asian and Minority Ethnic population.
- Whitby Fundraising appeal name of "Whitby Hospital Appeal" was supported with a fundraising target of £200k.

Resolved: The verbal update was noted by the Committee. It was noted that all of the above will be included in the September Board Assurance Report. **ACTION PBec/MC/KN**

40/20 **Any Other Business**

Professor Cooke asked for Committee members views on how today's meeting went. The Committee all agreed that this was a very positive meeting and everything is going in the right direction.

Resolved: The verbal update was noted.

41/20 **Date and Time of Next Meeting**

Tuesday 3 November 2020, 12.30pm – 2.30pm, via Microsoft Teams.

Signed:Chair: Mike Cooke

Date:

Agenda Item 12

Title & Date of Meeting:	Trust Board Public Meeting – 25 November 2020			
Title of Report:	Mental Health Legislation Committee Assurance Report following meeting of 05 November 2020.			
Author/s:	Name: Michael Smith Title: Non Executive Director and Chair of Mental Health Legislation Committee			
Recommendation:	To approve		To receive & note	✓
	For information	✓	To ratify	
Purpose of Paper:	<p>The Mental Health Legislation Committee is one of the sub Committees of the Trust Board</p> <p>This paper provides an executive summary of discussions held at the meeting held on 05 November 2020 and a summary of key issues for the Board to note.</p>			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Board Assurance report	✓
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<ul style="list-style-type: none"> • Doctors / Approved Clinicians in training invited to attend as part of their learning • Approved 4 fully reviewed policies and noted that all policies are up-to-date • Heard significant evidence of improved partnership working, especially with police and ambulance service • Received annual MAPPA report and commended good work • Agreed utilisation of Internal Audit capacity 			

Monitoring and assurance framework summary:

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



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

Committee noted key items and assurances regarding:

- Meeting was quorate and was pleased to welcome Caron Hodgson as representative from Hull City Council, and Dr Michael Cottle, ST5 (Specialist Trainee) and Jo Scott (trainee Approved Clinician) as Observers.
- The Mental Health Legislation steering group has met and is discussing all significant issues related to mental health legislation to provide assurance to the Committee
- MH Quarterly performance report now in 4 Sections which is providing focus and aiding understanding
- Proposals to further improve reporting on Community Treatment Orders (CTO) and Tribunal Hearings to be looked into
- Exceptions report highlighted a number of administrative errors, all of which have been used as learning points
- Noted that the above exemplifies a good reporting culture - high reporting, low harm
- Discussion around Board Assurance Framework (BAF) and risks specifically pertaining to Mental Health Legislation committee (MHLC)
- Noted Liberty Protection Safeguards (LPS) timeline for implementation by April 2022
- Noted published Care Quality Commission (CQC) guidance on long term segregation (LTS) and how Humber's Care Away From Others (CAFO) procedure and the reporting around individual patients subject to CAFO assisted our compliance and good patient care
- Noted the change to the MHA regulations in terms of the introduction of e-mailing MHA forms, the short timescale for introduction, the absence of national guidelines and the challenges this will bring about
- Approved Physical Restraint, Inpatient Leave, Multi Agency Conveyance and Section 136 policies.
- Noted and commended work done on Multi Agency Conveyance and Section 136 policies in relation to partnership working with Yorkshire Ambulance Service (YAS) and Humberside Police
- Noted that the above is also part of the Right Care, Right Person police initiative which is helping make this constantly pressured system work
- Received an initial 'scoping' presentation on the re-audit of seclusion medical review
- Discussed the Reducing Restrictive Interventions (RRI) Q2 report and noted the increase in seclusions and rapid tranquilisation. Noted the drivers behind this being COVID-19, patient acuity, receipt of patients from restrictive prison environments and the addition of Inspire, adding to patient numbers
- Noted that the RRI report has wider implications, impacting positively on a Human Rights based approach and the challenges of closed cultures.
- Received a report on Multi-Agency Public Protection Arrangements (MAPPA) and commended the work done, positive external feedback received and commitment of

individuals to attend meetings and keep up to date with paperwork.

- Noted specific work on case conferences for specific offenders where multi agency attendance of 100% was the norm
- Noted MAPPA training had been put on hold but is now becoming available online
- Considered the Trust's position in relation to the Care Quality Commission Insight report and how we are ensuring we individually risk assess visiting and S17 leave on an individual basis
- MHLC has asked internal auditors to look at 'consent to treatment' for mental health legislation and how this may support positive outcomes in respect of reducing errors

Key Issues:

Insight report:

- Implementation of Liberty Protection Safeguards – Provisional timeline in place aiming for full implementation by April 2022
- Covid-19 Insight – Issue 3 July 2020 (as discussed above)
- Brief guide: Long-Term Segregation (as discussed above)
- Change to the *Mental Health (Hospital, Guardianship and Treatment) (England) Regulations 2008* governing the completion of statutory forms under Part 2 MHA (as discussed above)

Quarterly performance report – main items:

- CQC Mental Health Act visits – Committee noted significant improvements in closure of actions and huge reduction in identification of issues during remote CQC MHA reviews.
- CTO discussions as highlighted above.

Exceptions:

There was an increase in exceptions to the lawful application of the MHA in Q2, however the majority were due to paperwork/administration errors. MHA exceptions are addressed in the MHL Steering Group and individual actions / processes are implemented to prevent further occurrence in these areas. Future reporting to the Committee will be in relation to any exceptions that have legal implications for the Trust.

Agenda Item 13

Title & Date of Meeting:	Trust Board Public Meeting – 25 th November 2020			
Title of Report:	Workforce and OD Committee Assurance Report			
Author:	Name: Dean Royles Title: Non-Executive Director and Chair of Workforce and OD Committee			
Recommendation	To approve		To note	
	To discuss	√	To ratify	
	For information	√	To endorse	
Purpose of Paper:	<p>The Workforce and Organisational Development Committee is one of the sub committees of the Trust Board.</p> <p>This paper provides an executive summary of discussions held at the meeting held on 18th November 2020 and a summary of key points for the Board to note. The minutes of the meeting held on 16 September are attached for information.</p>			
Any Issues for Escalation to the Board:	<ul style="list-style-type: none"> Control risk 34 			

Executive Summary - Assurance Report:

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

A summary of the key areas within the Workforce Insight report and risk register were discussed.

The committee also received a presentation from Children's and Learning division and updates from the reporting groups Equality, Diversity and Inclusion, Staff Health and Wellbeing and the Medical Education Committee. Reports were also received on recruitment task and finish group and student capacity bids.

Key Issues:

The key areas of note arising from the Committee meeting held on 18th November 2020 were:

Minutes of the meeting on 16th September were approved and the action log was updated with agreement for those closed actions to be removed.

A presentation was given from Children's and Learning division on actions they are taking to improve staff survey results. The Committee received an overview of the positive results of the survey, top ten scores, lowest scores, next steps, change of culture and a video of highlights was shared.

The Committee received assurance reports from supporting workforce groups. An overview of the work currently underway was given.

The travel and expense policy was approved.

The Workforce insight report was highlighted to the committee. The Committee noted the positive figures as well as those requiring improvement in particular noting increases in head count and improved turnover rates. The Committee welcomed the way the report format had been updated to include a narrative section and a focus on more strategic issues.

Risks on the risk register were considered. Attention was drawn to control risk 34 (the increased risk of anxiety, fatigue and mental health issues for staff as a result of COVID) which is becoming more evident across the Trust and asked that this be escalated to ensure board discussion. The Committee noted the significant work and initiatives in place to support staff.

Recruitment and Retention Group update on nursing, GP and consultant recruitment was given.

A paper was received and noted on student capacity bids to provide an overview of the investment available to support an increase in students on placement across the Trust. Discussion over the use of funding and options available was undertaken with a recognition of the importance of this to secure a future pipeline of registered staff.

**Minutes of the
Workforce and Organisational Development Committee
held on
Wednesday 16th September 2020, 14:00 – 16:04pm,
Microsoft Teams**

Present:

Members:

Dean Royles (DR), Non-Executive Director Chair
Steve McGowan (SMc), Director of Workforce and Organisational Development
Hilary Gledhill (HG), Director of Nursing
Lynn Parkinson (LP), Chief Operating Officer
Francis Patton (FP), Non-Executive Director

Other attendees:

Michele Moran (MM), Chief Executive,
Helen Lambert (HL), Deputy Director of Workforce and Organisational Development
Abbie Hudson (AH) Senior HR Business Partner
Helen Cammish (HC) Divisional manager for Community and Primary Care **(until 14:45)**
Grace Gava (GG) BAME staff network chair
John Duncan (JD) Equality and Diversity Lead (attended for Gender report)
Karen Fletcher (KF) Head of Workforce
Emma Collins (EC) Senior HR Business Partner
Kerry Brown (KB) Divisional clinical lead for Community and Primary Care **(until 14:45)**
Jessica Norton (JN), Personal Assistant, (Note taker)

51/20	<p>Apologies for Absence Mike Cooke (MC), Non-Executive Director John Byrne (JB), Medical Director Oliver Sims (OS) Risk Manager</p>
52/20	<p>Declarations of Interest None declared.</p>
53/20	<p>Minutes of the meeting held on 13th July 2020 The minutes of the meeting held on 13th July were accepted as an accurate record subject to change 47/20 Jennifer stated that they are ‘pleasantly’ surprised rather than ‘presently’.</p> <p>Grace Gava gave an overview of the Black, Asian and Minority Ethnic (BAME) network which has recently been created. There have been conversations with the executive management team capturing issues and challenges that BAME staff experience.</p>
54/20	<p>2019 Survey Results (Presentation) Presentation from Primary and Community Care was given. Helen Cammish and Kerry Brown attended the meeting and discussed the key scores.</p> <p>Both division leads expressed that the division has a way to go and is currently not where they want it to be. Before the presentation, the division leads went back out to division and asked whether things have changed since the survey. The staff did feel that a lot of good things have happened but there are still some that are disengaged. Examples in terms of embargoed lunch time slot or regular breaks were considered but this needs to be bespoke to each individual staff. Also looked at introducing activities into Friday afternoons and recording training and sessions so people can access as and when they can. It is a stressful time during the COVID pandemic but positives have come from this. Whitby have introduced wobble rooms for staff to get away from</p>

	<p>pressures of the day was has been well received. Scarborough and Ryedale also looking at setting up their own Health and Wellbeing subgroup and sessions of meet the team also being established. Looking at ongoing recruitment and innovative ways to recruit including using headhunting services which has seen benefits.</p> <p>In GP practices they have staff survey champions and they are getting active engaging people in the practices and they come together as a forum. They also have 'You said we did' boards in all practices. Looking to roll this out for staff as well as patients. Also continuing peer support and virtual bouquets were introduced to recognise people's achievements and hard work.</p> <p>Within the slides an overview of the staff and wellbeing working group discussions was given as well as the action plan of the actions proposed from the division and what is planned to happen next. It is a big task ahead but the division is up for the challenge.</p> <p>In terms of what support could the committee and board give, the division have liked the ask Michele sessions and would like to see these continue. The staff appreciate it when board and executives visit their sites that are not close to the headquarters. As many staff who do not work in the division don't know the sites, frustration occurs when others at the Trust don't see what is available outside the headquarters. From an IT perspective, there is a different level of IT literacy so sessions were set up by the division to help people with the basics. This makes things more accessible for the staff.</p> <p>Thanks was given to Helen and Kerry.</p> <p>Resolved: Presentation was noted.</p>
55/20	<p>Action Log Action Log was reviewed and discussed.</p>
56/20	<p>Chairs logs from any groups reporting to this committee</p> <ul style="list-style-type: none"> a) Staff Health, Wellbeing Engagement Group – focus of group was on staff survey focusing on health and wellbeing. Also focused on impact of COVID and continued support for them taking breaks and annual leave. Progressing with health and wellbeing champion role which is received positively in the group and also conversation with staff side colleagues to work with them to support staff overall. Discussion around work undertaken by mental health team on anxiety and sickness absence. b) Equality, Diversity and Inclusion Group – terms of reference were amended to include network chairs. Looking going forward to further networks which were under development. Reflection of COVID in terms of protective characteristics and how to support BAME colleagues going forward. Also discussed virtual Pride. <p>Terms of reference to be circulated to the committee Action: HL</p> <ul style="list-style-type: none"> c) Medical Group assurance report – reports were taken as read. September showed good work with HYMS. Funding for GP leads to fit in with Primary Care Strategy, also link into commentary in insight report. <p>Lynn to pick up funding for GP leads to fit in with Primary Care Strategy with John Bryne. Action: LP</p> <p>Resolved: Chairs logs were noted.</p>
57/20	<p>Policies for Approval Remote Working policy was shared with the group.</p> <p>The committee noted this was good to see in place. It was suggested that the review date be brought forward given the changing nature of work given COVID etc.</p>

	<p>Resolved: Policy approved</p>
58/20	<p>Workforce Insight Report Highlights given by Steve McGowan including improved position on sickness on turnover and training targets are been reached. Challenges picked up in accountability reviews in terms of vacancy levels and as such delivery of other targets such as return to work interviews.</p> <p>In terms of the Humbelievable campaign, Adam Dennis gave the website statistics which showed early signs have been positive in terms of visitors to the website.</p> <p>Some committee members still feel the report is performance orientated and would like to see more in terms of the wider environment. This will be addressed as part of the action tracker item for reviewing the insight report.</p> <p>Committee was impressed with the work within the report and acknowledged a lot is going in the right direction.</p> <p>The committee requested further information on the trajectories to get statutory and mandatory training back on target. Each director to update at the next meeting.</p> <p>Resolved: The report was noted.</p> <p>Report on training compliance to be brought to next meeting Action: Exec Director Leads</p>
59/20	<p>Risk Register Helen Lambert presented the risk register to the committee. Committee noted that the changes requested by the committee have being made by Oliver Simms as requested. Some of the controls have moved across from gaps in control to current control. Instead of showing this in an additional column, could look to show anything that has changed columns to be in a different colour or font. In terms of those items that are to be reported by end of September, updates will be brought to the next committee meeting. Confirmation was given that the risk covering COVID19 burn out is on the gold risk register.</p> <p>Resolved: The risk register was noted.</p>
60/20	<p>NHS People Plan Steve McGowan provided highlights of the NHS People Plan. Four key areas are: looking after people, belonging in NHS, new ways of working and delivering care and growing for the future. Most of these themes were covered in the meeting today. Plan details the people promise which states that, by 2024, staff should be able to speak positively about those areas in the presentation. In light of the plan, will be revising the Trusts workforce strategy. Some work has already been undertaken including issues around COVID support, wellbeing and flexible agenda covered, belonging in NHS links in with the BAME work and the equality work the Trust is being undertaken.</p> <p>Resolved: The work on the People Plan was noted.</p>
61/20	<p>Phase 3 planning Lynn Parkinson gave the committee a verbal update on the position of the phase 3 planning, confirming that the plans have are submitted subject to ongoing revisions. Have modelled what expected in terms of demand across the services. Work is also taking place at system level. This has resulted into increased demand for workforce and the Trust is aware that there are challenges around this. In planning around the modelling, where able to, the Trust is looking at obtaining a workforce that is achievable but there are hard to recruit posts. The workforce issues are across the Integrated Care System (ICS) and trusts have to work collaboratively on this.</p> <p>Resolved: The work on Phase 3 planning was noted.</p>

62/20	<p>Gender Pay Report</p> <p>John Duncan attended the committee meeting to present the paper on gender pay. Key highlight John drew the committee's attention to was the Trusts mean gender position of 12.95% which puts the Trust in a good position in terms of the national average. Sits well in terms of the local position as well.</p> <p>Looking at actions, drew attention to the final page of the report which shows the action plan including the monitoring and review of pay gaps but also the assessments undertaken where necessary.</p> <p>Committee agreed that it is good to receive this report and see the action plan.</p> <p>Submission is due at the end of the financial year.</p> <p>Resolved: The report was noted.</p>
63/20	<p>Recruitment Task and Finish Group</p> <p>Steve McGowan presented an update on the plan. Meeting took place this morning. Number of big actions planned to come through in October in terms of :-</p> <ul style="list-style-type: none"> • nurse graduate programme and how this will be funded; • nursing associate programmes and how these are integrated into the establishment • international recruitment intake <p>This is work in progress led by Hilary. Additionally have commissioned work around establishment review. Attain have been contracted to complete this work. Timeline on outstanding work to be prepared as well as what else can be considered.</p> <p>Committee agreed this was a good report and there is good work going on.</p> <p>Item to be moved higher on agenda for next meeting Action: JN</p> <p>Resolved: The report was noted.</p>
64/20	<p>CPD Investment</p> <p>Hilary Gledhill provided an overview of the report for the committee. The report showed what the trust had done with the money so far and what the Trusts intends on doing with the money that remains. There was a delayed in terms of spending the money due to COVID, as such, the Trust is playing catch up due to the money not being able to be carried over. The team are on with getting courses commissioned. This is a good news story in terms of having this fund available to spend on staff and people have put forward their suggestions on what to spend it on. There is a plan in terms of what to spend the second claim for cash on and the plans for this have being submitted and the Trust is awaited a response.</p> <p>In the BAME staff call, there was a discussion regarding the development of staff and CPD money. The Comms around this will be positive. At the staff call, people talked about the perception from some staff regarding not getting access to money as easily as others can but this shows money available to all. This is investing in staff.</p> <p>Committee agreed that this was a really good report and lots of work had gone into this.</p> <p>Resolved: The report was noted.</p>
65/20	<p>To Review the Meeting</p> <p>Good meeting though was rushed at the end due to long discussions on the items at the start of the meeting.</p>
66/20	<p>Items of Escalation</p> <p>No items From EMT.</p>

67/20	Any Other Business Karen Fletcher raised the patient involvement paper which was circulated prior to the meeting. Agreed to bring the paper for a further discussion to another meeting. Committee were asked to note that there will be a staff story going to October board.
68/20	Date and Time of Meetings in 2020: <ul style="list-style-type: none">• Wednesday 18 November 2020, 14:00 – 16:00 pm

Agenda Item 14

Title & Date of Meeting:	Trust Board Public Meeting – 25 November 2020			
Title of Report:	Audit Committee Assurance Report			
Author/s:	Name: Peter Baren Title: Non Executive Director, Chair of Audit Committee			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	<p>The Audit Committee is one of the sub committees of the Trust Board.</p> <p>This paper provides an executive summary of discussions held at the meetings held on 2 November 2020 and a summary of key issues for the Board to note.</p>			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Assurance report	✓
Key Issues within the report:	Identified in the report			

Monitoring and assurance framework summary:

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



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

Executive Summary - Assurance Report:

A meeting of the Audit Committee took place via MS Teams on 2 November 2020. It is a requirement of the Terms of Reference and the NHS Audit Handbook for an assurance report to be prepared for the Trust Board as soon as is practical after the meeting takes place, and presented at the next Trust Board meeting.

Key Issues:

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

- Internal Audit Progress Report (Audit Yorkshire)
- Counter Fraud Progress Report
- External Audit Progress Report
- Committee Self Assessment
- Procurement Activity Report
- Tender Waiver Update
- Board Assurance Framework
- Trustwide Risk Register and LDC Services RR Deep Dive
- Information Governance Assurance Report and Minutes
- Information Governance Annual Report
- Cyber Operational Readiness Support (CORS) Remediation Plan
- Scheme of Delegation and SFIs
- Update on any changes to Contracts/Agreements

Risks and major items discussed

Audit Yorkshire were welcomed to their first meeting, fielding a team of five including the Managing Director, Helen Kemp-Taylor. It was noted that two team members had transferred over under TUPE.

Seven Internal Audit Assurance Reports from the 19/20 workplan were received and discussed:

Fire Safety	Good Assurance
Duty of Candour	Substantial Assurance
Healthcare Contract Management	Substantial Assurance
Expenses	Reasonable Assurance
Clinical Audit	Good Assurance
Firewall and HSCN Penetration Testing	Good Assurance
Project Management	Good Assurance

The Committee were assured that the reports overall were demonstrating a very satisfactory level of assurance and that the actions were reasonably short dated. On each report where actions had passed their due date, then those had been completed. With regard to the Expenses audit, there were a number of low and medium risk actions recommended, some of which would require a change to the expenses policy. This was still outstanding and the Committee requested an update with regard to the policy and related actions for the next meeting. There was no evidence of any loss to the Trust.

Updates were received regards the status of the 20/21 Plan, which was generally on track. Some changes may be proposed for the latter part of the year, due to Covid, and it was agreed that these come to members virtually rather than wait until February.

The analysis of outstanding Internal Audit recommendations showed that none were outstanding for 18/19, 17 for 19/20 (out of 107), with just 2 of those showing a revised implementation date and 15 that had not reached the implementation date. This was agreed as working very well, and the new Auditors commented as such.

The Counter Fraud report contained an update on counter fraud activity and progress against the agreed work plan. Two general fraud alerts had been issued, updates received on four proactive exercises and an update on investigations (none new in the period). There had been progress in clearing prior overdue recommendations but a number were out of date and need refreshing. An exercise to bring this area of work more in line with the general Internal Audit reports is to be carried out, and the reports in future will reflect this.

The external auditors presented an update which included alerts regards minor changes to accounting standards. The Audit Plan will be available in February by which time we will have a clearer picture on the yearend timetable and whether an audit of quality indicators is required.

Two new single tender waivers have been issued since the last report, making a total of 13 for the year to date. These related to medical care services in Whitby (through Whitby Group Practice), £225k pa, and the purchase of a suicide surveillance system for £52k from QES. The Committee will have a further review of the level of single tender waivers at the next meeting, with the Head of Procurement in attendance.

The Q3 working version of the 20/21 BAF was presented, with progress against each of the six Strategic Goals. While these were all considered, the Committee has specific oversight of Goal 3, and requested that further narrative be included with regard to our Lead Provider Collaborative position in the ICS.

The five risks on the Trustwide risk register were tabled and discussed, together with the three Command risks. It was noted that four of the five Group risks related to workforce, and that one Command risk (testing capacity) had been reduced to a 12. Eight risks rated at 9+ were included on the LD and Children's Services risk register, and the systems/plans to manage these explained and discussed in detail with the divisional representative. The assurance was accepted and it was clear that the register was an active, living document with constant review.

The Committee Self Assessment checklist was reviewed and discussed, with minor changes proposed. This is a version of the HFMA audit committee checklist and forms part of the annual committee effectiveness review. The Committee agreed to have a separate effectiveness session, probably in March 2021, with Audit Yorkshire facilitating based upon current best practice.

The Cyber (CORS) assessment of the Trust was completed on behalf of NHS Digital earlier in the year, and the committee receives quarterly updates on performance against the action plan. The report was the same as had gone to Board in October.

The Scheme of Delegation and SFI's is to be brought to Board for a couple of minor changes, which were discussed. The Committee recommended that the financial limit for approval of expenditure by the Charitable Funds Committee be £100,000, with amounts over £25,000 being put to Board for noting.

The Information Group Annual Report for 19/20 was approved subject to a couple of minor amendments. The Report was very well received and demonstrated good assurance that IG matters were being managed effectively. The report showed that the Trust achieved the Standards Met Toolkit, all policies were up to date, IG training over 95% compliant, compliance with subject access requests and FOI requests as well as a summary of incidents, follow up and reports to the ICO. The three internal audits in this area also showed strong compliance, and it was a credit that the team won the Corporate Team of the Year Award.

The Non Executives had a very useful catch up with Audit Yorkshire following the meeting, and received good feedback in relation to the quality of reports presented and the assurance levels being demonstrated.

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Agreed actions

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

Matters deferred for future consideration

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

Matters to be brought to the attention of the Trust Board

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

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- The high levels of internal audit recommendation follow up clearance
 - The approval of the Information Governance Annual Report
 - A separate session on Committee Effectiveness to be facilitated by Audit Yorkshire
 - The smooth transition of Internal Audit services to Audit Yorkshire.

Agenda Item 15

Title & Date of Meeting:	Trust Board Public Meeting: 25 th November 2020			
Title of Report:	Community Mental Health Service User Survey Presentation			
Author/s:	Name: Mandy Dawley Title: Head of Patient and Carer Experience and Engagement			
Recommendation:	To approve		To receive & note	
	For information	√	To ratify	
Purpose of Paper:	Quality Health is attending the Board meeting to present the findings from the published Mental Health Community Service User Survey 2020 report.			
Governance: <i>Please indicate which group or committee this paper has previously been presented to:</i>	Name of group (please list all)	Date	Name of Group (<i>continued</i>)	Date
	ODG (initial raw data was presented to ODG)	21.7.20		
	ODG (Second visit to share full management report and highlights)	18.8.20		
	EMT	14.9.20		
	Trust Board Part II Meeting	30.9.20	Other type of review (please detail)	
Key Issues within the report:	<p>In 2020 the Trust scored above the highest 80% threshold for 19 questions and the remaining questions scored in the mid-range. No questions scored in the below the lowest 20% threshold.</p> <p>Last year the Trust scored in the lowest scoring 20% of Trusts for the following questions and as a result these areas were targeted for improvements to be made. On comparing to the 2020 responses, results are as follows:</p> <ul style="list-style-type: none"> • Question 9: Do you know how to contact this person if you have a concern about your care? (Last year 93%, this year 100% - national average 97%). • Question 20: Has the purpose of your medicines ever been discussed with you? (Last year 51%, this year 66% - national average 59%). • Question 24: In the last 12 months, has an NHS mental health worker checked with you about how you 			

	<p>are getting on with your medicines? (Last year 74%, this year 82% - national average 80%).</p> <ul style="list-style-type: none"> • Question 26: Were these NHS therapies explained to you in a way that you could understand? Last year 52%, this year 53% - national average 66%). • Question 34: Have you been given information by NHS mental health services about getting support from people who have experience of the same mental health needs as you? (Last year 58%, this year 60% - national average 56%). • Question 36: Overall, in the last 12 months did you feel that you were treated with respect and dignity by NHS mental health services? (Last year 71%, this year 79% - national average 76%). <p>The Mental Health Division is working in partnership with the Patient Experience Team to facilitate co-produced workshops; planned care services held a workshop in September 2020 and unplanned care services are holding a workshop in November. The workshops will facilitate group discussions around next steps for the coming year, including; what has worked well, what hasn't worked so well and identification of work required further enhancing and embedding existing actions.</p>
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Monitoring and assurance framework summary:

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

Highlights of the Mental Health Community Service User Survey 2020 Report

1.0 Background

The Trust participated in the survey between February and June 2020. The report captures patient views and perceptions of the care they received whilst receiving community mental health services.

Quality Health stipulates that the information from the report **must not be shared** with anyone outside of our organisation prior to national publication of results (the date is yet to be confirmed).

2.0 Method

The survey was sent to a basic sample size of 1250 service users; the sample size has increased by 400 service users this year (an increase of 32%). There were 26 responses excluded from the survey for the following reasons; patient deceased (5) or moved/not known at the address (21). Therefore 1224 responses were usable and the response rate was 372 (30%). Last year's response rate was also 30%.

3.0 Key Headlines

In 2020 the Trust scored above the highest 80% threshold for 19 questions and the remaining questions scored in the mid-range. No questions scored below the lowest 20% threshold.

Last year the Trust scored in the lowest scoring 20% of Trusts for the following questions and as a result these areas were targeted for improvements to be made. On comparing to the 2020 responses, results are as follows:

- Question 9: Do you know how to contact this person if you have a concern about your care? (Last year 93%, **this year 100%** - national average 97%).
- Question 20: Has the purpose of your medicines ever been discussed with you? (Last year 51%, this year 66% - national average 59%).
- Question 24: In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines? (Last year 74%, this year 82% - national average 80%).
- Question 26: Were these NHS therapies explained to you in a way that you could understand? Last year 52%, this year 53% - national average 66%).
- Question 34: Have you been given information by NHS mental health services about getting support from people who have experience of the same mental health needs as you? (Last year 58%, this year 60% - national average 56%).
- Question 36: Overall, in the last 12 months did you feel that you were treated with respect and dignity by NHS mental health services? (Last year 71%, this year 79% - national average 76%).

4.0 Targeted Areas from 2019 Report

As a result of the 2019 survey results, in order to make improvements the Mental Health Services Division held two workshops; one with the October 2019 Leadership Forum and the second was held in December 2019 with clinicians, service users and carers from the division to coproduce an action plan. The level of engagement and commitment illustrated by the Division has supported the significant improvement in particular where scores were in the lowest scoring Trusts across the country in the 2019 survey.

Please refer to the action plan below which highlights key areas for improvement and action.

Question	Plan/Action	Lead
Q9. Do you know how to contact this person if you have a concern about your care?	Care co-ordinator or case manager to ensure all service users are given clear information of how to contact them, the team and out of hours the crisis services.	Clinical Leads
Q20. Has the purpose of your medication been discussed with you?	To be discussed in CPA documentation, collaboration of social workers and nurses, involving pharmacy, information leaflets, simple language, involving family in information sharing to ensure this is discussed with service users and their carers.	Clinical Leads
Q26. Where NHS therapies explained to you in a way you could understand	All care co-ordinators and case managers to ensure they discuss these options clearly and that they are explained to the individual in a manner that is understood. For this to be supported by the Trust in leaflets and information provided.	All clinical staff, supported by clinical and team leads.
Q34. Have you been given information by NHS mental Health services about getting support from other people who have experience of the same mental health needs as you?	To ensure that peer support workers are employed in the CMHT's and that there is a clear link to the patient/ carer experience team from the CMHT's.	Team Leaders
Q36. Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	To be embedded in CPA work underway and increase in co-production and patient involvement.	Service Managers, Team leads and clinical leads
Q24. In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?	To be discussed in regular planned reviews by medical and clinical staff. Documentation, collaboration of social workers and nurses, involving pharmacy, information leaflets, simple language, involving family in information sharing to ensure this is discussed with service users and their carers.	Clinical Leads
Question	Plan/Action	Lead
Q3. In the last 12 months, do you feel you have seen NHS Mental Health services enough for your needs?	To link the CMHT's to P.A.C.E, and provide individual care planning, collaboration. To involve the CPA working group.	Steve Greenway, clinical leads
Q11. Have you agreed with someone from mental health services what care you will receive?	To review the options to develop a relationship, and meet regularly with patients, ensuring they know what to expect, collaborate and negotiate care.	Clinical Lead and all clinical staff

Q21. Have the possible side effects of medicines ever been discussed with you?	To ensure it is explained what the medication is, what it is for, side effects, how this may affect physical health, educate about medicine, both verbally and with a leaflet.	Weeliat Chong , pharmacist and consultant psychiatrists.
Q16. Do you know who to contact out of office hours with the NHS if you have a crisis?	Care co-ordinator or case manager to ensure all patients have a crisis plan for their care and that includes contact numbers of key services.	Clinical Leads
Q4. Were you given enough time to discuss your needs and treatments?	To review the options to develop a relationship, and meet regularly with patients, ensuring they know what to expect, collaborate and negotiate care.	Clinical Lead and all clinical staff
Q14. In the last 12 months, have you had a formal meeting with someone from NHS mental Health services to discuss how your care is working?	Planned and regular reviews will be provided by the care co-ordinator/case manager for all service users. This will include the individual being asked about what they would want to change, agreed consent, time to prepare, information given.	Team Leader
Q15. Did you feel that the decisions made when reviewing your care were made together by you and the person you saw?	All reviews of care will where possible involve the service user.	Clinical Leads and professional heads
Q7. Have you been told who is in charge of organising your care and services?	All care co-ordinators and case managers should provide their name and contact details to service users at first contact, being clear what their role is in their care. This will be reflected in the individual care plan.	Clinical Leads
Q12. Where you involved as much as you wanted to be in agreeing what care you will receive?	To ensure all staff involve service users with agreeing plans for what care will be received. This will be supported through MDT discussions, family and systemic training and clinical supervision.	Team Leaders, Gail Bradbury, Systemic Therapist

5.0 Next Steps

The Mental Health Services Division is working in partnership with the Patient Experience Team to facilitate co-produced workshops; planned care services held a workshop in September 2020 and unplanned care services are holding a workshop in November. The purpose of the workshops include; informing the groups on the progress made following last year's workshop, celebrate success of the approach and to action plan for the forthcoming year. The workshops will facilitate group discussions around next steps for the coming year, including; what has worked well, what hasn't worked so well and identification of work required further enhancing and embedding existing actions.

The survey results will be presented to the Quality and Patient Safety (QPAS) group and Quality Committee.

Agenda Item 16

Title & Date of Meeting:	Trust Board Public Meeting – 25 th November 2020			
Title of Report:	Covid-19 Response – Update (November)			
Author/s:	Name: Lynn Parkinson Title: Chief Operating Officer			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	This report provides an overview of the ongoing arrangements and continuing work in place in the Trust and with partner organisations to manage the Covid-19 emergency during the last month. The paper provides and update on the planning in place to address the NHS Response to Covid-19 as set out in the letter to Chief Executive Officers from Sir Simon Stevens and Chief Operating Officer Amanda Pritchard from NHS England in April 2020 and the approach we are taking to address the requirements of phase 3 and 4 recovery planning.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly report	√
Key Issues within the report:	The report provides an update on the Trusts Emergency Preparedness, Resilience and Response (EPRR) and command arrangements in place to respond to the Covid-19 emergency during the last month. Due to the increase in prevalence of the coronavirus and impact on hospital beds the NHS incident level was raised back to level 4 on 5 th November. It gives an overview of the key issues relating to patient and staff testing, personal protective equipment (PPE), staff health and wellbeing, service changes and the approach we are taking to plan for phase 3 and 4 (recovery and restore) of the pandemic.			

Monitoring and assurance framework summary:

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

√ Tick those that apply

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



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

Covid-19 Summary Update November 2020

1. Introduction

This report provides an overview of the ongoing arrangements and continuing work in place in the Trust and with partner organisations to manage the Covid-19 emergency. Sir Simon Stevens, NHS Chief Executive and Chief Operating Officer Amanda Pritchard from NHS England wrote again to Chief Executive Officers on 31st July 2020 following their letter on 29th April 2020 to set out the priorities for the Third Phase of the NHS response to Covid-19.

In summary this letter required that the systems:

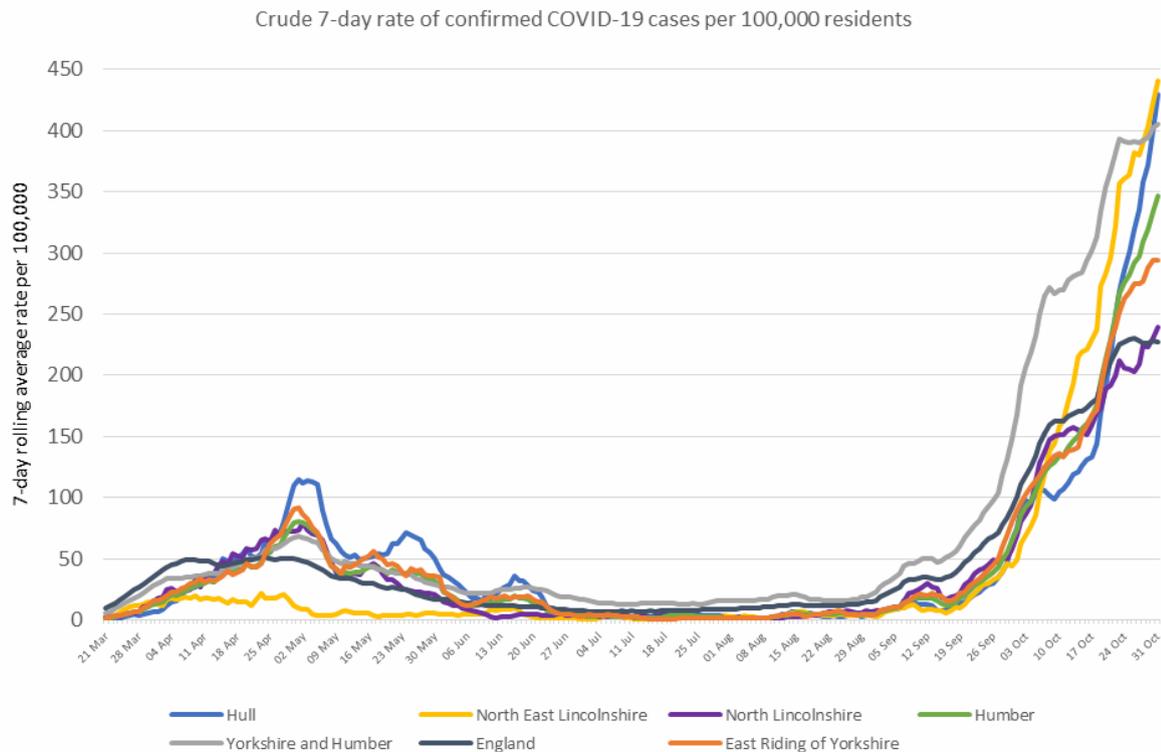
- Accelerate the return to near-normal levels of non-Covid health services, making full use of the capacity available in the ‘window of opportunity’ between now and winter
- Prepare for winter demand pressures, alongside continuing vigilance in the light of further probable Covid-19 spikes locally and possibly nationally.
- Do the above in a way that takes account of lessons learned during the first Covid- 19 peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.

The Trusts response work has continued to focus in these areas.

As of the 10 November 2020 the confirmed cases of Covid-19 for Yorkshire and the Humber are:

Positive Test and Trace Update – Case increase and latest 7-day rate per 100,000		
Area	Actual increase in positive tests in latest 7 days (02 November – 08 November)	7 day rate per 100,000 for 7 days previous (08 November)
East Riding of Yorkshire	1,541	451.7
Hull	1,863	717.2
North East Lincolnshire	1,011	633.6
North Lincolnshire	617	358.1
Yorkshire and Humber	24,560	446.3
England	142,972	254.0
Source: Public Health England		

This represents a significant rise when compared to the last report to the Board report in October. As of 11 November, there have been 443 hospital deaths due to Covid-19 across the Humber area. This includes 265 deaths registered by HUTH, 152 deaths registered by NLAG, 15 deaths registered by CHCP (East Riding Community Hospital) and 1 death registered by HTFT. York Teaching Hospitals NHS Trust recorded 247 deaths over the same period.

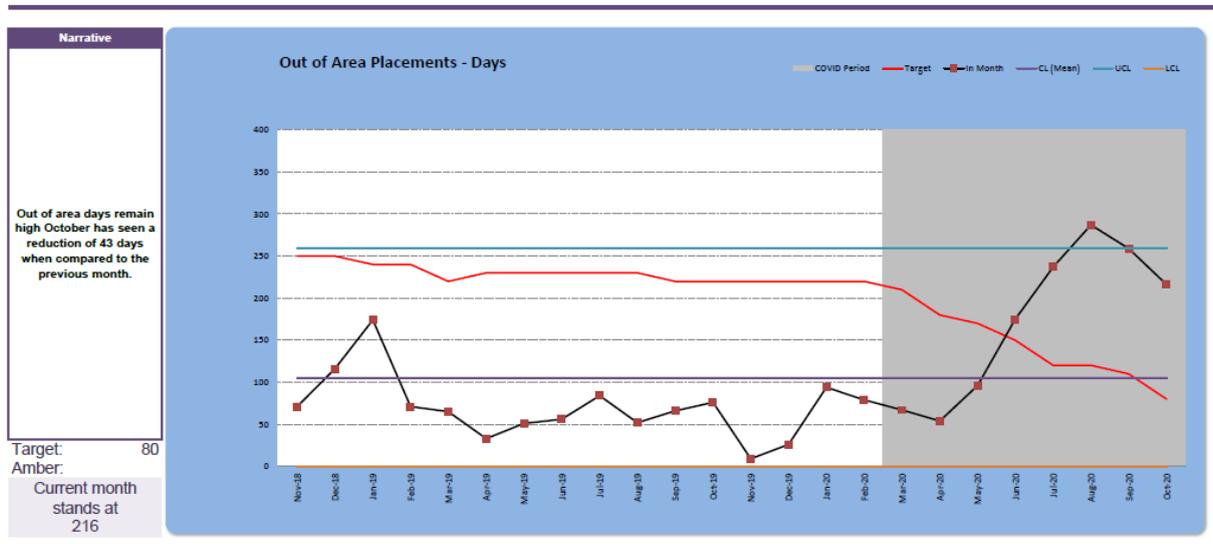


2. Emergency Preparedness, Resilience and Response (EPRR) and Command Arrangements in response to Covid-19

In response to increasing coronavirus infections the Government and Parliament instigated new national restrictions which commenced on 5th November 2020. The NHS national incident level was also raised back to Level 4 (highest level) due to increased Covid demand on hospitals. The current wave 2 surge of prevalence of Covid-19 is expected to peak at the end of November. The Trust therefore continues to maintain business continuity and EPRR command arrangements. Through our Gold Command the remit of our command structure was expanded to include winter planning due to the interdependencies between our ongoing response to Covid-19 and winter pressures. The arrangements are being kept under continual review by Gold and Tactical Silver command. Sitrep reporting remains in place and is provided to Gold command daily. The frequency of our bronze and silver command sitrep meetings was increased again at the beginning of November due to the rise in prevalence of the virus and increased impact on our services.

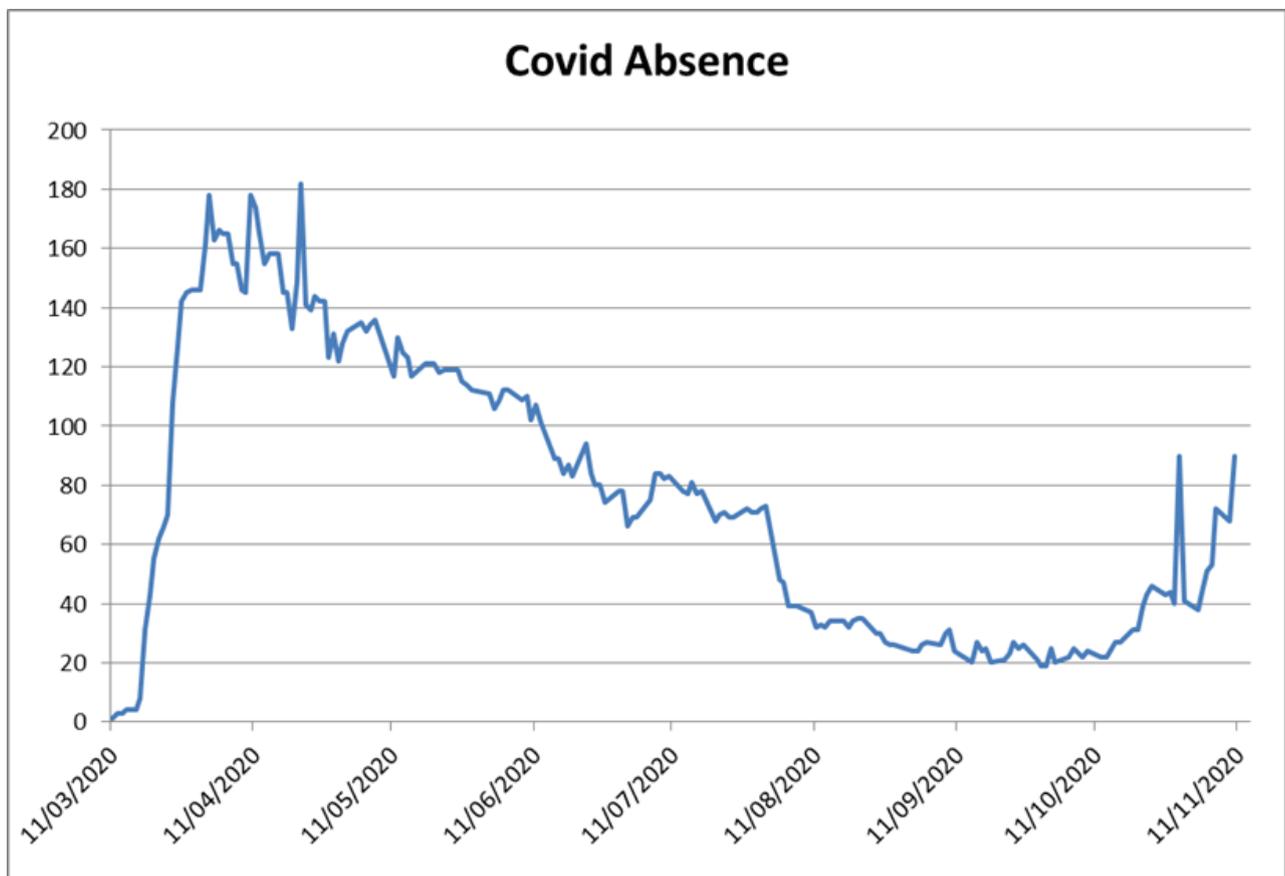
Operational service pressures have risen further over the last month with the highest pressure seen in unplanned care within the mental health division due to an increase in demand, rise in the Covid related sickness absence, and two outbreaks that have led to temporary closure of those wards to admissions. This has led to the Trust continuing to raise its overall operational pressures escalation level (OPEL) to 3 predominantly during October and November. Capacity and demand modelling work demonstrates that our shortfall of older people's beds is likely to persist through winter and therefore we have put short term measures in place and we now have contingencies to enable us to access more beds through a mutual aid arrangement with Navigo. Our overall bed occupancy has remained above its usual level in November with the pressures especially high for

mental health beds and has been between 70-75%. Our use of out of area mental health beds has reduced slightly in October but remains under close monitoring.



Whilst we had not had any Covid-19 positive patients in our inpatient beds since 6th June 2020, since October we have had Covid positive patients and at 13th November have a total of 8 patients.

Our surge plan is in place and sets out how the Trust will respond to significant rise in service demand as a direct result of the Covid-19 outbreak. Key to assessing the position against our business continuity plans continues to be the availability of staff, the chart below sets out the number of instances of Covid-19 related absence and this has increased during the last month.



Due to the rise in sickness absence some services are in the position whereby elements of their business continuity plans have needed to be enacted. All services remain available, mental health division for example has redirected some of their community staff to support inpatient areas. This position is being monitored very closely.

Through our command arrangements we have continued to consider the impact on our services of staff absences due to contact tracking and tracing, lack of access to testing and staff absence due to child care requirements and our business continuity plans remain robust. Sickness absence is monitored daily across all of our services.

Last month we had prepared well for the introduction of the new national local Covid tiered alert levels and the likelihood that our areas might be raised to the highest level:

- Tier 1 (medium)
- Tier 2 (high)
- Tier 3 (very high)

This planning subsequently made us well prepared for the introduction of the new national restrictions (lockdown) that commenced on 5th November. The key areas that we planned in advance for were:

- Inpatient visiting arrangements.
- In-patient leave arrangements.
- Essential and non-essential activity.
- Staff travel and remote working.

Our Tier 3 plan was aligned with the new national restrictions and we were able to communicate these requirements quickly and effectively to our staff.

3. Testing and Isolation Arrangements

The Trust continues to carry out swab or polymerase chain reaction (PCR) tests for any patients in our inpatient beds that have symptoms of Covid-19. Isolation areas remain in place for all of our inpatient services. Hawthorne Court is now our Covid-19 positive isolation cohort ward for our mental health and learning disability patients and has been operational throughout November due to the number of Covid positive patients. This configuration optimises the use of our mental health beds and available staffing particularly as we manage the second wave of Covid-19 alongside the expected winter pressures. Isolation beds remain available on Darley ward at the Humber Centre and they are currently in use. Due to the redevelopment work taking place at Whitby Hospital our ward there is not be required to manage patients who are Covid-19 positive whilst it has been decanted to a temporary ward. We have received confirmation from North Yorkshire and York Clinical Commissioning Group that they currently do not require Fitzwilliam Ward at Malton hospital to be a Covid-19 cohort ward. Our Covid-19 Rapid Response Team is now available to support any patients in mental health or learning disability beds with Covid-19.

In line with national guidance, testing continues to take place for all patients on admission to an inpatient bed and on transfer between units. Weekly testing of our residents and staff at Granville Court continues as this unit falls within the national care home guidance. Coronavirus tests for all of our symptomatic staff or symptomatic members of their households have continued via our pillar 1 and pillar 2 testing arrangements.

Now that schools have reopened we have instances of staff absences due to leave required to care for children with Covid symptoms and local school/year group closures as an outbreak precaution. We experienced a rise in staff requiring testing during November which correlates with the rise in prevalence of coronavirus in our local communities.

Lateral Flow (asymptomatic staff testing)

The Trust has been chosen as an early adopter of the Lateral Flow Antigen Testing which detects the presence of the COVID-19 viral antigen from a swab sample and it is focussed on asymptomatic staff. The test is administered by handheld devices producing results in 20-30 mins and can be self-administered. The test is deemed 60-70% accurate in picking up a positive result. Evidence shows that 2.8% of staff are likely to be picked up as positive who are currently not showing symptoms.

The objective is for members of staff to test themselves at 3/4 day intervals (twice weekly), the test will either show negative, positive or inconclusive. If negative the member of staff continues to test at the suggested intervals; if inconclusive, the test is repeated; if positive, the member of staff will contact their line manager to be referred for PCR testing, in line with current process, to confirm the result. In the meantime the staff member will remain in isolation until the result is confirmed. Each staff member is required to record their result on each occasion using a data sheet provided. Options are being considered for how to gather this information as at present there is no digital solution for the data capture.

The Trust has chosen to roll out with immediate effect the following front facing teams:

- DMI Team
- IPC Team
- Fieldhouse GP Practice
- IT Department
- Pineview

Testing of these areas commences on Friday 13th November 2020. The Communications Team have produced a website for staff to include a 'how to' video, FAQs, the SOP and a flowchart. In addition a Webinar has taken place with the managers in the chosen areas to brief them on the project and a further brief is taking place on Friday 13th November for any staff member who has any questions to ask in relation to the scheme. Training/support is available for those corporate areas identified, to ensure the test is administered correctly in the first instance. This is not a compulsory test and staff are not obliged to take part but, to date, there has been a great enthusiasm to commence. Full roll out across the Trust will commence from week commencing 16th November, once a review of the initial roll out has been undertaken.

Each staff member is required to record their result on each occasion using a data sheet provided. Options for how to gather to information are being considered as at present there is no digital solution for the data capture, this will become the biggest obstacle as the testing is rolled out across the Trust.

Progress is being made nationally in rolling out access to new methods of testing and we are considering as the information is made available what impact this will have on the testing regime for our staff going forward.

4. Personal Protective Equipment (PPE) and Infection Prevention and Control (IPC)

Our established robust systems to ensure that staff have access to the appropriate Personal Protective Equipment (PPE) remain in place. Stock continues to be received via a PUSH delivery system from the NHS Supply chain and daily SITREPS are used to determine the content and frequency of deliveries. Currently, the supplies of PPE are at good levels and we have not had any shortages of equipment during the last month. The Department of Health published a "Personal protective equipment (PPE) strategy: stabilise and build resilience" This strategy set out how the UK government is moving beyond the emergency Covid-19 response to stabilise and build resilience. It detailed how the Government is prepared for the second wave of Covid-19 and

concurrent pandemic alongside usual seasonal pressures, it has secured enough supply for this winter period and processes and logistics are in place to distribute PPE to where it is needed.

Our infection control team continues to support all areas, clinical and corporate to ensure that PPE is used in line with PHE guidelines and that staff are effectively trained and competent to do so. Revised national infection prevention and control (IPC) guidance was issued 20th August 2020. The guidance outlines the IPC measures to be taken in an effort to support the remobilisation of our healthcare services. The guidance was applicable to all our clinical settings including mental health and learning disability services, community services and primary care areas. All inpatient areas have been assessed and categorised (high, medium or low risk) in accordance with the guidance and this has been communicated to all areas. All of this is predicated on the importance of maintaining the focus on our “back to basics” and “stop, think, socially distance” campaigns. There is recognition that staff have been following this guidance for several months now and that we need to continue to be vigilant and put supportive measures in place to maintain compliance such as ensuring that breaks and annual leave are taken regularly.

Unfortunately some of our mental health inpatient areas have experienced outbreaks of Covid-19 during October and November. Each outbreak has been subject to a detailed review to understand how the virus was transmitted and to identify any lessons learnt. Other Trusts who have experienced more outbreaks than us have shared their lessons learnt and we have distributed the information through our command arrangements and via trust wide communication. Themes can be identified within this and show there is a particular risk of staff not following PPE guidance in non-patient facing areas such as break rooms, whilst sharing cars to travel to and from work and traveling wearing their uniforms rather than changing on arrival and departure. We have addressed all of these issues with staff and our matrons remain vigilant to ensure all guidelines and policies are followed.

5. Safe Working in our Environments

In accordance with the Government published guidance ‘Working safely during coronavirus (Covid-19)’ which included recommended measures to be carried out to minimise the risks associated with the transmission of the virus within the workplace. The estates safety team have completed a programme of site visits and assessments across all trust sites and immediate remedial works have been undertaken to ensure that all of our sites are compliant with the requirements.

A separate exercise has been undertaken in conjunction with the Infection Prevention and Control team to assess inpatient donning and doffing of PPE facilities. Whilst these were in place across the estate, adaptations had been identified to facilitate the provision on a longer term basis, in some instances we have now put mobile units on some sites to accommodate space shortages. This exercise has now been completed the further remedial works to improve donning and doffing facilities has commenced and is close to completion.

Our Clinical Risk Environment Group (CERG) and Infection, Prevention and Control team continues to be focussed on ensuring that clinical areas are optimised further where necessary to meet and comply with infection control requirements being in place over the longer term, it is supported by clinical staff, infection control and estates advice. By putting all of these measures in place this has resulted in reduced office and clinical space being available. To assist with this, safe bookable space has been made available as we understand the importance of staff coming together for some activities i.e. appraisals, clinical supervision, however this needs to be balanced with the need to maintain infection control requirements. During November due to the new national restrictions the use of safe bookable space has been minimised to essential activity only with the key message reiterated to staff that where activity can be carried out remotely it should be.

6. Covid-19 Risk Register

The operational risk register developed to support the Trust's business continuity arrangements during the Covid-19 emergency situation remains in place. The risk register is maintained by the Corporate Risk Manager and is reported to the Trust Silver Command meetings (Operational and Tactical) at a command meeting each week to ensure that it is representative of key operational risks that the Trust is facing and that it adequately captures the mitigations in place, as well as further actions required to support service delivery at this time. Gold Command receives the full Covid-19 operational risk register on a fortnightly basis to provide assurance on the management of the Trust's key risks at this time. The risk score of some risks this month have been raised as a direct impact of increasing prevalence of the rates of infection leading to increase in staff absences. The highest-rated risks held on the Covid-19 operational risk register are described below:

As a result of Covid-19 related absences included sickness and staff being in isolation, there may be staffing level shortfalls which could impact on patient and staff safety and continued delivery of services.	16	16
Increased levels of anxiety, fatigue and potential mental health impact to staff working across Trust staff as a result of the Covid-19 national emergency and the implemented changes / different ways of working adopted by the organisation which could impact on the quality and sustainability of services.	16	16
Reduced bed base both nationally and locally leading to mixed population of patients, including age, sex or diagnostic group and resulting in increased use of out-of-area beds which may impact quality and safety of patient care	16	16
There is a risk that enough volunteer staff cannot be engaged to create a robust rota to draw on for the Trust Covid ward, or that staff on rota have an unplanned absence. This could leave the potential for a shortfall in staffing available, especially at short notice should the ward need to be operationalised.	16	16
As a result of increased demand and higher referral rates linked to Covid-19, there is reduced capacity within Occupational Health which will lead to delays in appointments for referrals.	15	15

7. Staff Health and Wellbeing

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

Our Covid-19 related sickness absence has risen during October and November whilst our non-Covid-19 related absence is still below 4%, during this period our staff are continuing to tell us that they are feeling fatigued. The executive management team, our senior managers and clinical

leaders remain focussed on this issue and continue to take steps to address this. The importance of rest breaks and taking annual leave has been stressed repeatedly and managers are ensuring that this is taking place. A continuing rise has been seen in numbers of referrals to our occupational health department for staff experiencing stress and anxiety (this has been reflected again this month in the risk level of command risk 34 on our risk register). Staff continue to have daily access to our psychologists for support and the Trust continues enhance its offer of support via the “ShinyMind” app. A plan to introduce a Resilience Hub to support frontline staff has now been supported by the Humber Coast and Vale Integrated Care System and will be mobilised in December, this will provide an increased offer of psychological and emotional wellbeing support for our staff. In addition to this we are planning to provide further resilience support and training via the leaders of the “Proud” programme.

Our communications team have continued their efforts to maintain a focus on staff health and wellbeing . A daily Covid-19 update continues to be issued to all staff Monday to Friday. This daily newsletter contains guidance from the Trust and Government, also relevant updates from our stakeholders. Our last “Ask the Exec” session was held on 22nd October and these continue to be received well with around one hundred staff attending, the next session is planned to take place on 26th November.

Work has continued to be undertaken to support those staff who are working from home. Our remote working policy has been revised and approved. It includes a risk assessment that is being offered to all staff who are working from home. Arrangements are already in place for staff to be supported with equipment if they need it and the importance of contact with managers and other team members is vital.

Focus has been maintained on those groups of staff that are more vulnerable to Covid-19, such as those with underlying health conditions, older staff, shielded staff, pregnant women and, people from Black, Asian and Minority Ethnic (BAME) backgrounds and men. The guidance requires managers to liaise frequently with staff in any of the increased risk groups in order to support them to consider adaptations to their roles. Feedback from staff and managers is that the guidance in place is working well and roles have been adapted. Uptake of the use of the risk assessment continues to be monitored closely to ensure that it has been offered to all vulnerable staff, this is a dynamic process and reviews of completed assessments are required to ensure that mitigation being taken to reduce risks and work role adaptations are effective. As a result of the new national restrictions commencing on 5th November, some staff who received letters requiring them to shield during the first wave of Covid have received letters again because they fall into the extremely clinically vulnerable group, they are not required to shield this time if they do not wish to, however managers are required to utilise the risk assessment process with these staff to determine the most appropriate support required including working remotely. The group in place to support our BAME staff as a vehicle to raise and address any concerns, chaired by Grace Gava (one of our matrons) is now meeting regularly.

8. Covid-19 Clinical Advisory Group

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

- Providing clinical leadership to our flu campaign and promoting the need for peer vaccinators
- Continuing to ensure that our Covid related changes and interventions do not increase restrictive practices.
- Updating our visiting and patient leave guidelines to align with the national local tired alert system and the new national restrictions introduced on 5th November.
- Reviewing learning from Covid-19 outbreaks in healthcare settings.

This group reports to tactical silver command and items are escalated to gold command as necessary.

9. Phase 2, 3 and 4 Planning - Recovery and Restore

Our Covid-19 Continuity of Service and Sustainability Plan has continued to be progressed at pace. This plan has utilised the NHS England/Improvement plan (NHS E/I) below for the management of the Covid-19 pandemic which has 4 phases as its underpinning framework.

	Phase 1	Phase 2	Phase 3	Phase 4
Phase	Covid-19 level 4 incident response	Covid-19 level 4 incident response and critical services switch-on	Ongoing covid-19 management and NHS open for business	New NHS
Timeframe	March 2020 – April 2020	May 2020 – July 2020	August 2020 – March 2021 May need to be broken into shorter periods, or reviewed at the end of the calendar year	April 2021 onwards 1 to 74 year time horizon for some elements
Purpose	Enable NHS to deal with peak covid-19 demand	Enable NHS to deal with covid-19 demand Start to deliver a range of routine services	Ensure capacity in place for ongoing covid-19 activity Return critical services to agreed standards Begin to address backlog of services Retain changes from pandemic we wish to keep	BaU covid-19 service in place including sufficient critical care Continued action on backlogs and unmet need/ inequalities impacts Resume LTP/ manifesto delivery Inform SR positioning
Planning	CEO/COO letter to NHS issued 17 March 2020	Letter to NHS planned for issue late April 2020	Letter to NHS / light touch planning guidance planned for issue late May 2020	Planning guidance planned for issue December 2020

During October and November as part of the NHS North East and Yorkshire Phase 3 Covid-19 planning and preparation the Humber Cost and Vale Integrated Care System (ICS) has participated in further work to assess and understand what capacity is available and what activity this could deliver for the remainder of 2020/21. Central to this request is ensuring local health and care systems remain ready and resilient for the predicted and ongoing Covid-19 response requirements in this period. We have made submissions to NHSE/I to set out our expected activity across our services and related financial submission have been made too.

The Trust continues to work closely with our system partners across a wide range of forums and the work is now focusing generally on our plans to achieve an ongoing Covid-19 response, restoration of all usual activity and the anticipated usual winter pressures. Specific system recovery workshops and planning sessions have been held at HCV Partnership and subsystem levels, the Trust has participated and shaped the plans that have been developed to date. Our services continue to support the care home sector across our patch by working closely with our local authority partners. The community services in Scarborough, Ryedale and Whitby remain focused on effectively supporting the acute hospitals to achieve timely discharge in line with the updated national guidance which was published last month.

Local Outbreak Control Plans, led by Directors of Public Health working with Public Health England local health protection teams and working with Local Resilience Forums are now in place. These plans have been tested through EPRR scenario planning events and the Trust is participated in those. Outbreak Engagement Boards have been established in local authority areas.

Due to the rise in infection rates and increase in acute hospital admissions the frequency of system emergency planning arrangements has stepped up and many of them now meet daily including the weekends.

The Humber Coast and Vale ICS Mental Health and Learning Disability programme is undertaking a programme of work as part of the recovery planning process, significantly progress has been made to develop Covid-19 resilience hubs which will coordinate the emerging mental health demand and need, initially these will be focussed on supporting frontline health and social care staff.

10. Conclusion

The Trust has continued to manage effectively the impact of Covid-19 within its ongoing EPPR and command arrangements, however this report demonstrates the rising pressures within the Trust and across the care systems as the second wave of coronavirus has now commenced. The current phase of delivery and ongoing planning is crucial to ensure that we can sustain our services supported with adequate capacity to manage the increase in demand alongside the expected pressures winter pressures. Staff health, wellbeing and engagement continues to be paramount to our successful ability to achieve our plans and continued focus will remain on this. The efforts our staff make to keep our patients, their colleagues and themselves safe remains highly impressive and we need to continue as an organisation to demonstrate how much this is appreciated.

Freedom to Speak up Guardian's Update Report – November 2020

The follow is an update to the Trust Board on Freedom to Speak Up.

National Guardians Office (NGO) – new training package for staff launched

The NGO has recently launched a new training package for staff on Freedom to Speak Up. We are planning on using this training package at the staff induction for all new starters to the Trust and also including it in the training diary.

Yorkshire and Humber Regional Guardian's Network – New Chair Appointment

We continue to be active partner of the regional network. Judith Graham has recently stepped down from the role of chair and has been replaced by Estelle Myers, who is the Freedom to Speak Up Guardian at South West Yorkshire NHS Foundation Trust.

Speak Up Month – October

During October, we participated in the annual Speak Up Month initiative that is supported by the National Guardian's office. We held a number of virtual events to meet staff and talk about the role of speaking up in the Trust. We were also able to attend the senior leadership forum to speak to managers about speak up and ask them to consider the behaviours that should be modelled to allow staff to feel comfortable in raising concerns at a local level with immediate supervisors/line managers.

During speak up month we continued to promote the new Deputy Guardian's across the Trust, had the opportunity to meet with the staff governors to talk about our work and to gain feedback on how we can continue to promote the role of the Guardian's and our strategy. During December, we will be meeting with the patient staff champions to discuss how we can work together to support staff to feel comfortable raising their concerns.

Types of Concerns

We continue to receive concerns through the speak up route from staff. There was a slight reduction on the number of concerns raised during July, August and September.

The speak up concerns raised fall into the following categories:-

- Patient safety and quality of care
- Human resource processes i.e. grievances



The areas where speak up concerns have been raised are:-

Children and Young People's services
Mental Health services

During this period, there have been two reviews commissioned by the Chief Operating Officer.

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

Once a speak up concern is received this is escalated to the relevant Executive Director to agree appropriate actions in line with our speak up policy. Regular briefing meetings are held with the Chief Executive as the executive lead for Freedom to Speak Up, the Senior Independent Director and more recently, the Chairman.

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

We continue to promote the Guardian role across the Trust by attending the Trust monthly induction, attending team meetings and visiting Trust sites.

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

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

Agenda Item 17

Title & Date of Meeting:	Trust Board Public Meeting – 25 November 2020			
Title of Report:	Freedom to Speak Up Trust Board Progress Report			
Author/s:	Michele Moran, Executive Lead for Freedom to Speak Up Alison Flack, Freedom to Speak Up Guardian			
Recommendation:	To approve		To receive & note	YES
	For information		To ratify	
Purpose of Paper:	To provide the Trust Board with an update on progress from Freedom To Speak Up.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	An update on the activities that took place across the Trust during Freedom to Speak Up Month in October 2020.			
	The appointment of a new Regional Network Chair			
	A general update on cases and areas where concerns have been raised.			
	The launch by the National Guardians Office of a New training package for all staff			

Monitoring and assurance framework summary:

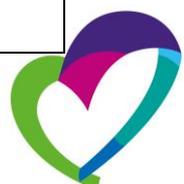
Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)				
√ Tick those that apply				
yes	Innovating Quality and Patient Safety			
yes	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
yes	Developing an effective and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



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

Agenda Item: 18

Title & Date of Meeting:	Trust Board Public Meeting - 25 th November 2020																											
Title of Report:	Q3 2020/21 Board Assurance Framework																											
Author/s:	Oliver Sims Corporate Risk Manager																											
Recommendation:	To approve		To receive & note	√																								
	For information		To ratify																									
Purpose of Paper:	The report provides the Trust Board with the Q3 2019/20 version of the Board Assurance Framework (BAF) allowing for the monitoring of progress against the Trust's six strategic goals.																											
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>02.11 2020</td> <td>Remuneration & Nominations Committee</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td>07.10 2020</td> <td>Workforce & Organisational Development Committee</td> <td>18.11 2020</td> </tr> <tr> <td>Finance & Investment Committee</td> <td>21.10 2020</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>Trust Board</td> <td></td> </tr> </tbody> </table>					Date		Date	Audit Committee	02.11 2020	Remuneration & Nominations Committee		Quality Committee	07.10 2020	Workforce & Organisational Development Committee	18.11 2020	Finance & Investment Committee	21.10 2020	Executive Management Team		Mental Health Legislation Committee		Operational Delivery Group		Charitable Funds Committee		Trust Board	
	Date		Date																									
Audit Committee	02.11 2020	Remuneration & Nominations Committee																										
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Finance & Investment Committee	21.10 2020	Executive Management Team																										
Mental Health Legislation Committee		Operational Delivery Group																										
Charitable Funds Committee		Trust Board																										
Key Issues within the report:	<ul style="list-style-type: none"> - Progress against the aligned risks is reflected within the framework to highlight the movement of current risk ratings from the previous position at Quarter 2 2020/21. The format allows for consideration to be given to the risks, controls and assurances which enables focused review and discussion of the challenges to the delivery of the organisational objectives. - Each of the Board Assurance Framework sections continue to be reviewed by the assigned assuring committee alongside the recorded risks, to provide further assurance around the management of risks to achievement of the Trust's strategic goals. <p>Overview of Board Assurance Framework from Quarter 1 2020-21 to Quarter 2 2020-21.</p> <p>Strategic Goal 1 – Innovating Quality and Patient Safety</p> <ul style="list-style-type: none"> - Overall rating maintained at Yellow for Quarter 3 2020/21. 																											



	<p>Strategic Goal 2 – Enhancing prevention, wellbeing and recovery</p> <ul style="list-style-type: none"> - Overall rating maintained at Amber for Quarter 3 2020/21. Risks identified through the Trust’s COVID-19 business continuity arrangements are aligned to this section of the BAF and the assurance rating is reflective of the continued impact of COVID-19 on Trust services. <p>Strategic Goal 3 – Fostering integration, partnerships and alliances</p> <ul style="list-style-type: none"> - Overall rating maintained at Green for Quarter 3 2020/21. <p>Strategic Goal 4 – Developing an effective and empowered workforce</p> <ul style="list-style-type: none"> - Overall rating maintained at Yellow for Quarter 3 2020/21. Risks identified through the Trust’s COVID-19 business continuity arrangements are aligned to this section of the BAF. <p>Strategic Goal 5 – Maximising an efficient and sustainable organisation</p> <ul style="list-style-type: none"> - Overall rating maintained at Yellow for Quarter 3 2020/21. <p>Strategic Goal 6 – Promoting people, communities and social values</p> <ul style="list-style-type: none"> - Overall rating maintained at Green for Quarter 3 2020/21.
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Monitoring and assurance framework summary:

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

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

BOARD ASSURANCE FRAMEWORK					Trust Board						
ASSURANCE OVERVIEW					25 th November 2020						
Strategic Goal	Assurance Level	Reason for Assurance Level	Executive Lead	Assuring Committee	Risk Appetite	Assurance Rating					Highest current risk
						Q 3	Q 4	Q 1	Q 2	Q 3	
Innovating Quality and Patient Safety	Y	Overall rating of 'good' from 2019 CQC Inspection Report. 'Requires Improvement' rating for Safe domain in CQC report. 'Must do' actions completed within Trust including safer staffing and supervision. Positive audit of Trust significant event investigation process.	Director of Nursing	Quality Committee	OPEN	A	A	Y	Y	Y	12
Enhancing prevention, wellbeing and recovery	A	Robust monitoring arrangements developed through monthly operational delivery group to monitor waiting times. Areas of long waits reviewed and monitored through ODG and Quality Committee. COVID-19 command structure established and regular situation reporting detailing operational management and business continuity arrangements. Impact to Trust services and waiting list targets impacted as a result of COVID-19 national situation. Significant impact to children and young people's services due to significant reduction in referrals which may lead to peak in demand as schools reopen.	Chief Operating Officer	Quality Committee	SEEK	A	Y	A	A	A	16
Fostering integration, partnership and alliances	G	Active engagement continues across all stakeholder groups with demonstrable benefits. Trust taking active role in partnership work. Chief Executive involvement in core HCV planning group alongside the North Yorkshire and York (NYY) and Humber system work, as well as participating in a small national working group on Mental Health recovery. Ongoing work will influence and feed into the wider system. HCV has been successful in the application to become an Integrated Care System (ICS) which indicates confidence in the area and its leaders.	Chief Executive	Audit Committee	MATURE	G	G	G	G	G	6
Developing an effective and empowered workforce	Y	Statutory and mandatory training performance remains above target (88.7% at September 2020 against target of 85%). Rolling 12 month sickness performance has increased compared to 12 months ago. Overall turnover remains reduced compared to 12 months previous. 107.0 total qualified nurses / nurse managers and 13.6 total consultant vacancies at September 2020.	Director of Workforce and OD	Workforce and OD Committee	SEEK	Y	Y	Y	Y	Y	16
Maximising an efficient and sustainable organisation	Y	Trust financial position Month 4 2020/21 reported year-to-date break even. The Covid-19 Block Payments to the Trust are based on previous year's figures and confirmation of funding for Mental Health Investment Standards and Transformation funding is required. Cash position has stabilised and the Trust has maintained BPPC above 90% throughout 19/20 for non-NHS invoices. The Trust has identified surplus estate and has a strategy to maximise disposal value.	Director of Finance	Finance and Investment Committee	SEEK	Y	G	Y	Y	Y	15
Promoting people, communities and social values	G	Place plans and Patient Engagement Strategy implemented and positive service user surveys received. Social Values Report launched and a section has been incorporated into the annual report. More work is to be undertaken to promote service users/ care groups. NHSI videos launched. Co-production work continues with regular meetings. Involvement with local groups.	Chief Executive	Quality Committee	SEEK	G	G	G	G	G	9

ASSURANCE LEVEL KEY		
Green	Significant Assurance	<ul style="list-style-type: none"> - System working effectively / limited further recommendations. - Effective controls in place. - Satisfied that appropriate assurance is available.
Yellow	Partial Assurance	<ul style="list-style-type: none"> - System well-designed but requires monitoring/ low priority recommendations. - Some effective controls in place. - Some appropriate assurances are available.
Amber	Limited Assurance	<ul style="list-style-type: none"> - System management needs to be addressed/ numerous actions outstanding. - Controls thought to be in place. - Assurances are uncertain and/or possibly insufficient.
Red	No Assurance	<ul style="list-style-type: none"> - System not working / actions not addressed. - Effective controls not in place. - Appropriate assurances are not available. -

BOARD ASSURANCE FRAMEWORK				Assurance Level	Q3	Q4	Q1	Q2	Q3
STRATEGIC GOAL 1	INNOVATING QUALITY AND PATIENT SAFETY	Lead Director: Dir. Nursing	Lead Committee: Quality Committee		A	A	Y	Y	Y

Positive Assurance	
Assurance	Source
- Audit and Effectiveness Group has been formed to drive and receive assurances in relation to all aspects of CQC compliance.	QPAS
- CQC Engagement Meetings.	Quality Ctte
- Continued improvement maintained in relation to clinical supervision.	Trust Board
- Overall rating of 'good' in 2019 CQC inspection report	Quality Ctte
- Launch of Patient Safety Strategy 2019-22	
- CQC 'must do' actions completed.	
- Internal audit of SEA (significant event analysis) process.	

Negative Assurance	
Assurance	Source
'Requires Improvement' rating for Safe domain in CQC report.	Trust Board CQC Report

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

Objective	Key Risk(s)	Q2 20-21 Rating	Q3 20-21 Rating	Target	Movement from prev. Quarter
Embed the characteristics needed to be recognised as a High Reliability Organisation	NQ37 – Inability to meet Regulation 18 HSCA (RA) Regulations 2014 regarding Safer Staffing.	6	6	3	↔
	NQ38 – Inability to achieve a future rating of 'good' in the safe domain at CQC inspection.	9	9	6	↔
	NQ48 – Staff not maintaining the quality of clinical supervision which may impact effective delivery of Trust services.	12	12	3	↔
Understanding of our local population's health needs to inform service planning, design and transformation	Command Risk 49 – As a result of the COVID-19 national emergency there is increased demand on the Infection Prevention and Control team. Demand on their service is currently exceeding capacity. If this is sustained this may impact upon the safety of patients and members of staff as this specialist knowledge may not be available when needed.	12	12	4	↔
Provide evidence based, innovative models of care that function as part of the integrated care system, developed in collaboration with patients, carers and commissioners that is clearly understood by the teams and improves the safety of patients within the local and wider system	No risks identified.				
Our research approach will be maximised through education and teaching initiatives and will support local priorities and influence our service user priorities					

Key Controls	Sources of Assurance – Reporting Mechanisms
(NQ37) Routine monitoring of staffing establishments and daily staffing levels.	6-month safer staffing report.
(NQ37) Validated tool to agree establishments	
(NQ37) Consideration of nursing apprenticeships and nursing associate roles and greater use of the wider multi-disciplinary team in providing clinical leadership to units	Quality Committee Trust Board
(NQ38) Trust self-assessment against CQC standards.	Quality Committee Trust Board
(NQ38) Review undertaken of safety across Trust services.	
(Command Risk 49) Monitoring of team capacity vs demand through NQ Directorate command meetings three times a week.	NQ directorate silver meetings. Silver Command Gold Command Trust Board
(Command Risk 49) IC guidance produced and disseminated to guide practice.	
(Command Risk 49) Trust completion of national HCAI board assurance document.	

Gaps in Control	Actions
(NQ38) Waiting list issues in CMHTs and CAMHS.	Waiting list position to be managed by Operations and reported on monthly basis via IQPT to Trust Board (31/03/2021)
(NQ38) Culture of carer involvement not embedded across secure services.	Monthly audit of compliance with carers SOP reporting to Clinical Network (31/12/2020)
(NQ38) Audits of carer involvement in Secure Services to demonstrate active involvement.	Reporting of carer involvement audit results to Trust QPAS meeting (31/12/2020)
(NQ38) Divisional governance structures as identified in Divisional SOPs fully embedded.	Implementation of governance arrangements outlined in SOPs for each Division (31/12/2020)
(NQ38) SI and SEA action plans consistently delivered within agreed timescales.	Targeted action to address overdue action plans. Evidenced through the Quarterly SI/SEA assurance report to QPAS (31/12/2020)
(NQ38) Robust sickness monitoring processes in place to reduce sickness within Divisions.	Division specific sickness monitoring plans to be developed (31/12/2020)
(NQ38) Wellbeing initiatives within divisions to improve staff sickness.	Division specific wellbeing initiative action plans to be implemented (linked to sickness reduction plans) (31/12/2020)

BOARD ASSURANCE FRAMEWORK				Assurance Level	Q3	Q4	Q1	Q2	Q3
STRATEGIC GOAL 2	ENHANCING PREVENTION, WELLBEING AND RECOVERY	Lead Director: Chief Operating Officer	Lead Committee: Quality Committee		A	Y	A	A	A

Positive Assurance		Negative Assurance		Gaps in Assurance
Assurance	Source	Assurance	Source	What do we not have
<ul style="list-style-type: none"> - Waiting times continue to be an area of focus as and are reviewed monthly by the Operational Delivery Group. Waiting list update reported into Quality Committee for oversight and consideration of quality impact. - Proactive contact with patients on waiting list within challenging services. - Collaborative working between Trust and CCGs supportive of additional interventions to reduce waiting times 	Trust Board ODG Quality Ctte ODG / CLD Delivery Group	<ul style="list-style-type: none"> - Anticipated increase in demand for Covid-19 aftercare and support in community health services, primary care, and mental health. Community health services will need to support the increase in patients who have recovered from Covid-19 and who having been discharged from hospital need ongoing health support. 	Trust Board Quality Ctte	Recovery-focussed culture within the Trust. Audit into CAMHS compliance with waiting list policy and associated SOPs identified gaps and actions underway to address the identified issues.

Objective	Key Risk(s)	Q2 20-21 Rating	Q3 20-21 Rating	Target	Movement from prev. Quarter
Work in partnership with our service users, carers and families to optimise their health and wellbeing Optimise peoples recovery and build resilience for those affected by Long Term Conditions	OPS08 – Failure to equip patients and carers with skills and knowledge need via the wider recovery model.	9	9	3	↔
Prevention and Making Every Contact Count will be at the core of our strategy to optimise expertise for physical and mental health across our teams and the people they care for	OPS05 – Inability to meet early intervention targets (national – IAPT,EIP, Dementia)	6	6	3	↔
	OPS06 – Inability to meet early intervention targets (local – CAHMS , ASD, CYP)	12	12	3	↔
	OPS04 – Patients don't have the right level of physical healthcare support and there is not a cohesive alignment of mental health and physical health services to get parity of esteem.	9	9	6	↔
	LDC32 – As a result of increased demand for ADHD assessment and limited capacity within the service, there is a significant waiting list which may lead to increased safety risk for patients and others, impacting on the wellbeing of staff as well as reputational harm to the Trust.	12	12	4	↔
	Command Risk 46 – Failure to have a plan in place to address the anticipated surge in mental health referrals and increased demand on Trust services as a result of the COVID-19 national emergency and isolation measures implemented.	12	12	4	↔
Bridlington Health Town to be used as an exemplar to demonstrate model, associated benefits and opportunity for a community-based model of care	No risk identified				
	Command Risk 34 – Increased levels of anxiety, fatigue and potential mental health impact to staff working across Trust staff as a result of the COVID-19 national emergency and the implemented changes / different ways of working adopted by the organisation which could impact on the quality and sustainability of services.	16	16	4	↔
	Command Risk 7 – As a result of COVID-19 related absences included sickness and staff being in isolation, there may be staffing level shortfalls which could impact on patient and staff safety and continued delivery of services.	16	16	4	↔

Key Controls	Sources of Assurance – Reporting Mechanisms
(Command Risk 46) Trust tactical surge plan developed.	Silver Command Gold Command
(Command Risk 46) Surge Plan in place and approved by Gold command	
(Command Risk 2) The Trust is following national guidance for Infection Prevention and Control in Healthcare Settings 2020 regarding appropriate use of PPE.	
(Command Risk 2) Monitoring system to check overall Trust PPE availability has been established.	

Gaps in Control	Actions
(Command Risk 34) Increased negative feeling / anxiety amongst frontline staff within services.	Divisions to determine what additional support can be offered the staff (31/12/2020)
(Command Risk 34) Increasing stress-related staff sickness.	
(Command Risk 7) Staff sickness / absences across Trust Services.	Ongoing monitoring of staffing levels and COVID-19 related absences (31/12/2020)
(OPS06) All funding uncertain due to Covid-19 funding arrangements	Contract variations to be agreed in relation to ADHD and Autism services - (non-recurrent funding)

STRATEGIC GOAL 3	FOSTERING INTEGRATION, PARTNERSHIPS AND ALLIANCES	Lead Director: Chief Executive	Lead Committee: Audit Committee	Assurance Level	Q3	Q4	Q1	Q2	Q3
					G	G	G	G	G

Positive Assurance	
Assurance	Source
<ul style="list-style-type: none"> - STP/ ICS partnership events. - Mental Health Partnership Board and MOUs in place. - Health Expo event and Planned Members meeting. - High profile visits to Trust. - Visioning event across Humber Coast and Vale - Lead provider role within STP - Refreshed Operational and Strategic plans shared with stakeholders. - Hull Health and Wellbeing Board. - ICS Accredited Programme - Scarborough Acute wait 	Board of Directors HCV Exec Committee

Negative Assurance	
Assurance	Source
<ul style="list-style-type: none"> - Further work needed to take place in engaging with patient, carers and local communities to develop plans. - Continued development of relationships with communities and development of membership and Governors. - Clear Governor links to constitutions. 	Board of Directors

Gaps in Assurance
What do we not have
<ul style="list-style-type: none"> - No gaps identified against overall assurance rating of this strategic goal. - Full ICS system in place – but still developing long-term plans.

Objective	Key Risk(s)	Q2 20-21 Rating	Q3 20-21 Rating	Target	Movement from prev. Quarter
Be a leader in delivering Sustainability and Transformation Partnership plans We will be clear about what we offer, who we offer it to and how we work with others	FI1174 - Lack of Trust involvement or influence in work-stream activity associated with Sustainability and Transformation Programmes (STPs), will in turn impact on our ability to influence and shape local commissioning plans. This may result in a failure to deliver strategic priorities, with an associated risk of developing a poor reputation and reduced business/income opportunities that may challenge future sustainability.	6	6	3	↔
Continue to provide opportunities for all service users, patients, carers, families, staff and communities to influence service planning and design	FI1180 - There is a risk to future sustainability and reputation, arising from a failure to compete effectively because we have not maintained and developed strategic alliances and partnerships and not increased our commercial/market understanding.	6	6	3	↔
Demonstrate increased collaboration with system partners to maximise efficiency and effective use of resources available across health and social care services.	FI1185 - Failure to utilise evidence based practice to inform and influence business decisions, resulting in the delivery of outdated service models, an inability to effectively compete with other providers and a subsequent loss of business/ income and reputation.	6	6	3	↔
Host partner organisations' staff and vice versa, to enable system workforce resilience	No risks identified.				

Key Controls	Sources of Assurance – Reporting Mechanisms
(FI1174) Trust Strategy, values and goals aligned with Humber, Coast and Vale STP	Regular STP updates to Trust Board Formal and informal dialogue with Commissioners
(FI1174) Alignment clearly demonstrated within two year operational plan	
(FI1174) Chief Executive is Senior Responsible Officer for Mental Health Work-stream.	
(FI1185) Enhanced staff structure in Business Development team to explore evidence-based practice	Assurance systems for Service Plans/ Strategies Internal Clinical Audit programme R&D programme
(FI1185) Formal programme to review and benchmark Trust position.	
(FI1180) Marketing and communications activity available and used.	Assurance systems for Service Plan Regular feedback and dialogue to Trust committees.
(FI1185) Enhanced staff structure in Business Development team to explore evidence-based practice	Assurance systems for Service Plans/ Strategies Internal Clinical Audit programme R&D programme

Gaps in Control	Actions
(FI1174) Feedback arrangements with STPs representing Whitby are currently limited.	Identify Governance Structure within the STP representing Whitby and seek representation at relevant group level (31/12/2020)
(FI1185) Limited internal mechanism in place to support delivery of different models	Develop skills training to support operational and corporate teams (31/12/2020)
(FI1180) Trust Communications team not automatically included in external groups	Organisational review required of internal mechanisms to support the delivery of different models of care (31/12/2020)
	Improve Communications sections of Service Plans to ensure opportunities are exploited to showcase/market our services (31/12/2020)

BOARD ASSURANCE FRAMEWORK				Assurance Level	Q3	Q4	Q1	Q2	Q3		
STRATEGIC GOAL 4		DEVELOPING AN EFFECTIVE AND EMPOWERED WORKFORCE			Lead Director: Dir. of Workforce and OD	Lead Committee: Workforce and OD Committee		Y	Y	Y	Y

Positive Assurance	
Assurance	Source
- Rolling 12 month sickness has reduced compared to 12 months ago.	Trust Board
- Overall turnover remains reduced compared to 12 months previous.	Workforce and OD Committee
- Statutory and mandatory training performance remains above target (88.7% at September 2020 against target of 85%).	Workforce Insight Report
- Workforce Recruitment and Retention Steering Group.	Audit Committee
- Nursing Recruitment Manager in post.	
- Ongoing workforce risk actions to be reviewed by Workforce Recruitment and Retention Steering Group.	
- Sickness levels below Trust target at 4.7% (September 2020)	

Negative Assurance	
Assurance	Source
- Increased vacancy levels for Registered Nurse, Consultant and GP roles.	Trust Board
- Rolling turnover remains above Trust target and national median.	Workforce and OD Committee
- 107.0 total qualified nurses / nurse managers and 13.6 total consultant vacancies at September 2020.	Workforce Insight Report

Gaps in Assurance	
What do we not have	
- Clarity at team/service level regarding how poor workforce indicator performance issues are managed locally.	

Objective	Key Risk(s)	Q2 20-21 Rating	Q3 20-21 Rating	Target	Movement from prev. Quarter
Development of a health and engages organisational culture, clinical and support services working together as "One Team" to free up time for patient care.	WF07 – The quality of leaders and managers across the Trust is not at the required level which may impact on ability to deliver safe and effective services.	6	6	3	↔
Enable transformation and organisational development through shared leadership.					
Optimise the staffing profile to ensure delivery of high quality care. Demonstrate that we are a diverse and inclusive organisation.	WF03 – Level of qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	15	15	10	↔
	WF04 – Inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	15	15	10	↔
	WF05 – Current Consultant and GP vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	15	15	10	↔
	WF10 – With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	15	15	10	↔
	Command Risk 7 – As a result of COVID-19 related absences included sickness and staff being in isolation, there may be staffing level shortfalls which could impact on patient and staff safety and continued delivery of services.	16	16	4	↔
	WF09 – Staff Survey scores for staff with protected characteristics are worse than for staff not declaring a protected characteristics (particularly staff declaring themselves as not heterosexual and/or disabled)	9	9	6	↔
Increase our service offer to support work in partnerships with the STP/ICS and PCNs to optimise the workforce within the system.	No risks identified				
Ensure a well-trained digital ready workforce.	No risks identified				

Key Controls	Sources of Assurance
(WF03) Detailed Recruitment plan in place (progress against which reported to EMT and Workforce and OD Committee).	Trust Board Workforce and OD Committee ODG Task and Finish Group (hard to recruit posts)
(WF04) Trust Retention Plan.	
(WF05) Trust-wide workforce plan.	
(Command Risk 7) Surge plan developed and services will be reduced and available staff redirected to support critical services.	Silver Command Gold Command
(Command Risk 7) Risk assessments undertaken in every trust work place for safe social distancing.	

Gaps in Control	Actions
(Command Risk 7) Staff sickness / absences across Trust Services.	Ongoing monitoring of staffing levels and COVID-19 related absences (31/12/2020)
(WF04) Expansion of new clinical roles needed.	Development and expansion of new roles such as Associate Practitioners and Advanced Clinical Practitioner roles (31/03/2021)
(WF04) Nurse Degree Apprenticeship Programme.	Development of Nurse Degree Apprenticeship Programme (31/03/2021)
(WF04) International recruitment programme.	Development of an international recruitment programme (31/03/2021)
(WF05) National workforce shortages (GP / Consultants)	Completion of work on the Medical staffing model (31/03/2021)

BOARD ASSURANCE FRAMEWORK				Assurance Level	Q3	Q4	Q1	Q2	Q3
STRATEGIC GOAL 5	MAXIMISING AN EFFICIENT AND SUSTAINABLE ORGANISATION	Lead Director: Dir. Finance	Lead Committee: Finance and Investment Committee		Y	G	Y	Y	Y

Positive Assurance	
Assurance	Source
- Financial position Month 4 2020/21 – Trust reported a break even position.	Trust Board
- Trust cash position has stabilised – underlying GBS bank balance was 16m at Month 4 and is expected to end the year at £15.000m.	Finance and Investment Committee
- Trust has maintained BPPC above 90% throughout 19/20 for non-NHS invoices.	
- Budget Reduction Strategy to deliver £6.369m of savings with a split of £4.516m Major Schemes and £1.853m Divisional / Corporate Targets.	
- The Trust has identified surplus estate and has a strategy to maximise disposal value.	
- Embraced use of Digital Technology during respond to COVID-19.	

Negative Assurance	
Assurance	Source
- NHSI Control Total 2020-21 set pre COVID-19 as a breakeven with £0.950m FRF PSF funding.	Trust Board
- Financial Improvement Targets for Trust do not take into account impact of the Agenda for Change Pay Award funding pressure.	Finance and Investment Committee
- Risk regarding COVID-19 and the change in funding to Block payments which means that investment regarding Mental Health Investment Standards and Transformation is required.	

Gaps in Assurance	
What do we not have	
-	Long term solution during Covid-19 pandemic.
-	Local authority funding for pay award.

Objective	Key Risk(s)	Q2 20-21 Rating	Q3 20-21 Rating	Target	Movement from prev. Quarter
Optimise business opportunities to develop integrated services	FII180 – There is a risk to future sustainability and reputation, arising from a failure to compete effectively because we have not maintained and developed strategic alliances and partnerships and not increased our commercial/market understanding.	6	6	3	↔
Effective marketing plan that ensures clear and effective communication pathways and celebrates our successes jointly with our partners					
Embrace new technologies to enhance patient care across the health and social care system	FII177– Adverse impact of inadequate IT systems, failing to effectively support management decisions, performance management or contract compliance	8	8	4	↔
Optimise our IT system to improve access for staff and free up time for patient care	FII186 – Trust IT systems are compromised due to a Cyber Security attack/incident - this could be a malicious attack from an external third party or an accidental attack from inside the trust network due to inappropriate actions taken by staff, patients or visitors that compromise the IT systems security.	12	12	8	↔
Reduce our reliance on sustainability funding to achieve long term financial balance	FII205 – Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover AFC pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff.	15	15	10	↔
	FII216 – Risk of fraud, bribery and corruption.	9	9	3	↔
	FII218 – If the Trust cannot achieve its Budget Reduction Strategy for 2020-21, it may affect the Trust's ability to achieve its control total which could lead to a significant impact on finances resulting in loss of funding and reputational harm.	9	9	3	↔
	FII219 – Failure to achieve the NHS Improvement Use of Resources Score for 2020/21 may result in reputational harm for the Trust and significant reduction in financial independence.	9	9	3	↔
	FII220 – The financial effect of COVID-19 and the risks that the full costs will not be recovered.	12	12	4	↔
Have an efficient estate that provides a safe and cost effective environment that is conducive to operational delivery	FII158 – Inability to address all risks identified as part of the capital application process due to lack of capital resource.	8	8	4	↔
	FII181 – Inability to improve the overall condition and efficiency of our estate.	8	8	4	↔
	Command Risk 53 – As a result of social distancing requirements and national guidance around safe working there is a risk that we do not have suitable accommodation to deliver Trust services safely.	12	12	4	↔

Key Controls	Sources of Assurance
(FII205) Budget Reduction Strategy established with MTFP.	Finance & Investment Committee Reports
(FII205) Monthly reporting, monitoring and discussion with budget holders.	- Cash
(FII205) Financial plan agreed.	- Financial Position
(FII205) BRS reporting to FIC	- BRS
	- Debtors/ Creditors
(FII205) Trust Control Total agreed.	Trust Board Reports
(FII220) Recovering the costs of COVID-19 through NHSI on a monthly basis.	- Financial Position
(FII220) Accurately recording the costs of COVID-19.	- Cash

Gaps in Control	Actions
(FII218) Full year BRS plan	Continued work to find further savings to mitigate any potential failure of the approved BRS (31/03/2021)
	Ongoing maintenance of relationships with Commissioners (31/03/2021)
	Ongoing Accountability review process (31/03/2021)
	Continue to work with Commissioners to highlight the requirement for funding through MHIS (31/03/2021)
(FII220) NHSI dis-allowing additional expenditure incurred by the Trust in relation to COVID-19.	Regular contact with NHSI regarding the funding - including agreement of COVID-19 Guidance issued (31/03/2021)

BOARD ASSURANCE FRAMEWORK				Q3	Q4	Q1	Q2	Q3					
STRATEGIC GOAL 6	PROMOTING PEOPLE, COMMUNITIES AND SOCIAL VALUES	Lead Director: Chief Executive	Lead Committee: Quality Committee	Assurance Level					G	G	G	G	G

Positive Assurance		Negative Assurance		Gaps in Assurance
Assurance	Source	Assurance	Source	What do we not have
<ul style="list-style-type: none"> - Continual development of the Recovery College. - Health Stars developing - Wider community engagement developing through changes to constitution and more work with Governors. - More internal Trust focus on promoting wellness and recovery. - Positive service user survey results. - Trust developed in year social values reporting arrangements - Hull Health and Wellbeing Board - Project Group established to develop wider wellbeing and recovery approach bringing in a focus on both mental and physical elements of recovery. - 'Making Every Contact Count' being led by Trust across ERY - Launch of Social Values Report - NHSI scheme launched 	Board of Directors	<ul style="list-style-type: none"> - Negative media outweighs positive media regarding promotion of communities. - Trust membership base is not fully operational and negative assurance around membership involvement. - Limited feedback on how local communities are influencing our Trust Strategy. 	Board of Directors	Patient outcome measures. Detailed Community engagement strategy or Relationship strategy.

Objective	Key Risk(s)	Q2 20-21 Rating	Q3 20-21 Rating	Target	Movement from prev. Quarter
We will work with our partners to develop voluntary sector led, multi-specialty community hubs that focus on prevention, wellbeing and recovery	OPS08 – Failure to equip patients and carers with skills and knowledge needed via the wider recovery model.	9	9	3	↔
	MD05 - Inability to implement the Trust's Equality and Diversity strategy may impact on the Trust's ability to have a workforce trained and engaged with the equality and diversity agenda, limit accessibility to services and prevent achievement of the Trust's E&D aims.	6	6	3	↔
	MD06 - Reduction in patients likely to recommend Trust services to friends and family may impact on Trust's reputation and stakeholder confidence in services provided.	8	8	4	↔
Increase the utilisation and spread of our charity, Health Stars	No risks identified.				
Embrace and expand our use of volunteers					

Key Controls	Sources of Assurance
(OPS08) Trust Recovery Strategy	Trust Board
(OPS08) CMHT transformation work underway which will impact Recovery College due to its status as a discharge pathway.	
(OPS08) Recovery college offer moved to online provision and broadened.	
(MD05) Supporting forums established for development of equality and diversity work within the Trust.	Quarterly reporting to Quality Committee and Clinical Quality Forum
(MD05) Equality and Diversity Leads identified for 'patient and carers' and 'staff' respectively.	
(MD06) Task and finish group identified	Reports to QPaS and Quality Committee
(MD06) All clinical teams give out FFT forms and results are fed into services through level 3 reporting system.	

Gaps in Control	Actions
(OPS08) Secured funding for Recovery College with Commissioners	Ongoing communication with commissioners regarding funding - awaiting planning guidance around funding (31/03/2021)
(OPS08) Recovery focussed practice still to be fully embedded across the Trust	Review of overall recovery strategy and alignment with service changes (31/03/2021)
(OPS08) Issues around service configuration feeding in to wider recovery approach.	

RISK SCORING MATRIX

			IMPACT/ CONSEQUENCE				
			Negligible	Minor	Moderate	Severe	Catastrophic
			1	2	3	4	5
LIKELIHOOD	Almost Certain	5	5 x 1 = 5 Moderate	5 x 2 = 10 High	5 x 3 = 15 Significant	5 x 4 = 20 Significant	5 x 5 = 25 Significant
	Likely	4	4 x 1 = 4 Moderate	4 x 2 = 8 High	4 x 3 = 12 High	4 x 4 = 16 Significant	4 x 5 = 20 Significant
	Possible	3	3 x 1 = 3 Low	3 x 2 = 6 Moderate	3 x 3 = 9 High	3 x 4 = 12 High	3 x 5 = 15 Significant
	Unlikely	2	2 x 1 = 2 Low	2 x 2 = 4 Moderate	2 x 3 = 6 Moderate	2 x 4 = 8 High	2 x 5 = 10 High
	Rare	1	1 x 1 = 1 Low	1 x 2 = 2 Low	1 x 3 = 3 Low	1 x 4 = 4 Moderate	1 x 5 = 5 Moderate

RISK TERMINOLOGY DEFINITIONS		RISK APPETITE DEFINITIONS	
Initial Risk Rating	The initial risk rating represents the inherent or gross risk. It is the assessment of the risk prior to the consideration of any controls or mitigations in place.	Minimal (Low risk)	Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.
Current Risk Rating	The current risk rating presents the residual risk level. It is the assessment of the risk after identification of controls, assurances and inherent gaps, reflecting how the risk is reduced in either likelihood of occurrence or impact should it occur.	Cautious (Moderate risk)	Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.
Target Risk Rating	The assessment of the anticipated score following successful implementation of identified actions to create further controls. Target risk ratings must also be considered with regard to risk appetite and the level of risk the organisation is willing to accept.	Open (High risk)	Willing to consider all potential delivery options and choose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc.).
Control	Risk controls represent any action that has been taken to mitigate the level risk. Controls can reduce the likelihood of a risk being realised or the impact of risk should it occur.	Seek (Significant risk)	Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk.
Assurance	Sources of evidence used to demonstrate the effectiveness of identified controls. Assurances sources also allow for monitoring of risk controls to ensure that they are appropriate.	Mature (Significant risk)	Consistent in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

Agenda Item: 19

Title & Date of Meeting:	Trust Board Public Meeting - 25 th November 2020			
Title of Report:	Risk Register Update			
Author/s:	Oliver Sims Corporate Risk Manager			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	The report provides the Board with an update on the Trust-wide risk register (15+ risks) including the detail of any additional or closed risks since last reported to Trust Board in September 2020.			
Governance:		Date		Date
	Audit Committee	02.11 2020	Remuneration & Nominations Committee	
	Quality Committee	07.10 2020	Workforce & Organisational Development Committee	18.11 2020
	Finance & Investment Committee	21.10 2020	Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	Silver Command Tactical 13/11 /2020
Key Issues within the report:	<ul style="list-style-type: none"> • The Trust-wide risk register details the risks facing the organisation scored at a current rating of 15 or higher (significant risks) and agreed by Executive Management Team. • In line with the Trust's business continuity arrangements which were implemented during the COVID-19 pandemic, a risk register was developed to support the Trust's command structure and to capture all COVID-19 related risks. The COVID-19 risk register is subject to review by both Silver command operational and tactical meetings and is received weekly by Gold Command for Executive review. • There are currently 9 risks held on the Trust-wide Risk Register. The highest rated risks (15+) captured on the COVID-19 risk register have been incorporated into the Trust-wide risk register for ongoing management and are included in the risk register extract that accompanies this report. • The current risks held on the Trust-wide risk register are 			

	summarised below:		
	Risk Description	Initial Rating	Current Rating
	WF03 – Current qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	20	15
	WF04 – With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	20	15
	WF05 – Current Consultant/ GP vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	20	15
	WF10 – With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	20	15
	FII205 – Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover a/c pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff.	25	15
	Command Risk 7 – As a result of COVID-19 related absences included sickness and staff being in isolation, there may be staffing level shortfalls which could impact on patient and staff safety and continued delivery of services.	16	16
	Command Risk 34 – Increased levels of anxiety, fatigue and potential mental health impact to staff working across Trust staff as a result of the COVID-19 national emergency and the implemented changes / different ways of working adopted by the organisation which could impact on the quality and sustainability of services.	16	16
	Command Risk 42 – Reduced bed base both nationally and locally leading to mixed population of patients, including age, sex or diagnostic group and resulting in increased use of out-of-area beds.	16	16
Command Risk 66 – As a result of increased demand and higher referral rates linked to Covid-19, there is reduced capacity within Occupational Health which will lead to delays in appointments for referrals.	15	15	

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	N/A	Comment

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

Risk Register Update

1. Trust-wide Risk Register

There are currently **9** risks reflected on the Trust-wide risk register which records all risks currently scored at a rating of 15 or above and is reflected in **Table 1** below:

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

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
WF03	Level of qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	20	15	10
WF04	Inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	20	15	10
WF05	Current Consultant and GP vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	20	15	10
WF10	With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	20	15	10
FII205	Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover a/c pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff.	25	15	10
Command Risk 7	As a result of COVID-19 related absences included sickness and staff being in isolation, there may be staffing level shortfalls which could impact on patient and staff safety and continued delivery of services.	16	16	4
Command Risk 34	Increased levels of anxiety, fatigue and potential mental health impact to staff working across Trust staff as a result of the COVID-19 national emergency and the implemented changes / different ways of working adopted by the organisation which could impact on the quality and sustainability of services.	16	16	4
Command Risk 42	Reduced bed base both nationally and locally leading to mixed population of patients, including age, sex or diagnostic group and resulting in increased use of out-of-area beds which may impact quality and safety of patient care.	16	16	4
Command Risk 66	As a result of increased demand and higher referral rates linked to Covid-19, there is reduced capacity within Occupational Health which will lead to delays in appointments for referrals.	15	15	3

2. Closed/ De-escalated Trust-wide Risks

There is **1** risk that was previously held on the Trust-wide risk register which have been closed / de-escalated since last reported to Trust Board in September 2020.

Table 2 - Trust-wide Risk Register closed/ de-escalated risks

Risk ID	Description of Risk	Reason for Removal	Initial Risk Score	Current Risk Score
Command Risk 64	National and local issues with COVID-19 testing capacity and responsiveness for test results in the system which may impact on Trust staffing levels and the continued safe delivery of services.	Risk reduced to current rating of 12 (Possible x Severe) to reflect improvements seen operationally. Risk removed from Trust-wide risk register but remains open and is monitored through the Covid-19 Risk Register.	16	12

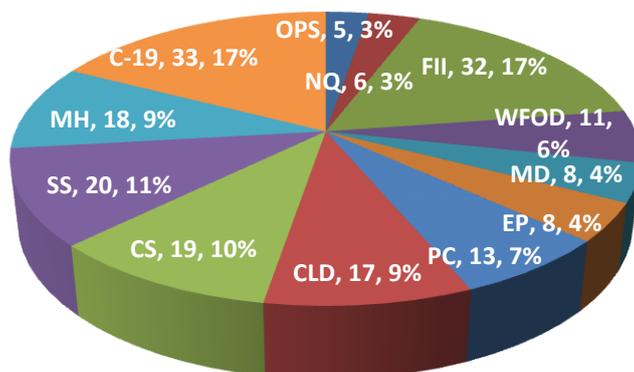
3. Wider Risk Register

There are currently **190** risks held across the Trust's Division, Directorate and project risk registers. This total also includes the COVID-19 risk register managed through the Trust's Silver and Gold Command arrangements. The current position represents an overall decrease of **12** risks from the **202** reported to Trust Board in September 2020. The table below shows the current number of risks at each risk rating in comparison to the position presented to the September 2020 Board.

Table 4 - Total Risks by Current Risk level

Current Risk Level	Number of Risks – September 2020	Number of Risks – November 2020
20	0	0
16	4	4
15	5	6
12	51	55
10	3	2
9	54	50
8	37	29
6	40	36
5	3	3
4	2	2
3	3	3
2	0	0
Total Risks	202	190

Chart 1 – Total Risks by Division/ Directorate



Key:

- OPS** – Operations Directorate
- NQ** – Nursing & Quality
- FII** – Finance, Infrastructure & Informatics Directorate
- WFOD** – Workforce & OD Directorate
- MD** – Medical Directorate
- EP** - Emergency Preparedness, Resilience & Response
- PC** – Primary Care
- CLD** – Children's and Learning Disabilities
- CS** – Community Services
- SS** – Specialist Services
- MH** – Mental Health Services
- C-19** – Covid-19

4. COVID-19 Risk Register

As part of the Trust's business continuity arrangements implemented as a result of the COVID-19 pandemic, a command risk register was established to monitor and effectively manage operational and tactical risk facing the Trust at this time. The COVID-19 risk register is reviewed by the Trust's Silver Command operational and tactical meetings and by Gold Command on a weekly basis, with risks being escalated through the command structure as required. There are currently **4** risks identified through the command arrangements which have also been reflected on the Trust-wide risk register which records all risks currently scored at a rating of 15 or above.

Trust-wide Risk Register

Row	Risk ID	Description of Risk	Impact/Consequence Type		Key Controls	Sources of Assurance	Gaps in Controls/ Controls currently failing	Gaps in Assurance	Likelihood (Current)		Current Risk Score	Current risk	What additional actions need to be completed?	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
			Likelihood (Initial)	Impact (Initial)					Likelihood (Current)	Impact (Current)											
1	WF03	Level of qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	Objectives Likely	Catastrophic	20 Significant	1. Detailed Recruitment plan in place (progress against which reported to EMT and Workforce and OD Committee). 2. Recruitment task and finish group in place. 3. Launch of Humbelievable	1. Workforce and OD Committee. 2. Divisional ODG Meetings. 3. EMT. 4. Trust Board 5. ODG.	1. Expansion of new clinical roles needed. 2. Nurse Degree Apprenticeship Programme. 3. International recruitment programme.	1. 107.0 total qualified nurses / nurse managers as at September 2020.	Possible Catastrophic	15 Significant	1. Establishment review work to be completed (31/03/2021) 2. Development and expansion of new roles such as Associate Practitioners and Advanced Clinical Practitioner roles (31/03/2021) 3. Development of Nurse Degree Apprenticeship Programme (31/03/2021) 4. Development of an international recruitment programme (31/03/2021) 5. Workforce planning process (31/03/2021)	Karen Phillips Steve McGowan	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	10 High	High		
2	WF04	Inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	Objectives Likely	Catastrophic	20 Significant	1. Appraisal process. 2. Leadership and management development programmes. 3. Staff Health & Wellbeing Group and action plan. 4. PROUD programme. 5. Health and Social Care Professional Strategy. 6. Trust Retention Plan.	1. Trust Board monthly performance report. 2. Staff surveys. 3. Insight report to Workforce and OD Committee. 4. Workforce and OD Scorecard. 5. Accountability Reviews.	1. Trust-wide workforce plan delivery. 2. Formalised Band 5 Nurse Career development provision.	1. Current annual turnover 11.63% as at September 2020 2. Lack of career development opportunities indicated through employee exit interviews/questionnaires.	Possible Catastrophic	15 Significant	1. Staff survey departmental action plans - implementation and monitoring through Accountability reviews / review of new year staff survey results when available (31/03/2021) 2. New-starter survey to help analyse new starter experience in first 6 months of employment (31/03/2021)	Karen Phillips Steve McGowan	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	10 High	High		
3	WF05	Current Consultant and GP vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	Objectives Likely	Catastrophic	20 Significant	1. Detailed Recruitment plan in place (progress against which reported to EMT and Workforce and OD Committee). 2. Recruitment task and finish group in place. 3. Trust-wide workforce plan. 4. Launch of Humbelievable. 5. Medical Director leading recruitment work as part of task and finish group.	1. Agency spend considered at Finance and Investment Committee 2. ODG. 3. EMT. 4. Workforce and OD Committee	1. National workforce shortages. 2. Different ways of working linked to GP roles.	1. 13.6 consultant vacancies September 2020. 2. 4.6 GP vacancies of September 2020.	Possible Catastrophic	15 Significant	1. Completion of work on the Medical staffing model (31/03/2021)	Karen Phillips Steve McGowan	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	10 High	High		
4	WF10	With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	Objectives Likely	Catastrophic	20 Significant	1. Staff engagement though TCNC (Trust Consultation and Negotiation Committee). 2. Staff Health & Wellbeing Group and action plan. 3. Trust retention plan as agreed with NHSI. 4. PROUD programme. 5. Recruitment and retention incentives 6. LMC - Positive staff engagement with medical workforce. 7. HRBPs support divisions with WOD scorecard.	1. Workforce and OD Insight Report. 2. Staff surveys. 3. Staff Friends and Family Test. 4. Workforce and OD committee. 5. EMT. 6. Workforce scorecard.	1. Lack of career development opportunities indicated through employee exit interviews/questionnaires.	1. Current annual turnover 19.10% as at September 2020, which is a positive reduction.	Possible Catastrophic	15 Significant	1. HR Business Partners to review exit questionnaire results and identify any hot spots (31/03/2021) 2. Completion of PROUD programme implementation plan - ongoing 3 year programme (Review at 31/03/2021)	Karen Phillips Steve McGowan	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	10 High	High		

Trust-wide Risk Register

Row	Risk ID	Description of Risk	Impact/Consequence Type		Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls/ Controls currently failing	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
			Almost Certain	Catastrophic							Possible	Catastrophic	15	Significant		Iain Omand	Peter Beckwith	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	10	High
5	FI1205	Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover a/c pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff.	Objectives	Almost Certain	25	Significant	1. Budgets agreed. 2. Monthly reporting, monitoring and discussion with budget holders. 3. Small contingency / risk cover provided in plan. 4. MTFP developed to inform plans. 5. Service plans. 6. Regular reviews with NHSE/I and relevant Commissioners 7. Budget Reduction Strategy established with MTFP. 8. Non-recurrent savings. 9. BRS reporting to FIC 10. Trust Control Total agreed 11. Financial plan agreed	1. Monthly reporting to Board and Bi monthly to FIC. 2. Monthly & Quarterly reporting to NHS I and NHS I feedback 3. ODG monitoring progress of BRS plans. 4. Budget Reduction Strategy policy and procedure agreed by Finance and Investment Committee and Trust Board. 5. External / Internal Audit position. 6. Regular input through Humber Coast and Vale ICS	None Identified.	1. Interim Planning Guidance and longer term plan guidance is awaited	Possible	Catastrophic	15	Significant	1. Budget Reduction Strategy implementation 2020-21 (31st March 2021).	Iain Omand	Peter Beckwith	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	10	High
6	Command Risk 7	As a result of COVID-19 related absences included sickness and staff being in isolation, there may be staffing level shortfalls which could impact on patient and staff safety and continued delivery of services.	Workforce	Likely	16	Significant	1. Risk raised and action to be determined by Silver/ Gold Command. 2. Daily Staffing SitRep arrangements implemented. 3. Daily corporate huddle reviewing all incidents linked to staffing. 4. Surge plan developed and services will be reduced and available staff redirected to support critical services. 5. Staff and family member testing is now available and staff testing negative can return to work. 6. Trust staff antibody testing. 7. Track and trace arrangements. 8. Reinforced messages around social distancing through communications campaign. 9. Risk assessments undertaken in every trust work place for safe social distancing. 10. Silver Command Operational arrangements for accurately capturing staff isolating information.	1. Silver Command 2. Escalated to Gold Command.	1. Staff sickness / absences across Trust Services.	1. 53 COVID-19 related absence (5th November 2020 SitRep) 2. Increasing testing requests amongst Trust staff and level of symptomatic staff isolating.	Likely	Severe	16	Significant	1. Ongoing monitoring of staffing levels and COVID-19 related absences (31st March 2021).	Deputy COO	Lynn Parkinson	Silver Command	Gold Command	Rare	Severe	4	Moderate
7	Command Risk 34	Increased levels of anxiety, fatigue and potential mental health impact to staff working across Trust staff as a result of the COVID-19 national emergency and the implemented changes / different ways of working adopted by the organisation which could impact on the quality and sustainability of services.	Workforce	Likely	16	Significant	1. Trust occupational health support arrangements in place. 2. Trust Clinical Group established 3. Health and Wellbeing Group 4. Fast track access to Trust Psychologists (self-referral) 5. 'Shiny Minds' self-help app procured and available for all staff. 6. Staff encouraged to take annual leave and breaks. 7. Self-help and support resources available on Trust intranet. 8. Review of hot-spot areas. 9. Continuity of on-call psychology rota.	1. Silver Command (sickness data / referrals to OH) 2. Gold Command	1. Increased negative feeling / anxiety amongst frontline staff within services. 2. Issue in relation to service delivery and safe practice 3. Increasing stress-related staff sickness.	None identified.	Likely	Severe	16	Significant	1. Divisions to determine what additional support can be offered the staff (31st December 2020).	Deputy COO	Lynn Parkinson	Silver Command	Gold Command	Rare	Severe	4	Moderate
8	Command Risk 42	Reduced bed base both nationally and locally leading to mixed population of patients, including age, sex or diagnostic group and resulting in increased use of out-of-area beds which may impact quality and safety of patient care.	Objectives	Likely	16	Significant	1. Senior leadership consultation prior to consideration on whether usual restrictions on ward types can be relaxed. 2. Increased staffing numbers. 3. Ward layout to provide separate sleeping and bathroom area for female service users along with separate lounge areas.	1. Updates to Silver Command 2. Escalated through Command structure.	1. Increase in staff sickness / absences across Trust Services. 2. Increased demand in some services areas. 3. Increasing bed pressures across Trust services.	None identified.	Likely	Severe	16	Significant	Monitoring of Trust bed position / level of demand through updates to Silver Command (Review at 31st December 2020)	Deputy COO	Lynn Parkinson	Silver Command	Gold Command	Rare	Severe	4	Moderate

Trust-wide Risk Register

Row	Risk ID	Description of Risk	Impact/ Consequence Type		Key Controls	Sources of Assurance	Gaps in Controls/ Controls currently failing	Gaps in Assurance	Likelihood (Current)		Impact (Current)		Current Risk Score	Current risk	What additional actions need to be completed?	Lead Manager		Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)		Impact (Target)		Target risk score	Target risk
			Likelihood (Initial)	Impact (Initial)					Likelihood (Current)	Impact (Current)	Initial Risk Score	Initial Risk Rating				Lead Manager	Lead Director			Likelihood (Target)	Impact (Target)				
9	Command Risk 66	As a result of increased demand and higher referral rates linked to Covid-19, there is reduced capacity within Occupational Health which will lead to delays in appointments for referrals.	Objectives	Almost Certain	Moderate	15	Significant	1. Some additional capacity has been identified for the service but still significant level of demand.	1. Updates to Silver Command 2. Updates to Gold Command	1. Increasing demand linked to testing and asymptomatic testing. 2. Further demand on service linked to roll out of flu vaccination programme.	1. Increased referrals to Trust Occupational Health.	Almost Certain	Moderate	15	Significant	1. Workforce directorate to review staffing capacity to identify further needs (Review at 31st December 2020)	Deputy COO	Lynn Parkinson	Silver Command	Gold Command	Rare	Moderate	3	Low	

Agenda Item 20

Title & Date of Meeting:	Trust Board Public Meeting– 25 th November 2020			
Title of Report:	Charitable Funds Accounts			
Author/s:	Peter Beckwith Director of Finance			
Recommendation:	To approve	✓	To receive & note	
	For information		To ratify	
Purpose of Paper:	The purpose of this paper is for the Trust Board to approve the annual accounts for the year ended 31 st March 2020.			
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee	12/11	Other (please detail) Trust Board	
Key Issues within the report:	<p>The unaudited accounts are attached for approval, key components include:</p> <p>Trustee's Annual Report 2019/20 Independent Examiners Report Annual Accounts 2019/20</p> <p>The accounts were reviewed and recommended for approval (<i>subject to minor amendments in relation to future plans (Page 3) which have now been incorporated</i>) by the Charitable Funds Committee on the 22nd September 2020.</p> <p>Once approved by the Board the accounts will need to be submitted by the 31st January 2021</p>			

Monitoring and assurance framework summary:

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



this paper to Trust Board?		this detailed in the report?		
Patient Safety	✓			
Quality Impact	✓			
Risk	✓			To be advised of any future implications as and when required by the author
Legal	✓			
Compliance	✓			
Communication	✓			
Financial	✓			
Human Resources	✓			
IM&T	✓			
Users and Carers	✓			
Equality and Diversity	✓			
Report Exempt from Public Disclosure?			No	

Report of the Trustees and
Unaudited Financial Statements for the Year Ended 31 March 2020
for
Humber **Teaching NHS** Foundation Trust
Charitable Funds

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

Humber **Teaching** NHS Foundation Trust Charitable
Funds

Contents of the Financial Statements
for the Year Ended 31 March 2020

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Humber Teaching NHS Foundation Trust Charitable
Funds

Report of the Trustees
for the Year Ended 31 March 2020

The trustees present their report with the financial statements of the charity for the year ended 31 March 2020. The trustees have adopted the provisions of Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019).

Throughout 2019/2020 The Humber Teaching NHS Foundation Trust Charitable Funds working name Health Stars gathered real pace as a proactive charity.

Our Corporate Trustee continues to take positive steps forward across the Humber Teaching NHS Foundation Trust, with the CQC rating improving from requires improvement to good. The Charity is also now in a position to partner and support both capital projects and small changes which make a big difference to our patients, carers and employees.

The transparent and easy access to charitable funds has encouraged even more services to maximise charitable funds, with over 202 wishes (grant requests) in 2019/2020. Investments have been made into areas such as purchasing of Football kits to support our inpatient units, DermLite Handyscope to support the work of GP's, and creating chill out rooms and sensory areas. Through our connection to the HEY Smile Foundation, the commissioned deliverer of our Charity, we have built many relationships with local businesses capitalising on corporate volunteering and gifts in kind.

Most significantly in the last 12 months, we have delivered our first appeal, The Impact Capital Appeal for the new Children and Adolescent Mental Health development in Hull. This capital build has enabled the Humber Teaching NHS Foundation Trust to bring back young people from across Hull, East Yorkshire and Lincolnshire from the care that has had to be provided in sites across the U.K as no provision was currently commissioned locally. Health Stars has provided investment into the building works to provide enhancements above and beyond NHS core services.

This Appeal has been a significant part of the charity's work in the last 12 months. With the investment of substantial resources from both Humber Teaching NHS Foundation Trust, Health Stars and Smile team.

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

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

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

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

Our Vision

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

Our Mission

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

Humber Teaching NHS Foundation Trust Charitable
Funds

Report of the Trustees
for the Year Ended 31 March 2020

OBJECTIVES AND ACTIVITIES

Significant activities

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

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

In 2019/2020 the Charity invested in further team resources with a new Fundraising Manager who replaced the former Charity Manager.

As highlighted in the reporting year, over 202 requests for enhancements were delivered by the Charity, which continues to be a positive year on year growth. We do still see wishes declined due to them being too far away from our core objectives and/or not meeting our public perception test. Work is underway to provide further clarity of the process on our website and through other means of communication to hopefully limit the number of requests turned down.

Public benefit

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

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

ACHIEVEMENT AND PERFORMANCE

Fundraising activities

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

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

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

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

FINANCIAL REVIEW

Investment policy and objectives

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

The Charity also has 510 COIF Charities Investment fund income units with a value of £7,560 at the end of March 2020.

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

The Charitable Fund's Committee reviews the investments and banking arrangements taking advice from our professional advisors each year. There were no additional investments or realised investments during 2019/20.

Reserves policy

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

Humber Teaching NHS Foundation Trust Charitable
Funds

Report of the Trustees
for the Year Ended 31 March 2020

FUTURE PLANS

Towards the end of the financial year the COVID-19 pandemic had begun and the UK moved into Lockdown. At this point it was unclear the impact of the pandemic on Health Stars. Health Stars will play a key role in supporting the Trust and its staff throughout the COVID -19 Pandemic. As a result of funds available from NHS Charities Together due to the successful COVID-19 fundraising appeal Health Stars plans to engage in a number of new projects. First of all Health Stars will operate a new Black, Asian and Minority Ethnic project, supporting the communities disproportionately affected by COVID-19. Secondly, Health Stars will work with other charities in the Humber Coast and Vale Integrated Care System to deliver a project across the patch to benefit the local community. Thirdly and finally thanks to NHS Charities monies, Health Stars will support a bespoke programme to improve staff's health and wellbeing. In terms of fundraising Health Stars has established its next major fundraising appeal for Whitby Hospital. Fundraising for this will be a key focus of the 2020/2021 financial year. Health Stars will also begin work exploring the use of Bridlington funds to make a difference for people in the community. Health Stars will continue to deliver wishes for patient and staff benefit that have a big impact across the trust. Health Stars will continue to work closely with teams across the trust in order to be viewed as a key strategic partner for the trust.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Charity structure

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

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

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

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

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

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

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

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

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

Humber Teaching NHS Foundation Trust Charitable
Funds

Report of the Trustees
for the Year Ended 31 March 2020

STRUCTURE, GOVERNANCE AND MANAGEMENT

Principal charitable fund advisor to the board

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

Delegation limits

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

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

Key personnel

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

Director of Finance, Executive Lead
Chair of Charitable Funds Committee
CEO of Hull and East Yorkshire Smile Foundation
Charity Manager (resigned July 2019)
Head of Smile Health in place from July 2019
Fundraising manager in place from October 2019
Charity Co-ordinator (resigned November 2019)

Working in partnership

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

Risk management

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

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

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

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

REFERENCE AND ADMINISTRATIVE DETAILS

Registered Charity number

1052727

Humber Teaching NHS Foundation Trust Charitable
Funds

Report of the Trustees
for the Year Ended 31 March 2020

Principal address

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

Trustees

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

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

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

The names of those people who serve as agents for the corporate Trustee, as permitted under regulation 16 of the NHS Trusts (Membership and Procedures) Regulations 1990, is as follows as at 31st March 2020;

Mrs S Mays	Chair, Non-Executive Director	
Mrs M Moran	Chief Executive	
Mrs H Gledhill	Director of Nursing, Quality and patient experience	
Mr P Beckwith	Director of Finance	
Prof M Cooke	Non-Executive Director	
Mr M Smith	Non-Executive Director	
Mr P Baren	Non-Executive Director	
Mr F Patton	Non-Executive Director	
Mr D Royles	Non-Executive Director	Appointed September 2019
Mr S McGowan	Director of Human Resources	
Mrs L Parkinson	Chief Operating officer	
Dr J Byrne	Medical Director	
Ms P Bee		Resigned July 2019

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

Independent Examiner

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

Bankers

National Westminster Bank Plc
34 King Edward Street
Hull
East Yorkshire
HU10 6ED

Humber **Teaching** NHS Foundation Trust Charitable
Funds

Report of the Trustees
for the Year Ended 31 March 2020

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

.....
Mr P Beckwith - Trustee

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

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

I report to the charity trustees on my examination of the accounts of Humber Teaching NHS Foundation Trust Charitable Funds (the Trust) for the year ended 31 March 2020.

Responsibilities and basis of report

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

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

Independent examiner's statement

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

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

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

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

Date:

Humber Teaching NHS Foundation Trust Charitable
Funds

Statement of Financial Activities
for the Year Ended 31 March 2020

	Notes	Unrestricted fund £	Restricted fund £	Endowment fund £	31/3/20 Total funds £	31/3/19 Total funds £
INCOME AND ENDOWMENTS FROM						
Donations and legacies		39,569	19,008	-	58,577	81,989
Charitable activities						
Patient Education, Welfare & Amenities		2,200	103,500	-	105,700	175,196
Investment income	2	-	2,681	-	2,681	2,507
Total		41,769	125,189	-	166,958	259,692
EXPENDITURE ON Charitable activities						
Patient Education, Welfare & Amenities	3	28,262	7,879	-	36,141	78,738
Staff Education, Welfare & Amenities		16,819	-	-	16,819	17,794
Contribution to Healthcare		26,029	20,137	-	46,166	68,869
Total		71,110	28,016	-	99,126	165,401
Net gains/(losses) on investments		-	-	(265)	(265)	573
NET INCOME/(EXPENDITURE)		(29,341)	97,173	(265)	67,567	94,864
RECONCILIATION OF FUNDS						
Total funds brought forward		311,272	293,017	7,825	612,114	517,250
TOTAL FUNDS CARRIED FORWARD		281,931	390,190	7,560	679,681	612,114

The notes form part of these financial statements

Humber Teaching NHS Foundation Trust Charitable
Funds

Balance Sheet
31 March 2020

	Notes	Unrestricted fund £	Restricted fund £	Endowment fund £	31/3/20 Total funds £	31/3/19 Total funds £
FIXED ASSETS						
Investments	7	-	-	7,560	7,560	7,825
CURRENT ASSETS						
Debtors	8	132,625	-	-	132,625	61,132
Cash at bank		153,519	390,790	-	544,309	597,914
		286,144	390,790	-	676,934	659,046
CREDITORS						
Amounts falling due within one year	9	(4,213)	(600)	-	(4,813)	(54,757)
NET CURRENT ASSETS		281,931	390,190	-	672,121	604,289
TOTAL ASSETS LESS CURRENT LIABILITIES		281,931	390,190	7,560	679,681	612,114
NET ASSETS		281,931	390,190	7,560	679,681	612,114
FUNDS						
Unrestricted funds	10				281,931	311,272
Restricted funds					390,190	293,017
Endowment funds					7,560	7,825
TOTAL FUNDS					679,681	612,114

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

.....
Mr P Beckwith - Trustee

Humber Teaching NHS Foundation Trust Charitable
Funds

Cash Flow Statement
for the Year Ended 31 March 2020

	Notes	31/3/20 £	31/3/19 £
Cash flows from operating activities			
Cash generated from operations	1	<u>(56,286)</u>	<u>67,543</u>
Net cash (used in)/provided by operating activities		<u>(56,286)</u>	<u>67,543</u>
Cash flows from investing activities			
Sale of fixed asset investments		(265)	573
Revaluation of investments		265	(573)
Interest received		<u>2,681</u>	<u>2,507</u>
Net cash provided by investing activities		<u>2,681</u>	<u>2,507</u>
Change in cash and cash equivalents in the reporting period		<u>(53,605)</u>	<u>70,050</u>
Cash and cash equivalents at the beginning of the reporting period		<u>597,914</u>	<u>527,864</u>
Cash and cash equivalents at the end of the reporting period		<u><u>544,309</u></u>	<u><u>597,914</u></u>

The notes form part of these financial statements

Humber Teaching NHS Foundation Trust Charitable
Funds

Notes to the Cash Flow Statement
for the Year Ended 31 March 2020

1. RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES

	31/3/20	31/3/19
	£	£
Net income for the reporting period (as per the Statement of Financial Activities)	67,567	94,864
Adjustments for:		
Losses/(gain) on investments	265	(573)
Interest received	(2,681)	(2,507)
Increase in debtors	(71,493)	(61,132)
(Decrease)/increase in creditors	(49,944)	36,891
	<hr/>	<hr/>
Net cash (used in)/provided by operations	(56,286)	67,543
	<hr/> <hr/>	<hr/> <hr/>

2. ANALYSIS OF CHANGES IN NET FUNDS

	At 1/4/19	Cash flow	At 31/3/20
	£	£	£
Net cash			
Cash at bank	597,914	(53,605)	544,309
	<hr/>	<hr/>	<hr/>
	597,914	(53,605)	544,309
	<hr/>	<hr/>	<hr/>
Total	597,914	(53,605)	544,309
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

Humber Teaching NHS Foundation Trust Charitable
Funds

Notes to the Financial Statements
for the Year Ended 31 March 2020

1. ACCOUNTING POLICIES

Basis of preparing the financial statements

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

Income

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

Expenditure

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

Taxation

The charity is exempt from tax on its charitable activities.

Fund accounting

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

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

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

Pension costs and other post-retirement benefits

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

2. INVESTMENT INCOME

	31/3/20	31/3/19
	£	£
Deposit account interest	<u>2,681</u>	<u>2,507</u>

Humber Teaching NHS Foundation Trust Charitable
Funds

Notes to the Financial Statements - continued
for the Year Ended 31 March 2020

3. CHARITABLE ACTIVITIES COSTS

	Direct Costs £	Support costs (see note 4) £	Totals £
Patient Education, Welfare & Amenities	24,029	12,112	36,141
Staff Education, Welfare & Amenities	8,348	8,471	16,819
Contribution to Healthcare	36,264	9,902	46,166
	<u>68,641</u>	<u>30,485</u>	<u>99,126</u>

4. SUPPORT COSTS

	Management £	Finance £	Governance costs £	Totals £
Patient Education, Welfare & Amenities	11,412	-	700	12,112
Staff Education, Welfare & Amenities	8,471	-	-	8,471
Contribution to Healthcare	9,081	121	700	9,902
	<u>28,964</u>	<u>121</u>	<u>1,400</u>	<u>30,485</u>

5. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 31 March 2020 nor for the year ended 31 March 2019.

Trustees' expenses

There were no trustees' expenses paid for the year ended 31 March 2020 nor for the year ended 31 March 2019.

6. STAFF COSTS

	31/3/20 £	31/3/19 £
Wages and salaries	24,556	36,051
Social security costs	1,861	2,296
Other pension costs	499	437
	<u>26,916</u>	<u>38,784</u>

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

	31/3/20	31/3/19
Employed staff	<u>3</u>	<u>3</u>

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

Humber Teaching NHS Foundation Trust Charitable
Funds

Notes to the Financial Statements - continued
for the Year Ended 31 March 2020

7. FIXED ASSET INVESTMENTS

	Listed investments £
MARKET VALUE	
At 1 April 2019	7,825
Impairments	(265)
At 31 March 2020	<u>7,560</u>
NET BOOK VALUE	
At 31 March 2020	<u>7,560</u>
At 31 March 2019	<u>7,825</u>

There were no investment assets outside the UK.

8. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	31/3/20 £	31/3/19 £
Trade debtors	132,625	60,382
Prepayments	-	750
	<u>132,625</u>	<u>61,132</u>

9. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	31/3/20 £	31/3/19 £
Trade creditors	3,613	16,808
Other creditors	1,200	37,949
	<u>4,813</u>	<u>54,757</u>

10. MOVEMENT IN FUNDS

	At 1/4/19 £	Net movement in funds £	At 31/3/20 £
Unrestricted funds			
General fund	311,272	(29,341)	281,931
Restricted funds			
Restricted	293,017	97,173	390,190
Endowment funds			
Endowment Fund	7,825	(265)	7,560
TOTAL FUNDS	<u>612,114</u>	<u>67,567</u>	<u>679,681</u>

Humber Teaching NHS Foundation Trust Charitable
Funds

Notes to the Financial Statements - continued
for the Year Ended 31 March 2020

10. MOVEMENT IN FUNDS - continued

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

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

Comparatives for movement in funds

	At 1/4/18 £	Net movement in funds £	At 31/3/19 £
Unrestricted funds			
General fund	342,347	(31,075)	311,272
Restricted funds			
Restricted	167,651	125,366	293,017
Endowment funds			
Endowment Fund	7,252	573	7,825
TOTAL FUNDS	<u>517,250</u>	<u>94,864</u>	<u>612,114</u>

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

	Incoming resources £	Resources expended £	Gains and losses £	Movement in funds £
Unrestricted funds				
General fund	81,989	(113,064)	-	(31,075)
Restricted funds				
Restricted	177,703	(52,337)	-	125,366
Endowment funds				
Endowment Fund	-	-	573	573
TOTAL FUNDS	<u>259,692</u>	<u>(165,401)</u>	<u>573</u>	<u>94,864</u>

Humber Teaching NHS Foundation Trust Charitable
Funds

Notes to the Financial Statements - continued
for the Year Ended 31 March 2020

10. MOVEMENT IN FUNDS - continued

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

	At 1/4/18 £	Net movement in funds £	At 31/3/20 £
Unrestricted funds			
General fund	342,347	(60,416)	281,931
Restricted funds			
Restricted	167,651	222,539	390,190
Endowment funds			
Endowment Fund	7,252	308	7,560
TOTAL FUNDS	<u>517,250</u>	<u>162,431</u>	<u>679,681</u>

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

	Incoming resources £	Resources expended £	Gains and losses £	Movement in funds £
Unrestricted funds				
General fund	123,758	(184,174)	-	(60,416)
Restricted funds				
Restricted	302,892	(80,353)	-	222,539
Endowment funds				
Endowment Fund	-	-	308	308
TOTAL FUNDS	<u>426,650</u>	<u>(264,527)</u>	<u>308</u>	<u>162,431</u>

11. RELATED PARTY DISCLOSURES

During the year transactions undertaken with the HEY Smile Foundation, the commissioned supplier of charitable services to Humber Teaching Foundation Trust, totalled £36,000. Andrew Barber, CEO of Smile, is a governor of Humber Teaching NHS Foundation Trust.

As at 31 March 2020, the charity owed The HEY Smile Foundation £2,634 (2019 - £nil).

Humber Teaching NHS Foundation Trust Charitable
Funds

Detailed Statement of Financial Activities
for the Year Ended 31 March 2020

	31/3/20 £	31/3/19 £
INCOME AND ENDOWMENTS		
Donations and legacies		
Donations	53,459	52,117
Legacies	3,460	3,320
Gifts in kind income	1,658	26,552
	58,577	81,989
Investment income		
Deposit account interest	2,681	2,507
Charitable activities		
Grants	105,700	175,196
Total incoming resources	166,958	259,692
EXPENDITURE		
Charitable activities		
Grant funding of activities	32,971	83,569
Governance costs	35,670	36,000
	68,641	119,569
Support costs		
Management		
Wages	24,556	36,051
Social security	1,861	2,296
Pensions	499	437
Advertising	612	1,435
Sundries	1,320	1,732
Travel	116	164
	28,964	42,115
Finance		
Bank charges	121	117
Governance costs		
Independent examination	1,400	3,600
Total resources expended	99,126	165,401
Net income before gains and losses	67,832	94,291
Realised recognised gains and losses		
Carried forward	66,432	90,691

This page does not form part of the statutory financial statements

Humber Teaching NHS Foundation Trust Charitable
Funds

Detailed Statement of Financial Activities
for the Year Ended 31 March 2020

	31/3/20	31/3/19
	£	£
Realised recognised gains and losses		
Brought forward	66,432	90,691
Realised gains/(losses) on fixed asset investments	(265)	573
Net income	<u>67,567</u>	<u>94,864</u>

This page does not form part of the statutory financial statements

Agenda Item 21

Title & Date of Meeting:	Trust Board Public Meeting - 25 November 2020			
Title of Report:	Action Log of Ethics Advisory Group (EAG)			
Author/s:	Name: John Byrne Title: Medical Director			
Recommendation:	To approve		To receive & note	
	For information	x	To ratify	
Purpose of Paper:	To update Board on the perspectives of the Ethics Advisory Group with regard to a request from Gold to review our policy's and procedures with regard to visiting and leave arrangement in light of escalating levels of the virus and new government public health advice with regard to a tiered response			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (Gold command)	x
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<ul style="list-style-type: none"> • In Response to COVID, and in line with EPRR guidelines, Gold command requested the setting up of an Ethics Advisory Group (EAG) to offer advice to gold with respect to potentially contentious ethical Challenges • Gold command requested further advice in October 2020 with regard to how the Trust could best maintain patient and staff safety with regard to infection control procedures and external visitors to wards, as well as local leave arrangements • The EAG considered and reviewed standard operating procedure (SOP) and policy for visiting and for leave. • In addition EAG reviewed and suggested clarifications to a new trust wide poster (latest version attached for info. • The EAG was satisfied that the Trust understood the importance and centrality of leave and visiting, within the context of avoiding Closed Cultures as per CQC guidance (blanket restrictive practices etc.), however, it was also mindful of the need to protect the physical health and wellbeing of staff and patients in light of increasing concerns with regard to circulating levels of the virus. • It was agreed that these decisions were not binary in nature but a balanced approach based on good communication between patients, carers and staff based on clear policy's was the appropriate step, and that risk assessments needs to mindful of both physical but also mental health well being. 			



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	



Meeting of: Ethical Decision Making Committee

Date: 16 October 2020

Action Log

Members present		Others in attendance	
<u>Name</u>	<u>Designation</u>	<u>Name</u>	<u>Designation</u>
John Byrne	Medical Director (Chair)	Jennie Rimington	PA (notes)
Liat Chong	Chief Pharmacist	Mike Smith	NED
Sally Bainbridge	Safeguarding Specialist Practitioner	Mike Cooke	NED
Kwame Fofie	Clinical Director & Deputy MD		
Tracy Flanagan	Deputy Director of Nursing		

Agreed Actions				
Ref. no.	Matter	What	Who	When by
1	Opening Matters	To discuss and make a recommendation to Gold command on revised visiting and leave guidance and Covid alert levels poster.		
1.1	Declaration of Interest	None		
1.2	Amendments to registered interests.	None		
1.3	Apologies for absence	Mandy Dawley, Rachael Sharp, Lisa Davies, Michelle Nolan		
1.4	Action Log			
1.4.1		<p>John thanked attendees for attending at short notice. John shared three documents before the meeting. Inpatient Leave Guidance, Visiting Guidance and Covid alert levels poster.</p> <p>Kwame gave an overview as to why Gold have asked for a review on Visiting Guidance and Leave Guidance and the temporary modifications necessary in response to the risks posed by Covid-19 . Kwame explained that the Visiting Guidance was already in existence for when Covid was relatively low and the Trust was able to open up restricted visits to some of the units and leave was at near normal rates. Due to the introduction of National Guidance to the incoming tiered approach and restrictions for medium, high and very high. The HTFT patch is now encircled by areas that are entering tier 2 and 3. Kwame had worked with Lynn and John to react to this heightened risk and to produce some balanced guidance, for the possibility of having to restrict visiting to the wards to ensure patient and staff safety. There had also been input from the Clinical Advisory Group colleagues.</p>		

		<p>Mike Cooke agreed that this was a positive move due to the rising levels of the second wave of Covid. Mike would also like to discuss Section 17 leave, risk assessment for Covid/Risk assessment for MH status.</p> <p>Mike Smith acknowledged that the Covid epidemic is getting worse and that the Trust is responding accordingly. Mike said that it is commendable that the Trust is being proactive with regard to visiting and leave and that the documents brought to the meeting address the issues raised.</p> <p>Liat said that the paper gave clear guidance whilst letting staff use their discretion regarding individual risk assessments.</p> <p>Sally commented that it was good that visits still go ahead and asked where we are in terms of children visiting – is anything specific required? John said potentially a few lines could be added to cover this possibly visiting outside but for inside visits it would be dependent on them using PPE appropriately and would depend on the child’s understanding of social distancing. It was agreed to capture the children’s piece in the document in order to not exclude children from visiting but would be based on numbers, outdoor visiting with the possibility of indoor visiting in exceptional circumstances subject to infection control and agreement of the MDT.</p> <p>Mike Smith said an amendment was required on references to Skype in the document and should be referred to as ‘virtual visiting’ via technical solutions.</p> <p>A discussion was held regarding S17 leave and regarding MH status due to the risk to patients and to reinforce a reminder to staff that there are two risks to patients Covid and the Mental</p>		
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		<p>Health risk. To take into account the individual risk assessment and how the patient would respond to a visit.</p> <p>John suggested adding some narrative into the policy to make this clear and how this can be flagged on the poster. Mike Cooke agreed and suggested adding a contextual line to the top of the poster. The poster was discussed and several suggestions made to clarify certain situations.</p> <p>John summarised as follows:</p> <ul style="list-style-type: none"> • Everyone is broadly happy with the approach to leave, visiting and with the approach to posters. • The advice from the discussion was to highlight the difference to risk assessing for Covid and risk assessing for Mental Health status, both of which can be done in the policy and the poster. • Clarify wording for Children visiting. • Clarify the context that the Trust is open to visits and recognition of the importance of visits due to the positive benefits to patient and carers. • Informal patients and how they are referenced within the poster. <p>Kwame advised that these documents had been to the clinical group and discussed at the morning group. It was also not only relevant to MH but to Physical health also.</p> <p>It was agreed that John would take this back to Gold and will take on board the suggestions made. John also advised that a summary of today's conversation will go to board.</p>	JB	asap
	Date and Time of Next Meeting	To be determined when the need arises as instructed by gold command.		

TRUST COVID-19 ALERT LEVELS

We understand the value and importance of visiting for our patients, their families and loved ones. Our policies and procedures are based on making that easy and safe for all concerned. When risk-assessing patients, we take into account the whole person, looking at both physical and mental health and wellbeing, as well as, COVID-19 risk.

The below guidance applies to all of our units (physical and mental health). If you are visiting with a child, please contact the ward who will advise on current visiting guidance.

	LOCAL COVID ALERT LEVEL MEDIUM	LOCAL COVID ALERT LEVEL HIGH	LOCAL COVID ALERT LEVEL VERY HIGH	COHORT WARD/WARD WITH ONE OR MORE COVID-19 POSITIVE PATIENT
VISITORS (LOCAL)	Follow current guidance plus risk assessment. Indoor and outdoor visiting permitted with household / support bubble.	Use current guidance. Indoor and outdoor visiting permitted. Preference for outdoors visiting with household/support bubble.	No visiting indoors. Only outdoors 'public space'; exceptional circumstances (end of life care) one visitor in full PPE; offer tech solutions for visiting via video link.	Close to visitors; One visitor only for patients in end of life care, wearing full PPE, following agreement of IPC team; offer tech solutions for visiting via video link.
VISITORS (OUT OF AREA)	Visitors from high alert areas should follow the restrictions from their home area.	Visitors from high alert areas should follow the restrictions from their home area.	People living in very high alert areas are advised not to travel in & out of the area; they should be discouraged from visiting a healthcare unit in a lower alert area, other than in exceptional circumstances agreed by the clinical team.	People who are COVID-positive or who have been advised to self-isolate should not visit a healthcare unit.
LEAVE (DETAINED PATIENTS ONLY)*	All leave individually risk assessed as to ability to comply with requirements locally/in area where going on leave. Use triage tool following any period of extended leave or AWOL.	All leave individually risk assessed as to ability to comply with requirements locally/in area where going on leave. Use triage tool following any period of extended leave or AWOL.	Local short term leave, individually risk-assessed as to ability to comply with requirements, either escorted or unescorted based on this assessment.	No leave for any COVID-positive patient. Other patients defined as a 'close contact' should be isolating.
SPECIAL NOTES	gov.uk/guidance/local-covid-alert-level-medium All Infection Control Procedures to be followed.	gov.uk/guidance/local-covid-alert-level-high All Infection Control Procedures to be followed.	gov.uk/guidance/local-covid-alert-level-very-high All Infection Control Procedures to be followed.	All Infection Control Procedures to be followed.

*Informal Patients are to be considered in line with updated policy

Agenda Item 22

Title & Date of Meeting:	Trust Board Public Meeting 25 November 2020			
Title of Report:	Standing Orders, Scheme of Delegation and Standing Financial Instructions - Annual Review			
Author/s:	Name: Michelle Hughes Pete Beckwith Title: Head of Corporate Affairs Director of Finance			
Recommendation:	To approve	x	To receive & note	
	For information		To ratify	
Purpose of Paper:	To present amendments for approval following annual review.			
Governance: <i>Please indicate which committee or group this paper has previously been discussed/presented to:</i>		Date		Date
	Audit Committee	2/11	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	3/11	Other (please detail)	
Key Issues within the report:	<p>The document is due for annual review in November 2020.</p> <p>Three amendments are proposed and have been discussed and supported in Audit Committee on 2 November and Charitable Funds Committee on 3 November. The proposals relate to:</p> <ol style="list-style-type: none"> 1. Authorisation limits for charitable funds have been updated so that any expenditure above £25k is reported to Trust Board as part of the assurance report. 2. For Charitable Fund schemes over £100k to be taken to Board for approval 3. A new category to be added to single tender waivers to reflect the emergence of lead provider/strategic commissioning arrangements. 			

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	

Annual Review of Standing Orders, Scheme of Delegation and Standing Financial Instructions

Introduction:

An annual review has been undertaken by the Head of Corporate Affairs, Trust Secretary and Director of Finance. The document was last updated in November 2019 as part of the annual review three changes have been identified that require Board approval.

Changes:

1. Authorisation limits for charitable funds to be updated so that any expenditure above £25k is reported to Trust Board as part of the assurance report.
2. For Charitable Fund schemes over £100k to be taken to Board for approval.

Subject to approval these amendments will be included on the table on page 61 of our Standing Orders, Scheme of Delegation and Standing Financial Instructions document and reflected as per text in *italic* in the final 2 rows below:

Expenditure on Charitable and Endowment Funds	
Up to £1000	Fund Manager, Health Stars Charity/Fundraising Manager
£1000 - £4,999	Fund Manager, Director of Finance
Over £5,000* *Any expenditure over £5,000 is subject to procurement rules and budgetary delegation set out above and elsewhere in the SFIs	Fund Manager, Director of Finance and Charitable Funds Committee
<i>Over £25,000</i>	<i>Fund Manager, Director of Finance and Charitable Funds Committee (reported to Trust Board for information within Chairs Assurance Report)</i>
<i>Over £100,000</i>	<i>Trust Board</i>

3. A new category to be added to single tender waivers to reflect the emergence of lead provider/strategic commissioning arrangements. This will be reflected on page 73 at section 16.6.3. Exception and instances where Formal Tendering Need Not be Applied, with the addition of a section 'o' as described in *italic* text below:

Formal tendering procedures **may be waived** in the following circumstances:

(o) Where subcontracting arrangements arise following successful joint tender applications with partner organisations or where contracting arrangements/requirements are inherited under a Lead Provider arrangement.

Next Steps:

The Standing Orders, Scheme of Delegation and Standing Financial Instructions is a public document. Subject to approval the updated document will be made available on the Trust website.

Recommendation:

To approve.

November 2020