

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

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

		Lead	Action	Report Format
<b>Standing Items</b>				
1.	Apologies for Absence	SM	To note	verbal
2.	Declarations of Interest	SM	To receive & note	√
3.	Minutes of the Meeting held on 25 November 2020	SM	To receive & approve	√
4.	Action Log and Matters Arising	SM	To receive & discuss	√
5.	Patient Story - From Patient to Peer Support Worker	JB	To receive & note	√
6.	Chair's Report	SM	To note	verbal
7.	Chief Executives Report	MM	To receive & note	√
8.	Publications and Highlights Report	MM	To receive & note	√
<b>Performance &amp; Finance</b>				
9.	Performance Report	PBec	To receive & note	√
10.	Finance Report	PBec	To receive & note	√
<b>Assurance Committee Reports</b>				
11.	Quality Committee Assurance Report & 7 October 2020 Minutes	MC	To receive & note	√
12.	Workforce & Organisational Development Committee Assurance Report & 18 November 2020 Minutes	DR	To receive & note	√
13.	Charitable Funds Committee Assurance Report & 3 November 2020 Minutes	MC	To receive & note	√
<b>Quality and Clinical Governance</b>				
14.	Safer Staffing 6 Monthly Report	HG	To receive & ratify	√
15.	Covid 19 Report	LP	To receive & note	√
16.	Infection Prevention and Control Board Assurance Framework – Debbie Davis, Lead Nurse, Infection Prevention and Control attending	HG	To receive & note	√
<b>Strategy</b>				
17.	Research & Development Report - Cathryn Hart, Assistant Director of Research & Development attending	JB	To receive & note	√
18.	Risk Management Strategy 2021-2024- Oliver Sims, Corporate Risk Manager attending	HG	To receive & ratify	√
<b>Corporate</b>				
19.	EU Exit Update	PBec	To receive & note	√
20.	Annual Declarations Report	PBec	To receive & note	√



21.	Council of Governors 15 October 2020 Minutes	SM	To receive & note	√
22.	Items for Escalation	All	To note	verbal
23.	<b>Any Other Business</b>			
24.	<b>Exclusion of Members of the Public from the Part II Meeting</b>			
25.	<b>Date, Time and Venue of Next Meeting</b> Wednesday 24 February 2021, 9.30am in the Conference Rooms, Trust Headquarters			



**Agenda Item 2**

Title & Date of Meeting:	Trust Board Public Meeting – 27 January 2021		
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
<b>Executive / Directors</b>	
Ms Michele Moran Chief Executive (Voting Member)	<ul style="list-style-type: none"> <li>• Appointed as a Trustee for the RSPCA Leeds and Wakefield branch</li> <li>• Chair of Yorkshire &amp; Humber Clinical Research Network</li> </ul>
Mr Peter Beckwith, Director of Finance (Voting Member)	<ul style="list-style-type: none"> <li>• Sister is a Social Worker for East Riding of Yorkshire Council</li> <li>• Son is a Student at Hull York Medical School</li> </ul>
Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals (Voting Member)	No interests declared
Dr John Byrne, Medical Director (Voting Member)	<ul style="list-style-type: none"> <li>• Executive lead for Research and Development in the Trust. No personal involvement in research funding or grants. Funding comes into the Trust and is governed through the Trust's Standing Instructions</li> <li>• Senior Responsible Officer for the Local Health Care Record Exemplar (LHCRE). which is governed through Humber Teaching NHS FT standing orders and procedures</li> </ul>
Mrs Lynn Parkinson, Chief Operating Officer (Voting Member)	No interests declared
Mr Steve McGowan, Director of Workforce and Organisational Development (Non Voting member)	No interests declared
<b>Non Executive Directors</b>	
Mrs Sharon Mays – Chair (Voting Member)	<ul style="list-style-type: none"> <li>• Trustee of Ready Steady Read</li> <li>• Sister is Head of Compliance Standards and Information at Tees Esk and Wear Valley NHS Foundation Trust</li> </ul>
Mr Peter Baren, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Non Executive Director Beyond Housing Limited</li> <li>• Son is a doctor in Leeds hospitals</li> </ul>
Mr Mike Cooke, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Trustee of Yorkshire Wildlife Trust</li> <li>• Independent Executive Mentoring Coach</li> <li>• Chair, Cochrane Common Mental Disorders Expert Advisory Board</li> </ul>
Mr Mike Smith, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Director MJS Business Consultancy Ltd</li> <li>• Director Magna Trust</li> <li>• Director, Magna Enterprises Ltd</li> <li>• Sole Owner MJS Business Consultancy Ltd</li> <li>• Associate Hospital Manager RDaSH</li> <li>• Associate Hospital Manager John Munroe Group, Leek</li> <li>• Non Executive Director for The Rotherham NHS Foundation Trust</li> </ul>

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

**Item 3**

**Trust Board Meeting**  
**Minutes of the virtual Public Trust Board Meeting held on Wednesday 25 November 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  
Joan (for item 204/20)  
Ms Jo Inglis, Charge Nurse, Maister Lodge (for item 204/20)  
Mrs Mandy Dawley, Head of Patient and Carer Experience and Engagement (for item 204/20)  
Ms Jennie Bradley, Senior Business Consultant Quality Health (for item 214/20)  
Mrs Alison Flack, Freedom to Speak Up Guardian (for item 216/20)
- 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.

- 201/20 **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.
- 202/20 **Minutes of the Meeting held 28 October 2020**  
The minutes of the meeting held on 28 October 2020 were agreed as a correct record
- 203/20 **Matters Arising and Actions Log**  
The actions list was discussed and noted.
- 204/20 **Patient Story**  
Mrs Dawley, Head of Patient and Carer Experience and Engagement introduced Joan to the Board. Joan is a patient experience champion and also supports the Trust in various activities.



Joan told her story to the Board about the experiences she has had with her husband who has Dementia. Joan is his carer and she shared her journey during his illness including his experiences in residential care, with GPs and other professionals. In February 2019, her husband was sectioned under the Mental Health Act and admitted to Maister Lodge. From an early stage the difference in the care and approach was noticed. Her husband could become aggressive and agitated, but due to skills of staff these were able to be managed using the traffic light system. Joan noted there was a more proactive approach to her husband's care. Joan said that the team communicated regularly with her and she was invited to join multi-disciplinary team meetings.

It was clear that a specialist Dementia placement was required for Joan's husband. Jo Inglis, the Charge Nurse was instrumental in liaising with the Clinical Commissioning Group (CCG) to secure a placement. However the placement broke down and her husband was returned to Maister Lodge. Since that time her husband is no longer detained under the Mental Health Act, but is an inpatient under the Deprivation of Liberty (DoLS).

Joan explained that she is part of the Trust's Community Mental Health (CMHT) transformation programme, Mental Health Inpatient Redesign, Dementia diagnosis and post diagnosis pathways developing group.

The Chair thanked Joan for sharing her personal story and for all the work that she is involved in with the Trust which makes a difference and is helping to improve things for others.

Mrs Parkinson, asked Joan that of all the work she is involved with, what the most important improvement would be in her opinion. Joan's view was that it would be to improve the links with GPs as it had taken some time for the GP to receive responses in the first instance. She hears this time and time again in meetings. GPs are generic and specialist support and advice is needed. Mrs Parkinson will ensure this view is fed into the work.

Mr Royles noted the way that meetings have been done virtually due to Covid 19. He asked if there was anything more that Joan felt could be done to involve her in her husband's care. Joan explained that a friend of hers has been through a similar experience and is involved with Maister Lodge. The work that Jo and the team have done during Covid 19 has been marvellous to ensure that contact is maintained. She felt that going forward it would be a plea to the Government to support carers seeing their loved ones and to be able to hold their hands.

The Chief Executive thanked Joan for her story and will take forward the issue of GPs with the Humber Coast and Vale (HCV) and may come to Joan for her assistance in the future around co-production work. She asked if there is anything else that Joan thought could be done to help carers and their families. Joan said that feedback from the groups she is involved with is about organisations and boards working together as there is still evidence that organisations work individually. She felt that if there was better working together good ideas and improvements could be made quicker.

On behalf of the Board the Chair thanked Jo and the team at Maister for the incredible work they are doing and for being at the forefront of the work around visiting to try to help patients and carers.

205/20

### **Chair's Report**

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

- Attending the Remembrance Service virtually. Thanks to Reverend Eve Rose and the Patient Carer Engagement Team for arranging this.
- Presenting the Board Quality Improvement project during Quality Improvement week. It was good to hear the enthusiasm and feedback from all involved

- Attended and closed the virtual two half days of the Research Conference. Congratulations to Cathryn Hart and the team for organising the events.
- Joined the launch of the online Recovery College platform
- Attended Humber Coast and Vale Chair's meetings
- Met with Cllr Gwen Lunn
- Attended the Yorkshire and Humber Chair's meeting which focused on proposed legislative changes for the NHS
- Held virtual meetings with Governors
- The Governor Development session was well attended and focussed on voluntary services, Health Stars, Trust branding and winter planning.

**Resolved:** The verbal updates were noted.

206/20

### **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:-

#### **Portfolios**

An annual review of Directors portfolios has been undertaken and the following changes have been agreed:

- 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 has moved to John Byrne

#### **Miranda House – PICU Refurbishment**

The refurbishment of the inpatient estate at Miranda House forms part of the Trust's planned capital programme for 2020/21 and a wider programme for the planned refurbishment programme for mental health inpatient facilities. 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.

#### **Lateral Flow Testing**

The Trust is one of the first 34 NHS trusts (1 of 2 mental health trusts) to roll out Lateral Flow Testing to staff. The Chief Executive thanked the Medical Director and the team for the roll out of this programme. 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.

#### **Team Meetings**

The Chief Executive continues to dial into virtual team meetings. Morale is improving although staff are tired and understandably there are dips in staff resilience. We are looking to develop more tools for staff in support.

#### **Staff Thank You Gift**

Health Stars face masks are being distributed during the month as another thank you to staff. Plans are in place for a Christmas thank you and we will be delivering Christmas hampers to

all inpatient units.

### **Humber Coast and Vale (HCV) International Conference**

The HCV international conference will be held on the 27th November with key note speakers being Claire Murdoch, Ray James, Nav Kapur and Alistair Campbell. Mr Patton asked if this is being recorded as he is unable to attend. He was informed that it was the intention to record the event.

### **System**

There is lots of work taking place in the system including work in developing the two geographical patches in Humber and North Yorkshire. Work on the collaborative is also taking place for mental health, the acute sector and community sector. Revised legislation is due out in the new year.

### **Communications**

Mrs Hughes highlighted that in the Communications update, statistics showed that 89% of Covid communications are being read by staff and that the use of Poppulo has helped to provide further assurance these key messages are being read. The Humbelievable recruitment campaign is maintaining its impact with a 35% increase in new visitors to the site. The team has promoted awareness events and work created by the team has been shared with partners across the patch increasing the reach of our work brand and quality. The Chair recognised that the team continues to do fantastic work.

Professor Cooke thanked the Chief Executive for an informative report and for the way that the Executive team has responded to the pandemic particularly in Hull. He also thanked Mr McGowan for circulating the retirement booklet showing options available in a clear way.

In relation to the Community Mental Health Team (CMHT) Transformation programme, Professor Cooke asked for an update on the 86 staff that had been recruited and whether there had been any impact on existing staffing as a result. Mrs Parkinson reported that the transformation programme is a significant programme of work across adult and older people's services. All of the non-registered workforce have been recruited and there are a significant number of these posts for Peer Support Workers and the Health and Wellbeing coaching. There are challenges around some of the posts and there has been a focus on these through the Humbelievable campaign. As a result of the skill mixing, a significant impact on existing staffing is not being seen and more are being recruited to mainstream CMHTS.

Professor Cooke was concerned that the research hub and recovery college space in the mental health inpatient redesign may be lost as there was no mention of these in the update provided. Mrs Parkinson clarified that research and recovery hubs are part of the plans for the inpatient redesign programme and are included in the outline business case which has been circulated to the Executive Management Team (EMT). The strategic case will be shared with Professor Cooke outside the meeting.

Mr Patton commented that the report was excellent and good to see especially in light of the current situation. He suggested that the recruitment around the young people service be discussed at the next Workforce & Organisational Development Committee

The Civic Award for the Reverend Eve Rose was noted and was the success of the Research conference. Dr Byrne to confirm if the psychologist CPD event could be observed by Board members.

Mr Smith congratulated staff on the testing and for the Humber High Potential Development Scheme (HHPDS) that covered bands 2-7. He was concerned about the flu vaccination uptake and asked for further assurance that this would increase. The Chief Executive explained there are specific other pressures on the flu target, however year on year the Trust increases its uptake. This year the timescale has been expedited to a couple of weeks which has caused additional pressure. There are more peer vaccinators this year than previously

across the geographical patch. The latest figure was confirmed as 49.7% uptake and all front line staff have been offered the vaccine. Video's, communications and an animation has been used to promote it. Mr Patton is the flu champion and a call was held with the peer vaccinators recently to emphasise the importance of the campaign. There is also the incentive of a day's leave if all mandatory training, appraisal and having the flu vaccine are undertaken. Nursing and clinical staff are being contacted by the relevant Directors to encourage them to have the flu vaccine.

Mr Baren asked about Brexit and if there were senior staff in place through a chain of command in case anything unforeseen happens up to the end of the year. The Chief Executive confirmed that the overall Brexit planning guidance has been reviewed. The main areas of concern were seen to be the A63 and people coming off the docks, however this is no longer thought to be as much of an issue as first thought. Mr Beckwith has gained assurance from the information shared on national calls. There are freight routes identified and plans around medical supplies with a message that it is business as usual and not to stockpile goods. This is covered at Gold Command meetings and is continually reviewed by the Emergency Planning team.

Mr McGowan provided an update on the staff survey which closes at 12 noon on 27 November. He reported that currently 40% of staff have completed the survey and it is hoped there are still some more submissions.

### **Policies**

The following policies were ratified by the Board:-

- Multi-agency policy and procedure for conveying a patient to hospital under the Mental Health Act 1983
- Inpatient Leave Policy
- Physical Restraint Policy
- S136
- Travel and Expenses Policy

The Chief Executive thanked the Executive team for the work they are doing in these challenging times.

**Resolved:** The report was noted and ratified the policies identified in the report Mental Health Inpatient Redesign strategic case to be shared with Professor Cooke outside the meeting **Action LP**

207/20

### **Publications and Highlights Report**

The report provided an update on recent publications and policy with updates provided by the Lead Executives.

**Resolved:** The report was noted.

208/20

### **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 October 2020.

Commentary was included in the report for those indicators that have fallen outside of the normal variation range which included:

- Friends and Family Test (FFT) – Involvement
- 52 Week Waiting Times
- Early Intervention in Psychosis (EIP) (14 Days)

Details of trajectories for waiting times were also included in the report

Mr Beckwith explained that cash is now within normal variation, but cautioned that when the money given to the Trust during the pandemic is reclaimed the cash position will fall outside of variation.

Mr Baren noted the high bed occupancy asking what will happen if demand continues to increase. The Chief Executive reported that some additional funding has been announced. At the moment there is a contract with other providers to assist with bed capacity. Mrs Parkinson explained that close working with other local mental health providers is taking place due to pressures for beds. A super surge plan is in development to understand the pressures across these providers in the Integrated Care Service (ICS). There is a position of mutual aid across local providers and recognition nationally that mental health pressure for beds will exceed capacity and the independent sector will need to provide some support. The Trust was in this position a few weeks ago due to the outbreaks of Covid 19 on the inpatient units. As a result of this occupancy is declining and when inpatient units start to reopen there will be some capacity available. NAVIGO is assisting with older people's beds where required.

Mr Smith asked about the Friends and Family test relating to the question around patients feeling involved in their care detailed in the report. He asked if this related to people not being involved in the patient's care. Dr Byrne will look into this and respond outside the meeting to Mr Smith. Dr Byrne explained this is from GP and inpatient data. Inpatient data is difficult to clarify at the moment due to Covid 19 and infection control requirements. However some validation of the data is taking place and some people feel they are getting a good service. The Chief Executive felt it would be helpful for the Quality Committee to look at this in more detail to provide some assurance. Professor Cooke supported the proposal. Dr Byrne explained that regular reports are provided to the Quality Committee which looks at Friends and Family data and includes feedback from doctors and he was happy to discuss about what further information is required outside of the meeting.

Mr Royles referred to the waiting time trajectories included as part of the report, however he did not understand the status of the data and where it had come from. He suggested this also be discussed further at the Quality Committee meeting in December. Mrs Parkinson said the intention is to bring further information to the Quality Committee meeting which will identify action plans for each of the service areas and will include the sensitivities information. It was agreed that the report would also be shared with other Non-Executive Directors who do not attend the Quality Committee.

The Chair noted the high sickness rates on the quality dashboard asking if it was Covid 19 related. Mrs Gledhill explained that for PICU it was Covid 19 related. Assurance was given that all sickness is being managed appropriately. The Chair also noted that the number of physical violence and aggression incidents on PICU had increased significantly. It was explained that this was due to activity with an acutely unwell individual who is no longer on the unit.

**Resolved:** The report and verbal updates were noted  
Dr Byrne to respond to Mr Smith outside the meeting regarding his query around the Friends and Family Test **Action JB**  
Quality Committee to review the Friends and Family data to provide assurance to the Board  
**Action JB**  
Waiting lists information report that is going to the Quality Committee to be shared with all Non-Executive Directors **Action LP**

209/20

### **Finance Report**

Mr Beckwith presented the report which showed the financial position for the Trust as at 31 October 2020. The Board was informed that the Trust is operating in the new financial regime and a Covid 19 allocation has been received for the rest of the year. A break even

operational position was recorded to 31<sup>st</sup> October 2020 and within the reported position is year to date Covid expenditure of £9.545m. The cash balance at the end of October was £27.802m, which is inclusive of an additional block payment of £9.8m.

Mr Smith asked about the unfunded enhanced packages of care. He was informed that the organisation cannot invoice commissioners for enhanced packages of care when on a block contract and this related to an existing package of care from last year. This will be picked up for next year when things return to normal.

**Resolved:** The report was noted.

210/20

**Charitable Funds Committee Assurance Report & 22 September 2020 Minutes**

Professor Cooke presented the report which included details of the meeting held on 3 November. The minutes of the meeting held on 22 September 2020 were provided for information.

Professor Cooke reported that the Committee accepted the Audit Committee's recommendation around the authorisation limit of anything over £100k needing Corporate Trustee approval.

The Committee was keen to keep the Whitby appeal mobilised and also looked at Bridlington and the potential around the campus re-provision. Christmas plans for patients and staff were also discussed around circles of wishes and grants.

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

211/20

**Mental Health Legislation Committee Assurance Report**

The assurance report for the meeting held on 5 November 2020 was presented by Mr Smith. He reported good representation at the meeting from East Riding, Hull and two trainee doctors.

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

212/20

**Workforce & Organisational Development Committee Assurance Report & 16 September 2020 Minutes**

Mr Royles presented the assurance report from the meeting held on 21 November 2020. The minutes of the meeting held on 16 September were provided for information. The Committee escalated a control risk to the Board as detailed in the report. Overall it was a positive meeting which also looked at work around the staff survey and the positive outcomes and work that people are doing.

The insight report has been revised and the Committee felt that the content gave assurance. Recruitment and retention work that is ongoing was reviewed and it was noted that positive progress is being taken forward. The risk around Health and Wellbeing for staff was escalated to the Board. This was not because the Committee felt that the organisation was not doing enough but more of an opportunity to look at the work that has been going on through Covid and the impact on staff due to the length of time which is longer than was first anticipated. The Committee wanted to recognise the consequences of this and the medium and longer term impact for staff and the demands on senior managers with the flu campaign, lateral flow testing, risk assessments and potential Covid 19 vaccinations.

Professor Cooke noted that concern was raised for this particular risk which is scored at 16 with a target risk of 4. A debate took place at the meeting around the score where it was felt that it was scored correctly given the pressures. The Chair, Chief Executive and Mr McGowan will discuss this risk outside of the meeting.

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

**Discussion to take place with the Chair, Chief Executive and Mr McGowan around the control**

213/20

**Audit Committee Assurance Report**

The report from the 2 November 2020 Audit Committee meeting was presented by Mr Baren. A good level of internal follow ups were completed which was a significant improvement compared to 18 months ago. He congratulated the team on this achievement.

The Head of Legal Services, Mrs Davies attended to present the Information Governance Annual Report which was well received.

This was the first meeting for Audit Yorkshire with five members of the team actively involved in the meeting. They covered their own items on the agenda but also contributed to other areas of the meeting. It was agreed that an effectiveness session would be arranged and facilitated by Audit Yorkshire in March/April time.

Mr Beckwith thanked Mrs Davies for attending the meeting and also Mr Omand for the work he has done with the Operational Delivery Group around audit recommendations.

**Resolved:** The report was noted.

214/20

**Community Mental Health Service User Survey Presentation**

Dr Byrne introduced the item explaining that usually this is shared with the Board in January, but as the embargo was lifted yesterday it was important to share the results as early as possible. Ms Bradley, Senior Business Consultant from Quality Health attended the Board meeting to present the findings from the published Mental Health Community Service User Survey 2020 report.

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.

Ms Bradley gave a presentation to the Board showing the areas that had improved since the last survey. She explained that the survey was conducted between February and June 2020. Changes from the previous year's survey included one question being removed and an alternative question added. After going through the presentation, the Board was updated on the work being done in the Trust. Mrs Dawley explained that close working is taking place with the mental health planned and unplanned Divisions and a workshop was held in September to review the results and determine how improvements could be made. There was agreement from the working group to continue with the existing action plan and take this work forward to prepare for the 2021 survey.

Mr Patton congratulated everyone involved for the significant improvement. Professor Cooke asked if any celebration of the outcome was planned with staff. Mrs Dawley said there are plans to mark the recognition which she will share with the Board when they are finalised.

The Chief Executive thanked Mrs Dawley, Dr Byrne, the team and the Divisions for the fantastic survey results which showed the benefits of linking the work to quality improvement. The survey has improved year on year and it is important to recognise this achievement. The Chief Executive suggested that recognition is linked into the existing reward programme and asked that Mrs Dawley discuss this further with her.

The Board thanked Ms Bradley for joining the meeting to share the results of the survey.

**Resolved:** The presentation was noted by the Board.

215/20

**Covid 19 Update**

The report 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.

Mrs Parkinson reported that following the current national lockdown, the NHS increased its alert level to 4. This was to reflect the pressures around infection rates which continue to rise especially in Hull. An increase in sickness absence is being seen and pressures are rising on mental health in patient areas. Out of area beds have had to be utilised. An increase has been seen with the number of Covid 19 positive inpatients and as a consequence the cohort unit has been moved from Hawthorne Court to Mill View to manage staffing pressures.

Lateral flow testing is underway with the Trust being an early implementer which is being rolled out to all staff. Staff are tired but continue to step up.

Mrs Gledhill referred to the 12 outbreaks the Trust has had. An outbreak is defined as two or more people with the same infection in the same place at the same time. The situations are being managed well and the units will be reopening in the near future with a renewed focus on the use of personal protective equipment.

Dr Byrne reported that lateral flow testing is being well received and has been rolled out to patient facing staff first. Webinars on how to use the tests have been screened and positive feedback has been received. A web based approach is being taken for reporting and information is easily accessible on the intranet. Staff are asked to report both positive and negative results via the on line form. Dr Byrne explained that the test is for asymptomatic staff, anyone who is showing symptoms must have the pillar test. As a result of the lateral flow test, some staff may need to isolate if they have a positive result, however the benefit is that there may be less outbreaks.

In terms of the vaccine, there is a lot of media information available including who will receive it first. The Trust will follow the guidelines that will be set out when the vaccine is available.

Mr Patton suggested that the risk around staff be considered to see whether the score needed to be increased as people become stressed and anxious. He also asked about GP practices and whether any had been closed as a result of staff shortages. Mrs Parkinson reported that all practices have remained open and none have closed as a result of Covid 19.

Mr Baren commented that the graph in the report showed a surge in a short space of time for Scarborough and Ryedale and also Whitby. He asked if there are any issues as a consequence for the community hospital. Mrs Parkinson said that the organisation does not have all of the data but it is covered by the Local Resilience Forum (LRF) meetings. There have been localised spikes and an increase in infection rates seen in care homes. Services have had to respond to this and Mrs Parkinson was pleased to say that they have been flexible and agile in this response. The Chair asked for any relevant issues around these areas to be included in the next report.

The Chief Executive attends the Gold meeting for North Yorkshire and York and any issues are fed into the twice weekly Trust Gold meetings. Hull is seeing issues with high infection rates and it is expected will come out of lockdown in a higher tier. The resilience hub for the ICS is being expedited and being led by Tees Esk and Wear Valley. It was noted that the remit of the Nightingale hospitals is still being discussed and no decision has been made about their use.

**Resolved:** The report was noted

216/20

#### **Freedom to Speak Up Report**

Mrs Flack attended to present an update on progress and activities that took place across the Trust during Freedom to Speak Up Month in October 2020.

The National Guardian's Office launched a training package which is being rolled out to all new staff through induction. Discussions will take place with the Executive Management Team (EMT) in January around the best way to roll this out to all other staff.

October was National Speak Up Month with lots of activities taking place across the organisation including attending the Senior Leadership Forum and a staff governor meeting.

A reduction has been seen in the number of speak up cases during July and September however these are now starting to increase. The main areas of the cases are in children's and young people and the mental health response team. Some human resources cases are being seen which are being sign posted to the relevant team. Cases have also been raised around Covid 19 working arrangements.

Mr Baren informed the Board that he and the Chair hold regular meetings with the Guardian and work has continued to progress whilst there has been remote working. He thanked Mrs Flack and the team for continuing with this work.

Mrs Gledhill referred to the report and was concerned that Datix forms may not be completed when issues are raised around issues of patient safety and quality. She was assured that when concerns are raised by individuals they are asked to complete a Datix so that any issues are recorded on the system. Mrs Parkinson has been involved in two cases recently which she has shared with Mrs Gledhill as they were around clinical safety and Datix reports have been completed.

The Chief Executive thanked the Chair and Mr Baren for their helpful and supportive contribution at the meetings.

**Resolved:** The Board noted the report.

217/20

#### **Board Assurance Framework (BAF)**

The report provides the Trust Board with the Q3 2019/20 version of the Board Assurance Framework (BAF). The following ratings were noted:-

- **Strategic Goal 1 – Innovating quality and patient safety** - Overall rating maintained at Yellow for Quarter 3 2020/21.
- **Strategic Goal 2 – Enhancing prevention, wellbeing and recovery** - 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.
- **Strategic Goal 3 – Fostering integration, partnerships and alliances** - Overall rating maintained at Green for Quarter 3 2020/21.
- **Strategic Goal 4 – Developing an effective and empowered workforce** - 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.
- **Strategic Goal 5 – Maximising an efficient and sustainable organisation** - Overall rating maintained at Yellow for Quarter 3 2020/21.
- **Strategic Goal 6 – Promoting people, communities and social values** - Overall rating maintained at Green for Quarter 3 2020/21.

Mr Baren informed the Board that there had been a good discussion at the Audit Committee meeting around the BAF. Mr Patton commented that he had raised at the Workforce Committee about strategic goal 4 and whether the rating needed to be reviewed. Mr McGowan was confident that with the work in place that the score was right, but will review and reflect on the discussions that were held at the Workforce meeting and take an update back to their next meeting.

**Resolved:** The report was noted

218/20

### **Risk Register**

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 (EMT).

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.

Professor Cooke noted the discussions that were held at the Workforce Committee around staff fatigue. This has also come up in other items discussed at the meeting and he wondered if there is any more that can be done. The Chief Executive reported that the organisation continues to support staff. She dials into team meetings on a regular basis and morale is high but staff are tired and the position is being monitored closely. The resilience hub will provide additional support for staff. Risk assessments are being regularly reviewed to see if the situation changes. Mrs Parkinson gave assurance at the Workforce Committee that work continues to support staff and daily conversations are held to keep updated on the pressures. Staff have the tools to access Shiny Minds and other self help information and they are encouraged to use these. Mr McGowan agreed there is a lot of support in place for staff through various routes should they choose to access it.

Following discussion it was agreed to leave the risk register score as it was. When it is next reviewed all of the points raised will be taken into account.

**Resolved:** The Board noted the report

219/20

### **Charitable Funds Annual Accounts**

The unaudited Charitable funds accounts were provided to the Board. The accounts were reviewed and recommended for approval (subject to minor amendments in relation to future plans (Page 3) which have now been incorporated) by the Charitable Funds Committee on 22 September 2020.

Mr Smith commented about the language used and that it should be the Corporate Trustees approving the accounts not the Board. Mrs Hughes explained that section 4 of the Standing Orders does highlight that it is the Corporate Trustee and will share the relevant section with Mr Smith via email.

The Chair asked about the level of debtors and what this referred to. Mr Beckwith did not have the detail to hand and will share the information with the Chair outside of the meeting. Mr Baren suggested it was to do with the Child and Adolescent Mental Health Services (CAMHS).

The Chair related to the employment of three staff querying whether this should reflect that they were employed by Smile. Mr Beckwith confirmed this is correct and will amend the document. The Chair also asked for reference to be added to Paula Bee, previously a Non-Executive Director with the Trust.

**Resolved:** The Board as Corporate Trustees of the Charitable Funds, approved the Charitable Funds accounts subject to the inclusion of Ms Bee's name and the correction regarding the employees Information on debtors to be shared with the Chair **Action PBec**

220/20

### **Ethics Advisory Group Action Log**

An update was provided for the Board on the perspectives of the Ethics Advisory Group with regard to a request from Gold to review our policies 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.

**Resolved:** The report was noted.

221/20 **Review of Standing Order Scheme of Delegation and Standing Financial Instructions**  
Mrs Hughes explained that the the document has been reviewed this month and three amendments have been proposed relating to:

- 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.
- For Charitable Fund schemes over £100k to be taken to Board for approval
- A new category to be added to single tender waivers to reflect the emergence of lead provider/strategic commissioning arrangements.

Following discussion of the previous agenda item, the wording in relation to Trust Board acting as Corporate Trustee will be updated

**Resolved:** The Board approved the amendments to the Standing Order Scheme of Delegation and Standing Financial Instructions as outlined.

222/20 **Items for Escalation**  
No items were raised

223/20 **Any Other Business**  
No other business was raised.

224/20 **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.

225/20 **Date and Time of Next Meeting**  
Wednesday 27 January 2021, 9.30am by Microsoft Teams

Signed ..... Date .....  
Chair

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

<b>Summary of actions from November 2020 Board meeting and update report on earlier actions due for delivery in January 2021</b>						
<i>Rows greyed out indicate action closed and update provided here</i>						
<b>Date of Board</b>	<b>Minute No</b>	<b>Agenda Item</b>	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Update Report</b>
25.11.20	206/20	Chief Executive's Report	Mental Health Inpatient Redesign strategic case to be shared with Professor Cooke outside the meeting	Chief Operating Officer	December 2020	Executive Summary of the draft OBC sent to Professor Cooke
25.11.20	208/20(a)	Performance Report	Dr Byrne to respond to Mr Smith outside the meeting regarding his query around the Friends and Family Test	Medical Director	December 2020	Discussed at Quality Committee
25.11.20	208/20(b)	Performance Report	Quality Committee to review the Friends and Family data to provide assurance to the Board	Medical Director	December 2020	Update provided at Quality Committee. The report has been amended to understand performance across the Trust in more detail. A monitoring program is in place in primary care reviewing practice performance monthly
25.11.20	208/20(c)	Performance Report	Waiting lists information report that is going to the Quality Committee to be shared with all Non Executive Directors	Chief Operating Officer	December 2020	Complete
25.11.20	212/20	Workforce & Organisational Development	Discussion to take place with the Chair, Chief Executive and Mr McGowan around the control	Chair, Chief Executive & Director of	January 2020	Meeting arranged



		Committee Assurance Report & 16 September 2020 Minutes	risk escalated by the Committee	Workforce & Organisational Development		
25.11.20	219/20	Charitable Funds Annual Accounts	Charitable Funds accounts subject to the inclusion of Ms Bee's name and the correction regarding the employees Information on debtors to be shared with the Chair	Director of Finance		Accounts submitted  Details of debtors circulated to the Board
25.11.20	221/20	Review of Standing Order Scheme of Delegation and Standing Financial Instructions	To email the relevant section of SO document to Mr Smith to confirm the Board act as Corporate Trustee for CFC	Head of Corporate Affairs	25/11/20	Email confirmation sent 25/11/20

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

Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
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. <b>Revised to December</b>
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. <b>Revised to December</b>

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

**Trust Board Public Workplan 2020/2021 – (no August or December meeting) (v14)**

**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
<b>Reports:</b>												
<b>Standing Items - monthly</b>												
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
<b>Monthly Items</b>												
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
<b>Bi Monthly Items</b>												
Finance & Investment Committee Assurance Report	Committees	FP	x mtg canc		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
<b>Quarterly Items</b>												
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
<b>6 Monthly items</b>												
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
<b>Reports:</b>												
<b>Annual Agenda Items</b>												
Review of Strategic Suicide Prevention Strategy	Strategy	JB										x
Recovery Strategy Update <b>def from April 20 due to Covid</b>	Strategy	LP	x def									
Mental Health Managers Annual Progress Report <b>inc in Assurance Report</b>	Quality&ClinGov	LP		x								
Patient & Carer Experience Strategy <b>Not due in 2020</b>	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 <b>added Sept 2020</b>	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 <b>def from March 20 due to Covid</b>	Strategy	MM				x						x
Health Stars Operations Plan Update <b>def from March 20 due to Covid</b>	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 <b>def from May due to Covid</b>	Corporate	PBec		x								
Annual Declarations Report <b>def from May due to Covid</b>	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 <b>included in EDI report June</b>	Corporate	SMcG			x							
WDES Report – added after July 19 meeting – reports into Workforce & Organisational Development Committee , but separate report to the Board <b>included in EDI report June</b>	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								
<b>Deleted /Removed Items</b>												
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
<b>Reports:</b>												
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 re-added to Board Workplan Sept 20		HG					x					
Internal Audit Annual Report – reports into Audit Committee		PBec										
Review Risk Appetite moved to July as per previous year and moved to part II July		HG				x						

**Agenda Item 5**

Title & Date of Meeting:	Trust Board Public Meeting: 27 January 2021			
Title of Report:	Patient Story – From Patient to Peer Support Worker			
Author/s:	Name: Lisa Arnold Title: Patient and Carer Experience Co-Ordinator			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	To inform Board members of Kati's journey of being in the Trust services to becoming employed by the Trust.			
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"> <li>• Kati's experience of being admitted to the inpatient services.</li> <li>• Experiences of staff engagement.</li> <li>• Giving back: How service users and their families want to give back to the Trust following their recovery.</li> </ul>			

**Monitoring and assurance framework summary:**

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

√ Tick those that apply

√	Innovating Quality and Patient Safety
√	Enhancing prevention, wellbeing and recovery
	Fostering integration, partnership and alliances
	Developing an effective and empowered workforce



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

## **From Patient to Peer Support Worker**

### **1. Introduction**

The purpose of this patient story is to inform Board members of Kati's journey of being in the Trust inpatient services to becoming employed by the Trust as a Peer Support worker.

### **2. Attendance at the Board meeting**

Attending the Board meeting: Kati Chambers will be in attendance and will be supported by Charlotte Watson, Associate Practitioner, PSYPHER.

### **3. Key Messages**

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

- Experience of being admitted to the Trust Mental Health services.
- Experience of staff engagement.
- How service users and their families want to give back to the Trust following their recovery.

## Kati's Story – From Patient to Peer Support Worker

I came over to the UK from Brazil two years ago with my husband. This first year was very difficult, it was a new country and I didn't know anyone. I had left my country where I had been working in my own business for the past five years. I had a small school teaching English to companies. Once we had decided to come to England, I realised I needed to further my skillset, I had an interest in Wellbeing Coaching and began to train in this area before our move to England.

After one year of being in England, my father was taken seriously ill, I found this incredibly difficult to deal with, I didn't know how to cope. I didn't sleep for 2 weeks, I was completely shattered. This is when I had a psychotic episode, I went into the streets trying to stop traffic, I thought I was someone else, Jesus Christ, Martin Luther King, Oprah Winfrey. It was a very challenging time for me and my husband. I was taken into Miranda House, where I stayed for one week. I was in a psychotic state, speaking to the camera, however staff at Miranda House were amazing, I really liked them. They were all very warming, non-judgemental, for the time I was in there I never felt judged. One of the staff members, spent the night listening to me, I was so confused, I called her my psychoanalyst, as she just listened to me helping me to calm down, which I was so grateful for. The overall care I received in Miranda House was excellent.

Following my stay in Miranda House, I was still struggling and having a difficult time as I would get better then get worse again.

In August 2019, I was admitted to Westlands as I was still in a Psychotic state. I was there for about one month until the clinicians got the right combination of medication for me to break this state. My experience of Westlands is very mixed, I remember I couldn't sleep, I know sometimes I could be loud and active, but some of the staff would look at me as though to say "oh no, here she comes again" which was not good. I was very confused I couldn't sleep as I believed if I slept I would die. During this time, not one person asked me, "why do you think you are not sleeping?" Although I was in a confused state, I do remember everything. I remember the looks or the remarks made by staff. Having someone just to talk to me was invaluable, I appreciated it so much. I liked to talk and discuss what I was going through. I was so confused and didn't make any sense, but I had the feeling those who talked to me, brought me back, would bring me back gently to reality, it was essential, I was so grateful to these people. There were some good staff, some healthcare assistants and nurses were very caring and supportive, both Dr Mohammed and Dr Gabriela were supportive to me. Also the cleaners and cooks were very nice and would talk to me. The food was also amazing, very good.

The support for my husband wasn't always helpful he was also suffering and struggling and although he was able to talk to me every day and speak with the psychiatrist to discuss my medication, sometime it wasn't always easy for him.

I did enjoy the time I could spend in the big garden it was a real sanctuary for me, perfect and relaxing. I was discharged from Westlands in September 2019.

In October 2019, I began working with PSYPHER, and was appointed to a wonderful care co-ordinator, Jess. My initial session with Jess would last between five and ten minutes as I was very lethargic, subdued and my medication was high. My thought process was very slow and I couldn't speak properly.

I started by seeing my care co-ordinator once a week, she started by getting to know me and what I liked to do, she encouraged me to do those things. I felt guilty as I wasn't working, she would talk to me and say, "you need to heal, it's a process, you will get better." It is mental health, it's difficult to understand as you can't see it, which did make it difficult for me, I did struggle.

Three months after starting with PSYPHER I began having some psychotherapy sessions, which were very helpful and absolutely necessary in my recovery.

Through working with Jess and having this support my session increased to between 45 to 60 minutes. These full sessions have now ceased however Jess still does make follow up calls to me every two weeks and we talk for about 20 minutes. I also received excellent support and worked well with the psychiatrist.

After six months, I felt like myself again, I felt like I could think clearly my thought process was much better. I had been referred to Positive Assets and started to work with Les within the team. In March 2020, my care co-ordinator told me about the Peer Support Worker role available in the Trust. I was not confident I didn't think I would get a job here. My care co-ordinator said, "I think you would be great", she really encouraged me. This gave me so much confidence and pride that she believed in me and thought I could do it. I thought "yes, I'm going to try and do it," and it made me so happy just to apply for the role. I worked with Les from Positive Assets, who also encouraged me, supported me with my application. Through this whole process I found myself again, I became confident and believed in myself. Through the help and support from both PSYPHER and Positive Assets I was able to come back to life.

I had an interview for the Peer Support Worker role in July, which was successful and was appointed to my Peer Support Worker role at Miranda House in December 2020.

It is all still very new, we are currently shaping the role, but it is going great. I have completed some training including Lorenzo, shadowed staff and spoken with some patients which was incredibly rewarding. We are currently discussing which patients I could work with on a consistent basis. It is going so well, having the lived experience and talking to the patients, I believe it really does give them hope for their own future, which is a wonderful thing for me to be able to do.

I am so grateful for the help and support I have received I have no words to say Thank you, overall I received amazing care. I am grateful to everyone who helped me, listened to me and acknowledged my pain. I am truly grateful and hope through my Peer Support Worker role I can give back by helping others and I believe most patients and carers of patients would want to give back to the Trust following the help and support they have received whilst in the care of the Trust, by becoming involved with a number of Trust activities.

In the future I would like to do more work with Wellbeing, and also psychoanalyst which I think would help patients so much.

**Agenda Item 7**

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

**Monitoring and assurance framework summary:**

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

✓ Tick those that apply

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

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



## Chief Executive's Report

### **1 Around the Trust**

#### **1.1 Christmas and New Year**

A huge thanks to all our fabulous staff for their continued support especially over the festive period.

The small Christmas gift was well received.

#### **1.2 Vaccinations**

I would like to personally on behalf of the Board sincerely thank Dr John Byrne and Weeliat Chong for all their leadership on our vaccination programme. A full update is included in the Covid report on the agenda. The whole process was successful and a special mention to the volunteers who were outside braving the January weather!

The centre has not only supported our staff vaccination programme but that of the Primary Care Networks (PCN) and other local Trusts and Community Interest Companies (CiCs).

#### **1.3 Congratulations**

Congratulations go to our Market Weighton team who in this year's General practice awards have been confirm winners of the Clinical Improvement: Chronic Conditions Category of the General Practice Awards 2020.

Well done to the team!

#### **1.4 Yorkshire and Humber Clinical Senate Council**

Dr Faisal Shaikh has been appointed to the Yorkshire & Humber Clinical Senate on an honorary basis. Congratulations!

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

The CQC is reviewing our well - led Key Lines of Enquiry on the 26<sup>th</sup> January 2021. Planning has gone well and we await the final report. A verbal update will be given at the meeting.

#### **1.6 Priorities 2021**

These as always will be shaped around our continuing journey.

- Patient Care, Quality and Safety, Staff Health and Wellbeing
- Covid Programme will progress
- PROUD and Staff Health and Wellbeing
- Strategy work
- Branding work
- Shaping the landscape
- Quality Improvement
- Whitby Development Completion
- New Build Progression
- CMHT/Transformation Work
- Staffing and Recruitment.

#### **1.7 Integrated Care System (ICS)**

Our response has been submitted which was in line with the ICS. A paper is on the part II agenda. The provider Collaborative work which I am leading is progressing at pace.

## **1.8 Brand Launch**

I am proud to share with you our new Trust visual identity. Our identity is a visual presentation of our Trust brand. It's who we are. It's a feeling, memory or emotion that comes to mind when you think about us. It's in all of our activities. It's the way we talk to one another, do things and interact with our patients, staff and each other. Our brand is a reflection of our patients, our team and everything that we do.

I understand that, whilst we are still in the midst of a pandemic and in a national lockdown, it may feel like a strange time to launch our new look. However, this project has been in development since January 2019, before COVID-19 was dominating our working lives. Despite a pause during the first wave, work has continued so we would not lose momentum or the vital research which is the backbone of its creation. We therefore made the decision to stick with our plan and launch in the New Year, so that we could start to use everything that has been developed as soon as possible, for the benefit of our patients and teams.

This project has been led and delivered by our Marketing and Communications team. They have managed the workshops, hosted a range of in person and virtual events and developed the designs that you will see on our new online Brand Centre.

This means that, not only did this not have the costs often associated with such projects, but that it has been developed from within; staying true to who we are and what is important to us and. Crucially, we have also been able to take as many staff, patients, carers, families and stakeholders with us on this journey.

I hope that you will support us as we begin to use these new assets and that you find the Brand Platform useful. From the offset, this project was driven by the desire to provide useful and functional templates, to support you to communicate effectively, professionally and consistently with our patients.

### **How do I find out more?**

If you use branded templates in your role, whether that's for corporate materials or to create patient information, a number of online design workshops will be run to demonstrate the templates and how you can use them in your work.

Design Workshop – A practical session for anyone creating designs.

- Wednesday 27th January - 11am
- Friday 29th January 11am

Visit our new online Brand Centre today to start using our new templates, vision mark and more.

### **Launching our new Visual Identity**

#### **Why did we need a new visual identity?**

Our visual identity had not been refreshed since 2011. A modern and creative corporate visual identity will make the best use of the NHS identity and bring our brand back into the spotlight. This will also help to resolve the disconnect between our current brand, our values and who we are as a Trust today. Our research showed that our many of our staff didn't understand our visual identity and what it stood for and that the templates that were provided were inflexible and not at the standards that we expect.

In Hull and the East Riding, there is still a lack of understanding that we are a different Trust from Hull University Teaching Hospitals NHS Foundation Trust and amongst our stakeholders there is still appreciation that we are a mental health Trust. The new identity makes clear the scale, diversity and quality of our services, and allows us to tell a different story, which sets us apart from our 'competitors'. By leveraging our strengths we can also reassure patients, giving them the confidence that they'll receive the very best care when treated at our Trust.

### **Doesn't the NHS have its own visual identity? Why do we need our own?**

Yes, the NHS is one of the most cherished and recognised brands in the world and we have a responsibility to protect it and ensure we achieve the national standard that our patients expect from the NHS. However, as part of that brand it also offers providers the opportunity to use graphic devices, straplines and imagery to create a distinctive visual style for our Trust. We have worked within the framework to produce something that represents who we are now as a diverse, modern and successful organisation.

### **How have the views of staff, patients, carers, families and stakeholders been included?**

Over 12 months of development, the views of over 1,000 staff, patients, carers, families and stakeholders have been included in this project. From attending Patient and Carer Experience Meetings across Hull, Whitby and Scarborough, to holding workshops at management forums, attending team meetings and running a range of surveys, a wide range of opinions have been sought at each stage to ensure the final outcome is based on a robust research programme.

### **What does this mean for me?**

The most important part of launching this brand was to create something useable for our team, something which supports you to communicate effectively and consistently with a range of audiences.

As part of this, we created a new online Brand Centre to host all templates and assets that you will need to begin to use our new visual identity in practice. We ask that you now begin to use these templates in your daily work. Any new documents that are printed from now on should follow new brand guidelines.

If you have any internal forms or documents these should now include our Trust logo in the top right and our new 'vision mark' in the bottom left.

### **How can I get help using these templates?**

If you create patient information or if you are the person in your team who designs materials, we are running two online sessions to support you to use our new templates. Invites will follow to all staff. We encourage services to send a member of staff where possible so that knowledge is held within each team.

## **2 Regional News**

### **2.1 Humber Coast and Vale (HCV) Nursing**

Michelle Carrington has been appointed to the role of Director of Nursing for the HCV Partnership for 2 days per week. Michelle commenced at the beginning of January 2021 and will be a member of the Senior Leadership Team and Partnership Board. Michelle is currently the Executive Director of Nursing and Quality at the Vale of York CCG which is a post that Michelle has held since September 2015 and Michelle will continue in that role as well as leading nursing across the Partnership.

## **3 Director's Updates**

### **3.1 Chief Operating Officer Update**

#### **3.1.1 Community Mental Health Team Transformation (CMHT)**

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 pilot sites. The focus of this work has been to develop the mental health offer in primary care. The new model is now being incrementally rolled out across all of the Primary Care Networks (PCN's) in Hull and the East Riding of Yorkshire. The programme is progressing well and the plan for the roll out of the national CMHT Transformation funding proposal for 21/22 – 24, has now been completed and submitted to Humber Coast and Vale Mental Health and Learning disability

programme who are coordinating the completed submissions for the Humber Coast and Vale Integrated Care System for mid-January.

The programme is supported by a dedicated Patient Experience Facilitator who has developed a CMHT expert by experience network consisting of service users and carers. The group continues to expand in numbers and is currently engaging with 38 patients, service users, carers and now also includes some staff with lived experience of mental health issues. Meaningful coproduction and effective engagement is at the heart of this programme and the network has set their ambition for achieving this in their network charter:

#### **Our Network Vision:**

A mental health network that works in partnership. Supporting each other providing hope and improving the experiences of those accessing support for mental health difficulties across Hull and the East Riding of Yorkshire.

#### **Key Principles of our Mental Health Network:**



#### **Supporting each other**

- By being compassionate, empathetic and understanding towards each other.
- By striving for positive experiences for people through being open and supportive.
- By treating each other as equal partners by listening and supporting each other
- By taking time to support those identified as being in a supporting or caring role.
- By ensuring that every door is 'Open' and is the first step to getting help by guiding and supporting people to the service that best meets their needs.
- Never turning anyone away who requires help.

#### **Providing hope**

- The hope for 'living well', with or without symptoms is shared in conversations supporting those accessing mental health services.
- The mental health network will provide services that work in partnership, removing any barriers between services and putting people at the centre of all work, decisions and care.
- Through a shared understanding that recovery is a unique and personal experience for each individual and a way that we can adjust values, feelings and goals to live a satisfying life whatever our experiences or limitations.
- All support through the mental health network is provided to enable people to live the life which they wish to lead.

#### **Improving experiences**

- By actively listening to feedback from the people who are accessing support from the mental health network so that we can learn, act and improve.
- By ensuring a joined up approach to care by effective communication and co-ordination between health services and community resources to improve the experience of accessing mental health care and support.
- By clearly communicating information around the response of a service and providing updates where possible for those accessing support.
- By working and collaborating across all sectors to share learning and best practice.

The network is now considering how achieving these principles will be evidenced as the programme continues through developing a patient and carer experience feedback tool.

### **3.1.2 Trust Recovery Strategy**

The Trust Recovery Strategy was due to be revised in 2020 and work was undertaken in 2019 to commence this. It began with a review of the service elements that were specifically focussed on delivering support aligned with the recovery principles set out in the strategy to ensure that the impact of these were being maximised. This included:

- Recovery College
- Positive Assets (employment support)
- Individual Placement Support (IPS employment support)
- Social Prescribing
- Peer support workers
- Health Trainers
- Volunteer service

Workshops were held and a new proposal was developed and implemented that brought these services together where previously they had been separated. These services have recently now been brought together too with the CMHT transformation programme to ensure that recovery is integral to the new service offer. The next steps in the work planned to review the strategy were impeded by the impact of the Covid- 19 pandemic however this is now being progressed. The principles and ambition set out in our recovery strategy should reach across and be evident in all of our mental health services. A dedicated recovery strategy coordinator role has been in post since November 2020 and a wider strategy review and consultation plan has been launched and is progressing. Engagement events were held in December 2020 which were very well attended and a recovery survey was launched across the Trust and with our wider partners. Coproduction with service users is at the heart of the review of the strategy and the recovery strategy coordinator is working very closely with the Trust's Head of Patient and Carer Experience and Engagement to ensure that this work is fully connected to the wider patient and carer engagement approaches already in place.

A recovery steering group has been meeting in the Trust for some time, this group has a refreshed framework and is overseeing the review of the strategy. As part of the strategy review a training and operational implementation plan is being developed which will underpin the strategy and provide a clear pathway by which our further ambitions, building on the work we have done so far, truly embeds recovery principles and approaches at the heart of our services. The updated draft strategy will be completed in early March and then will proceed through the governance process with aim to commence launch of the final strategy in April and early May 2021.

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

### **3.2.1 Care Quality Commission (CQC) Transitional Monitoring Meeting and Draft CQC Strategy**

CQC are currently undertaking monitoring meetings with providers against their key lines of enquiry (KLOE). This approach is in line with their transitional arrangements as they move towards a new system of regulation which is currently out for consultation with implementation commencing in the spring of 2021. The Trust has been informed that our transitional review meeting will take place on MS teams on January 26th 2021 and will focus on the well led KLOE. We have received the questions they will asking and are undertaking the necessary preparatory work with divisions to ensure we have some excellent examples of our compliance with the KLOE.

The new approach for CQC regulation is currently out for consultation. The intended approach is presented using four themes; *people, smart, safe* and *improve* and details an approach which focusses on reducing inequalities in outcomes and assessments that look at every touch point of a patients journey across different providers and organisations. In the draft strategy CQC have stated an intention for relying on more up to date, consistent and accurate pictures of the quality of care which will mean their approach will be more dynamic, moving away from relying on periodic

inspections and instead using all sources of information to assess quality and update ratings on a continual basis.

There will be an increased focus on people's experience of care, with a stronger emphasis on gathering the public's feedback in accessible ways, and using that feedback as part of the CQC's overall insight into quality of care and as part of the rating and published information about services that CQC holds.

CQC will provide a clearer definition of what 'good' and 'outstanding' care looks like. It will not be possible to achieve a rating of 'good' or 'outstanding' without evidence of encouraging and enabling people to speak up, and acting upon their feedback. This will apply both to providers and to CQC's view of how systems are listening to their local communities.

### **3.2.2. Children and Young People's Mental Health, Learning Disability and Autism Inpatient Services NHSE/I Quality Improvement Taskforce**

The Trust has been informed that we are in cohort 2 of the quality improvement (QI) taskforce work for improving Children and Young People's Mental Health, Learning Disability and Autism Inpatient Services. The work involves undertaking some baseline work culminating in a specific quality improvement plan for our CAMHS inpatient service, informed by the baseline work undertaken. Cohort 2 participation is expected to commence in April 2021 when we will be allocated taskforce support in the development of our plan.

The Director of Nursing, Allied Health and Social Care Professionals is the lead executive for the work; the project lead is Trish Bailey, Clinical lead for Children, Young People, Learning Disability and Autism services

To date we have participated in an introductory workshop and have been requested to nominate leads for the following work streams that will underpin the development of the QIP:

- Lead for participating in a WebEx to learn how to use the Culture of Care Barometer
- Lead for GIRFT data to ensure the data informs our plan.

We were also requested to undertake a Reducing Restrictive Interventions self-assessment tool. This has been completed.

Progress against this work will be reported to the Quality Committee.

### **3.2.3. Head of Allied Health Professionals (AHP's) - Summary of Achievements**

The Head of AHP's was a new post introduced 6 months ago utilising monies from vacancies within the nursing, allied health and social care directorate. Reporting to the deputy director of nursing the post holder has reported the following achievements since being in post:

- Set up routine engagement sessions with AHP's working as lone practitioners with no professional lead.
- Chaired the AHP meeting focusing on key drivers for AHP, as well as the opportunity to share information and drive things forward from the professional strategy agenda.
- Led and coordinated the AHP day. A key priority was linking with other AHP's, across sites bringing physical and mental health teams together sharing work. Due to the large amount of work staff did, it resulted in having an AHP week, with presentations, interviews and stories and videos that were shared internally and externally.
- Worked on the Humbelievable page to ensure that AHP's are included. There is now a page for all disciplines to support recruitment. When a post is advertised for nursing staff the Head of AHP's have enquired to see if it needs to be a nurse or could consider an AHP in the post.
- Working with principal AHP's to get standardised job descriptions and specifications developed to ensure the right staff with the right skills are employed.
- General support given to managers in the recruitment of AHPs and have supported the restructure of some services where AHP's have been affected.

- Given mentoring/coaching to some band 7's to encourage them to think about applying for band 8 posts, to which one was successful.
- Made links with nearly all clinical leads and service managers to develop a working relationship and providing support in their workforce development planning meetings.
- Worked on a successful bid to expand clinical placements for AHP's to increase future recruitment for the Trust.
- Provided evidence in a paper on the benefits of AHP's in Primary care, linking in with the Royal College Occupational Therapist (RCOT) and other organisations on what they had achieved. This led to the development of an OT extended scope placement in March 21, in one of our primary care practices. This is an exciting opportunity, with the potential of funding a qualified AHP working in primary care practice.
- Working with AHP's to ensure they are involved in the peer review process and clinical audit/service evaluation which the Head of AHP leads on.
- Collated the response on behalf of the Trust regarding the Health Care Professional Council (HCPC) standards which have been renewed.
- Initiated a case study to go forward to be included in the People Plan, a good opportunity to showcase Humber.

I hope the Board will agree that the creation of this post has proved to be very successful to date.

### **3.3 Medical Director**

#### **3.3.1 Guardian of Safe Working**

We have gone out to advertisement with all eligible doctors in the Trust in order to replace Dr Jennifer Kuhnle who will soon be leaving us.

#### **3.3.2 Trust Wide Pharmacy**

The Team, under the leadership of Dr Weeliat Chong have been instrumental in us achieving Hospital Hub status as a vaccine centre. In addition they have also been supporting Harthill Primary Care Network (PCN). As of the 18<sup>th</sup> of January they have supported the administration of over 4000 vaccines through our centre.

#### **3.3.3 Medical Education and Staffing**

- Health Education England Monitoring the Learning Environment visit (where our postgraduate training schemes are inspected) in November was positive with no training requirements made. This is a very positive outcome bearing in mind the pandemic circumstances and is a positive reflection on the quality of education and supervision that we provide.
- The Yorkshire and Humber School of Psychiatry and planning to expand Forensic Psychiatry higher training placements at the Humber Centre by approving a second post there.
- 5 Prospective Consultants scheduled for interview at the end of Feb/beg March 2021 (2 Forensic, 2 LD, 1 GA)
- Professional Support for Doctors in Training - £10k non-recurrent funding contribution has been received and the department is working up a way to invest this income.

#### **3.3.4 Psychology**

- We continue to offer psychological support to colleagues to deal with the issues arising from the pandemic. This includes a telephone helpline, 1:1 support, reflective groups, peer supervision, wobble rooms on wards and group support.
- We held a development day where the main topic was BAME issues and have set up a working group to look at Equality and Diversity on Psychology along with University colleagues so that we are tackling the issues right from the start of training.
- We have got 3 psychologists starting their training to be approved clinicians.

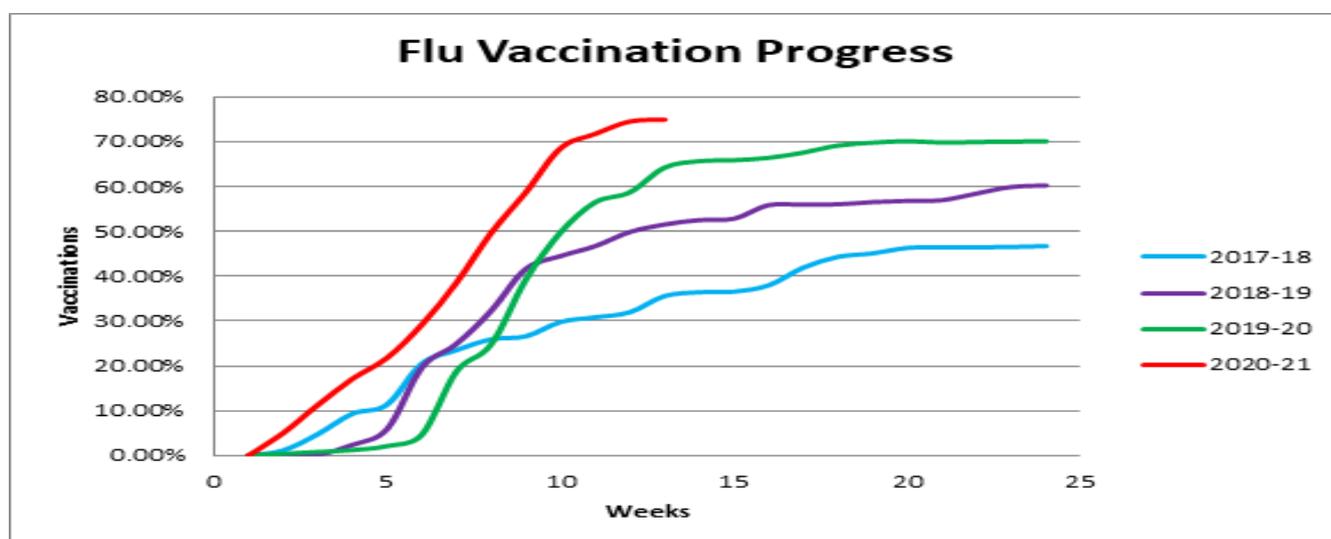
### **3.3.5 Quality Improvement**

- Following on from the success of QI Week where we saw 242 attendees at our QI Stories across the week, we will be scheduling monthly sessions. On 19 January at 1300, we will hear about the Dr Toolbox work.
- Learning Disability Forum in September 2021 – we have monthly planning meets scheduled from January to work with service users to develop a learning disability QI forum.
- High Potential Development Scheme – meeting scheduled to look at how the QI Training and project will work with the attendees.
- Work will be commencing with Mandy for a PACE and QI session in May 2021 to develop a co-produced QI roadmap
- Training Offer scheduled and available to book via ESR for January to March

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

#### **3.4.1 Flu**

As at 6<sup>th</sup> January (week 14) uptake is 74.90%.



#### **3.4.2 Executive Coaching**

Currently 13 of the 16 staff offered coaching have come forward to take this up and the sessions commenced on 5<sup>th</sup> January 2021. The current situation has resulted in the first 2 of these sessions being held virtually, with the situation being reviewed accordingly as the scheme progresses.

#### **3.4.3 AVIOS points**

The company Avios Group joined forces with British Airways Executive Club Members to thank those working in healthcare during these very challenging times, by giving away Avios points that can be spent on a number of things. As an organisation, we were allocated 16 nominations, all of which would receive 60,000 points. Our nominations were selected through a prize draw made up of all the names of staff that have had a flu jab so far this year.

All 16 of our workforce that were nominated were successful in winning 60,000 points from Avios, which will be available for individuals to use within the next three years. This has been a real boost for all those that have benefited and will be celebrated through our communication channels.

#### **3.4.4 Humber High Potential Development Scheme (HHPDS)**

The application process closed on 8 December and a total of 16 applications were submitted. 11 individuals were put forward and approved.

We are currently delivering face to face (via Teams) feedback, and the creation of development plans for those that were unsuccessful to build confidence to move forward with the support of the

individual's line manager. During January and February, time will be allocated to each successful applicant to begin building a PDP and allocating the appropriate support.

#### **3.4.5 Vaccination Workforce Recruitment & HCSW Zero vacancy ambition**

In order to support swift recruitment to the vaccination programme and the HSCW zero ambition funding has been made available for lead providers & systems (up to £300K) to bolster recruitment and HR capacity.

There is a requirement to provide weekly submissions for workforce pipeline and associated future employment of HCSWs. This is a nationally mandated data collection from the National Incident Response Board.

We have a bid for £125,000 support with the regional team.

#### **3.4.6 Small pilot project that offers accredited counselling/emotional support in native language for nurses who do not speak English as their first language**

The NHSE&I NEY Equality and Diversity team are pursuing the establishment of a small pilot project that offers accredited counselling/emotional support to nursing staff who do not speak English as their first language, in their first language.

The aim of the pilot to offer the counselling support to staff who most need it as soon as possible, and secondly, to enable us to understand the level of demand for this service and its benefits.

John Duncan is connected into this pilot to see if our staff can benefit from this support.

#### **3.4.7 Health and Social Care level 6 apprenticeship**

The NHS Leadership Academy are working in partnership with Manchester Metropolitan University to provide a Chartered Manager Degree Apprenticeship in Health and Social Care, with the Mary Seacole Programme integrated within it. The apprenticeship will deliver a full honours degree and NHS Leadership Academy award in Healthcare Leadership which is fundable via the apprenticeship levy or through 95% government support.

The next intake of the apprenticeship will commence in April 2021 with applications now open.

Our Apprenticeship lead Chris Kirwin is leading on this for the Trust.

#### **3.4.8 The new #LookingAfterYourTeam service**

There is a regional health and wellbeing offer which includes coaching for leaders and managers in primary care settings. The new [#LookingAfterYourTeam](#) service creates an opportunity for individuals who lead, manage or organise teams, groups, services or networks, to access coaching about their team. The coaching conversations will centre on compassionate and collaborative team leadership to support psychological wellbeing and resilience.

Our primary care teams have been alerted to this offer.

### **3.5 Director of Finance Update**

#### **3.5.1 DocuSign**

The Contracting and Procurement Team have recently completed the roll out of DocuSign to capture electronic signatures on the Trusts contracting documentation. The use of electronic signatures provide the trust with a secure and efficient way of processing contracting documents as well as minimising the risks associated with traditional paper documentation.

#### **3.5.2 Maister Lodge Capital**

In December 2020, an opportunity arose for the Trust to apply for in year capital via NHS E & I (the deadline submission was set at close of play on 7 January 2021).

As a consequence of recent conversation with operational leads, a requirement for additional older adult (functional) bed capacity had already been identified. This included a project that had been

developed to establish the feasibility of increasing bed capacity at Maister Lodge, as an interim measure until the single site solution for mental health inpatient accommodation is delivered.

An application was therefore submitted to provide six additional beds at Maister Lodge. The scheme includes for converting the off ward octagon (pod) to provide a single gender bedded zone. In order to re-provide the displaced support accommodation the application also includes for the installation of a two storey modular building and redevelopment of an area within The Grange, which sits adjacent to Maister Lodge.

The Trust has now received approval of £0.9m capital fund, fund will need to be spent by the end of the current financial year therefore as a consequence of the urgency the Trust will utilise the existing Strategic Partnership Agreement (with Citycare) to enable works to be progressed at pace.

### **3.5.3 Lorenzo Request and Result**

The Trust has been successful in a application for capital funding (£0.660m) to implement request and results functionally into the Lorenzo clinical system. This additional functionality will enable requests to be made direct to Laboratories from the Electronic Patient Record (EPR) with results also brought back into the patients EPR, negating the need for Trust staff to access other clinical systems.

### **3.5.4 Crisis Pad Procurement**

The Trust has run a procurement exercise for the Contract to run its Crisis Pad which is part of the Mental Health Division. The formal process has concluded and the successful bidder was Hull and East Riding Mind who have been offered the contract which will begin on 1 April 2021.

### **3.5.5 Care Certs**

There are two types of CareCert notifications

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

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

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

	<b>Issued</b>	<b>Deployed or no Action required</b>
High Priority	8	8 ( <i>1 of which was not relevant to the Trust</i> )
CareCert Bulletins	45	45

The Trust detected and implemented countermeasures to prevent 1 Distributed Denial of Service (DDoS) attack against its internet connections during December.

### **3.5.6 Sustainability Return**

In response to the NHS England For A Greener NHS Agenda the Humber Coast and Vale Partnership are in the process of conducting a baseline exercise to understand its starting position, a copy of the Trust's response is below. Work against each of the key areas will be taken forward via the Trust's Sustainable Development Management Group.

		2021-2030	Y, N or IP		
<b>2020-2021</b>	Y, N or IP	Move to green electricity contract by April 2021 <sup>1</sup>	Y		
Identify a Board level lead for sustainability <sup>6</sup>	Y	Reduce the carbon impact of Metered Dose Inhalers in line with long term plan commitments <sup>3</sup>	N		
Board approved Green Plan <sup>1,6</sup> with clear sustainability and carbon targets (April 2021)	IP	Identify route to eliminating harmful anaesthetic gas phase out <sup>1,3</sup>	N		
Set Net Zero carbon reduction targets to eliminate carbon by 2045 <sup>6</sup> at the latest	IP	Invest in zero emission infrastructure i.e. solar, battery storage, wind, district heating etc	IP		
Sign up to the NHS Plastics Pledge <sup>2,6</sup> and eliminate single use plastic where possible	N	Implement a Green Procurement Strategy with action plan for eliminating emissions in supply chain	N		
All organisations should implement the Estates and Facilities Management Stretch programme by NHS England and NHS Improvement in 2020 <sup>3</sup>	N	Create a Climate Change Adaptation plan that incorporates EPRR planning	N		
All new builds and retrofits building projects have to be Net Zero <sup>3,6</sup>	Y	90% of fleet to be zero emission (including 25% ultra-low emissions) by 2028 <sup>1</sup>	N		
All lighting replaced with LED alternatives during routine maintenance activities <sup>3</sup>	Y	Reduce business mileage by 20% by 2023/24 (NHS Standard Contract)	N	<b>2030-2050</b>	<b>Y, N or IP</b>
Reduce air pollution from vehicles purchased/leased after 1 April 2020 to support the transition to low and ultra-low emission vehicles <sup>3</sup>	N	Create a fossil fuel phase out strategy including diesel, petrol, oil and gas use and identify a heat decarbonisation plan	N	<b><u>Diesel and petrol vehicle sales will be ended by 2030 making it critical to provide zero emission vehicle infrastructure support</u></b>	<b><u>N</u></b>
Ensure car leasing schemes restrict the availability of high-emission vehicles <sup>3</sup>	N	Phase out primary heating from coal and oil fuel	Y	<b><u>Offset emissions that cannot be eliminated</u></b>	<b><u>N</u></b>
Conduct a Green and Grey fleet review with the Energy Saving Trust <sup>3,6</sup>	N	Encourage staff to use zero emission modes of transport	N	<b><u>Ensure all estate is climate resilient</u></b>	<b><u>N</u></b>
End business travel reimbursement for domestic flights within England, Wales and Scotland <sup>3</sup>	N	Invest in EV charging infrastructure including that to support staff's personal transition to ULEVs	Y	<b><u>Achieve Net Zero carbon emissions by 2045 and earlier if possible<sup>5,6</sup></u></b>	<b><u>N</u></b>

## **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
Policy for Supporting Transgender Patients	Quality Committee	8/12/20	Director of Nursing, Allied Health & Social Care Professionals
Prescribing for General Practice Policy	Quality Committee	8/12/20	Medical Director

## **6 Communications Update**

### **Communications Update 12<sup>th</sup> Dec – 12<sup>th</sup> Jan**

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:

- Improvement to the Asymptomatic Staff Testing form for refined results reporting.
- Successful delivery of the three live 'Ask the Vaccination Team' Q&A sessions to over 450+ staff.
- Vaccine communications planning including working with Estates to build excitement for staff by covering the transformation of lecture theatre to vaccine centre and coverage of the first staff vaccines.

### **Key Projects**

- **Brand Project**

The brand launch is planned for Tuesday 19<sup>th</sup> January. This includes the new online brand centre which will support staff to use the brand in their work launches the same day and can be viewed [here](#).

Two online workshops are scheduled w/c 25<sup>th</sup> January to support staff to use the new templates to produce corporate and patient information.

- **Patient Information Portal**

The first options for the new online patient information, platform have now been completed and were tested with an invited panel of over 40 patients, carers, staff and stakeholders at an online workshop on 14<sup>th</sup> January. Workshop and survey results will feed into the final survey designs.

- **Humblebelievable – recruitment campaign**

Users	Page views	Avg Session Duration	Most viewed page
3,619 (+11% Increase)	5,593	01:24 mins (10% increase)	/jobs/ (2,744 views)

### **New Year, New Job campaign (PPC):**

We have used Pay Per Click (PPC) advertising on the Google to promote a range of Trust roles with a focus on nursing. This ensures that the Trust appears as a top (or sponsored link) for terms such as 'Nursing Jobs Hull, Nurse Roles in Whitby, etc. The campaign just has already exceeded our target of 200 ad clicks and will continue throughout January with the aim of driving traffic to our joinnumber website.

### **New Year, New Job Campaign (social ads):**

As part of the overall campaign, we have produced and promoted a range of adverts under the same call to action. The latest ad directed viewers to the role of a Specialist Nurse reaching over 10,000 online viewers with 130 individuals clicks directly onto the advert.

### **Community Mental Health Team (CMHT) Recruitment**

We worked with the CMHT Transformation team to produce a range of videos to draw people to roles in the transformation programme. The videos will be promoted by a social media advertising campaign and co-promoted via the East Yorkshshire place marketing campaign. View the videos here: <https://join.humber.nhs.uk/community-mental-health-transformation/>

### **External Communications**

- **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.

<b>Positive new stories published</b>		<b>Negative new stories</b>	
Local media	10	Local media	0
Humber website	4		
<b>TOTAL</b>	<b>14</b>		<b>0</b>

Coverage included working with Health Trainers to promote living well this winter and making healthy New Year's resolutions.

The largest media piece this month has been the work with Whitby Hospital. This includes recruiting to the project task and finish groups, updating on the renovation works and local announcements such as Doff Pollard's re-election as Whitby Governor and Whitby Appeal.

- **Together We Can 2.0**

The communications team has begun the second phase of positive stories and inspirational experiences of our teams during COVID-19. We identified areas that were not included in the first round of stories and spoke with these teams to cover as wide a variety of areas as possible. These stories will be used in a range of internal publications and externally where appropriate.

- **Website**

The Trust public-facing website show continual signs of improvement in performance and engagement with site visitors.

Compared to the previous year, we have seen an increase in the number of sessions per user. This means that users are visiting the site on more than one occasion from the same device (a 5.5% increase since last period). This can be seen as a positive indicator that the site holds the relevant information the user is seeking, as opposed to visiting once and never returning.

	<b>Target</b>	<b>Performance over period</b>
Bounce Rate	50%	61%
Social Referrals	12% (a 10% increase in 2019 position)	9%

- **Social Media**

	<b>Target</b>	<b>Performance over period</b>
Engagement Rate	4%	9%
Reach	+50,000 p/m	123,900
Link Clicks	1500 p/m	1,237

This period has been heavily dominated by NHS and Government messaging regarding the COVID-19 guidance. We have continued to see significant engagement of our organic (non-paid) job advertisements, seasonal and Primary Care messaging.

### **Internal Communications**

We continue to provide communications support to a range of internal communications campaigns.

### **COVID-19 Vaccination Campaign**

Communications planning to support our COVID-19 staff vaccination campaign continued throughout December. To help generate excitement amongst staff we created a video walk-through of the vaccination centre to show staff where they will receive their vaccine. The video has been viewed 654 times by staff since it was issued to staff on 18 December.

### **Poppulo**

Our internal communications platform continues to support us to deliver timely and targeted email communications. Open rates and click through rates during November remain above the national average of 65% and 10% respectively.

	<b>Our average engagement rates</b>
Open Rate	69%
Click Through Rates	12%

The platform remains an important way for us measure how we are engaging staff with our communication campaigns. Our recent COVID-19 Vaccination booking email, which was sent to all staff on Saturday, 8 January, was opened by 78% of staff with a Click Through Rate (CTR) of 59%. By Monday, 11 January over 1700 staff had booked an appointment to receive their COVID-19 vaccination.

### **Intranet**

The intranet remains an integral place for staff to access up to date COVID-19 information. To support our COVID-19 vaccine programme we created a dedicated intranet page which has received 1,131 page views since it was published on 24 December, making it our fifth most visited intranet page over this period. We saw our bounce rate improve again this month by 2% dropping from 55% to 52%.

Current performance:

	<b>Target</b>	<b>Performance over period</b>
Bounce Rate	40%	52%
Visits	+20% on 2019 average	+90%

## **7 Health Stars Update**

### **Whitby Appeal**

As we welcome the New Year we also welcome Judith Wakefield to the Health Stars team who is the new Whitby Hospital Appeal Co-ordinator. Jude has a wide range of experience and is local to the community in the neighbouring village of Runswick Bay. She is already settling into her new role making great connections with the local community and potential grant funders.

On the 11<sup>th</sup> January a press release supported by our Communications team was launched publicly opening the Whitby Hospital Appeal which will see Health Stars set out to raise £200,000.00 an ambitious yet achievable target to add “Sparkle” to the Hospital above NHS core spend. This was a soft launch due to the circumstances of which we face with COVID19 but has seen a welcomed response.

The fantastic work continues within the newly established Task & Finish groups which will support the enhancements and fundraising for the Hospital Appeal. The groups will be meeting between the 18<sup>th</sup> January – 1<sup>st</sup> February for their second sessions to progress finalised plans. Each group focuses on an area of development these include: Artwork, Garden & Landscaping, Hospital Naming & Signage along with the Fundraising group. The groups have had a great attendance by a diverse set of members.

Health Stars continue to work closely with Executive leads, Peter Todd Principle Construction Manager of NHS Property Services and the independent Dementia friendly consultant to ensure the appeal runs as smoothly as possible whilst maximising the spend of Charitable funds.

This is an exciting journey for us all and I look forward to sharing regular updates.

### **NHS Charities Together Emergency Funding**

In November NHS Charities Together released another funding opportunity to NHS Charities specifically for those who have had a significant outbreak of Covid-19 among their patients in their hospitals. On the face of it, it appeared like a grant not aimed at mental health and community NHS trusts. Particularly as at the time Humber Teaching NHS Foundation Trust had 0 Covid-19 patients. However Health Stars chose to apply for the fund anyway and instead gave evidence of how many of our staff had been impacted by Covid-19 and how this was affecting our services.

As a Trust we were very pleased that they were successful in this application and received the £50,000 worth of grant funding. Health Stars immediately put these funds to good use following on from the discussions with Executive leads and organised Christmas Hampers for all staff.

They delivered 54 hampers in the week 14<sup>th</sup> -18<sup>th</sup> December across 54 sites covering all sites where staff are currently based including inpatient units, community sites and primary care. They spent just over £28k on this hamper delivery and received some lovely feedback from teams.

*“I hope you are well. The team and I have just been over to pick up the trolleys and wanted to thank you for thinking about us, I hope you have the greatest of days.”*

*“I just wanted to send an email to thank you for all for the lovely produce sent to Inspire recently, it's really nice to be able to help yourself to a drink of juice or a snack when you need a little boost of energy to help you get through these long shifts. Thank you all again, from Inspire”*

### **NHS Charities Together Stage 3**

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 £66,000. Unlike the previous grants given based on staff numbers, this grant is not given automatically and they need to apply for the money. As a result they need to come up with ideas for staff projects.

Health Stars were pleased to attend the Staff Health, Wellbeing and Engagement Group on 7<sup>th</sup> December to present the information about the Stage 3 funds. A decision was made at this meeting to support a staff role for Health and Wellbeing proposed by Natalie Belt.

Health Stars will be working closely with Natalie Belt to put together a proposal for the role which will be shared at the March CFC meeting.

In the mean time they have funded a small grant of £100 for a yoga teacher to create videos for staff health and wellbeing.

### **NHS Charities Together Stage 2**

Stage 2 is the community partnerships grant round. This is a grant across the Humber Coast and Vale Integrated Care System (HCV ICS) area. All charities in the ICS will need to work together to put in 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.

The group have met a few times now to discuss the ideas of how the funds can be utilised to have maximum impact. The ideas are now being collated ahead of the next meeting to make decision easier.

**Michele Moran**  
**Chief Executive**  
**January 2021**

**Agenda Item 8**

Title & Date of Meeting:	Trust Board Public Meeting – 27 January 2021			
Title of Report:	Publications and Policy Highlights			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	
	For information	x	To ratify	
Purpose of Paper:	To update the Trust Board on recent publications and policy.			
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	13/1
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
<b>Key Issues within the report:</b>  <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<ul style="list-style-type: none"> <li>I. CQC launches strategy consultation</li> <li>II. Designated settings for people with COVID-19 leaving hospital</li> <li>III. CQC publishes second part of independent review into its regulation of Whorlton Hall</li> <li>IV. CQC publishes Infection Prevention and Control inspections report</li> <li>V. COVID-19 vaccination programme 2020/21: COVID-19 Enhanced Service Vaccination Collaboration Agreement</li> <li>VI. Reforming the Mental Health Act White Paper</li> <li>VII. Ockenden Review of Maternity Services</li> </ul>			

**Monitoring and assurance framework summary:**

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

√ Tick those that apply

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



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

## Publications and Policy Highlights

The report provides a summary on recent publications and policy.

### 1. **CQC launches strategy consultation** Care Quality Commission 7 January 2021

Formal consultation on new strategy launched

[www.cqc.org.uk/strategy2021consultation](http://www.cqc.org.uk/strategy2021consultation).

The draft is the product of over 10,000 interactions with stakeholders and sets a bold ambition for the organisation over the next five years. The world of health and social care is changing. So are we. The pandemic has forced health and social care to think differently, and we are no exception. For CQC, it has accelerated the need for us to change. Our draft strategy has been developed to enable more effective regulation for the future and support services to keep people safe.

We need to make changes to the way we regulate so that it's more relevant, working with health and care services to find solutions to problems and improve outcomes for everyone. We also want to be more flexible to help us manage risk and uncertainty. Our strategy is built on four themes that together determine the changes we want to make. Running through each theme is our ambition to improve people's care by looking at how well health and care systems are working and how they're acting to reduce inequalities. We know that it's not enough to look at how one service operates in isolation. It is how services work together that has a real impact on people's experiences and outcomes

The four themes in the draft strategy are:

- **People and communities:** We want our regulation to be driven by people's experiences and what they expect and need from health and care services. We'll focus on what matters to the public, and to local communities, when they access, use, and move between services.
- **Smarter regulation:** We want our assessments to be more flexible and dynamic. We'll update ratings more often, so everybody has an up-to-date view of quality. Being smarter with data means our visits will be more targeted, with a sharper focus on what we need to look at.
- **Safety through learning:** We want all services to have stronger safety cultures. We'll expect learning and improvement to be the primary response to all safety concerns in all types of service. When safety doesn't improve, and services don't learn lessons, we'll take action to protect people.
- **Accelerating improvement:** We want to do more to make improvement happen. We'll target the priority areas that need support the most. We want to see improvement within individual services, and in the way they work together as a system to make sure people get the care they need.

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

**Draft strategy reviewed and approach welcomed. We are in regular discussion with the CQC via the established relationship meetings in respect of the roll out of the proposed strategy and timescales for implementation.**

## 2. **Designated settings for people with COVID-19 leaving hospital** CQC 12 January 2021

CQC is continuing to work with the Department of Health and Social Care (DHSC), local authorities and individual care providers to provide assurance of safe and high-quality care in designated settings, which are part of a scheme to allow people with a COVID-positive test result to be discharged safely from hospitals. These settings are admitting people who are discharged from hospital with a COVID-positive test who will be moving or going back into a care home setting. This is to help prevent the spread of COVID-19 (coronavirus) in care homes and will allow for a focus on the care that people who have contracted COVID-19 need. The Government's aim is for each local authority to have access to at least one designated setting as soon as possible, CQC is working closely with the Department of Health and Social Care to ensure social care designated settings are appropriate.

**Lead: Chief Operating Officer**

**We continue to work very closely with all of our system partners to support acute hospital discharges. In Whitby, Scarborough and Ryedale our community services are at the forefront of supporting new clinical pathways aimed at achieving timely discharges to wherever the patients discharge destination is. We also ensure that where appropriate new system arrangements also support discharge from acute mental health and learning disability beds.**

## 3. **CQC publishes second part of independent review into its regulation of Whorlton Hall** CQC 15 December 2020

The CQC has published the second report of Professor Glynis Murphy's independent review of its regulation of Whorlton Hall between 2015 and 2019. [20201215\\_glynis-murphy-review\\_second-report.pdf \(cqc.org.uk\)](https://www.cqc.org.uk/publications-reports/20201215_glynis-murphy-review_second-report.pdf) CQC commissioned Professor Murphy to conduct an independent review to look at whether the abuse of patients at Whorlton Hall could have been recognised earlier by the regulatory process and to make recommendations for how CQC can improve its regulation of similar services in the future. In addition, CQC asked Professor Murphy to conduct a review of international research evidence to look at how abuse is detected within services for adults with a learning disability and autistic people and how such detection can be improved.

The [first report of Professor Murphy's review](#) was published in March 2020 and made a number of recommendations for CQC to strengthen its inspection and regulatory approach for mental health, learning disability and/or autism services. The second report outlines the progress that CQC has made to implement the recommendations. This includes publication of the final report of its review of restraint, seclusion and segregation; work on closed cultures and the development of a tool for rating support plans.

Professor Murphy makes a further five recommendations relating to:

- Services should not be rated as 'Good' or 'Outstanding' if they have used frequent restraint, seclusion and segregation.
- Services should not be rated as 'Good' or 'Outstanding' if they cannot show how they support whistleblowing and reporting of concerns.
- Trialling of the Group Home Culture Scale tool, to evaluate whether it helps inspectors determine which settings have closed cultures.
- Trialling of the Quality of Life tool to gauge whether it helps CQC move from evaluating process, towards evaluating more relevant service user outcomes.
- Development of guidelines for when evidence of the quality of care should be gathered from overt or covert surveillance.

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

**Report noted and that the recommendations have informed the CQC Draft Strategy.**

**Reducing Restrictive Interventions Group in place with action plan for continuous reduction in the use of restrictive interventions. Senior clinical lead for this work is in place supported by the executive lead who is the Chief Operating Officer. Quarterly reports of use of restrictive interventions are taken to the Mental Health Legislation Committee. This report will be considered by this group**

**4. CQC publishes Infection Prevention and Control inspections report CQC 18 November 2020**

In response to the challenges of the COVID-19 pandemic we have introduced our Infection Prevention and Control inspections in order to share good practice, uphold high quality care and keep people in care safe. We share our findings from these inspections in our report 'How care homes managed infection prevention and control during the coronavirus pandemic 2020' which includes what we have seen and what care home providers have told us has worked, and what has caused them challenge through the pandemic.

[How care homes managed infection prevention and control during the coronavirus pandemic 2020 | Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/publications-reports/2020/11/how-care-homes-managed-infection-prevention-and-control-during-the-coronavirus-pandemic-2020)

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

**Findings in the report noted. In respect of Granville Court which is our care home the infection control requirements, resources, auditing and reporting arrangements are the same as our hospital unit requirements. Good compliance by Granville Court is noted.**

**5. COVID-19 vaccination programme 2020/21: COVID-19 Enhanced Service Vaccination Collaboration Agreement NHSE 12 December 2020**

The purpose of this COVID-19 ES Vaccination Collaboration Agreements to support the delivery of the individual and collective responsibilities of the Collaborating

Practices as part of the COVID-19 vaccination programme as set out in [COVID-19 vaccination programme 2020/21 Enhanced Service Specification](#).

**Lead: Medical Director**

**This document was shared with our Primary care colleagues as part of the Harthill Primary Care network preparations to go live as a vaccine site.**

## 6. **Reforming the Mental Health Act White Paper** Department of Health and Social Care 13 January 2021

Major reform of Mental Health Act will empower individuals to have more control over their treatment and deliver on a key manifesto commitment.

- Major reform of Mental Health Act will empower individuals to have more control over their treatment and deliver on a key manifesto commitment.
- Reforms will deliver parity between mental and physical health services and put patients' views at the centre of their care.
- Plan will tackle mental health inequalities including disproportionate detention of people from black, Asian and minority ethnic (BAME) communities, the use of the act to detain people with learning disabilities and autism, and improve care for patients within the criminal justice system.

People with mental health issues who are detained under the Mental Health Act will benefit from landmark reforms which provide more control over their care and treatment, the government has announced today. A package of reforms has been set out in a wide-ranging new Reforming the Mental Health Act white paper, which builds on the recommendations made by Sir Simon Wessely's Independent Review of the Mental Health Act in 2018.

At the heart of the proposed reforms to the Mental Health Act is greater choice and autonomy for patients in a mental health crisis, ensuring the act's powers are used in the least restrictive way, that patients receive the care they need to help them recover and all patients are viewed and treated as individuals.

These reforms aim to tackle the racial disparities in mental health services, better meet the needs of people with learning disabilities and autism and ensure appropriate care for people with serious mental illness within the criminal justice system.

**Lead: Medical Director**

**This white paper will be shared with the Mental Health Legislation steering group for consideration before an update to the Mental Health Legislation committee. It's worth noting that much of what's outlined within the report is considered within the Trust wide patient safety strategy and Patient and carer experience program. Whilst there will be legislative changes that will need to be enacted and subsequent updates to the code of practice, the reality is a lot of this is as much about culture changes and developing positive attitudes as it is to the law. There will be numerous proxy measures to capture this work**

**including community and inpatient survey data as well as established national bench marking data reports .**

**7. Ockenden Review of Maternity Services NHS England 11 January 2021**

An update on actions required have been published following a review of maternity services <https://www.england.nhs.uk/publication/ockenden-review-of-maternity-services/>

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

**The report has been forwarded to our perinatal mental health services for noting.**

**Agenda Item 9**

Title & Date of Meeting:	Trust Board Public Meeting– 27 <sup>th</sup> January 2021																			
Title of Report:	Performance Report - Month 9 (December)																			
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 December 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>																			
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Finance &amp; Investment Committee</td> <td></td> <td>Executive Management Team</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Mental Health Legislation Committee</td> <td></td> <td>Operational Delivery Group</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Charitable Funds Committee</td> <td></td> <td>Other (please detail)</td> <td></td> </tr> </tbody> </table>		Date		Date	Finance & Investment Committee		Executive Management Team	<input checked="" type="checkbox"/>	Mental Health Legislation Committee		Operational Delivery Group	<input checked="" type="checkbox"/>	Charitable Funds Committee		Other (please detail)				
	Date		Date																	
Finance & Investment Committee		Executive Management Team	<input checked="" type="checkbox"/>																	
Mental Health Legislation Committee		Operational Delivery Group	<input checked="" type="checkbox"/>																	
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><b>Cash in Bank</b> - cash in bank has increased in month to £32.6m, the position includes one month's additional block income (£9.8m) and has increased in December following the receipt of the month 6 COVID claims.</p> <p><b>EIP (14 Days)</b> – Performance has continued to improve in December and now falls within normal variation ranges, the expectation is that the recovery plan will continue to recover performance if staffing levels can be maintained.</p> <p><b>Out of Area Placements</b> – The trust has procured additional out of area bed capacity to secure bed availability to deal both with increased demand and also reduced capacity due to the impact of covid on available beds within the Trust (<i>isolation beds and infection control requirements</i>). Measures are in place to ensure that any of our patients admitted to out of area beds have close clinical oversight and are either returned to a Trust bed or their discharge is effectively and safely managed with input from our community services by care coordinators.</p> <p><b>52 Week Waiting Times</b> – in common with the National picture, the Trust's performance on waiting lists has been</p>																			



	<p>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 was 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.</p> <p>Recovery plans are in place for all the areas with excessive 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>This work is also being supported by bespoke capacity and demand modelling work provided by external expertise which concludes at the end of January and will provide a deep dive into waiting times data and clinical pathways to enhance the work taking place. The Deputy Chief Operating Office is focussing on supporting all areas with long waits</p>
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**Monitoring and assurance framework summary:**

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

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

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

Dashboard	Safer Staffing	A dashboard to provide overview on a number of clinical indicators for the Trust's inpatient units across all services
Dashboard	Mortality	Learning from Mortality Reviews
Goal 1	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:

**Dec 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: **Dec 2020**

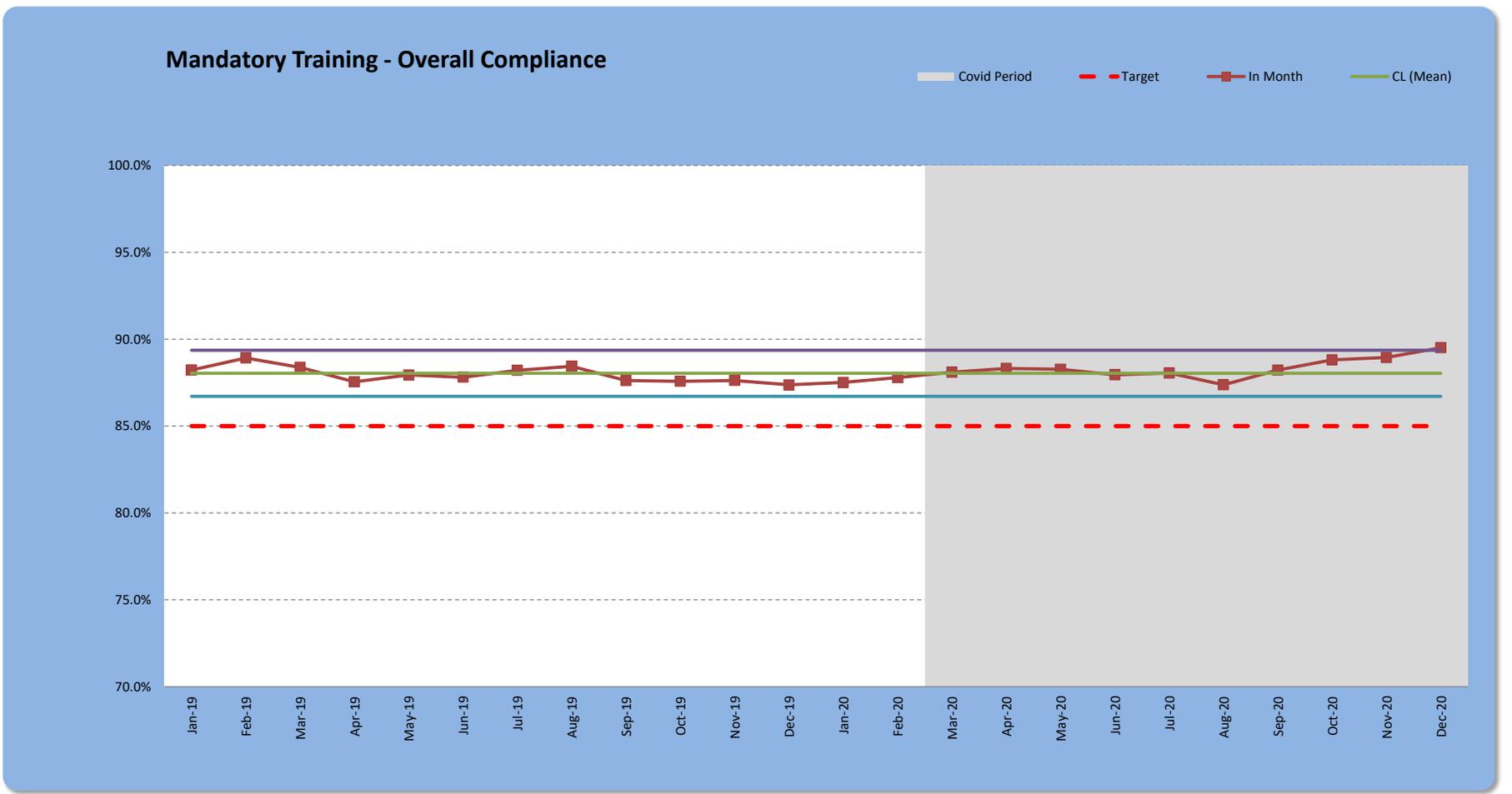
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Mandatory Training	A percentage compliance based on an overall target of 85% for all mandatory and statutory courses	Steve McGowan	WL 5

**Narrative**

Above target with an increase of 0.5% when compared to November

Target: 85%  
Amber: 75%

Current month stands at 89.5%



# PI RETURN FORM 2020-21

## Goal 1 : Innovating Quality and Patient Safety

For the period ending:

**Dec 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**

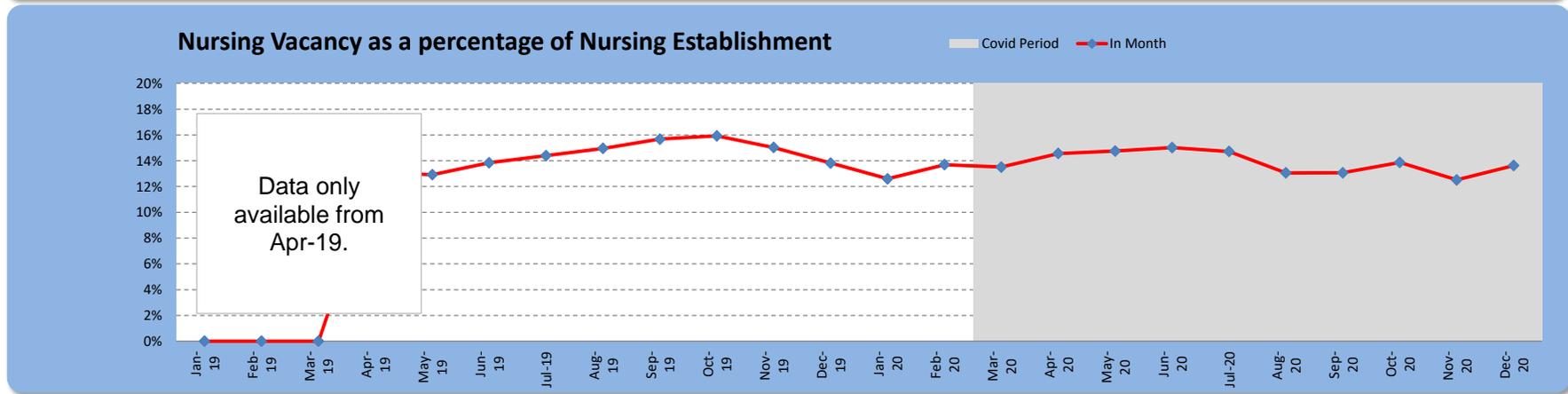
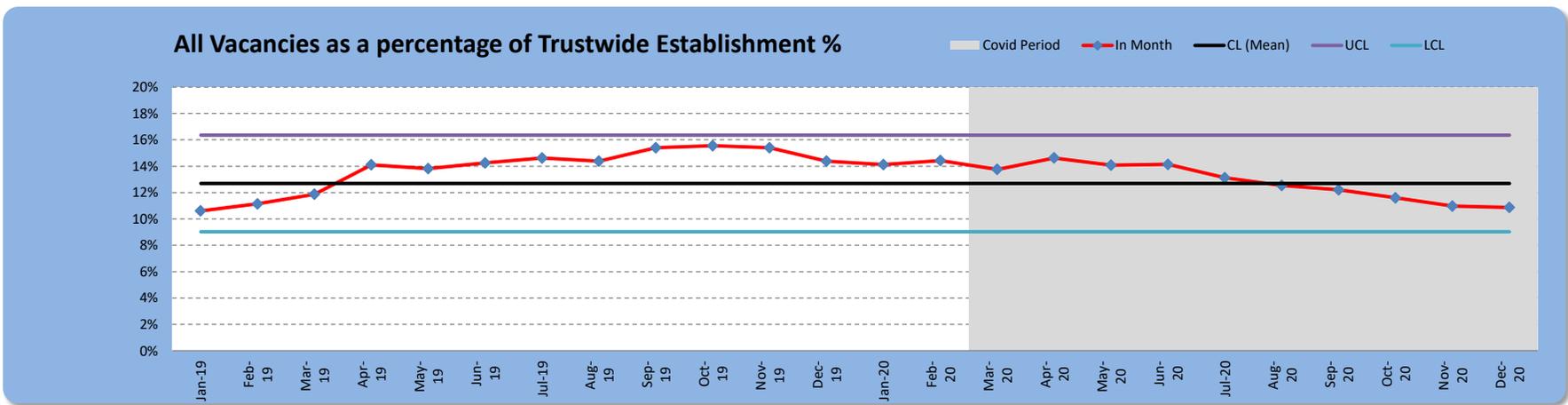
Vacancies dropped by 0.1% when compared to the previous reporting period.

Nursing Vacancy rate has increased by 1.1% 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 10.9%



# PI RETURN FORM 2020-21

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Dec 2020**

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

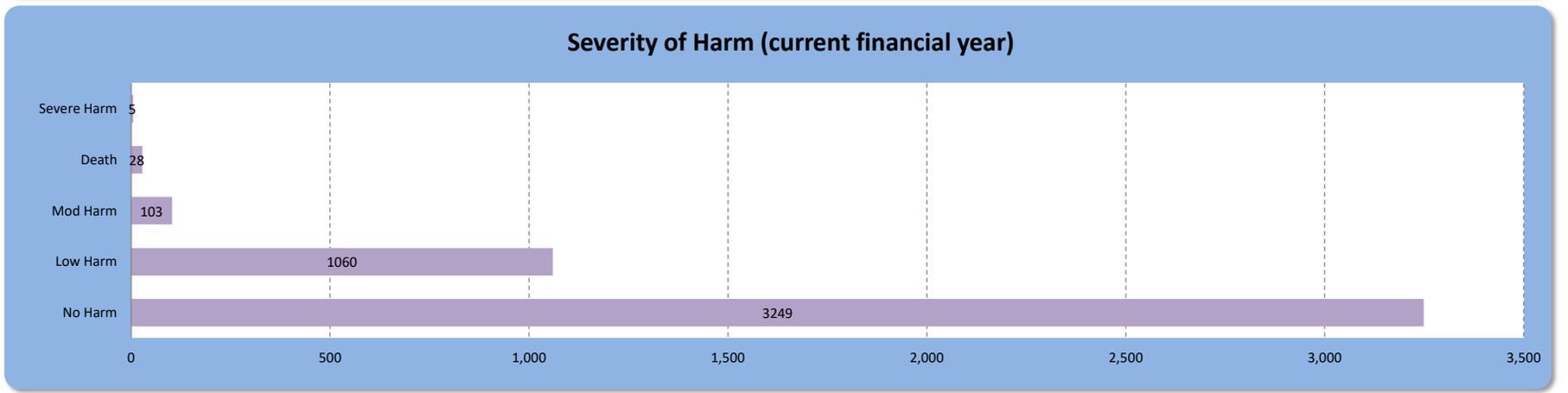
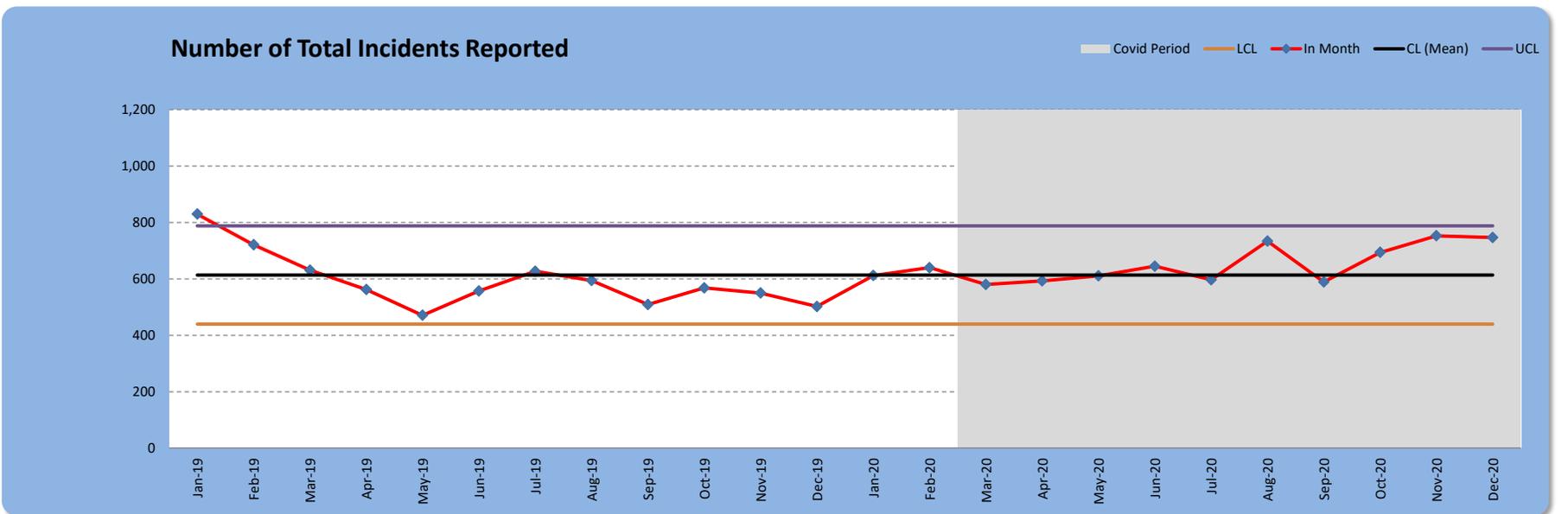
**Narrative**

Decrease of -6 when compared to the previous month

UCL: 789  
LCL: 440

Current month stands at 747

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: **Dec 2020**

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

**Narrative**

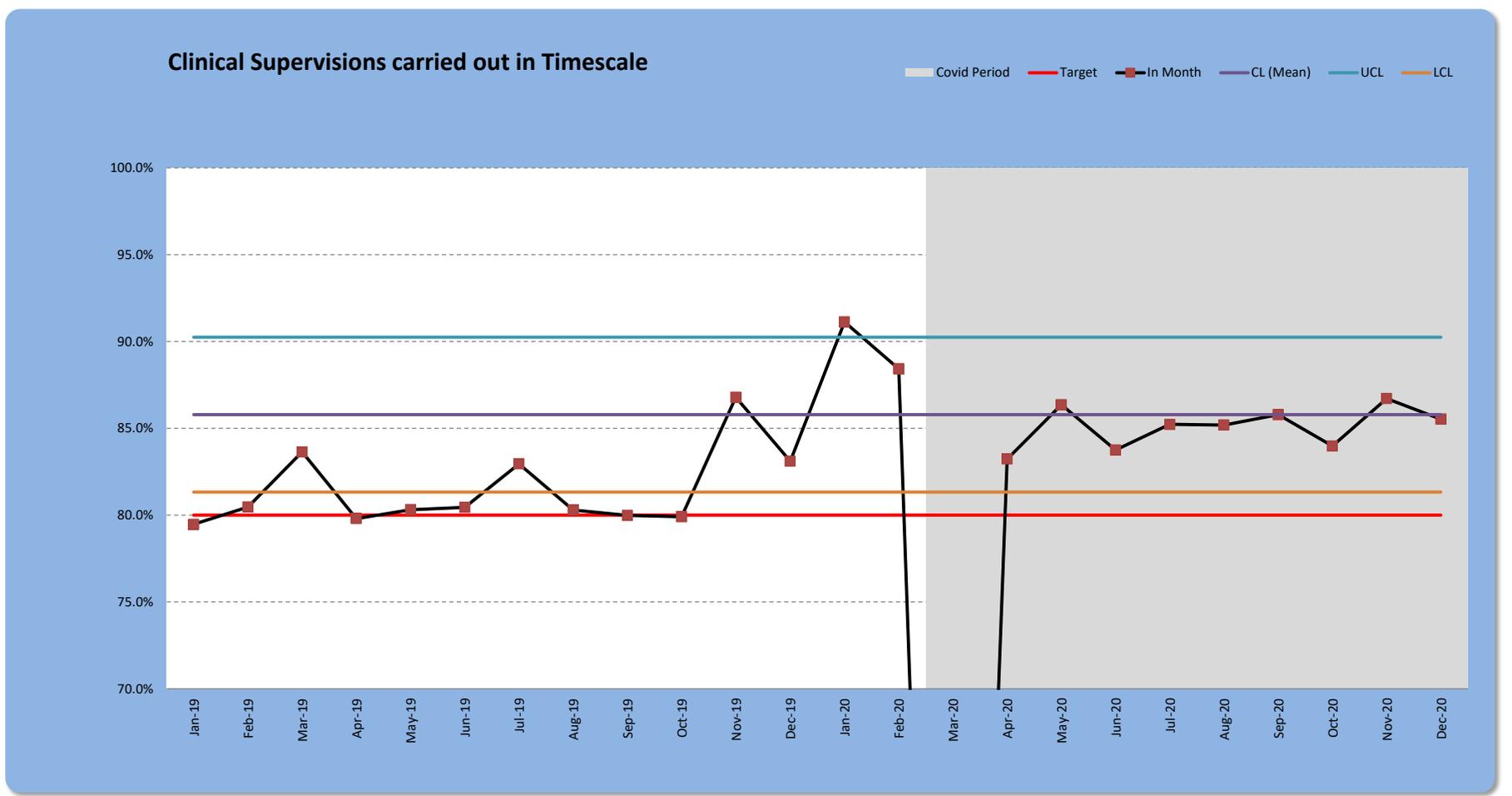
Performance has decreased in December by 0.9%

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 85.5%



# HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

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



Shown one month in arrears

Speciality	Units					Bank/Agency Hours				Average Safer Staffing Fill Rates				QUALITY INDICATORS (Year to Date)										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)	Oct-20	Nov-20
										Registered	Un Registered	Registered	Un Registered												
Adult MH	Avondale	Adult MH Assessment	36.6	83%	17.65	16.9%	0.0%	0.0%	80%	71%	97%	105%	0	11	0	0	91.7%	90.7%	76.9%	83.3%	0.1%	0.2	1	1	
	New Bridges	Adult MH Treatment (M)	41.4	91%	9.69	24.9%	3.6%	76%	103%	63%	144%	0	0	0	0	47.4%	95.7%	80.0%	92.9%	15.3%	3.0	5	3		
	Westlands	Adult MH Treatment (F)	37.2	75%	10.78	33.4%	6.1%	81%	93%	93%	128%	3	44	0	0	83.3%	87.7%	76.9%	76.0%	12.7%	-0.6	2	1		
	Mill View Court	Adult MH Treatment	35.8	65%	9.70	0.0%	0.0%	67%	80%	73%	123%	0	23	0	0	100.0%	95.1%	100.0%	86.7%	3.0%	4.5	2	2		
OP MH	PICU	Adult MH Acute Intensive	35.8	62%	27.60	47.7%	10.6%	71%	135%	92%	144%	1	109	0	0	100.0%	83.6%	66.7%	85.0%	23.9%	6.0	2	2		
	Maister Lodge	Older People Dementia	33.2	83%	14.26	23.3%	0.0%	57%	109%	100%	102%	0	45	0	0	100.0%	88.5%	90.0%	80.8%	3.7%	3.0	2	1		
Specialist	Mill View Lodge	Older People Treatment	26.4	89%	12.50	18.8%	0.8%	75%	109%	100%	103%	0	5	0	0	70.8%	94.0%	66.7%	100.0%	8.7%	-0.5	1	2		
	Pine View	Forensic Medium Secure	29.7	92%	7.47	19.4%	0.0%	82%	73%	100%	100%	0	0	0	1	100.0%	94.6%	100.0%	90.0%	8.4%	2.0	4	3		
	Derwent	Forensic Low Secure	24.9	77%	17.44	46.7%	0.0%	101%	79%	100%	152%	3	12	0	0	90.6%	89.2%	90.0%	76.5%	15.5%	1.4	1	1		
	Ouse	Forensic Low Secure	25.1	86%	7.56	23.2%	0.0%	94%	81%	102%	96%	0	3	0	0	96.2%	96.0%	90.9%	88.2%	16.8%	0.0	1	2		
	Swale	Personality Disorder Medium Secure	26.1	60%	12.72	34.8%	0.0%	101%	64%	107%	120%	0	3	0	0	92.3%	96.3%	75.0%	100.0%	2.4%	-0.8	2	0		
Child & LD	Ullswater	Learning Disability Medium Secure	34.9	51%	15.40	25.1%	0.0%	77%	92%	104%	90%	1	6	0	0	87.0%	93.0%	88.9%	82.4%	13.5%	2.0	0	1		
	Townend Court	Learning Disability	37.8	61%	24.17	34.2%	0.0%	72%	86%	53%	122%	1	21	0	0	83.9%	90.8%	45.5%	95.8%	9.3%	5.6	4	4		
	Inspire	CAMHS	42.9	86%	24.28	0.0%	0.0%	69%	73%	94%	88%	5	10	0	0	95.7%	90.2%	88.9%	92.6%	5.0%	4.0	0	0		
CH	Granville Court	Learning Disability Nursing Treatment	57.1	Not Avail	n/a	29.7%	0.0%	112%	92%	103%	93%	0	0	0	0	90.9%	90.8%	81.8%	75.0%	5.4%	0.0	0	1		
	Whitby Hospital	Physical Health Community Hospital	46.5	61%	14.65	0.0%	0.0%	94%	85%	100%	103%	1	0	0	n/a	88.2%	95.7%	88.2%	64.7%	2.9%	1.6	2	1		
	Malton Hospital	Physical Health Community Hospital	25.5	81%	10.73	Not on eRoster	Not on eRoster	81%	119%	89%	98%	1	5	0	n/a	100.0%	83.9%	72.7%	75.0%	3.7%	6.6	0	0		

## 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.

**STARS Unit has been hidden for November and December whilst the unit is closed to complete Estates work. Due to reopen in January 2021.**

New bridges qualified fill rates do not include the aspirant nurses who were awaiting their PIN numbers and who were working as the second qualified nurse. They are included in the unregistered fill rate figures. They have now received their PIN numbers.

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

Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
16.11%	15.70%	15.00%	13.10%	13.90%	12.80%	12.64%	12.50%	9.60%	9.10%	11.20%	10.60%

## Slips Trips and Falls

Rolling 3 months	Oct-20	Nov-20	Dec-20
Maister Lodge	6	2	2
Millview Lodge	1	2	2
Malton IPU	0	1	1
Whitby IPU	0	3	8

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

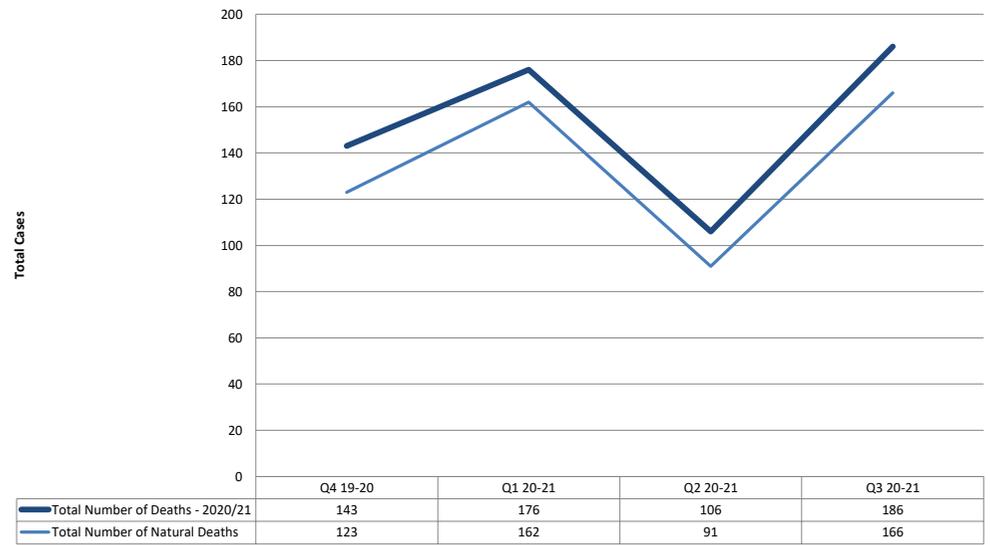
Total Number of Deaths and Deaths Reviewed  
(does not include patients with identified Learning Disabilities)

	Q4 19-20	Q1 20-21	Q2 20-21	Q3 20-21	YTD
Total Number of Deaths - 2020/21	143	176	106	186	611
Total Number of Natural Deaths	123	162	91	166	542
Proportion of Natural Deaths	86.0%	92.0%	85.8%	89.2%	88.7%
Total Number of Deaths - Community Hospitals	38	38	22	23	121
Total Number of Deaths - MH Inpatients	1	3	0	1	5
Total Number of Deaths - LD Inpatients	0	2	0	0	2
Total Number of Deaths - Forensics Inpatients	0	0	0	0	0
Total Number of Deaths - All Community excl. MH	44	64	41	72	221
Total Number of Deaths - Addictions	5	3	6	7	21
Total Number of Deaths - MH Community	62	71	43	87	263

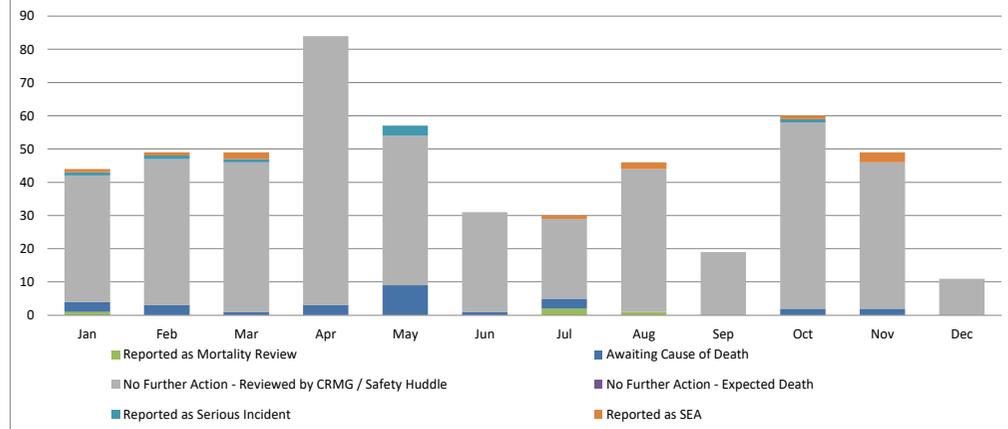
### Review Process

	Q4 19-20	Q1 20-21	Q2 20-21	Q3 20-21	YTD
Reported as Mortality Review	1	0	3	0	4
No Further Action - Reviewed by CRMG / Safety Huddle	127	156	86	111	480
No Further Action - Expected Death	0	0	0	0	0
Reported as Serious Incident	3	3	0	1	7
Reported as SEA	4	0	3	4	11
Child Death Review	0	1	0	0	1
Statements Being Produced For Coroners	0	1	0	1	2
Total Deaths Reviewed	135	161	92	117	505
Awaiting Cause of Death	7	13	3	4	27
Not Yet Reported	1	2	11	65	79

### Total Number of Deaths per quarter



### Outcome of Death Reviews (2020 Calendar Year)



# 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	0	2

# PI RETURN FORM 2020-21

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Dec 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**

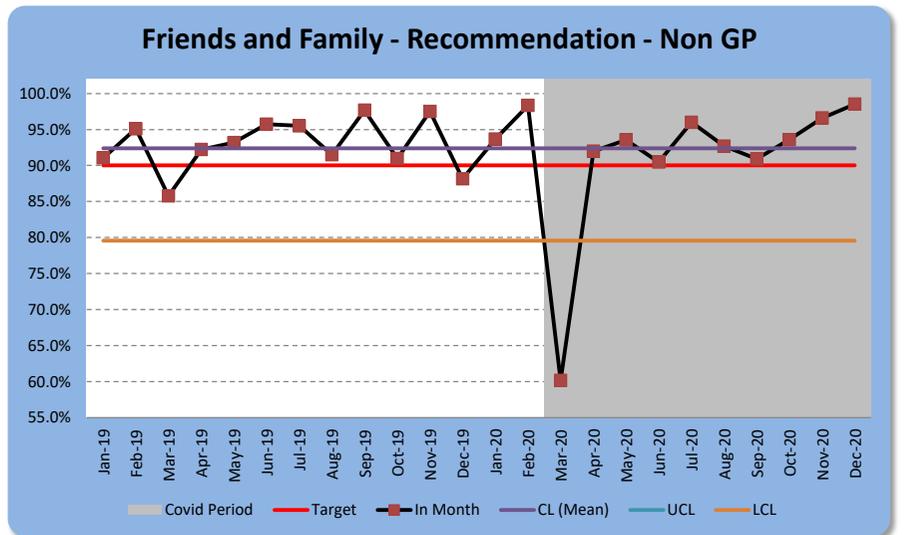
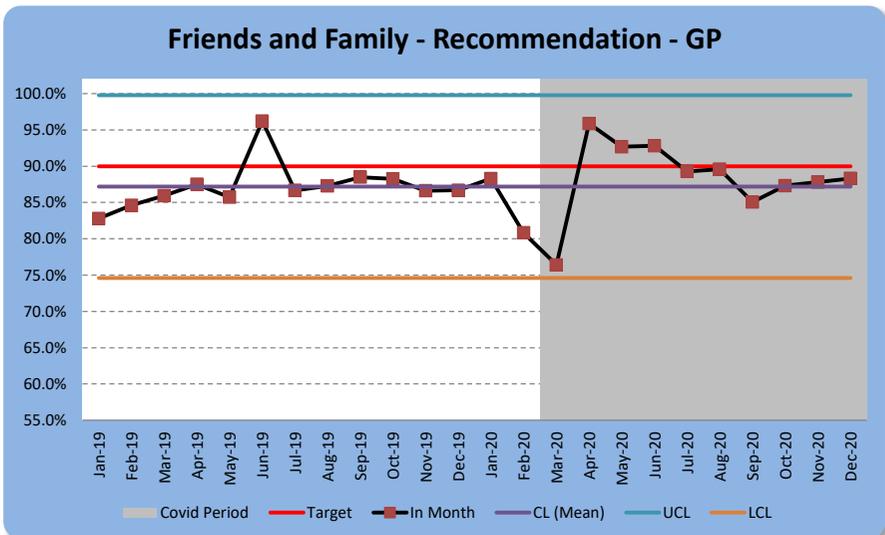
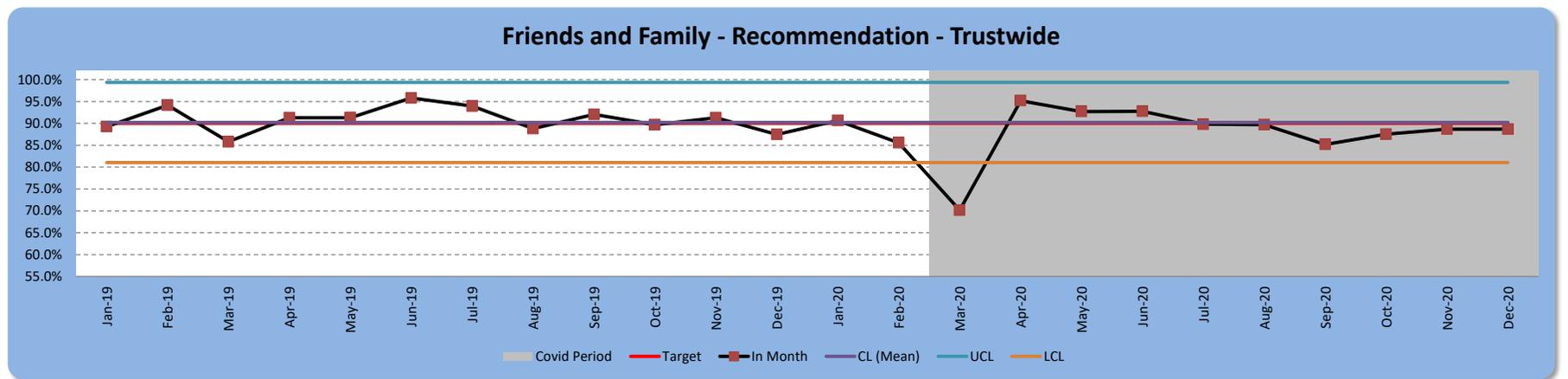
GP Recommendation is below target for Dec-20 at 87.2%

Non GP is above target at 98.5% for December which is an increase of 1.9%.

Target: 90%

Amber: 80%

Current month stands at 88.7%



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2020**

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

KPI Type
CA 3c %

**Narrative**

Performance has increased by 4.3% when compared to the previous month.

Target: 90%  
Amber: 80%

Current month stands at 98.5%



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2020**

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

**Narrative**

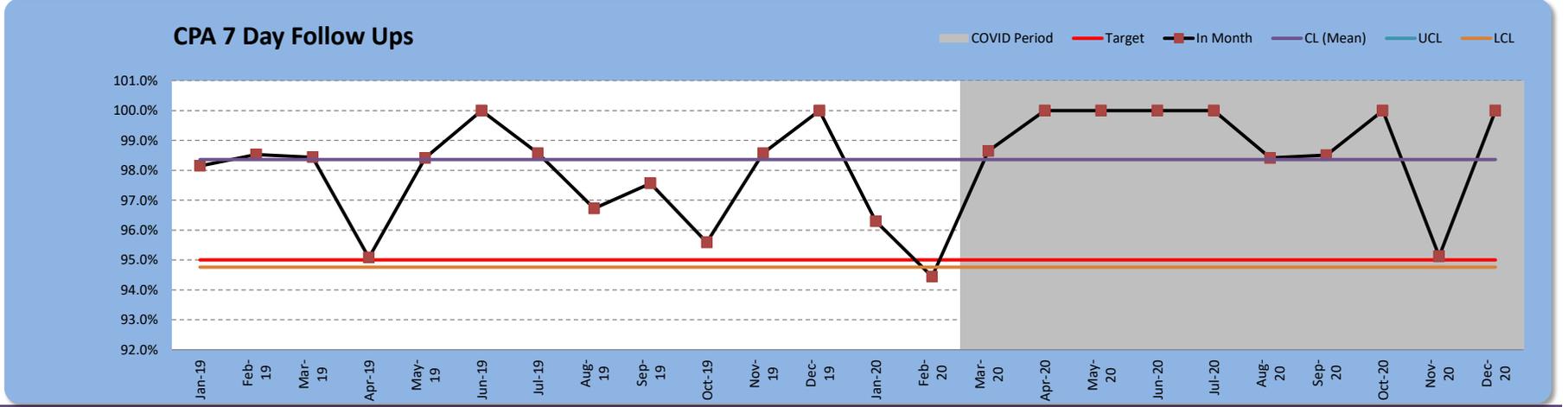
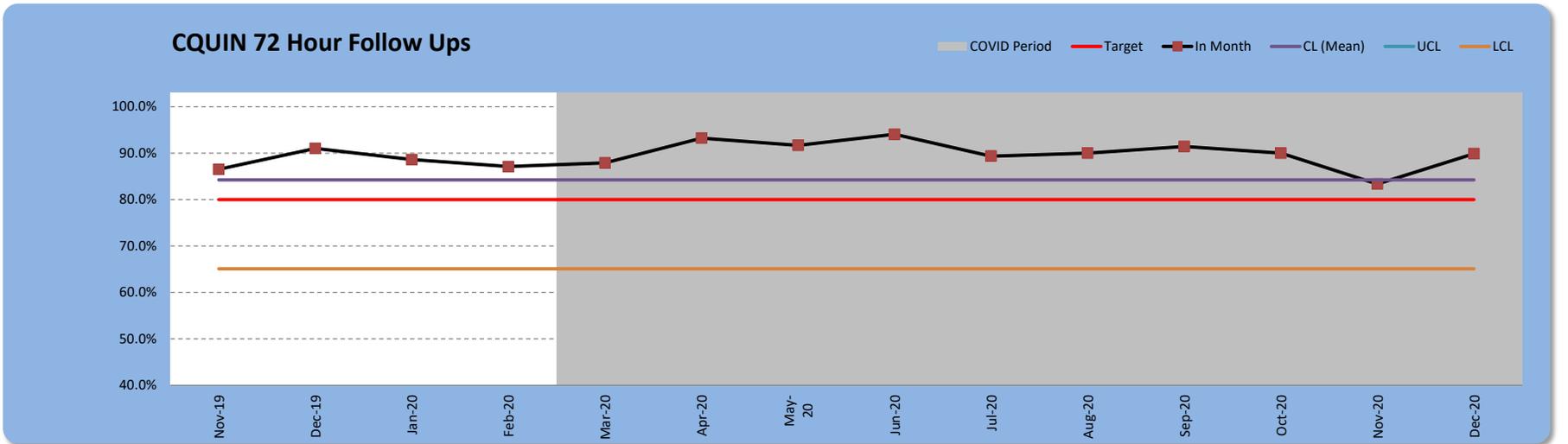
Both 72 hours and 7 day indicators are above target for December.

The 7 day indicator has increased by 4.9% to reach 100%.

Target: 80%

Amber: 60%

Current month stands at 89.9%



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2020**

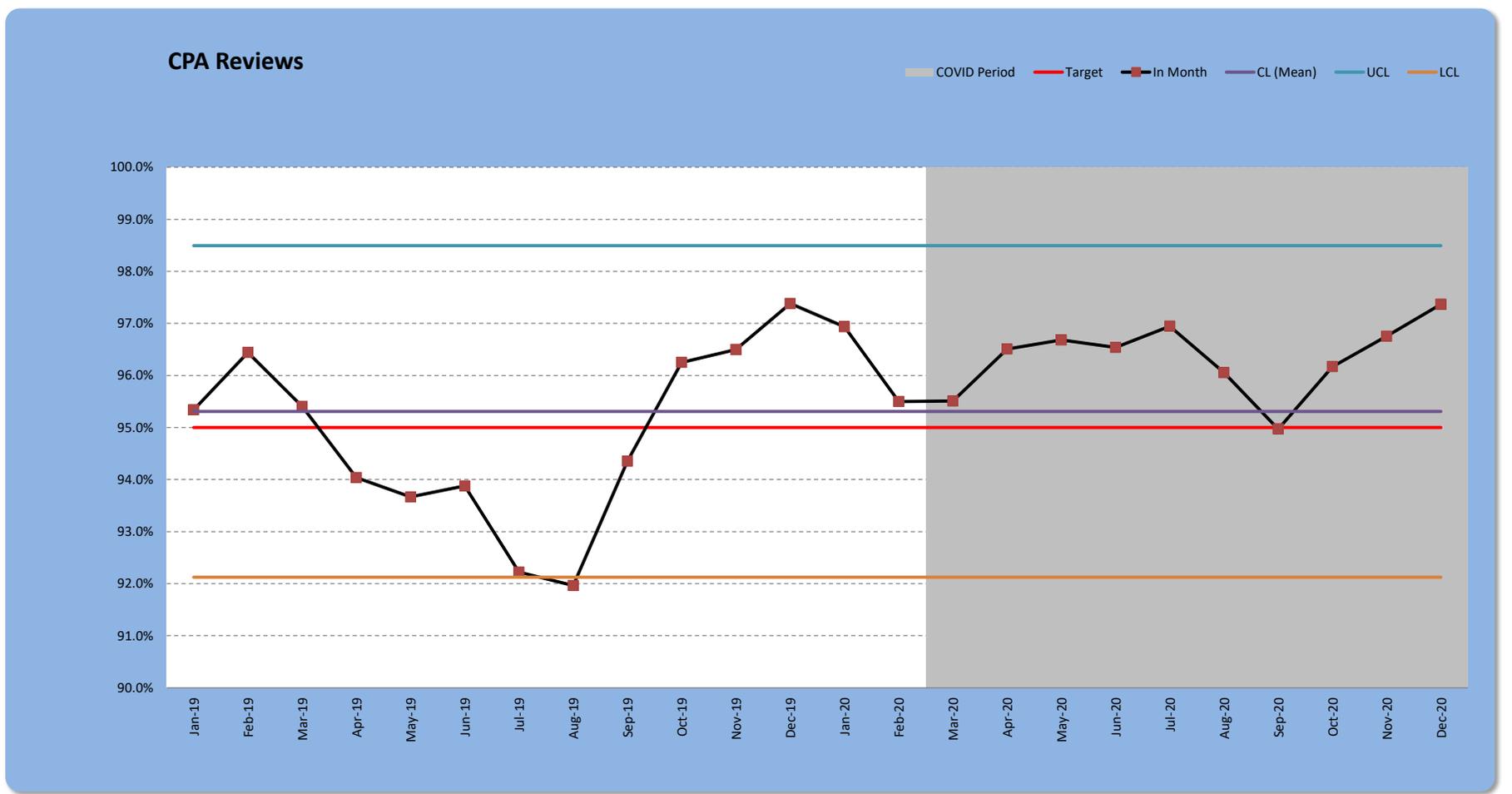
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Care Programme Reviews	This indicator measures the percentage of patients who are on CPA and have had a review in the last 12 months	Lynn Parkinson	OP 7

**Narrative**

Performance has increased by 0.6% when compared to the previous month.

Target: 95%  
Amber: 85%

Current month stands at 97.4%



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 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

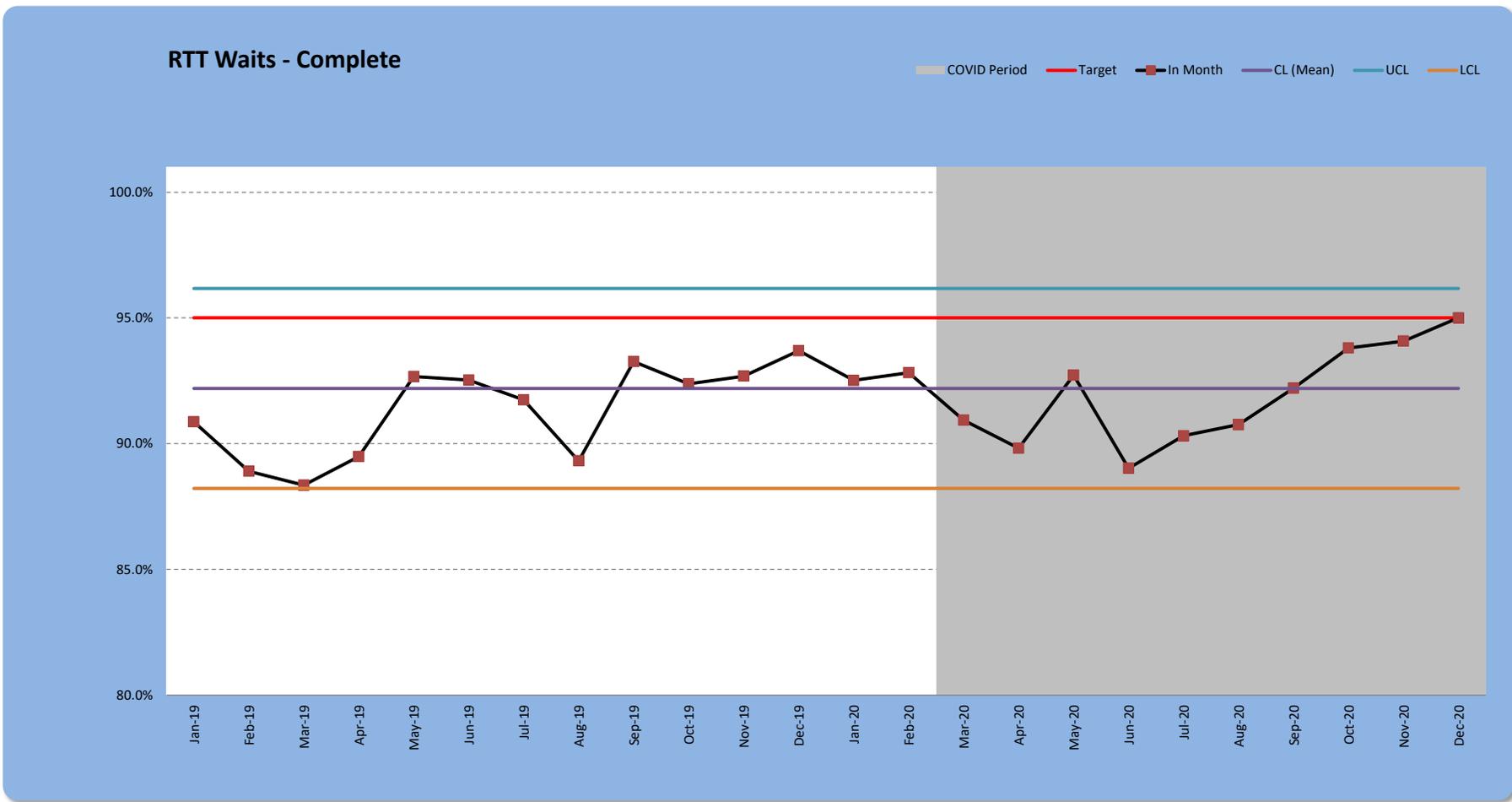
KPI Type
OP 20

**Narrative**

Increase of 0.9% when compared to the previous month.

Target: 95%  
Amber: 85%

Current month stands at 95.0%



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2020**

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

**Narrative**

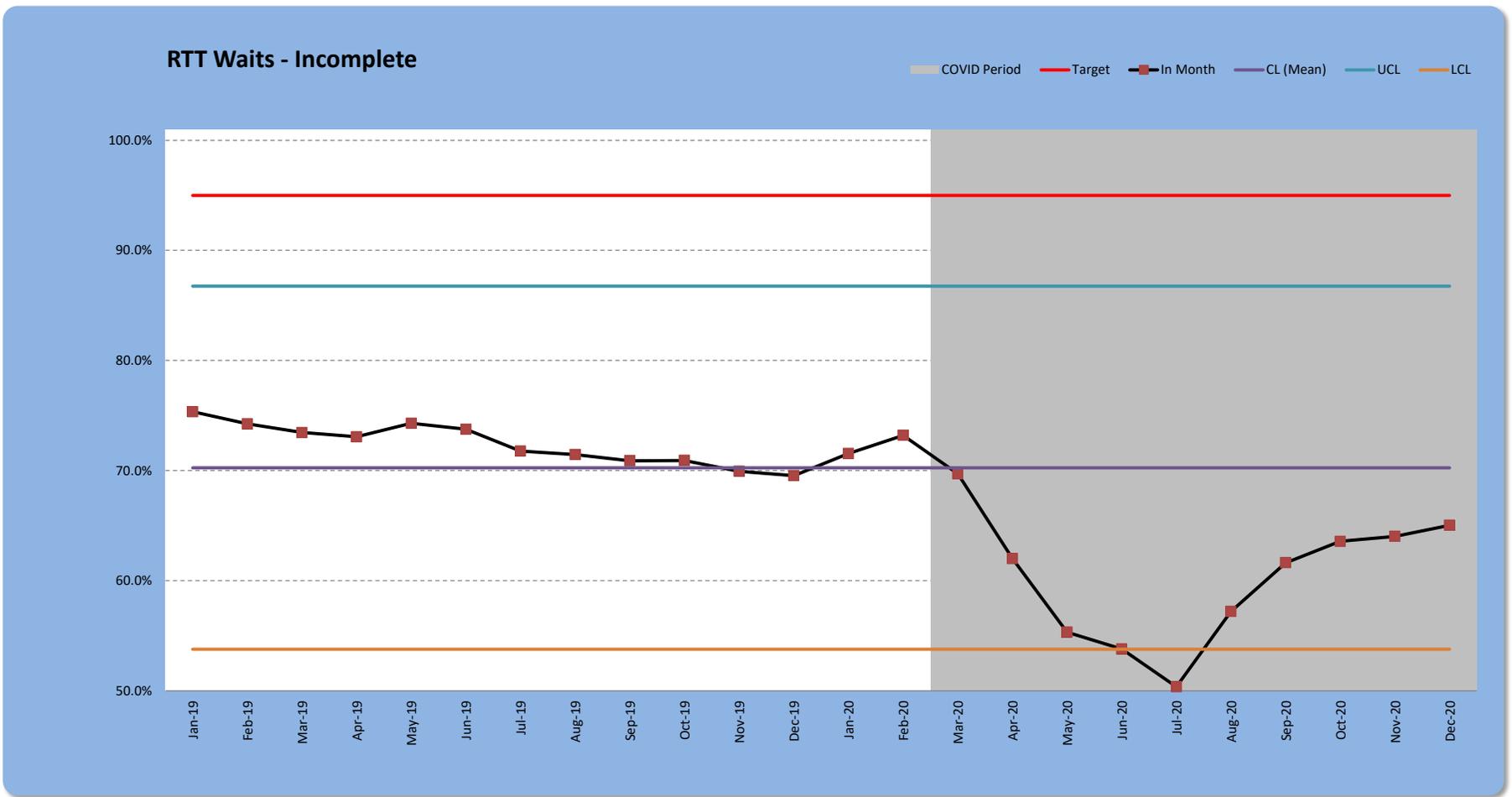
Low performance is Good.

Increase (Deterioration) of 1% when compared to the previous month but remains within the Control Limits

Target: 95%

Amber: 85%

Current month stands at 65.0%



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2020**

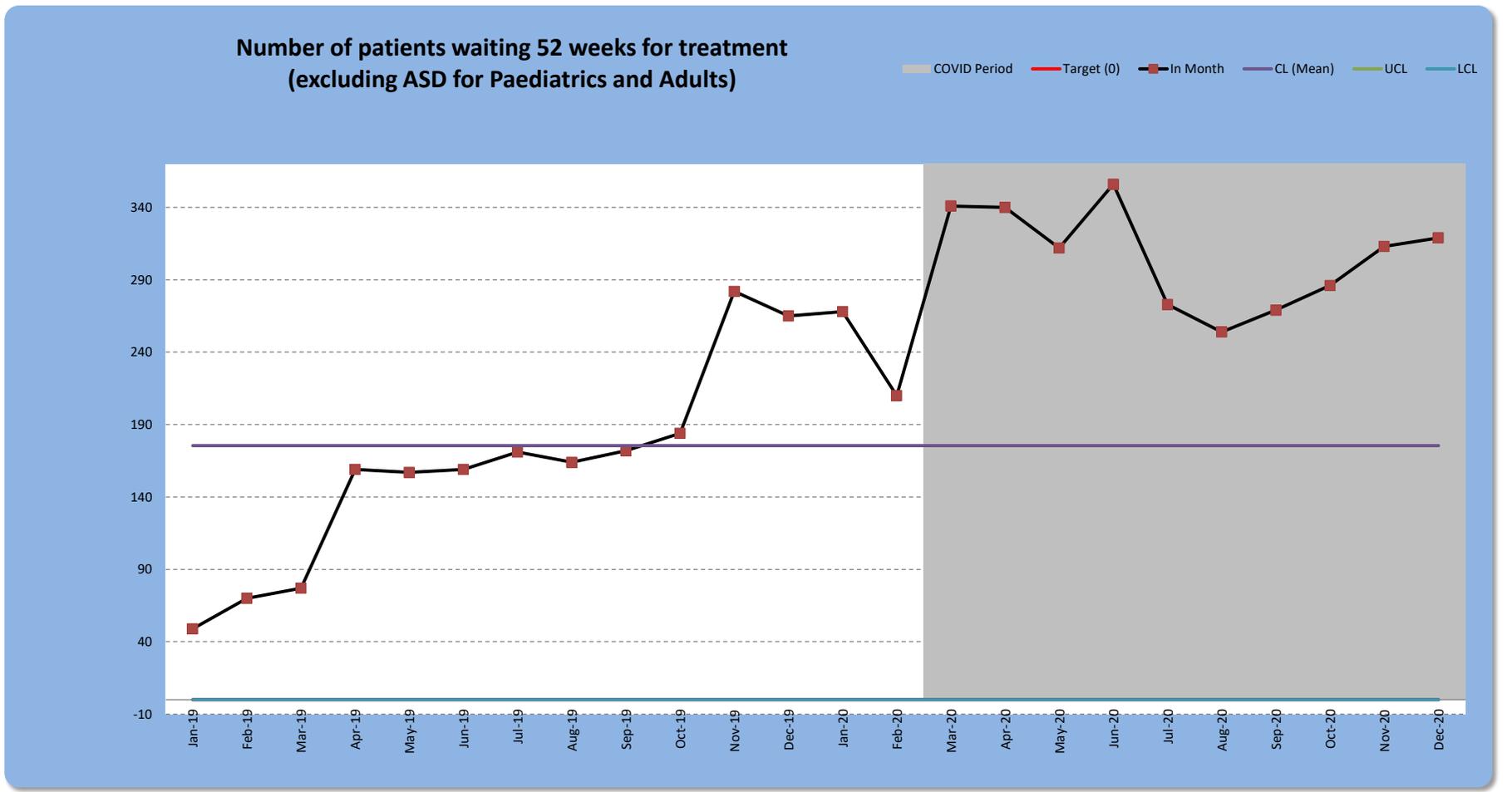
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks	Lynn Parkinson	OP 22x

**Narrative**

Increase of 6 when compared to the previous month.

Target: 0  
Amber: 0

Current month stands at 319



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 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

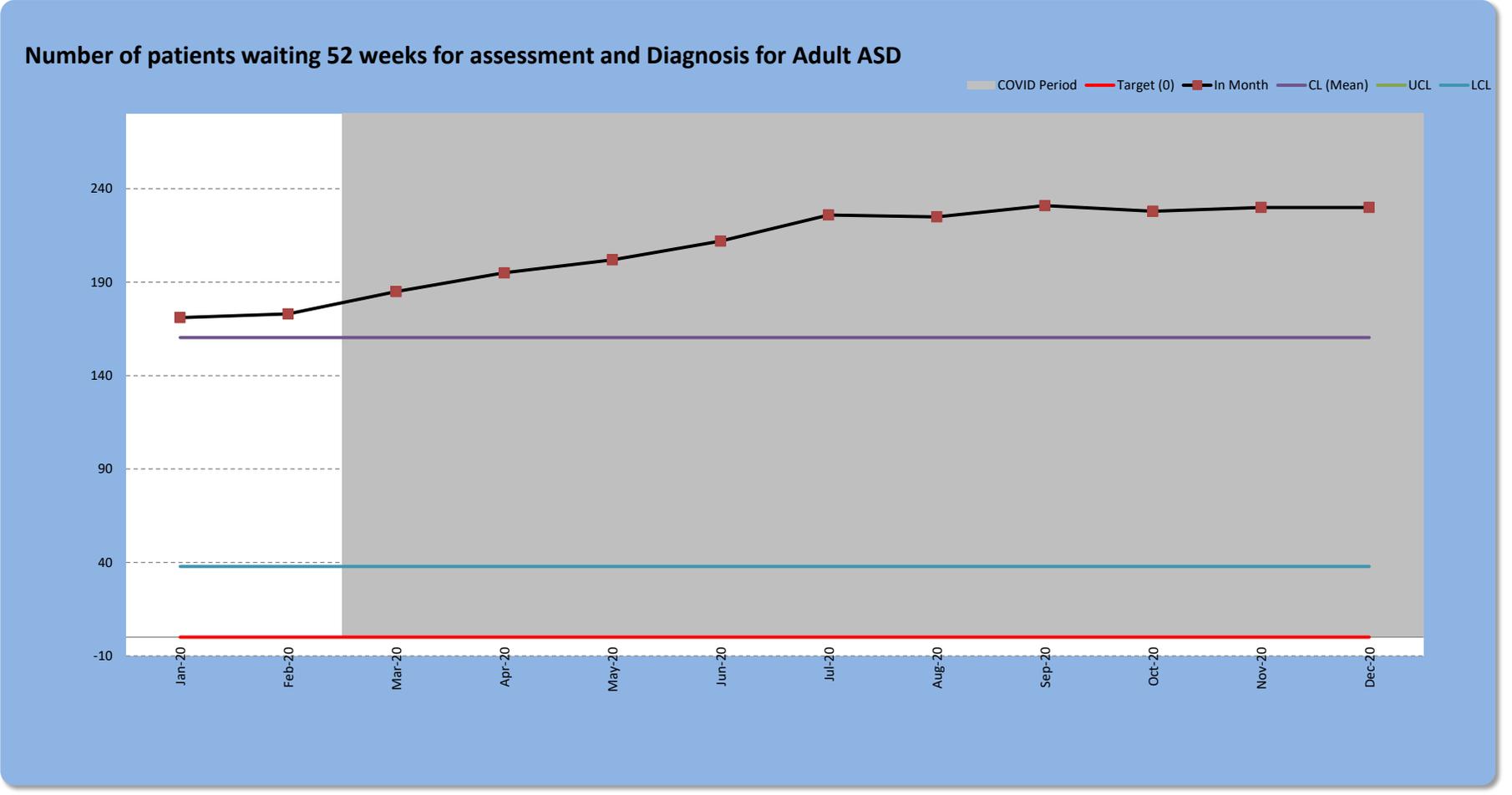
KPI Type
OP 22u

**Narrative**

No change from the previous month

Target: 0  
Amber: 0

Current month stands at 230



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2020**

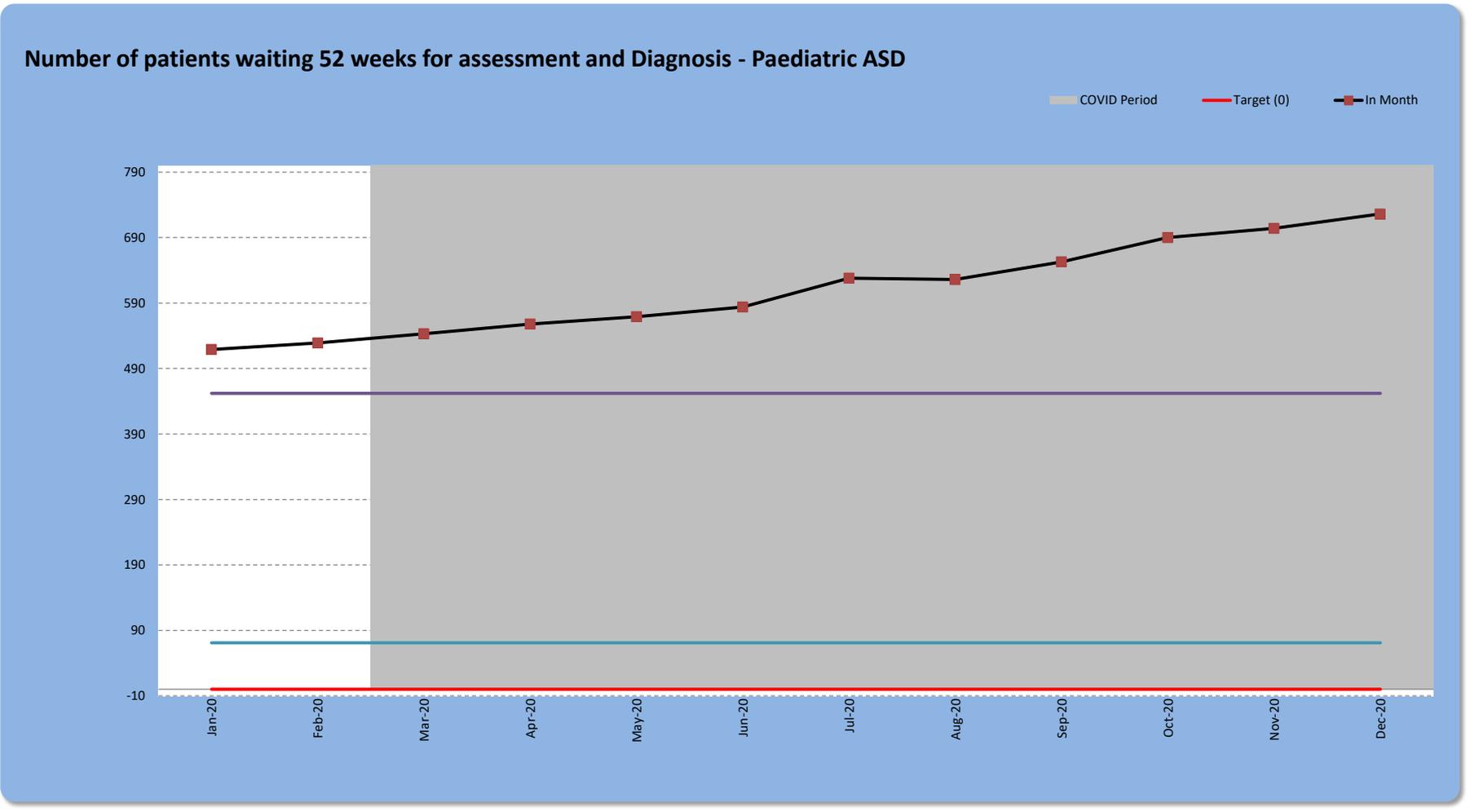
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - Paediatric ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Children and have been waiting more than 52 weeks	Lynn Parkinson	OP 22s

**Narrative**

Increase of 22 when compared to the previous reporting period.

Target: 0  
Amber: 0

Current month stands at 726



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2020**

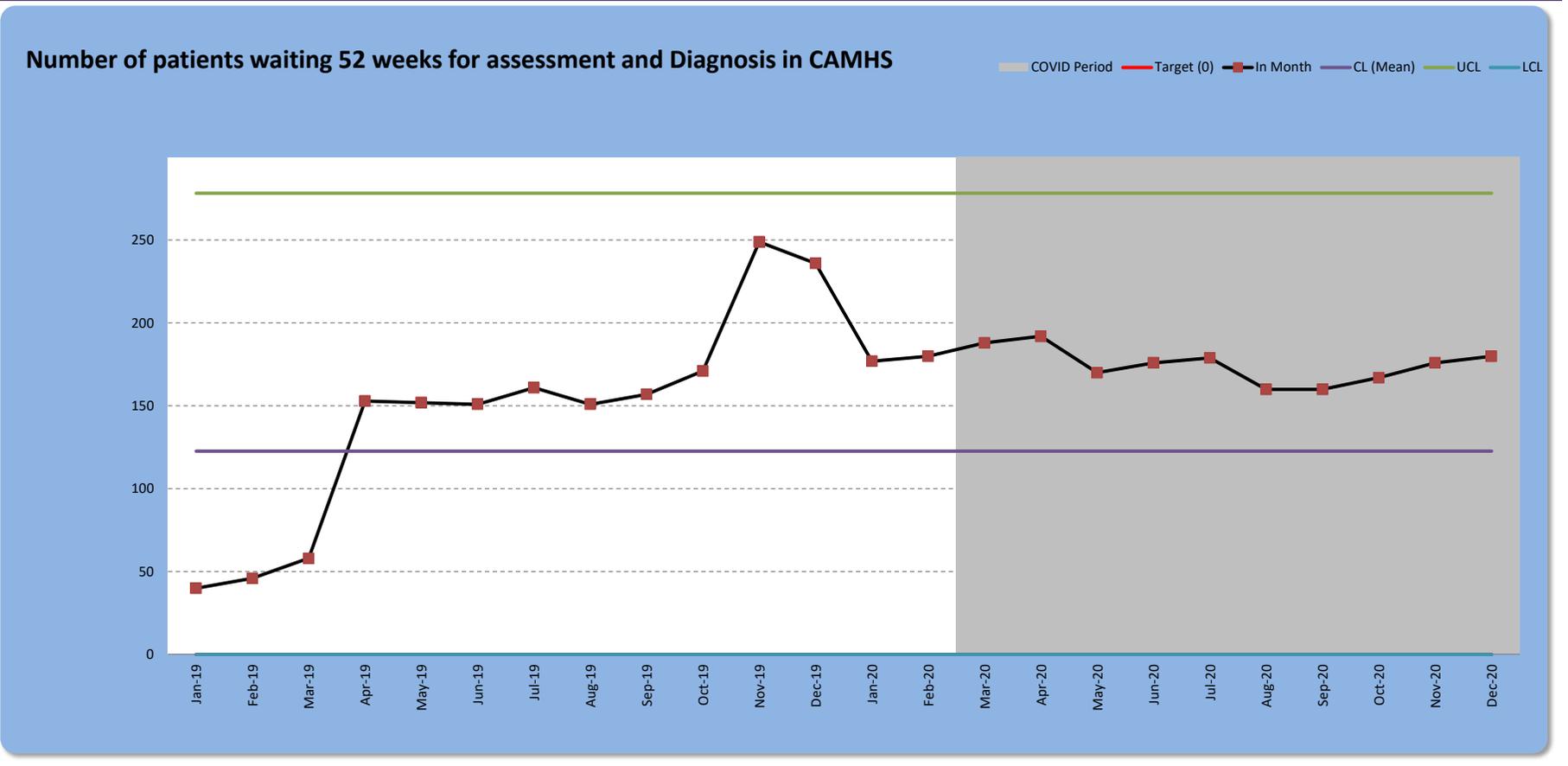
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks (excluding paediatric ASD)	Lynn Parkinson	OP 22j

**Narrative**

Increase of 4 when compared to the previous month.

Target: 0  
Amber: 0

Current month stands at 180



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 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**

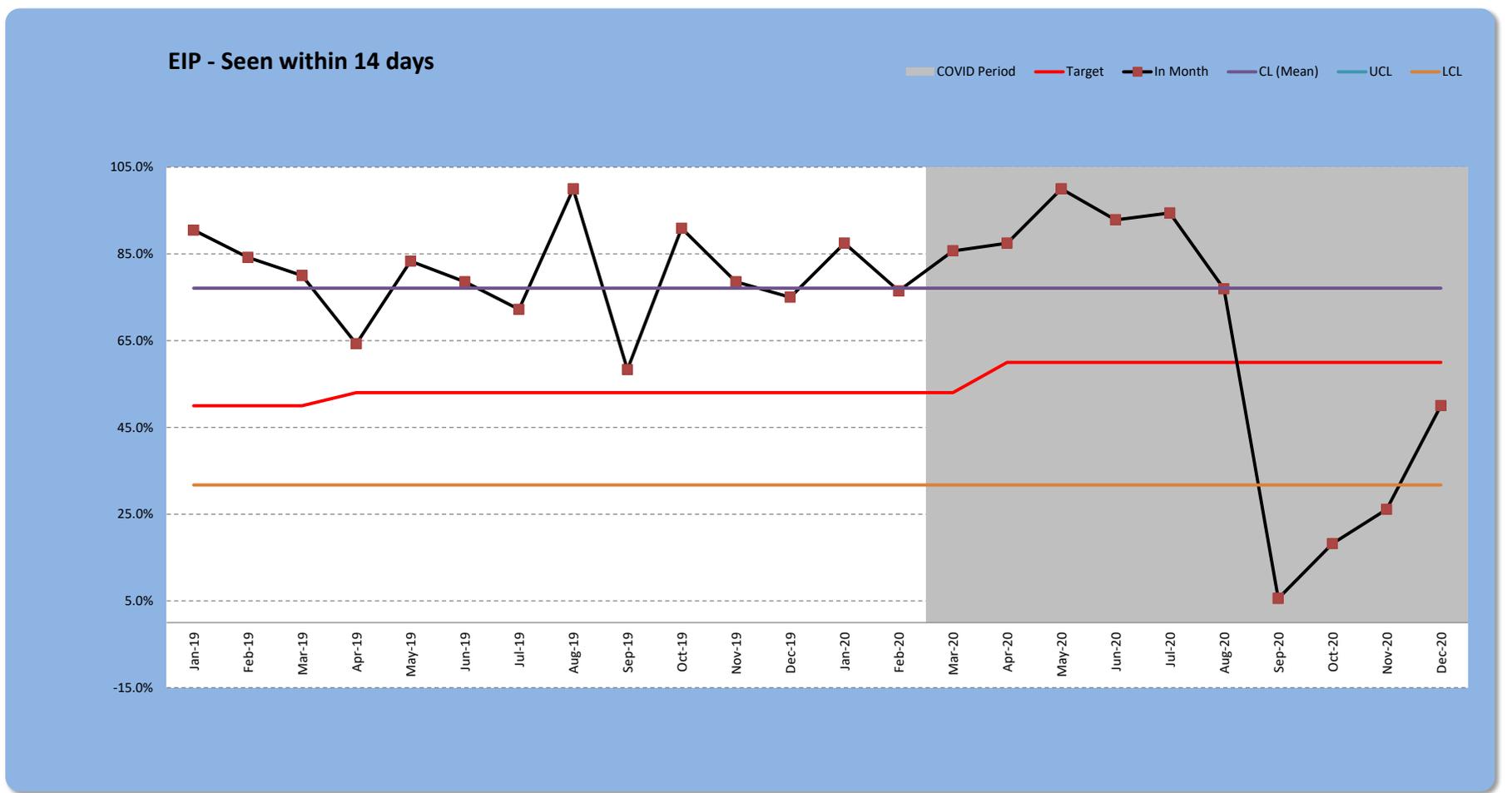
Increased by 23.9% when compared to the previous month and remains below target.

Target has increased to 60% in 2020/21.

Target: 56%

Amber: 51%

Current month stands at 50.0%



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2020**

Indicator Title

Description/Rationale

**Improved Access to Psychological Therapies**

Two graphs to show percentage of patients who were seen within 6 weeks and 18 weeks of referral

Executive Lead  
Lynn Parkinson

KPI Type

OP 10a

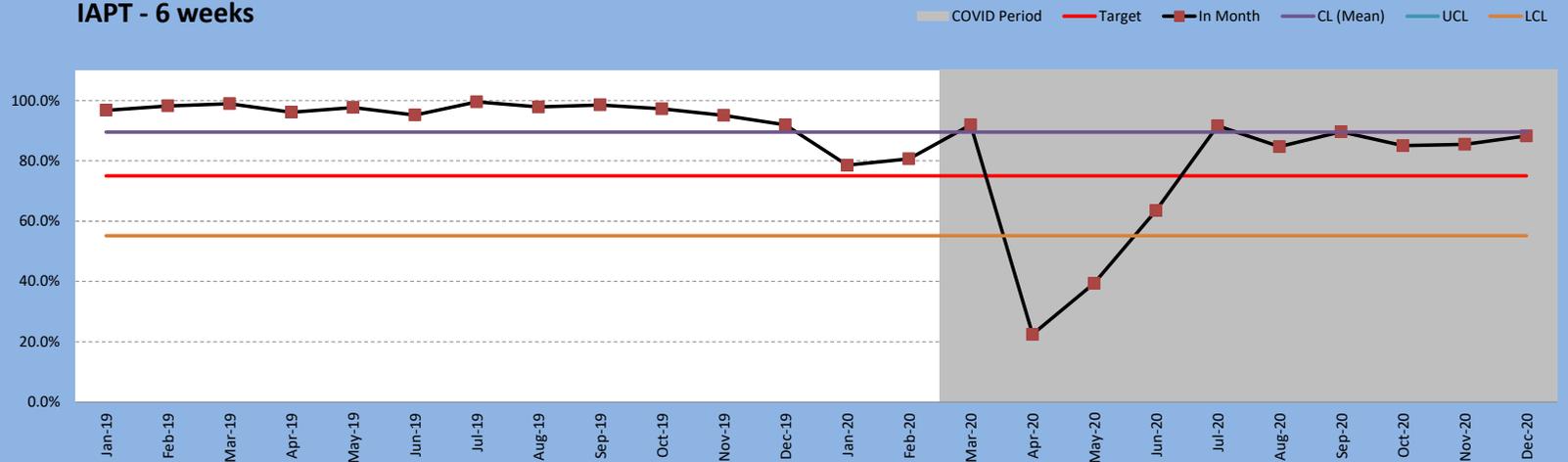
### Narrative

Performance has increased by 4% and remains above the target of 75%

Target: 75%  
Amber: 70%

Current month  
88.3%

### IAPT - 6 weeks



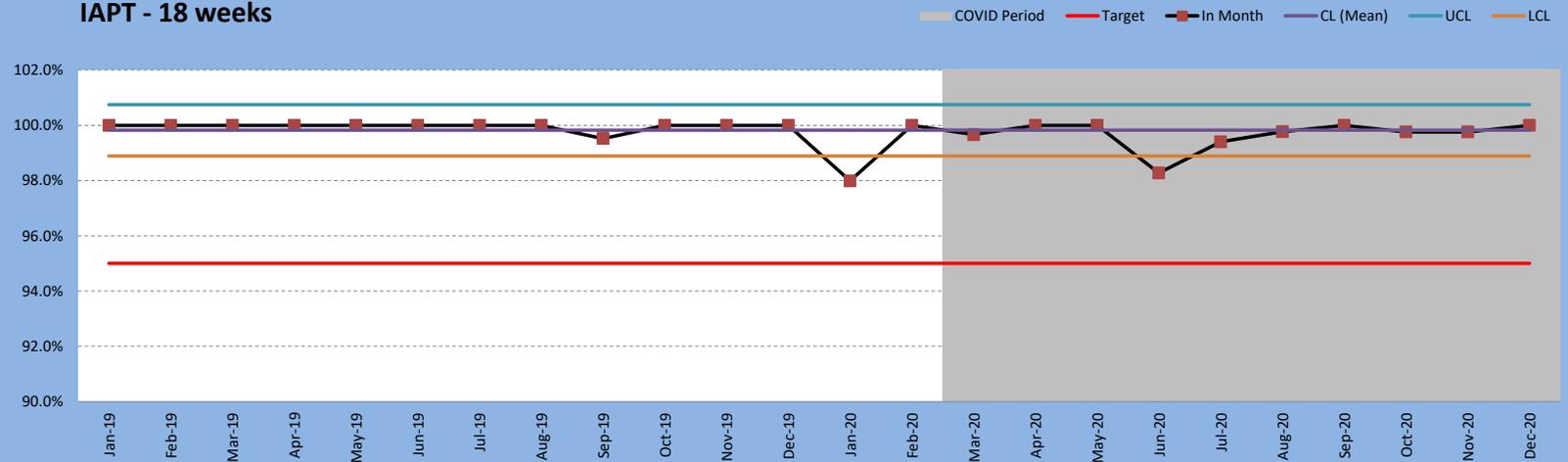
### Narrative

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

Target: 95%  
Amber: 85%

Current month  
100.0%

### IAPT - 18 weeks



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2020**

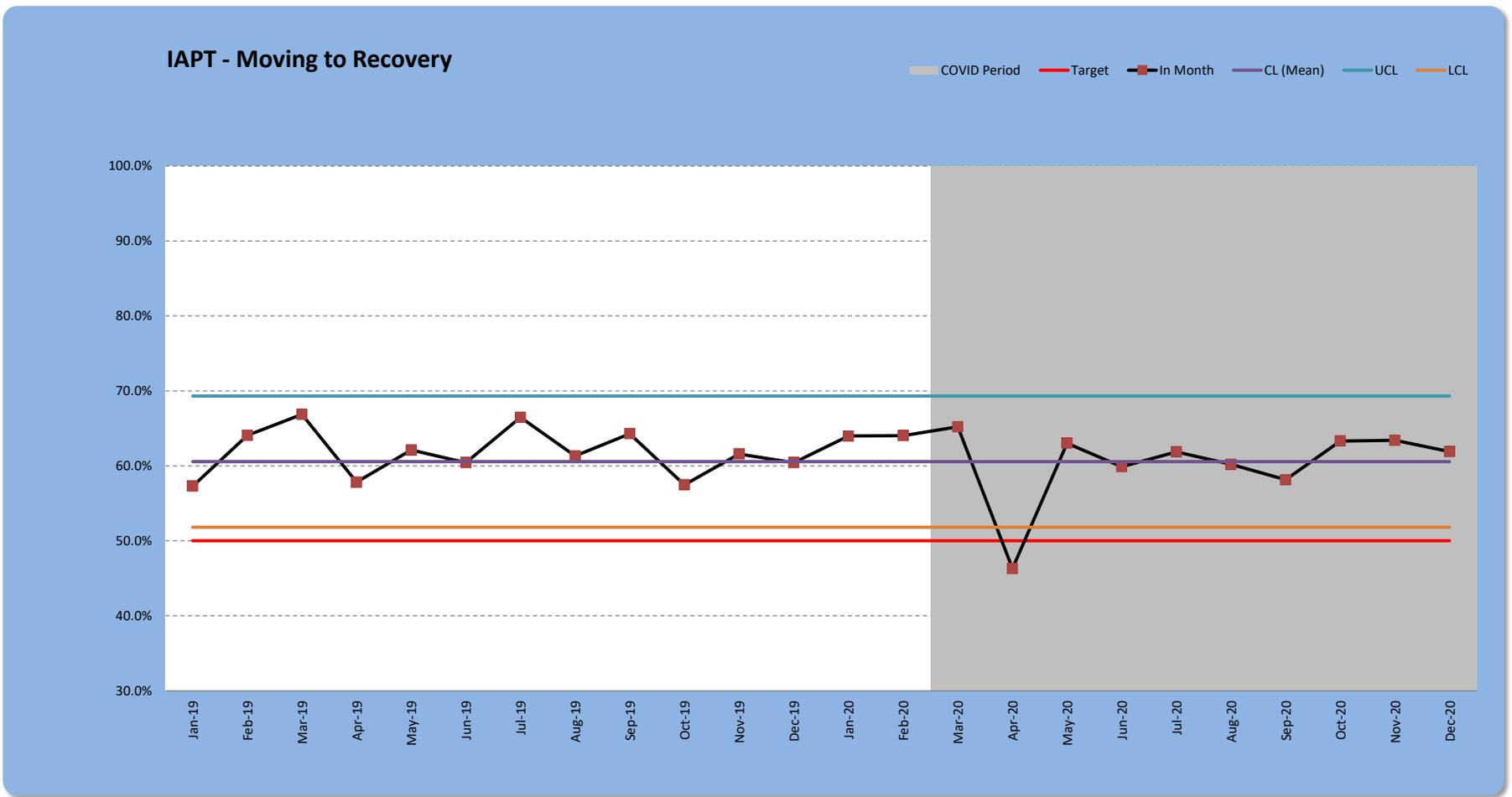
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Improved Access to Psychological Therapies	This indicator measures the Recovery Rates for patients who were at caseness at start of therapeutic intervention	Lynn Parkinson	OP 11

**Narrative**

Performance remains above the 50% target but with a decrease of 1.5%

Target: 50%  
Amber: 45%

Current month stands at 61.9%



# PI RETURN FORM 2020-21

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Dec 2020**

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

KPI Type

ST 4b

### Narrative

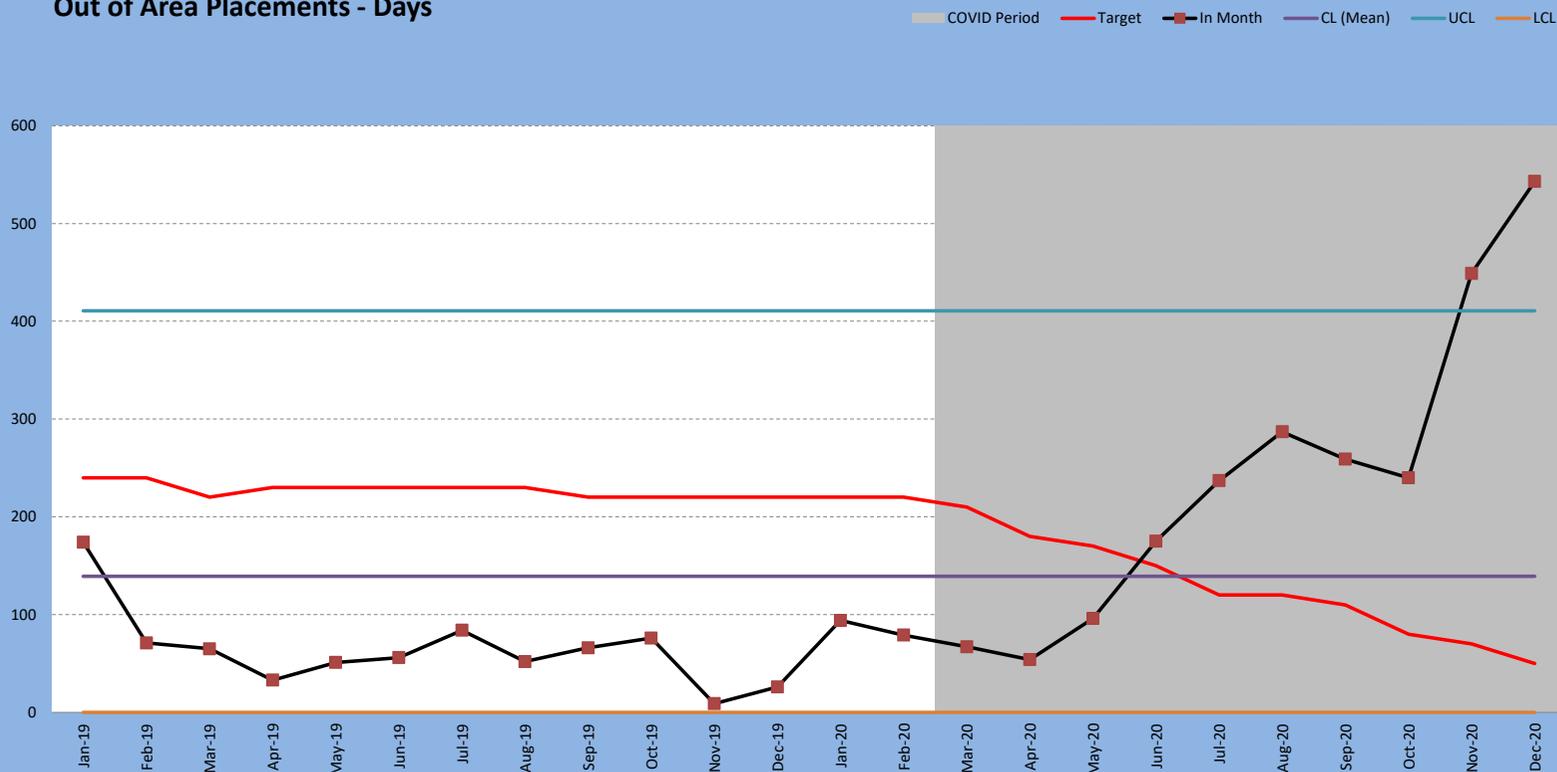
Out of area days has increased by 94 days when compared to the previous month.

Target: 50

Amber:

Current month stands at 543

### Out of Area Placements - Days



# PI RETURN FORM 2020-21

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Dec 2020**

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

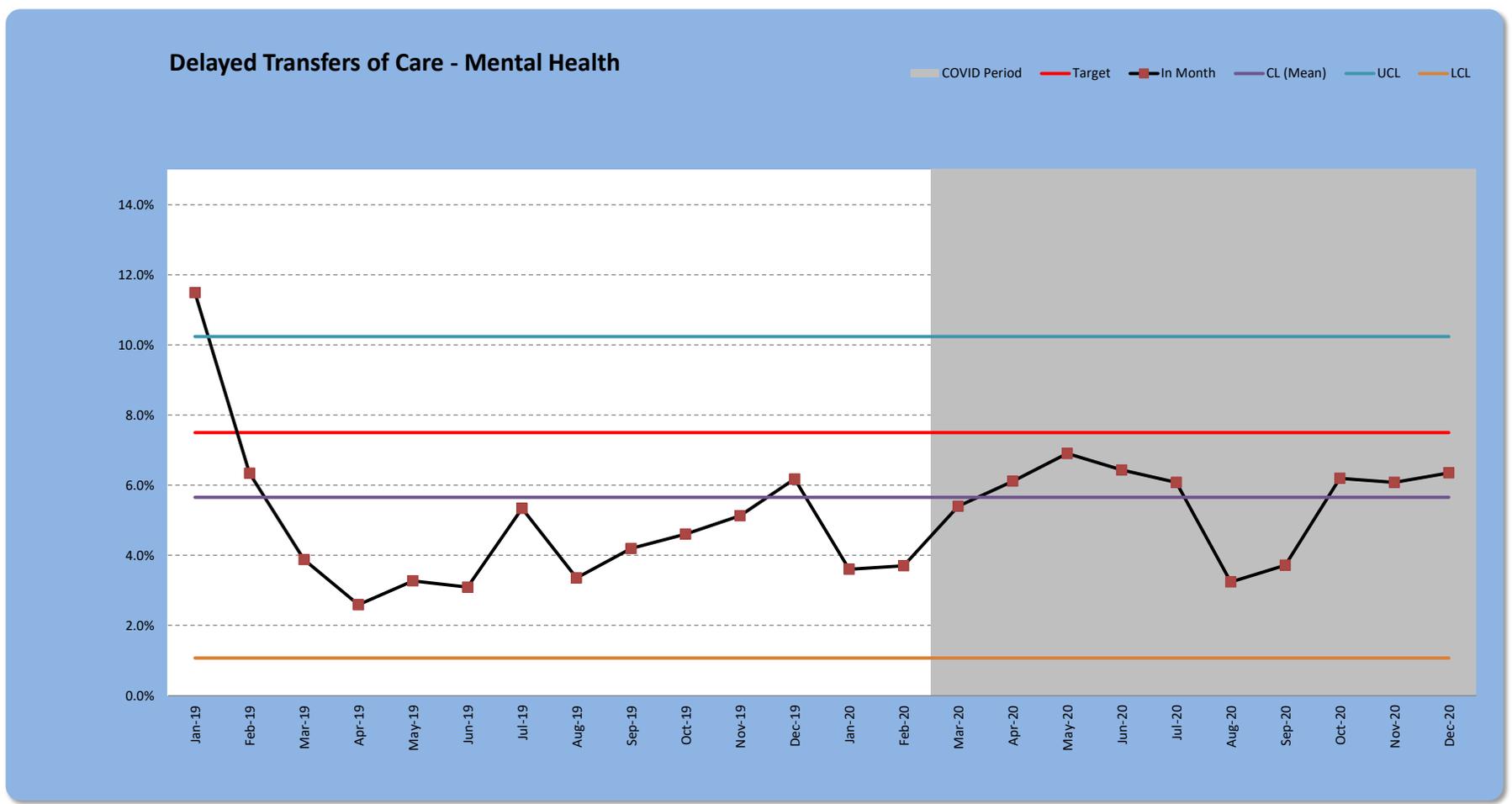
**Narrative**

Performance has increased (deterioration) by 0.2% compared against previous month and remains within target.

Low performance is Good.

Target: 7.5%  
Amber: 7.0%

Current month stands at 6.3%



# PI RETURN FORM 2020-21

## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

**Dec 2020**

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

**Narrative**

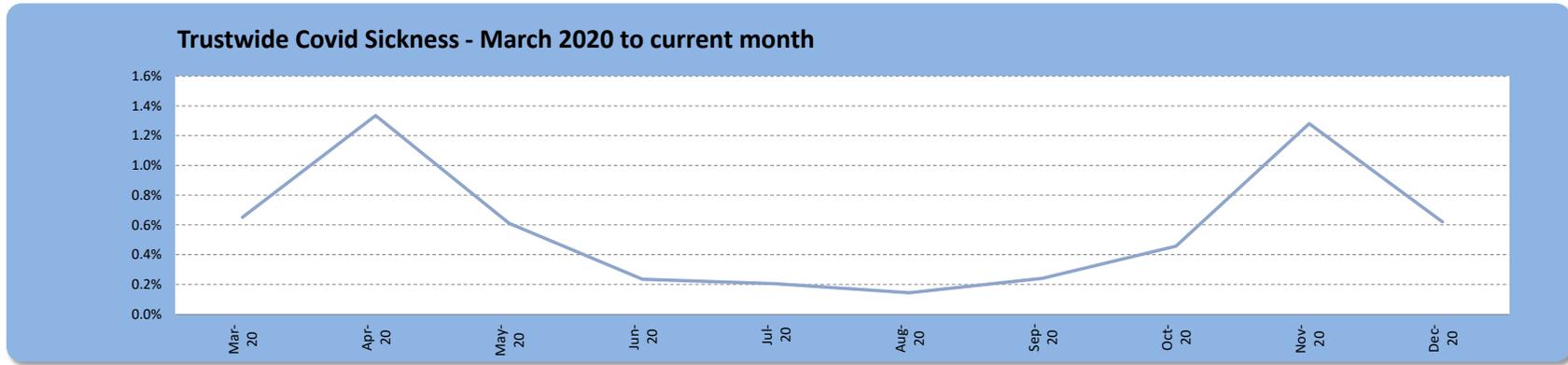
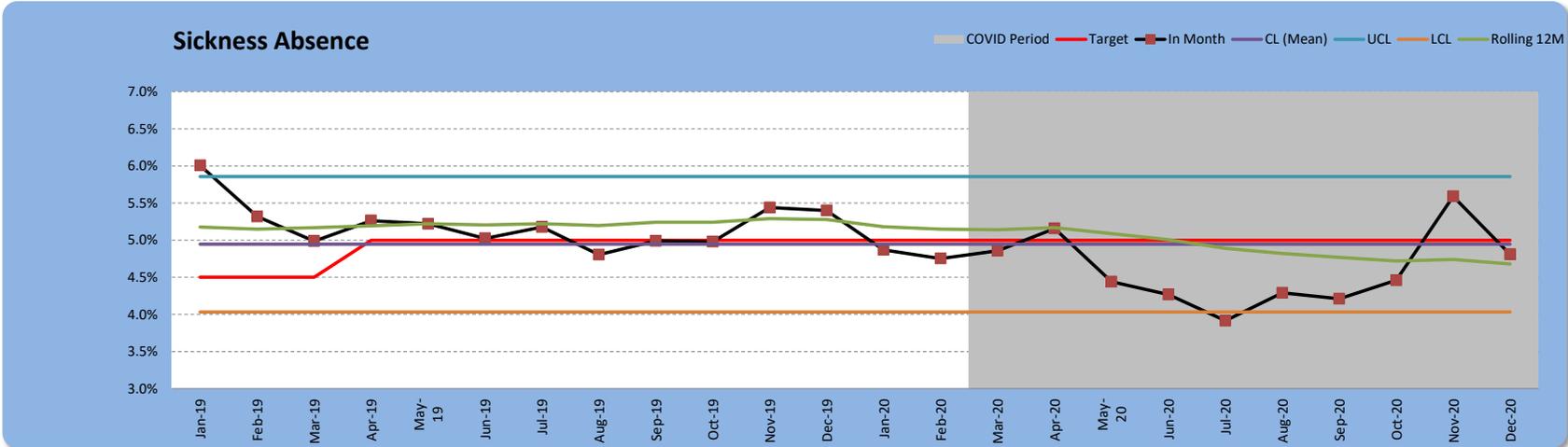
Sickness/Absence Rate has decreased by 0.9% when compared to the previous month.

Dec-20 Rolling 12 month figure is within target reporting at 4.8%

Target: 5.0%

Amber: 5.2%

Current month 4.8%



# PI RETURN FORM 2020-21

## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Dec 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

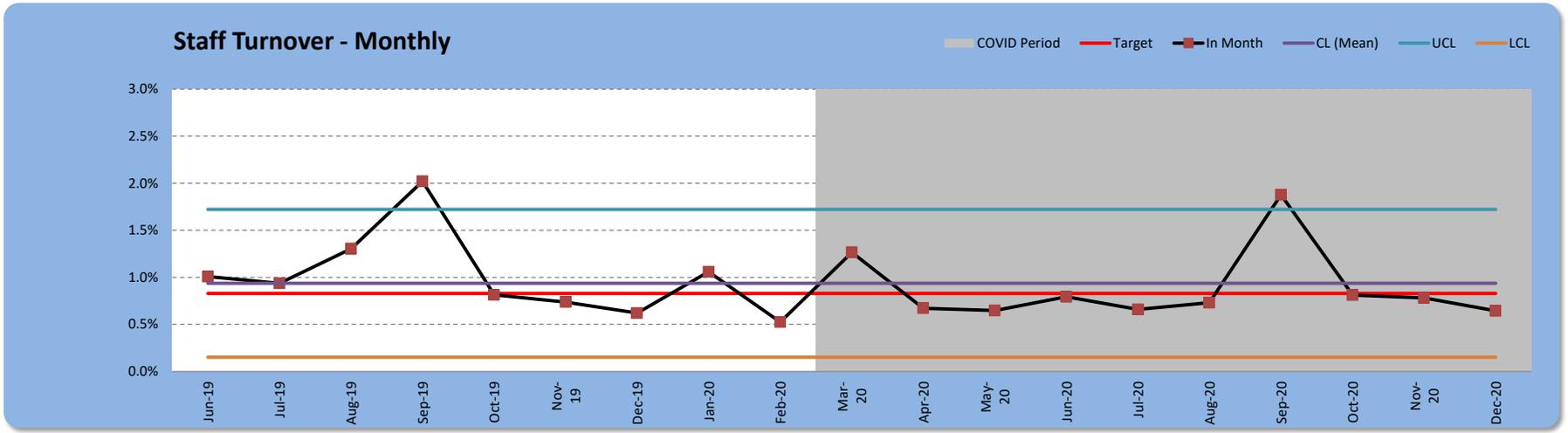
**Narrative**

Within Target

Target: 0.83%

Amber: 0.70%

Current month stands at 0.6%



**Narrative**

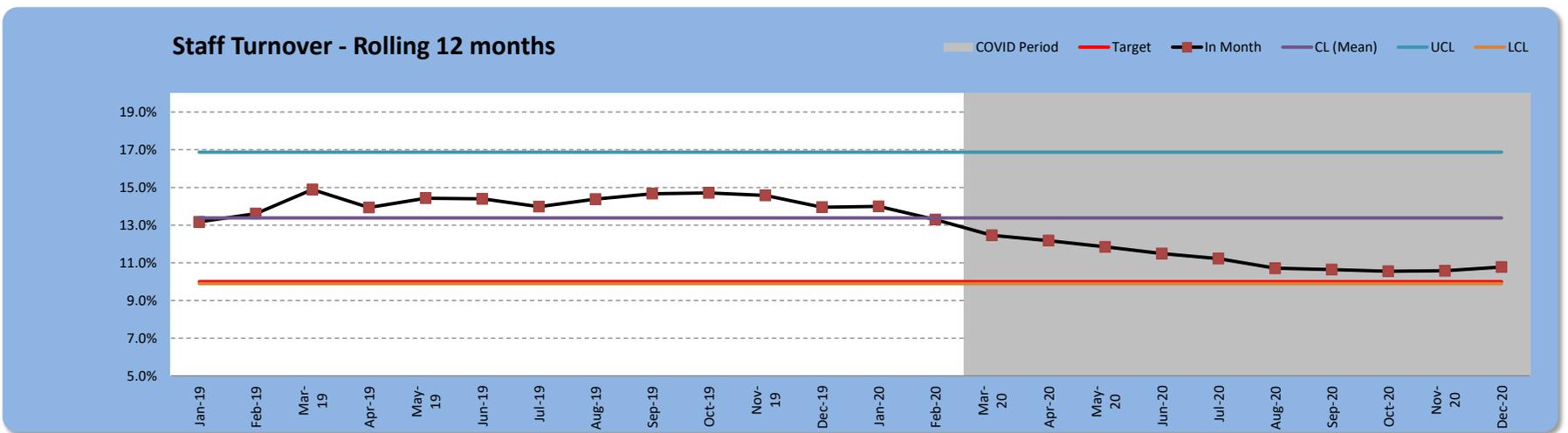
Exceeds Target.

Low Performance is Good.

Target: 10%

Amber: 9%

Current month stands at 10.8%



# PI RETURN FORM 2020-21

## Goal 5 : Maximising an Efficient and Sustainable Organisation

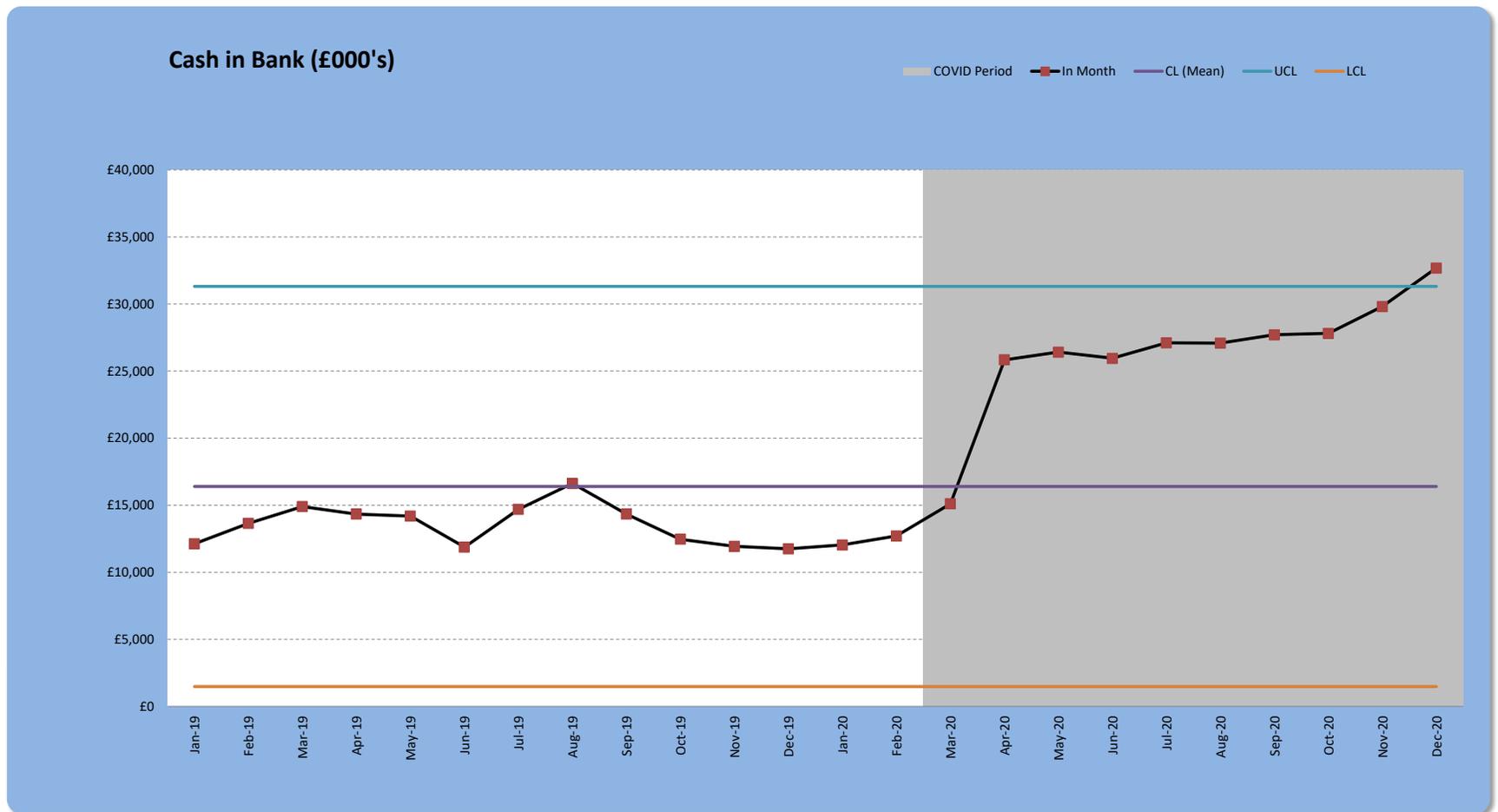
For the period ending: **Dec 2020**

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 £32,680 ,000



# PI RETURN FORM 2020-21

## Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Dec 2020**

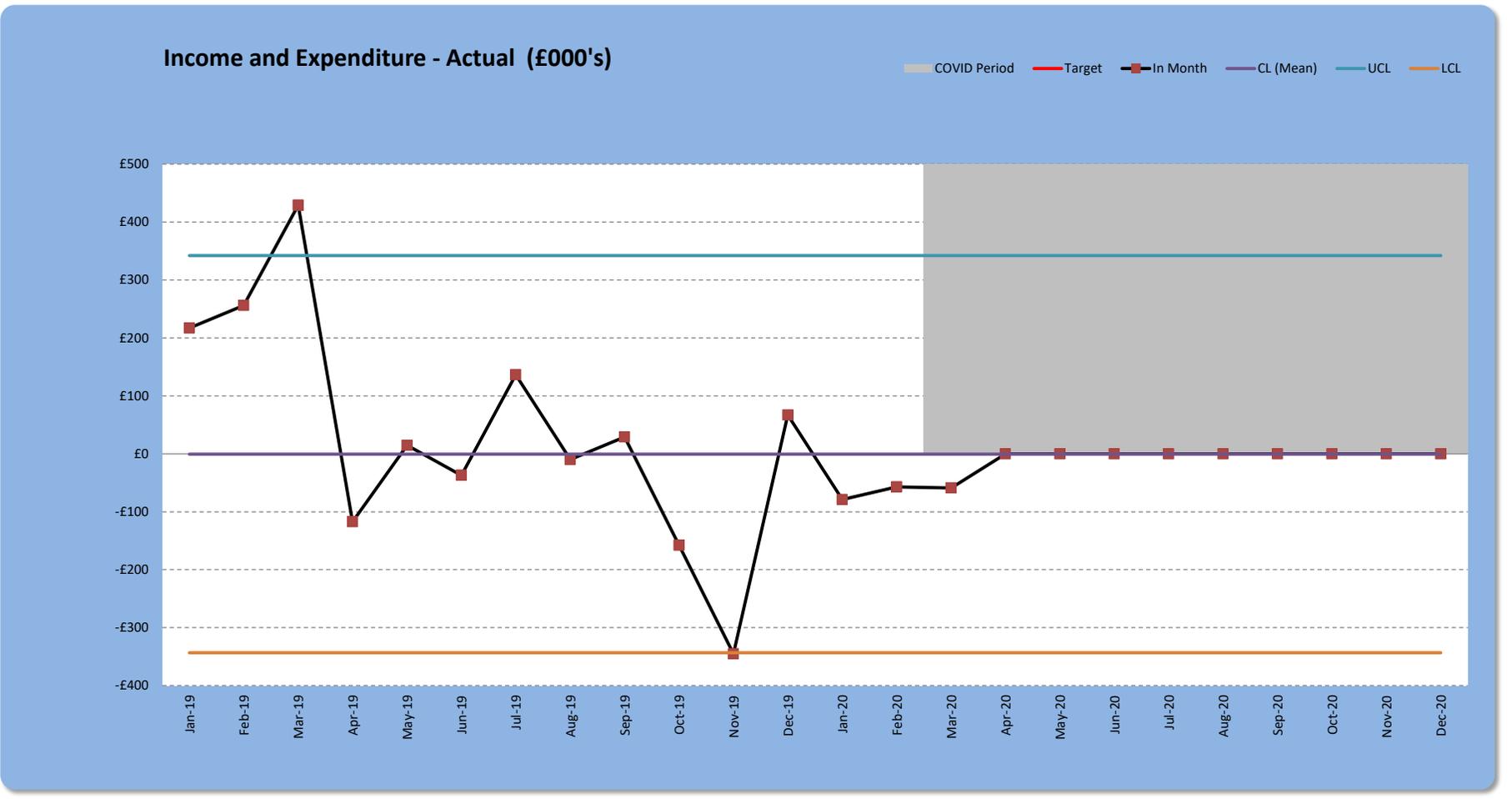
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Income and Expenditure (£000's)	Review of the Income versus Expenditure (£000's) by month	Peter Beckwith	F 4b

**Narrative**

The Trust is at break even status

Target:  
Amber:

Current month stands at £0 ,000



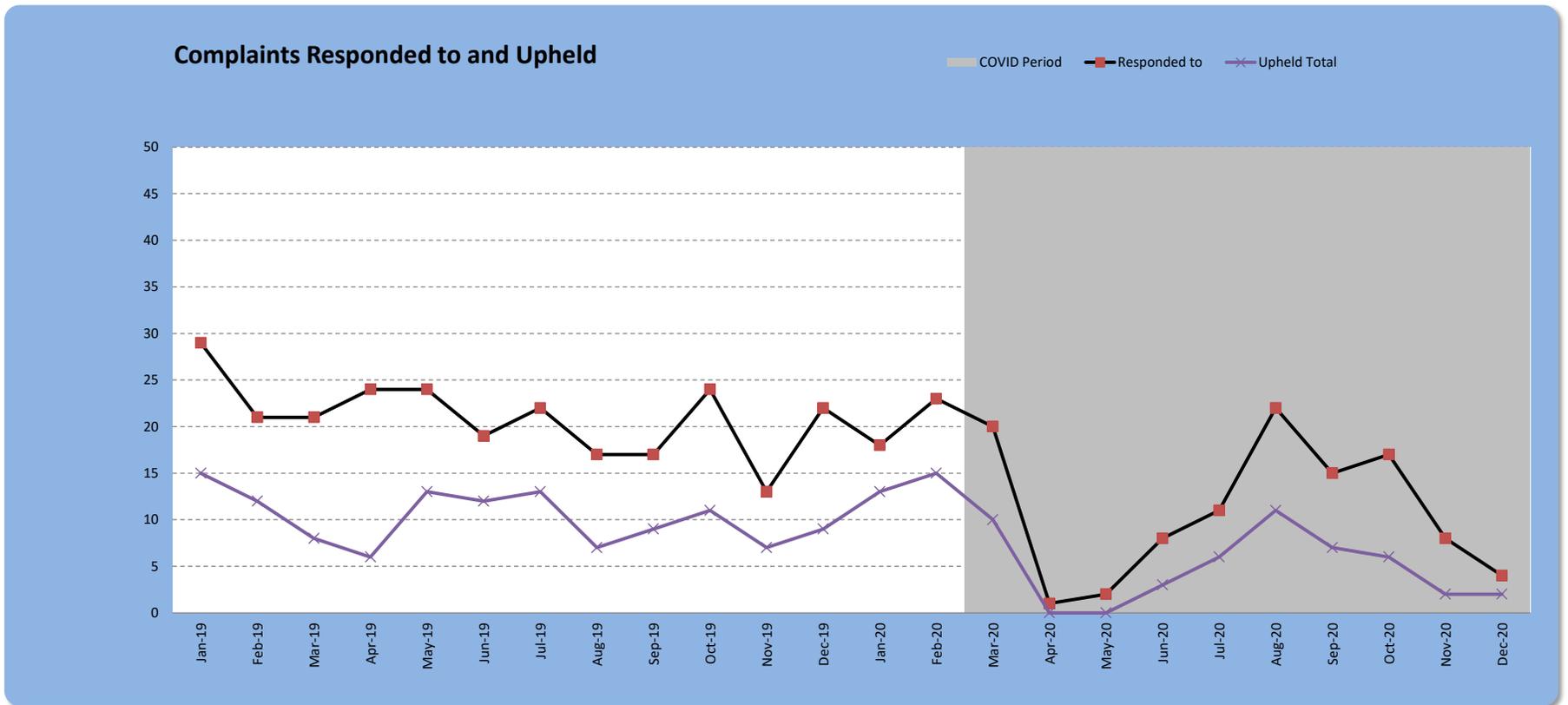
# PI RETURN FORM 2020-21

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

For the period ending: **Dec 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
<b>Upheld Results</b>
During the month, the following number of complaints was responded to <b>4</b>
Of the number of complaints responded to in the month <b>2</b> were upheld which equates to <b>50.0%</b>
<b>YTD Upheld</b>
<b>50.0%</b>



# PI RETURN FORM 2020-21

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

For the period ending: **Dec 2020**

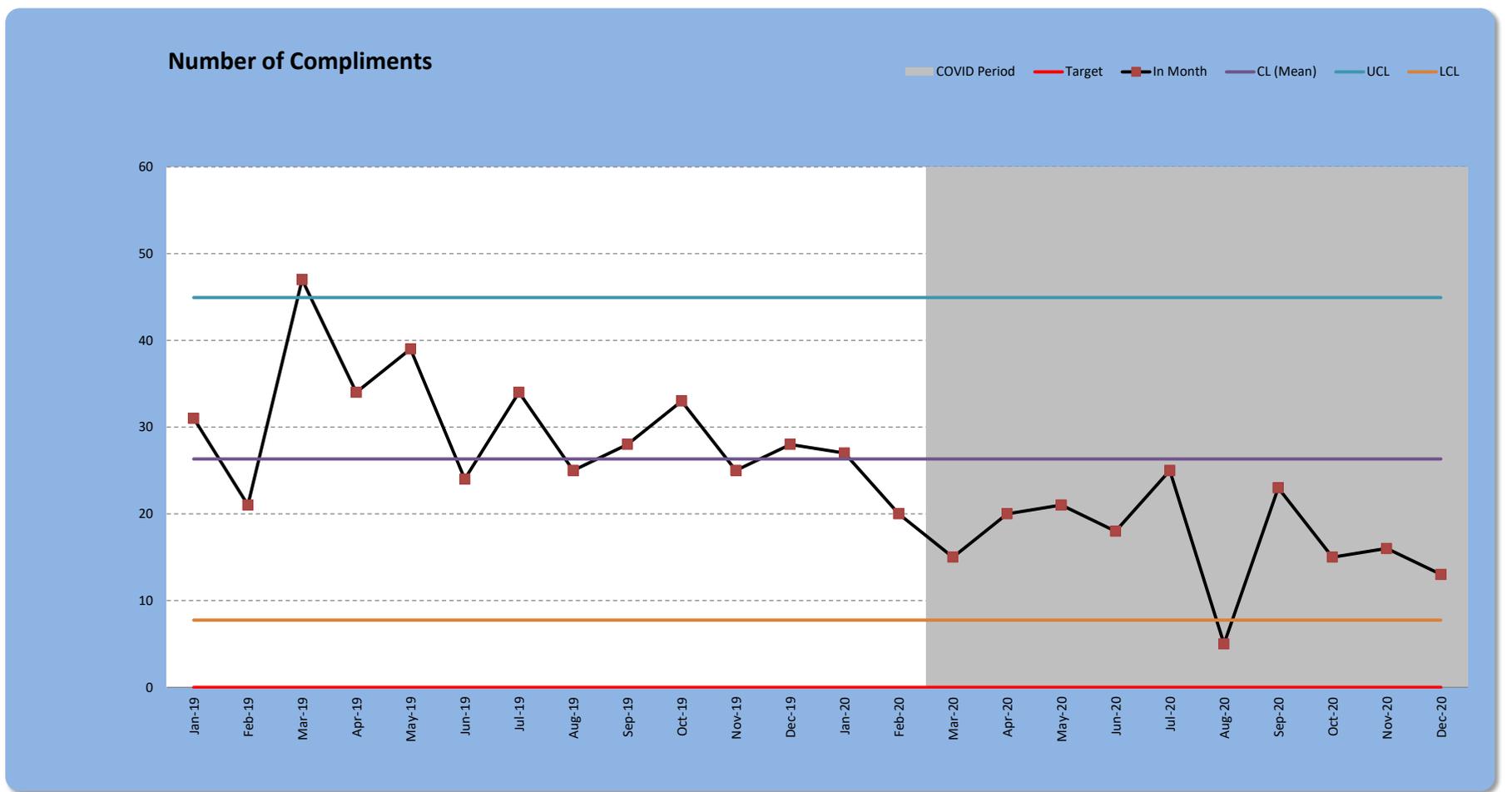
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Compliments	Chart showing the number of compliments received into the Trust	John Byrne	IQ 7

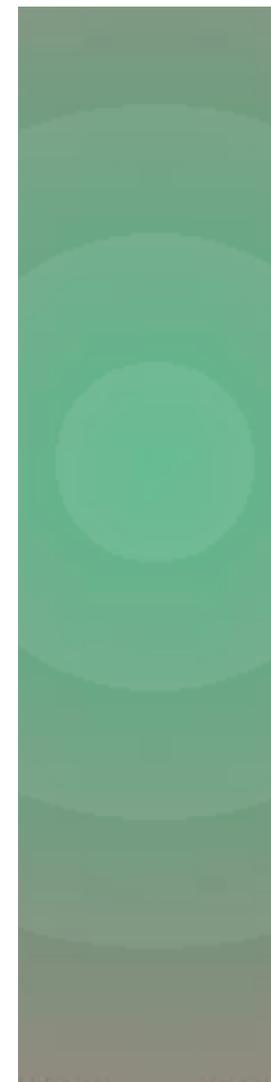
**Narrative**

13 compliments received in the month

Target: 0  
Amber: 0

Current month stands at 13





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:** 14/01/2021



**Agenda Item 10**

Title & Date of Meeting:	Trust Board Public Board Meeting – 27 <sup>th</sup> January 2021			
Title of Report:	Finance Report 2020/21: Month 9 (December)			
Author/s:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To receive & note	X
	For information	X	To ratify	
Purpose of Paper:	This report is being brought to the Trust Board to present the reported financial position for the Trust as at the 31 <sup>st</sup> December 2020 (Month 9).			
	The report provides assurance regarding financial performance, key financial targets and objectives.  The Board are asked to note the financial position for the Trust and raise any queries, concerns or points of clarification.			
Governance:		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:	<ul style="list-style-type: none"> <li>• A break even operational position was recorded to the 31<sup>st</sup> December 2020</li> <li>• Within the reported position is year to date covid expenditure of £11.292m, details of which are included in the report.</li> <li>• Cash balance at the end of December was £32.680m, which is inclusive of an additional Block payment of £9.8m.</li> </ul>			

**Monitoring and assurance framework summary:**

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

✓ Tick those that apply

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



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



## FINANCE REPORT – December 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 31<sup>st</sup> December 2020 (Month 9). 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 are ceased and the Trust is receiving a block income allocation.

For the purpose of Month 9 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 net as 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 December.

After £0.054m of donated asset depreciation and an impairment charge of £0.554m (*both of which do not count against the Trust's Control Total*), the Trust reported a deficit of £0.608m, 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
<b>Income</b>							
Trust Income	122,522	10,352	10,205	(148)	91,487	91,252	(235)
Clinical Income	14,907	1,160	1,365	204	10,692	11,265	573
<b>Total Income</b>	<b>137,429</b>	<b>11,512</b>	<b>11,569</b>	<b>57</b>	<b>102,178</b>	<b>102,517</b>	<b>339</b>
<b>Expenditure</b>							
<b>Clinical Services</b>							
Children's & Learning Disability	27,980	2,315	2,278	37	21,077	20,497	580
Community & Primary Care	30,203	2,480	2,480	1	22,876	22,827	49
Mental Health	45,023	4,077	3,967	110	33,521	32,204	1,317
Secure Services	10,262	857	894	(37)	7,520	7,888	(369)
	<b>113,467</b>	<b>9,730</b>	<b>9,619</b>	<b>111</b>	<b>84,994</b>	<b>83,416</b>	<b>1,578</b>
<b>Corporate Services</b>							
Chief Executive	1,939	151	150	1	1,484	1,471	13
STP Office	477	22	83	(61)	98	246	(148)
Chief Operating Officer	6,716	615	602	13	5,139	5,182	(44)
Finance	11,534	927	971	(45)	8,315	8,275	40
HR	3,094	289	329	(41)	2,398	2,454	(57)
Director of Nursing	2,170	177	175	2	1,700	1,662	38
Medical	1,714	135	141	(6)	1,317	1,244	72
Finance Technical items (including Reserves)	(8,322)	(907)	(975)	68	(6,626)	(5,100)	(1,526)
	<b>19,322</b>	<b>1,409</b>	<b>1,478</b>	<b>(68)</b>	<b>13,825</b>	<b>15,436</b>	<b>(1,612)</b>
<b>Total Expenditure</b>	<b>132,789</b>	<b>11,139</b>	<b>11,097</b>	<b>42</b>	<b>98,818</b>	<b>98,852</b>	<b>(34)</b>
<b>EBITDA</b>	<b>4,640</b>	<b>373</b>	<b>472</b>	<b>(99)</b>	<b>3,360</b>	<b>3,665</b>	<b>(305)</b>
Depreciation	3,102	245	252	(7)	2,206	2,275	(69)
Interest	148	12	25	(13)	111	107	4
PDC Dividends Payable	2,341	195	195	0	1,756	1,756	0
PSF Funding	(951)	(79)	-	(79)	(713)	(474)	(239)
<b>Operating Total</b>	<b>-</b>	<b>(0)</b>	<b>0</b>	<b>(0)</b>	<b>(0)</b>	<b>0</b>	<b>(0)</b>
<b>Excluded from Control Total</b>							
Impairment	-	-	-	-	-	554	(554)
Donated Depreciation	220	18	6	12	165	54	111
<b>Ledger Position</b>	<b>(220)</b>	<b>(19)</b>	<b>(6)</b>	<b>(13)</b>	<b>(165)</b>	<b>(608)</b>	<b>444</b>
<b>EBITDA %</b>	<b>3.8%</b>	<b>3.6%</b>	<b>4.6%</b>		<b>3.7%</b>	<b>4.0%</b>	
<b>Surplus %</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>		<b>0.0%</b>	<b>0.0%</b>	



## **2.2 Trust Income**

Trust income year to date was £0.235m 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 £20.497m represents an underspend against budget of £0.580m

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

Year to date expenditure of £22.827m represents an underspend against budget of £0.049m

### **2.3.3 Mental Health**

An underspend of £1.317m 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 £0.369m was recorded YTD for Secure Services.

The main reasons for this is the use of Agency Medical Staff, to which the Service are actively recruiting and an unfunded Enhanced Package of Care on Ullswater.

## **2.4 Corporate Services Expenditure**

The overall Corporate Services expenditure was £1.612m overspent. The main pressure sits within Finance Technical, when this line is excluded corporate services are reporting a £0.086m overspend.

## **2.5 COVID Expenditure**

At the end of December 2020 the Trust recorded £11.292m 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 Costs	April £m	May £m	June £m	July £m	Aug £m	Sept £m	Oct £m	Nov £m	Dec £m	Total £m
Pay Costs	0.258	0.414	0.397	0.183	0.162	0.227	0.076	0.266	0.321	2.304
Non Pay Costs	0.281	0.302	0.201	0.302	0.436	0.875	0.136	0.323	0.312	3.168
Income Top Up	0.100	0.399	0.317	0.576	0.444	0.384	0.283	0.265	0.260	3.028
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
<b>Total Costs in Position</b>	<b>0.717</b>	<b>1.194</b>	<b>0.994</b>	<b>1.140</b>	<b>1.121</b>	<b>3.883</b>	<b>0.495</b>	<b>0.854</b>	<b>0.893</b>	<b>11.292</b>

### 3. Statement of Financial Position

The Statement of Financial Position in Appendix 1 shows the Trust's assets and liabilities as at 31<sup>st</sup> December 2020. In month, the net current asset position decreased by £0.217m to £6.626m. This was related to a decrease in trade debtors in month due to receipts received in December, an increase in cash due to the month 6 Covid claim being received and a reduction in Trade Creditors made in month.

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

#### 3.1 Cash

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

**Table 2: Cash Balance**

Cash Balances	£000s
Cash with GBS	32,359
Nat West Commercial Account	273
Petty cash	48
<b>Total</b>	<b>32,680</b>

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.

Cash balance in month has increased following the receipt of Septembers Month 6 covid claim which was received in December.

#### 3.2 Capital Programme

Year to date the capital expenditure spend is £4.469m comprising of expenditure for IT services (£0.837m), LHCRE (£1.244m) and Property Maintenance (£1.870m).

£0.480m of Covid related capital expenditure has been recorded year to date. £0.298m relates to Estates projects and £0.182m 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 December and comment accordingly.



Appendix 1  
 Statement of Financial Position

	DEC-20 £000	NOV-20 £000	Movement £000	COMMENTS
Property, Plant & Equipment	111,270	110,751	519	
Accumulated Depreciation	(26,752)	(26,505)	(247)	
<b>Net Property, Plant &amp; Equipment</b>	<b>84,518</b>	<b>84,246</b>	<b>201</b>	
Intangible Assets	11,333	11,358	(25)	
Intangible Assets Depreciation	(1,971)	(1,959)	(12)	
<b>Net Intangible Assets</b>	<b>9,362</b>	<b>9,398</b>	<b>105</b>	
<b>Total Non-Current Assets</b>	<b>93,880</b>	<b>93,644</b>	<b>306</b>	
Cash	32,680	29,808	2,872	Additional Block payment received in April and Month 6 Covid income receipt
Trade Debtors	4,808	5,019	(211)	Receipt from NHS England and Harrogate FT.
Inventory	150	150	(0)	
Non Current Asset Held for Sale	1,543	1,543	0	Westend reclassified as AHFS
Other Current Assets	2,019	1,874	145	
<b>Current Assets</b>	<b>41,200</b>	<b>38,394</b>	<b>1,662</b>	
Trade Creditors	3,576	4,990	(1,414)	£463k Payment of invoices to York Hospitals Facilities Management , £115k Kcom and £129k Rdash. The York invoices were received in November inflating the creditors figure and then paid with terms in December
Accrued Liabilities	30,998	26,561	4,437	Additional Block payment received in April.
<b>Current Liabilities</b>	<b>34,574</b>	<b>31,551</b>	<b>1,193</b>	
<b>Net Current Assets</b>	<b>6,626</b>	<b>6,843</b>	<b>(217)</b>	
Non-Current Payables	1,216	1,216	0	Local Government Pension Scheme Liability
Non-Current Borrowing	4,006	3,981	25	
<b>Long Term Liabilities</b>	<b>5,222</b>	<b>5,197</b>	<b>(0)</b>	
Revaluation Reserve	18,558	18,558	0	
PDC Reserve	63,279	63,279	0	
Retained Earnings incl. In Year	13,448	13,454	(6)	
<b>Total Taxpayers Equity</b>	<b>95,285</b>	<b>95,291</b>	<b>774</b>	
<b>Total Liabilities</b>	<b>135,081</b>	<b>132,038</b>	<b>1,966</b>	



**Agenda Item 11**

Title & Date of Meeting:	Trust Board Public Meeting – 27 January 2021			
Title of Report:	Quality Committee Assurance Report			
Author/s:	Name: Mike Smith Title: Non-Executive Director			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	<p>The Quality Committee is one of the sub committees of the Trust Board</p> <p>This paper provides an executive summary of discussions held at the meeting on 9<sup>th</sup> December 2020 with a summary of key issues for the Board to note. The approved minutes of the meeting held on 7<sup>th</sup> October 2020 are presented for information</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) QC Assurance Report prepared for the Board	✓
Key Issues within the report:	<p>The following items were noted for highlighting to the Trust Board</p> <ul style="list-style-type: none"> <li>• Waiting times discussion undertaken an update report will be brought back to the Quality Committee in the new year following work undertaken by Attain.</li> <li>• The pharmacy dispensing presentation showed a great example of transformation</li> <li>• The Quality Account priorities work was consistent with last year's plan and showed a sensible way forward with a proportional approach due to COVID</li> <li>• The Committee noted the Patient and Carer Experience six month update along with the excellent work on infection control</li> <li>• The PICU staffing position was noted as being the reason the opening of the NOVA unit has been delayed. Conversations with commissioners ongoing.</li> </ul> <p>The Quality Committee approved the following policies with recommendation to the Trust Board for ratification</p> <ul style="list-style-type: none"> <li>• Prescribing for General Practice Policy (new policy)</li> <li>• Supporting Transgender Patients Policy (major updates)</li> </ul>			

**Monitoring and assurance framework summary:**

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

**Executive Summary - Assurance Report:****Key Issues**

The key areas of note arising from the Quality Committee meeting held 9<sup>th</sup> December 2020 are as follows:

The minutes of the meeting held 7<sup>th</sup> October were agreed, with all current actions closed on the action tracker. The work plan was noted with an update that the Annual Ligature Report had been deferred to the February 2021 meeting following more work on the report requested by EMT.

It was noted Mike Smith was chairing at this meeting on behalf of Mike Cooke to allow sharing of workloads more evenly in the current climate.

**Discussion item – Pharmacy Transformation**

An excellent presentation was given detailing the two projects; Ward Based Technicians and Ward Based Dispensing. Both projects showcased the fantastic work by the pharmacy team in transforming the services through working with the teams on the units.

**Quality Insight Report**

The report gave an overview on the current situation updating the Committee on the CQC State of Care report, the Infection Control BAF, The Trust White Ribbon Accreditation, the sexual safety work, National Reporting and Learning System (NRLS) benchmarking data, serious incidents (SIs), pressure ulcers, clinical supervision and the family and friends test. It was also noted a good level of assurance had been given on two recent internal audits for Clinical Audit and Duty of Candour. The Committee have requested a further report on pressure ulcers to the next committee meeting.

**Quality Committee Risk Register Summary**

The quality risk register summary was reviewed including the COVID risks noting the Q3 risk register would be presented to the February meeting.

**Quality Accounts 2020-2021 project plan**

The meeting noted the priorities for 20-19-2020 were progressing well along with the draft timeline for 2020-2021 for completion of the next set of Quality Accounts. The timelines are following the usual timelines and will be updated once the national steer has been received. Due to Covid the stakeholder events are planned to be held virtually working with the patient and carer forums.

**Waiting list Assurance Report**

An update report was noted and discussed and LP introduced Claire Jenkinson (Deputy COO) who will be focusing on this work, along with some consultancy work from Attain. It was agreed an update would be brought back to the Quality Committee following the Attain work.

**Children and LD QIP Plan update**

An update on the current main areas of focus was given noting the good work being undertaken in the division.

**Inspire Unit Update**

A verbal update was given on the planned opening for the NOVA unit at Inspire, noting the joint work with commissioners throughout. MS noted the progresses through the COVID period was to be highly commended.

**Patient and Carer Experience six monthly report**

The report was noted which included how work has changed due to Covid and the move to engagement through virtual forums. A short video on carers was also shown.

**HealthCare Acquired Infection (HCAI) six monthly report**

The report was noted with good compliance, including updates on management of outbreaks and additional training sessions for staff. It was commented how well the IPC team have worked during Covid.

**Clinical Audit six monthly update**

The report was noted with highlights given, noting the positive assurance received from Internal Audit

**NICE Compliance six monthly update**

The report was noted, detailing the progress of the work during the current situation of Covid

**Policies reporting to Quality Committee**

The Quality Committee noted the new Prescribing for General Practice policy and the refreshed Supporting Transgender Patients policy which had presented following approved through the Quality and Patient Safety Group. The Quality Committee approved both policies and recommended them for ratification at the Trust Board.

**Minutes from reporting groups**

The minutes from the Quality and Patient Safety Group (QPAS) and the Drugs and Therapeutics Group (DTG) minutes were noted with no queries raised, and assurance received from summary report.

The approved minutes from the 7<sup>th</sup> October meeting are attached below as appendix one

# Quality Committee

## Minutes

For a meeting held on Thursday 7<sup>th</sup> October 2020  
 9.30 – 12.30 (Virtual meeting via MS Teams)

<b>Present</b>		
Mike Cooke	Non-Executive Director and Chair	MC
Mike Smith	Non-Executive Director	MS
Dean Royles	Non-Executive Director	DR
Peter Baren	Non-Executive Director	PB
Hilary Gledhill	Director of Nursing, Allied Health & Social Care Professionals	HG
Tracy Flanagan	Deputy Director of Nursing, Allied Health & Social Care Professionals	TF
John Byrne	Medical Director	JB
Kwame Fofie	Clinical Director Professional Leads	KF
Oliver Sims	Corporate Risk Manager	OS
Mel Bradbury	Programme Lead – Commissioning – Provider Collaborative	MB
Su Hutchcroft	Compliance Officer (minutes)	SH

58/20	<p><b>Apologies for Absence</b>            Apologies were received from Michele Moran (MM), Lynn Parkinson (LP) and Colette Conway (CC).</p> <p>MC welcomed PB, KF (deputising for LP) and MB who will be giving the presentation on the Provider Collaborative.</p> <p>MC noted the recent positive developmental visit from Peter Wyman, the CQC Chair on the 20<sup>th</sup> August, along with the future research conference in November and formally commended the work of the ethics advisory group thanking everyone who was involved stating this has been very helpful to Gold Command.</p>
59/20	<p><b>Minutes of the Last Meeting</b>            The minutes of the meeting held in August 2020 were accepted as a true record.</p>
60/20	<p><b>Action List and Matters Arising</b>            The action list was noted with the five actions closed.</p> <p>DR enquired regarding the recent press coverage of a patient and asked if there was an update or any assurance required.</p> <p>HG confirmed she has been in regular contact with the unit the patient is residing in. There had been one main concern which has now been resolved. Community leave has taken place with positive results and six external providers are currently assessing regarding transition into their care. One provider has already confirmed they can provide care. HG noted this will be a long process with the decision resting with the CCG. The relative has been positive regarding the recent care received and has been approached by the press for a further story but has refused as she is happy with the care at the current time.</p> <p>JB noted he had seen the patient last week whilst at the location and had a conversation with the core team and noted he was impressed by the core team knowledge and the staff interaction with the family.</p>
61/20	<p><b>Quality Committee Board Assurance Report</b>            The report was noted, with good assurance to the Trust Board at the September 2020 meeting. MC commented this paper is included to enable members to see the report sent to Trust Board each meeting.</p>

62/20	<p><b>Work Plan 2020 / 2021</b> The work plan was noted</p> <p>HG requested an amendment to the workplan to show the Quality Accounts update at the August meeting with an update on the priorities included in the Insight report at the meeting. It was noted the annual ligature report is on the work plan for the December 2020 meeting.</p> <p>JB enquired if the National Confidential Enquiry on suicide update should be added into the work plan. It was agreed to add for the meeting after the annual conference has been held.</p> <p><b>Action – work plan to be updated with the above details (SH)</b></p>
63/20	<p><b>Presentation – Provider Collaborative and Quality Assurance process</b> MB was welcomed to the meeting. It was noted a copy of the presentation was included in the meeting papers.</p> <p>MB gave a brief oversight noting that the provider collaborative was very new for Humber Coast and Vale and Humber Teaching NHS Foundation Trust who are lead provider. Currently working on submitting three business cases to NHS England which will describe the aspiration and journey of the provider collaborative including the three work steams of Children and Young Peoples' mental health inpatient care (CAMHS inpatient unit), adult's eating disorders services and adult secure forensic services.</p> <p>MB noted the information shared in the papers has updated over the last four days, following the first provider oversight group on Monday of this week, which enabled all partners to meet together post Covid, giving the partners sight of the business cases and governance framework. It was a positive meeting and the partners of the collaborative were supportive of the view that there needed to be risk sharing agreements across the partners and felt that Humber should not hold all the risk, be exposed or isolated as the leader. They felt the governance framework was a really strong document but suggested this is amended to show the commissioning delineation between the provision in Humber with a separate governance diagram to show their role to support Humber.</p> <p>MB also noted a request has come through from NHS England to lead the new Learning Disability and Autism pathway, which is taking some work away from the transforming care boards.</p> <p>The provider collaborative covers the whole area of Humber Coast and Vale and it was agreed over the summer that Harrogate area and Mill Lodge in York would become part of the collaborative, which now includes eight learning disability partners, of which six provide highly specialised mental health inpatient services. The area covers six commissioning groups, and the collaborative is currently actively trying to engage with these as well as maintaining continued engagement with two transformation boards. The collaborative covers mental health and learning disabilities and Humber Foundation Trust is unique in being the lead for all three work streams as well as having a social enterprise partner in the form of NAVIGO, which it is felt brings benefit as a partnership. All work completed so far has been clinically led and patient centred with engagement through service users as well as those delivering the services. The collaborative is ultimately accountable to NHS England (NHSE) and NHS Improvement (NHSI) and the partnership agreement will show the partners obligations and will include the risk and financial gain share approach for NHS Trusts along with the decision making process, voting and dispute resolution arrangements for all partners. The appropriate governance arrangements were outlined, which show that Humber Teaching NHS Foundation Trust as the lead provider, who must demonstrate they can commission and provide care and there is a firewall between the two to demonstrate all partners are part of this commissioning led piece of work. MB noted as per her past work, work done was always in partnership with the provider partners as the approach to improve patient care.</p> <p>The draft governance framework describes our responsibilities as a provider and as a commissioner and that delineation. It describes the responsibilities as a partnership and will be amended slightly to provide the additional input from the partner agencies and their view on the shared responsibility and shared ownership. The will include the information that Humber is the lead provider and therefore ultimately accountable to NHSE for the delivery of the contract as well as delivery of the sub contracts with the partners in the provider collaborative. The Humber Coast and Vale provider collaborative oversight group is responsible for leading and driving forward the provider collaborative strategic approach and decision making around the clinical pathways and clinical models to improve patient outcomes and patient experience and within this from November there will be the new commissioning committee which will be established by Humber and chaired by one of the non-executive directors, to provide the commissioning leadership, monitoring functions and ensuring that the appropriate health care services</p>

are commissioned to serve the needs of the population, improve efficiency, effectiveness, reduce inequalities across the patch, ensure the voice of the service user is at the heart of everything done and monitor the performance and the quality of the providers within the collaborative. Within this there will be a clinical oversight and quality assurance group which is responsible for overseeing the safe delivery of the clinical model and services as well as safeguarding the safety and the quality of the clinical work. It will also take on the responsibility for the overall quality assurance for those hospitals within which services are provided, regardless of how many of our patients are in those services, and are currently looking at the role of a Lead Nurse to undertake this work for the collaborative.

Humber will have to demonstrate commissioning delineation as a provider and a commissioner to NHSE. There will need to be clear governance structures in place, which clarify the commissioning activities and the provider activities. Within the commissioning element, Humber have developed a very small commissioning team led by MB reporting to Pete Beckwith, with PB being responsible for the provider collaborative commissioning and LP being the lead for the provider element to give the firewall between this. MB noted the commissioning committee will have representatives from Humber Teaching NHS Foundation Trust executive team noting that anyone who is employed by Humber sitting on the committee will need to sign a confidentiality agreement, being mindful of information held regarding provider partners.

Questions and comments were taken from the meeting.

- It was agreed by a number of members this is a complex landscape which has moved on over the last couple of weeks taking more shape.
- Need to ensure the line between provider and commissioner is very clear
- Given the information regarding the oversight group, need to clarify the role required of the Quality Committee. Quality delineation needs to be specified
- Clarification on final responsibility when something goes wrong, with specifics around how risk is held particularly with regard to quality and given the number of different providers. If the collaborative has its own quality oversight group, which it needs, there is a necessity to be clear this is separate from the Quality Committee, and whether it reports into Trust Board
- There will need to be significant investment in quality governance which will need a multi-disciplinary approach and clarification on duplication accountability
- The governance structures suggest that some items would bypass the Trust Board and the question was raised about what risks this would present
- Would like sight of a timeline with key actions and pinch points for completion dates. Would like to see some formal structure regarding details such as who will be part of the commissioning committee and more detail about the business cases and how the Trust Board will get oversight to ensure dates are kept and confirm it fits with the Board Assurance Framework from the Humber point of view.
- Interest in who would collect the patient satisfaction information which the Quality Committee use as the best measure of quality initially
- Note how the scope is moving and now four pathways
- Would like to see the mechanism for investigation of a clinical incident and the individual provider role and Humber's role as the lead
- If there is a provider failure for example a CQC inspection rating that no longer allows a regulated activity to be provided, or a dispute, who would be responsible to resolve this
- Information on the key relationship between the Quality Committee and Commissioning Committee, with responsibilities and how we delineate the quality aspect
- Suggestion of running a question and answer session in the future to clarify some of these queries noted
- It was noted the need to think about the risk register and BAF at some point in the future
- Interest in who would be sitting on the commissioning committee including other providers

MB responded to the queries

- Commissioning committee - MB noted she had spoken to other collaborative to see how they have set these up, as it was felt it is purely a commissioning committee for the commissioning team to assure Humber with senior officers from the Trust supporting the role and function. However MB has been advised in the north east that TEWV have other providers within the collaborative sat on their commissioning committee
- Ultimate responsibility will lie with Humber as the Trust holds the contract with NHS E and NHSI and will negotiate this contract. There are then a number of sub-contracts which Humber will hold with each of the provider partners and these will be negotiated by the commissioning team due to the commercial sensitivity of information within these contracts. These will be the standard NHSE/NHSI contracts they have now with the exception that the provider collaborative will lead on these in the

	<p>future instead of NHSI</p> <ul style="list-style-type: none"> <li>• Quality issues would be dealt with by the commissioning team through the commissioning committee following the same contractual route as they have now with NHSE</li> <li>• Any clinical incidents, the lead provider would investigate but Humber would step in where NHSE/NHSI would currently do, to ensure the investigation is robust and followed through with all relevant actions taken and delivered. This would be reported to the commissioning committee and ultimately reported up to Humber Trust Board or Quality Committee if that was preferred to give assurance that everything had been dealt with. Where the CCG would currently be involved; this would be the Humber commissioning team. Initial thoughts are a report from the commissioning committee would be presented to the Trust Board to provide assurance on finance, risk, quality etc. It was noted others providers would also like to receive this to give assurance to their own trusts</li> <li>• The HCV Mental Health and Learning Disabilities Executive Leadership Group (ICS) was formed to ensure there was oversight by the Chief Execs at the most senior level to cover all activity within the collaborative.</li> <li>• The business cases are still in draft format Comments have been received from the provider collaborative oversight group meeting and consultation of the documents will include a presentation to EMT and will be presented to all the relevant Trust Boards during the last week of October. It was noted we are not signed up or committed to anything until March next year.</li> <li>• MB explained the third cut of the financial information to support the provider collaborative was due in August; this date was then moved to 21<sup>st</sup> September but this information has not been shared by NHSE as of today's date. This was noted as a major issue for this provider collaborative due to the change of Mill Lodge and Harrogate being added in the summer so the update is required to make sure the information is correct</li> <li>• The partner agreement which all of the partners within the partner collaborative will sign and outlines behaviour with each other, dispute resolution approach, approach to the financial risk and gain share, has been drafted and is currently with the legal team to review, before going out to partners. This will not be signed off yet due to the delay in the due diligence finance information</li> </ul> <p>MC noted that it may be that the Board will see information before the Quality Committee and suggested an offer to the Board to look at areas afterwards from the quality point of view</p> <p>MC thanked MB for the discussion. It was felt a very helpful to have the briefing at this stage and would encourage the execs in their consideration of a practical discussion on the quality delineation and responsibilities in certain circumstances along with how we as a committee assure the Board or challenge the collaborative if we felt the quality is too variable or unexplained. MC felt the relationship between the Quality Committee and the Commissioning Committee would be key. HG confirmed she will be sitting on the commissioning committee and it was felt this would be helpful in terms of liaison and deciding what might need to be brought across into the Quality Committee.</p> <p>MC wished MB good luck for the future and the fourth pathway and the Quality Committee look forward to supporting and participating in the quality assurance / quality development role as required.</p> <p>MB left the meeting the meeting</p>
64/20	<p><b>Patient Safety Dashboard</b></p> <p>HG briefed the meeting with background having purchased the datix dashboard as part of the quality account priority four, to enable use of the information at team level and felt it would be really useful for the Quality Committee to see how the information is being used.</p> <p>OS gave a demonstration of the live dashboard using some of the data already set up, explaining the reports and showing the dashboards which have currently been developed</p> <p>Level one – for units and teams to develop their own individual dashboards</p> <p>Level two – Divisional level dashboard, developed for divisional needs</p> <p>Level three – Trust wide dashboard</p> <p>Key points noted were :-</p> <ul style="list-style-type: none"> <li>• Team/Unit level, the dashboard means teams can access the datix information including feedback in a timely manner and will refresh as information is loaded.</li> <li>• Useful for recognising themes and trends and shows real time snapshot</li> <li>• Reporting requirement can be tailored to suit the needs of the team/unit as required</li> </ul> <p>The level three report tracks the year to date and current month with SPC charts and also includes GREATix and compliments data. It tracks incidents reported by unit to show the highest reporting areas with 'at a glance' thermometer gauges, and incidents waiting review (this is linked to a piece of work</p>

	<p>through CRMG and the daily huddle to ensure incidents are being closed off). It breaks down incidents waiting review by service area and by handler, and mimics the data reports for the incident management group so should be able to use the dashboard via MS teams in the future.</p> <p>The level two report at divisional level shows SPC charts reporting the incident rates for the year to date and includes specific metrics as requested by the division.</p> <p>The level one dashboard is bespoke to the team/unit and show reporting rates and incidents to date.</p> <p>Services have given really positive feedback and like the ability to track how they are performing and use the data to promote change within the service.</p> <p>Comments from the meeting included:</p> <ul style="list-style-type: none"> <li>• Was patient feedback included – OS confirmed this is not captured on datix at present but can be looked at in the future as noted safeguarding are now capturing all their contacts on datix</li> <li>• Feedback on graph two (level one) where the much larger column the other data hard to read and wondered whether this could be presented differently.</li> <li>• Did any box have a narrative section to bring out any usual information – OS confirmed listing reports are included as an option but the information shown today didn't include patient data so these have been removed. The system also has the option to drill down on each of the graphs and the columns can be click on to give the breakdown of individual incidents. The information can also be exported into excel for use within reports.</li> <li>• It was felt a useful tool. Enquired how people access the system. OS confirmed a datix log in is required, which is easily set up and then the datix link is on the internet page and will take you to the dashboard when logged in.</li> <li>• The dashboard for divisional and network requirements are currently being developed with the future plan to look at bespoke areas such are mortality information or pressure ulcers dashboards, then developing and ensuring the system is as widely used as possible</li> <li>• OS explained that the datix system and the dashboard are modules in the same system so every time a datix is reported this is updated in the dashboard.</li> </ul> <p>It was felt to be a good tool to help support decisions</p> <p>HG confirmed it was for the divisions to develop and make sure they are using the system and challenge those areas which are not using, and noted when she visits team's talks about the system and make sure everyone is aware. Need to ensure it is being used to inform quality improvement.</p> <p>MC thanked OS and HG for the demonstration and the committee commended and recommended the dashboard with its links to patient satisfaction, the performance quality report and quality improvement, and noted well done for the development of the dashboards.</p>
65/20	<p><b>Covid Focused Quality Insight Report</b></p> <p>The report has been co-produced by HG, JB and LP and HG explained it was a walk-through of the last few months during the COVID 19 pandemic and showing what we did, what we learned and what we will keep moving forward, along with research opportunities, risks and the next steps as we move towards phase three. JB noted that much of the information is hopefully already known through the comprehensive updates from LP to Gold command and the board.</p> <p>Key comments from the discussion were noted:</p> <ul style="list-style-type: none"> <li>• Suggestion of having some kind of research to show the impact of the changes on patients and staff and lessons learnt moving forward</li> <li>• It was felt some changes should stay and be taken forward even when the covid threat is reduced</li> <li>• Interest in the command assurance mechanisms and normal governance processes and the role of the ethics advisory group was noted.</li> <li>• Enquiry if the situation has improved our external relationships and the system resilience for the second wave</li> <li>• Picking up on the areas of services subject to temporary suspension in the report, interested to know how many services still suspended and how many are back to normal with timescales through phase three planning with possible dates of our plans to be 80% and 100% back to normal activities.</li> <li>• A good report, which was easy to read and brings everything together quite concisely</li> <li>• Noted hard to reach patient groups eg dementia etc, and how we making sure people are not left behind, struggling to use the technology we have moved to, especially digital. Need to ensure they</li> </ul>

	<p>are still being engaged with</p> <ul style="list-style-type: none"> <li>• Noted this is a good historical record, really good read, good format but could not see anything in the 'what would we not do again' category</li> </ul> <p>Responses to comments were noted</p> <ul style="list-style-type: none"> <li>• There were no issues of anything going badly, everyone was working at pace and did a fantastic job. Some teams may have had instances where they could have done slightly better but across the organisation everyone did a really good job in unprecedented times. Everything which was put in place through the first wave in terms of systems and processes has been kept in place ready to manage the next wave.</li> <li>• Partnership working has improved, at local, regional and national level. Conversation with other areas across the UK on Covid and other issues has opened up further discussion which has not happened in the past. Has created much better joint working and sharing of practice. During the throes of the first wave, especially with PPE issues, the support was fantastic with organisations helping and supporting each other, which gave the feeling we were not alone. Networks have been built on the back of this are continuing to move forward</li> <li>• The only areas of work still suspended are medical appraisals which are starting again soon but everything else has restarted and moving back to 'business as usual'</li> <li>• The link with the command arrangements included HG initially on the silver command and then moved to gold command, with JB on gold command which were noted to have felt comfortable. JB raised the issue with how gold command escalates to the wider system, for example in March during the first phase there was a struggle with access to testing and still an issue</li> <li>• The sense of community among the medical and nursing director network regionally has been fantastic and anything not in place in March is now there which is helpful for execs in terms of sharing intelligence</li> <li>• Gold governance was very good, open and transparent and linked in to the board, with separation from the business as usual work</li> <li>• JB noted regarding 'what went badly' and suggested we could ask ourselves if we were ready? He felt from the middle of March we were not really ready but caught up very quickly in terms of estates, IT and IPC and acknowledged we were not doing the same work eight months ago but once it was up and running, it really worked, with perhaps some organisational learning for us to take into the next phase</li> <li>• One concern is still staff testing which is out of our control and reliant on outside sources</li> <li>• Was noted feedback has shown it was felt the command structure of gold, silver, bronze being very responsive</li> </ul> <p>It was agreed the Covid focuses insight report should be escalated to the Trust Board and included with the assurance report. The report was commended and recommended to the Trust Board</p>
66/20	<p><b>Quality Insight Report</b></p> <p>HG noted the report gave an overview of the current situation and included the following key points</p> <ul style="list-style-type: none"> <li>• Trust Patient Safety Specialists. These are required by the national patient safety strategy and CC and TF will be covering this role between them. There is a very clear specification with the role so felt it was better to have two people leading on this</li> <li>• Healthcare Acquired Infection BAF which reports to the Board, and seen by the Quality Committee, has one outstanding action regarding ventilation in our units and HG has requested an update from Rob Atkinson when he is back from leave</li> <li>• Update regarding preparation for a CQC inspection in whatever format that may take in the future. Will still have the key lines of enquiry and the peer review process which has been re started this month, is focusing on this. These reviews are challenging during a pandemic but MS teams is being utilised and there have been some good conversations held at team level</li> <li>• Quality Dashboard from August with key indicators on performance and explanations of data, including incidents, SI's, family and friends test and complaints data with an update regarding the change of process currently in dealing with the complaints at the frontline of services, with the view to keep these covid changes going forward.</li> </ul> <p>MS noted another good report. Observed the ligature report due at the December meeting and noted there will be a large amount of work in progress from the CQC letter and enquire if we would be in a situation to have the information at the next meeting. HG confirmed the annual report would be presented containing the last 12 months information.</p> <p>MC enquired regarding the trust safety specialists noting they are both nurses and enquire if there was an environmental element thinking about the capital investment in the estate. HG confirmed TF is now</p>

	<p>part of the environmental safety group to ensure she is up to date with the environmental risks as the patient safety role covers everything.</p> <p>TF confirmed she had attended the first meeting of the national patient safety specialist network which identified that there will be a focus on five domains, which look at system approaches, learning from incidents, human factors, creating safe practice and seeing safety. There is more development of the individual roles and the opportunity to take an accredited qualification. Have linked nationally with the Mental Health and Learning Disabilities Director of Nursing forum who are doing some work with the CQC specifically around ligatures and looking at the environmental solutions and how we can move to having a framework of manufacturing solutions held nationally in the same way we have had approaches in eliminating healthcare acquired infections and pressure sores and will keep the committee updated.</p> <p>MC thanks HG for the report</p> <p><b>ACTION – To follow up estates action from the HACI BAF outstanding item (HG)</b></p>
67/20	<p><b>Waiting list – Assurance Report</b></p> <p>KF updated the meeting with the key points from the paper</p> <ul style="list-style-type: none"> <li>• Most areas have suffered with pressure on waiting lists due to Covid but the three main areas showing in the report are the department of psychological medicine, Memory services and CAMHS, and these areas are still looking for opportunities to try and reduce waiting lists.</li> </ul> <p>Psychological medicine had a waiting list pressure pre covid, with an increase in demand especially with chronic fatigue referrals which caused some issues during the first wave of the covid pandemic and lockdown and as a result of people are not presenting themselves to clinicians. The service also has to support A&amp;E to assist in managing emergency care which therefore caused routine services to suffer. To try to address the waiting list the services are looking at a SOP with a locum consultant appointed to assist the waiting list along with using the technology assisting a phased return for a staff member. Demand is now reducing with the service preparing for the next wave</p> <p>The memory service again had pressure pre-covid but also had some difficulties with service in terms of radiology being stood down so could not refer for CT scans for diagnosis. Technology has been good in many areas but the memory service had limitations and covid has impacted on service and staff. The routine service is now running again, having moved to new area to allow for social distancing. A new locum consultant is supporting the team with a psychologist helping out. Radiology has also returned and CT reports are now starting to filter through.</p> <p>CAMHS is an area that has always been challenging but the service is doing everything they can to try and have an impact. It was noted school closures didn't help, and although demand went down this is now increasing again with the schools back open. Upstream technology is coming online to try and improve the waiting times along with the appointment of an 8a and 8b psychologist to work with the team. Partnership working through the SMASH programme and head start programme to assist the schools to help the children and avoid everyone being referred to tertiary services.</p> <p>Transformation of the service is going ahead to the single point of access for all services with new investment coming through for neurodevelopment. Currently setting up the crisis team and home based team to pick up some pressures away from the routine with the home based team almost ready to start.</p> <p>Through work on transformation, looking at different ways to see people, acknowledging that technology has limitations in terms of dementia and autism and need for face to face contact, currently working with estates to ensure covid secure areas, whilst anticipating the winter pressure which may arise since school return has shown an increase.</p> <p>It was noted the trajectories should be available for the next meeting</p> <p><b>Action – to review trajectories and performance at the December 2020 meeting</b></p> <p>MC enquired if there was sensitivity of services to spot the occasional person who became high risk and KF noted that all patients on the waiting list will get information for a crisis situation.</p> <p>Comments from the meeting include:</p> <ul style="list-style-type: none"> <li>• JB noted there are a lot of people awaiting care, some of which is covid related and some not. If there was an easy fix solution this would have happened but noted we may be able to work smarter</li> </ul>

	<p>and use digital technology.</p> <ul style="list-style-type: none"> <li>• HG commented that no provider would want to have a waiting list but currently is not aware of a provider that doesn't in the current situation. There was progress with CAMHS pre-covid. HG agreed we do keep an eye on risk related to waiting lists and noted there is a tab on datix regarding waiting lists, with a piece of work on death whilst on waiting list currently going through CRMG</li> <li>• It was good to receive an update, noting we are on a journey and doing all we can</li> <li>• Good report addressing a challenging issue, a discussion was held regarding the time for trajectories and wondered if these should have been through sooner. KF explained the first graph from July showed a slow down due to people not wishing to attend health facilities due to covid with the first increase beginning to show in August. The view is to re-work the figures during October so we can see if we are returning to pre-covid numbers</li> <li>• A query was raised regarding using the private sector on block to assist with waiting list and KF explained that unfortunately the private sector do not work so well for CAMHS with it involving other areas such as social services and social care</li> <li>• A comment was received regarding the recruitment campaign on retired staff and leavers during covid and wondered if this could be looked at again for those areas with pressure on staff, asking them to do more as it will only get worse coming up to winter. JB confirmed there is a huge effort and focus on recruitment and retention in the Trust at present, which has changed from 18 months ago.</li> </ul> <p>MC confirmed a good discussion and good report, and thanked KF, LP and the team, and would like to keep an eye on the risk of having long waits as well as the actual waiting lists.</p>
68/20	<p><b>Quality Committee Risk Register (including COVID Quality Risk and BAF)</b> OS updated the key elements of the report.</p> <p>The risk register includes 13 quality risks rated 9 and above, and 7 quality related risks on silver command but noted this is a live document and has undergone a comprehensive review this week and will be revised. The BAF is the Q3 working version presented for comment and input and will be presented to the Trust Board at the November meeting.</p> <p>Comments and questions were received and noted MH6 – MS enquired regarding an update on the second 136 suite. HS noted this has been discussed at QPaS and the risk has changed and the division have been asked to review and re-scope the risk. It was agreed MS would be updated outside the meeting.</p> <p>DR commented regarding moving into the second phase of covid and the opportunity to look at the risk register and review the risks from what has been learnt. With an example of the initial command risk regarding PPE and the expectation of maintaining more normal service activity levels during the next wave which will create different risks. So suggested using the opportunity to look at the risks with a refreshed view. MC commented the staff resilience risk is also slightly more sophisticated now. HG confirmed that all risks have been scoped up recently as these sit on the other risk register and are pulled through to this register when the risk impacts on quality. It was noted the risk on PPE was discussed on Monday and agreed this required downgrading.</p> <p>PB queried regarding a possible risk if Inspire does not expand to open PICU as planned and suggested an update paper regarding the expansion. This was agreed as a good idea. HG noted the unit has a new team and new environment which has had a few teething problems and currently working with the team on these. There is a quality improvement plan which is being worked through and LP and HG felt it would be January before ready to open up the PICU to enable the other areas to be working well. It was noted the unit has its quality review from NHS England this week.</p> <p><b>ACTION – for update report on expansion of Inspire at December 2020 meeting (TB)</b></p> <p>MC suggested the executive team may wish to think about the staff resilience in light of the possible second surge along with expectations that phase three would mean moving to pre-covid levels of activity, as well as looking at the provider collaborative and the lateness of receiving the information on the finances for the fourth autism and LD pathway. It was noted a good risk register, dynamic and moving.</p> <p>The committee was happy with ratings and updates on the BAF.</p>

69/20	<p><b>Policies for approval from QPaS</b> It was noted there were no policies requiring approval at this month's meeting</p>
70/20	<p><b>Quality and Patient Safety Group minutes</b> It was noted the August QPaS meeting had been cancelled, the following meeting had just taken place on 1<sup>st</sup> October 2020, and information will be presented at the next Quality Committee.</p>
71/20	<p><b>Drugs and Therapeutics Group minutes</b> The minutes were noted with no queries raised. MC thanked Liat Chong for the assurance report.</p> <p>MC enquired regarding the move to in-house pharmacy dispensing and JB confirmed that feedback showed it was working well along with the electronic prescribing and noted the fantastic piece of work completed by Liat and corporate colleagues. It was agreed an update report on the changes would be helpful to the committee.</p> <p><b>ACTION – Pharmacy Transformation update report for December Quality Committee (JB)</b></p>
72/20	<p><b>Items Arising from the meeting requiring Communication, Escalation or Risk Register consideration and any lessons learnt</b></p> <p>It was agreed to escalate the Covid 19 Insight report as an appendix to the Committee Assurance report and noted the good discussion on provider collaborative presentation and the waiting list paper.</p> <p>The Quality Committee commended the Patient Safety Dashboard presentation, recommending its links to patient satisfaction, the performance quality report and quality improvement.</p>
73/20	<p><b>Any Other Business</b> JB invited anyone wanting to discuss mortality to contact him direct and he is happy to have an MS Teams meeting.</p>
74/20	<p><b>Date and time of next meeting</b> The next meeting will be held on Wednesday 9<sup>th</sup> December 2020 at 9.30am via MS Teams. Meeting invite will be updated nearer the date.</p> <p>MC thanked everyone for a good meeting,</p>

Title & Date of Meeting:	Trust Board Public Meeting – 27 <sup>th</sup> January 2021			
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 20<sup>th</sup> January 2021 and a summary of key points for the Board to note.</p> <p>The minutes of the meeting held on 18 November are attached for information</p>			
Any Issues for Escalation to the Board:	<p>The committee recommends that the Board: -</p> <ul style="list-style-type: none"> <li>•</li> </ul>			

**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, along with an update on the staff Covid vaccination programme

The committee received a presentation from the Mental Health Unplanned division. Presentations were also given on the PROUD programme and 2020 staff survey results. Updates from the reporting groups Equality, Diversity and Inclusion, Staff Health and Wellbeing and the Medical Education Committee were received as well as reports on the recruitment task and finish group, a leavers analysis deep dive, the NHS people plan and safer staffing.

**Key Issues:**

The key areas of note arising from the Committee meeting held on 20<sup>th</sup> January 2021 were:

Minutes of the meeting on 18<sup>th</sup> November were approved and the action log was updated with agreement for those closed actions to be removed.

The chair and deputy chair of the trust LGBTQ staff network group were welcomed as observers to the meeting.

Received the assurance reports for the staff health and wellbeing and the equality and inclusion groups. Noted the importance of health and wellbeing as part of the pandemic and our desire to keep focusing on this as well as the commitment from the staff networks seeing this as an important attribute. The Committee were also updated on the excellent progress in vaccinating staff with the new Covid vaccine. A verbal update on medical education committee was given as no meeting had taken place since the last committee.

The Workforce insight report was highlighted to the committee. The Committee noted that it improves month on month in terms of the intelligence and assurance it provides. As part of the debate, the Committee had detailed discussion on the hard to fill recruitment task and finish group and leavers deep dive analysis. As a result of this and the assurance the committee is getting from the data, the Committee would like to receive an overall consolidated report in the future in terms of further solutions towards retention, recruitment pipelines and skill mix possibly through an updated three year recruitment plan in light of the further intelligence now available.

Risks on the risk register were considered. Further updates of risks will be undertaken upon the results of the next staff survey and on feedback relating to appraisals. Noted rise in rule breaks due to increased pressure during pandemic and that the risk has now been included on the core risk register as well as the Silver command register.

Highlights' of the presentation for Mental Health division were given including actions they are taking to improve staff survey results and engagement in the division. The Committee noted the report and thorough action plan and acknowledged the timing being close to the next staff survey results and the affect that the pandemic has had on the service in terms of increase in demand and levels of sickness.

Presentation on the embargoed 2020 staff survey results was given covering the best scores, most improved scores and those that deteriorated. The Committee agreed it was a pleasing overall performance with further detailed discussion on results to be held at Trust Board.

A paper on the NHS people plan was received and progress noted despite the pandemic. Good work going on with over half completed, fourteen in progress and two near completion.

As part of the discussion on the people plan, committee was made aware of correspondences received from NHSE/I before Christmas regarding the Imperial Disciplinary Policy. This is a national piece of work that all Trusts were asked to undertake. A review of the disciplinary processes at the Trust was undertaken to ensure the Trust was thinking about the individual all the way through the process. Assurance was given in terms of inclusion in the insight report as well as the previously reported information about independent investigators that the Trust uses as part of its process. As a Trust, the committee agreed that some good work has been undertaken and this is reflected in the staff survey which shows that overall, effective processes are in place.

Overview of the 6 month safer staffing report was given. The Committee noted the good performance despite pressures during the pandemic with most areas maintaining position or improving. Those exceptions are continually being supported, with sickness remaining the biggest area of challenge to meet targets. Report provided assurance that we continue to

perform well regionally and nationally. Highlighted Inspire piece and proposal for one year review around staffing issues as good practice to take place.

Presentation on the Proud programme was given in terms of progress made and next steps. Committee acknowledged the fantastic work done so far and how this demonstrates the benefits of targeted investment.

**Minutes of the  
Workforce and Organisational Development Committee  
Held on  
Wednesday 18<sup>th</sup> November 2020  
14:00 – 15:40pm  
Microsoft Teams**

**Present:**

**Members:**

<b>Dean Royles</b> (DR)	Non-Executive Director Chair
<b>Steve McGowan</b> (SMc)	Director of Workforce and Organisational Development
<b>Lynn Parkinson</b> (LP)	Chief Operating Officer
<b>Francis Patton</b> (FP)	Non-Executive Director (until 3:20pm)
<b>Mike Cooke</b> (MC)	Non-Executive Director
<b>John Byrne</b> (JB)	Medical Director

**Other attendees:**

<b>Michele Moran</b> (MM)	Chief Executive (attended from 14:30 to 15:30)
<b>Karen Phillips</b> (KP)	Head of Workforce
<b>Trish Bailey</b> (TB)	General Manager Children's and LD (until 14:30)
<b>Iain Omand</b> (IO)	Deputy Director of Finance
<b>Tracy Flanagan</b> (TF)	Deputy Director of Nursing
<b>Grace Gava</b> (GG)	BAME lead
<b>Jessica Norton</b> (JN)	Personal Assistant, (Note taker)

69/20	<b>Apologies for Absence</b> Hilary Gledhill
70/20	<b>Declarations of Interest</b> None declared.
71/20	<b>Minutes of the meeting held on 16<sup>th</sup> September 2020</b> The minutes of the meeting held on 16 <sup>th</sup> September were accepted as an accurate record.
72/20	<p><b>2019 Survey Results (Presentation)</b></p> <p>Presentation from Children's and LD division was given by Mrs Bailey. The presentation included a video which was circulated as part of the committee papers. Due to the length of the video, the committee was asked to listen to the video prior to the meeting.</p> <p>Highlights of the presentation were given to the committee including the top ten scores, lowest scores, next steps, change of culture and summary of video content.</p> <p>The division's main concern from last year's survey was that only 50% of the division's staff felt they got feedback about changes. Since the survey there are now networks which have been set up to give these updates staff felt they were missing and managers are encouraging staff to attend these sessions. The division is hoping that the score for the same question this year will be higher in light of the measures now in place to address this.</p> <p>Committee agreed that this was a great presentation and video. Recommended that the managers split the video to make smaller videos for people to easily access.</p> <p>Mrs Bailey said that they are working on turning around poor quality feedback into more positive responses but this is an ongoing, continuing effort. Current staff survey is underway and trying to</p>

	<p>engage the division but due to circumstances and many staff feeling exhausted, it can be difficult getting them to complete the survey or to think about it overall rather than how they are feeling in that moment.</p> <p>Committee acknowledged the hard work of the division. Mrs Bailey stated that, though this is a very difficult time, have seen waiting lists going down which is hugely positive. Mrs Bailey added that a positive from the COVID situation is that the division have taken on the digital methods of working really well.</p> <p>Thanks were given to Mrs Bailey on her leadership.</p> <p><b>Resolved:</b> Presentation was noted.</p>
73/20	<p><b>Action Log</b> Action Log was reviewed and discussed.</p>
74/20	<p><b>Chairs logs from any groups reporting to this committee</b></p> <p>a) Staff Health, Wellbeing Engagement Group – chairs log was taken as read. Highlights include the addition of the new employee engagement co-ordinator who is now in post and will be supporting the group going forward. At the time of the meeting the staff survey response rate was at 38%. Victoria Winterton will be attending the next meeting to link in with charitable funds committee.</p> <p>b) Equality, Diversity and Inclusion Group – chairs log was taken as read. Mrs Phillips drew attention to the work John Duncan and the recruitment manager are undertaking in terms of a review of the disability scheme. The previously disability scheme changed and the Trust currently sits at level two. The review process is to try and get the Trust to level three. There is also an Equality, Diversity and Inclusion cleanse of data underway on Electronic Staff Record (ESR) system which is expected to be completed by Christmas. The BAME network meeting which links with this meeting has recently taken place with Wellbeing constantly on the agenda.</p> <p>c) Medical Group – chairs log and minutes were taken as read. Highlights include the current rolling out and delivery of medical education in GP surgeries. This has been tricky with COVID positive wards. As such, Trust is supporting students remotely. Committee agreed it is good to see all the positive work going on.</p> <p><b>Resolved:</b> Chairs logs were noted.</p>
75/20	<p><b>Policies for Approval</b> Travel and Expense policy was shared with the group. Mr Omand attended to highlight the changes made to the policy.</p> <p>In light of a recent audit, recommendations were made in terms of changes to the policy of which those recommendations have been incorporated into the revised policy that sits with this committee. The policy has been approved at Operational Delivery Group and Executive Management Team meeting. Counter fraud and previous audit providers audit one have both reviewed the policy and the policy has been to Audit Committee where the previous and current auditors attended.</p> <p><b>Resolved:</b> Policy approved</p>
76/20	<p><b>Workforce Insight Report</b> Highlights of the workforce insight report were given by Steve McGowan including:</p> <ul style="list-style-type: none"> <li>• 180 more staff in post than 12 months ago</li> <li>• 34 more nurses in post than 12 months ago</li> <li>• Sickness down 0.5%</li> <li>• 147 DBS renewals remaining. Made good progress on DBS checks but more work to do to get all checks completed.</li> </ul>

- Statutory and mandatory training remains above target. There are currently twelve non-compliant statutory mandatory training courses. Eleven of these are face to face so noncompliance is as a result of the cancellation of face to face training due to COVID.
- Appraisal window is now closed. At the end of the window, over 87% appraisals were completed. Those outstanding will be expected to be completed.
- Work to do on GP and consultant vacancies. More detail to be discussed as part of recruitment agenda item.
- Records of rule breaks on Mental Health unplanned due to pressures operationally
- Return to work compliance is been reviewed at the Executive Management Team meeting.
- Sickness and isolation numbers are 8-9% with 127 incidences of COVID related sickness.

Committee agreed that the highlights far out way the low lights and that they like the new approach and introduction to the report.

Committee noted that on national staff survey, they have taken out a quality question this year. Committee is aware that at the early stage in terms of appraisal and their quality, this can drop during the window but should see this improve when the next window opens.

In terms of the flu jab, thankful for the offer of support offered from the non-executive directors. Daily updates are received on the flu figures with the centre pushing to get this completed as soon as possible. Roll out of the flu jab is continuing. Assured by plan to get front line vaccinated by next week. Trust was red flagged as below 50% in terms of uptake. League table comes out shows the position of the Trusts. Everyone working hard to get the vaccines done. Mr Patton supported this and felt assured by the plan when he spoke to Helen Mumby in occupational health. Committee was reminded that the Trust submitted flu plans in June but has had to expedite this due to centres new plan to get them done sooner. Flu jab is also voluntary and not mandated.

Humber High Development scheme closing date is shortly. The offer was made for those on the scheme to observe committees.

In terms of expectation management, the current pandemic situation may be holding people in roles that they may leave once the COVID impact reduces. Expectation is also that absences will rise due to the pressures on staff. Committee agreed that it is good to see the team working on it.

**Resolved:** The report was noted.

Proud leadership and development programme to be added as an agenda update as update due.

**Action: KM**

77/20

**Risk Register**

Mrs Phillips presented the risk register to the committee. There are currently nine risks rating above 9 including the workforce register and COVID related risks which come from silver command.

Committee noted that there are four risks that relate on the staff survey. Progress will not be seen on these until February once the staff survey results are in. Committee noted that one of the risks is based on an appraisal question that was asked last year but is not in this year's survey. Mrs Phillips confirmed that she would look into this.

Attention was drawn to risk 34 regarding anxiety and fatigue of staff. Committee aware that this is a concern for the Trust as a whole across all divisions but especially those in operational divisions. The risk is rated at 16 with a target of 4. Anxiety and fatigue has been raised often recently and need to keep an eye out for this becoming critical with indicators such as increases in areas such as sickness, take up of counselling services and filling of shifts by agencies. There is assurance that all of this is discussed in Silver and Gold command to keep track of any warning signs so the Trusts can address them quickly.

A scheme that has been approved to improve staff wellbeing is the VIVUP scheme which, as a

	<p>result, will allow access to the employee assistance programme which the Trust can roll out to staff and their family members.</p> <p>Committee agreed plans needed to be discussed at Trust Board in relation to what the Trusts longer term plan on mental health is and then the Executive Management Team can then see where this will feed into.</p> <p>The resilience work been undertaken is going down well. Aware that the Trust needs to do more resilience building to cover not just work but life outside of work. Currently looking to see if the Trust can do something on a wider scale. There is a plan for a resilience hub across Humber Coast and Vale and we are making sure we are part of this.</p> <p>Committee were advised that the Trust is moving testing out of occupational health and creating a separate team for testing. The deputy chief operating officer is overseeing this.</p> <p>Query was raised in terms of goal four scoring as to whether, based on conversation and discussion, this should be yellow. SMC to review.</p> <p><b>Resolved:</b> The risk register was noted.</p> <p>Investigate the survey appraisal question that was asked last year but is not in this year's survey. <b>Action: KP</b></p> <p>Goal four scoring to be reviewed. <b>Action: SMC</b></p>
78/20	<p><b>Recruitment Task and Finish Group</b> Mr McGowan presented an update on the plan.</p> <p>In terms of nursing, work undertaken so far has produced good results. There have been 83 new nurses this year alone. However they are still seeing a higher turnover than aimed for.</p> <p>There is a conversation planned at the Executive Management Team meeting to discuss the leaver's data across the Trusts as a whole. Recruitment of general practitioners and consultants has been more difficult and there is work to do in order to reduce the vacancies.</p> <p>The group feels more positive than 6 months ago in terms of the position of getting people to fill these hard to recruit roles. Consultant recruitment is still a difficult position.</p> <p>Good news was received this morning in terms of the Trust been part of a consortium across Yorkshire to look at international Nurse recruitment.</p> <p>Thanks were given by the committee to those who have put in the work to recruit to the hard to fill roles.</p> <p><b>Resolved:</b> The report was noted.</p> <p>Leavers' data to be brought to the next meeting. <b>Action: KP</b></p>
79/20	<p><b>Student Capacity Bids</b> Paper on student capacity bids was presented to the committee by Mrs Flanagan. An overview of the investment available to support an increase in students on placement across the Trust was given. A discussion over the use of funding and options available was undertaken including the procurement of laptops to enable students to continue placements and continue working remotely when necessary as well as the continuation of funding to grow nursing placements. Currently experiencing challenges with placements (reduction of 50%). There is a priority on three year students to get placements done so can qualify. Lots of placements have had to stop taking students due to environment the work takes place in as well as how teams now work. As a result,</p>

	<p>thinking more creatively about the placements including the creation of a clinical placement group as well as looking to move away from short term placements and be more on the front foot.</p> <p><b>Resolved:</b> The report was noted.</p>
80/20	<p><b>To Review the Meeting</b>  Committee reviewed the meeting and the discussions held. Committee agreed that they were pleased with the papers provided for agenda items and liked the new insight report. Committee recognise the positives as well as the risks ahead. Escalation to Trust Board of the control risk 34 required.</p>
82/20	<p><b>Any Other Business</b>  The chairs of the staff networks will get an invite to attend the meeting on a rota basis. John Duncan can provide this information.</p>
83/20	<p><b>Date and Time of Meetings in 2021:</b>  Wednesday 20<sup>th</sup> January 2021, 14:00 – 16:00 pm</p>

**Agenda Item 13**

Title & Date of Meeting:	Trust Board Public Meeting – Wednesday 27 January 2021			
Title of Report:	Charitable Funds Committee Assurance Report			
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 19 January 2021 alongside minutes of the previous meeting held on 3 November 2020 which are attached for information.</p>			
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Assurance Report	√
Any Issues for Escalation to the Board:	No items where highlighted for escalation to the Board.			

**Monitoring and assurance framework summary:**

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



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

### **Key Issues:**

A meeting of the Charitable Funds Committee (CFC) was held on 19 January 2021. The meeting was positive and well attended with good progress and assurance being made in this area.

### **Key Issues**

The Committee:

- Welcomed both Sharon Mays and Michele Moran to the meeting.
- Noted Professor Cooke's declaration of interest that he is on the Board of Trustees at the Yorkshire Wildlife Trust (YWT).
- Approved 3 November 2020 CFC minutes (attached) as an accurate record.
- Noted the progress on the actions list and workplan.
- Noted the November Board Assurance Report.
- Noted the Insight Report and the good progress being made, in particular support to staff over the Xmas period and making staff feel valued and updates in relation to the Whitby Appeal.
- Noted that there is a need to remain focussed on fundraising and how we are counting and capturing as well as monitoring grants applications and success with these.
- The Committee look forward to hearing about the Humber Centre Shop Proposal at the next meeting.
- The Committee requested an update on the CAMHS/Impact Appeal progress at the next meeting.
- Noted the good progress being made in relation to the Finances, noting that consideration is needed to maximise the benefit from restricted funds, consideration on utilisation of the larger unrestricted funds which are available to all, and also to be aware of where teams are not applying for funds via the Circle of Wishes.
- Noted the Operations Plan/KPIs Report requesting an update on most recent benchmarking and ensure focus remains against the ratio of funds to costs.
- Noted the updated Risk Register Report and requested Ms Winterton meet with the Risk Manager to review the current COVID risk in relation to charity fundraising recognising a very competitive charity environment.
- The Committee requested the team to remain closely involved in the Mental Health redesign project.
- Professor Cooke welcomed thoughts on today's meeting and the progress we are making. Everyone in attendance agreed it was a really positive meeting and everyone is really happy with the way that things are going and progressing. The Committee noted the positive steps moving forward in relation to governance.

## Charitable Funds Committee

### Minutes of the Charitable Funds Committee Meeting

Held on Tuesday 3 November 2020, 12.30pm – 2.30pm, 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  
Victoria Winterton, Head of Smile Health  
Kristina Poxon, Fundraising Manager  
Kerrie Neilson, PA (minutes)

**Apologies:** Michele Moran, Chief Executive

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 19 January 2021.

42/20 **Declarations of Interest**  
None declared.

43/20 **Minutes of the Meeting held on 22 September 2020**  
The minutes of the meeting held on 22 September 2020 were agreed as a correct record.

44/20 **Action List, Matters Arising and Workplan**  
The actions list was discussed and the following was noted:

#### **32/20 (a) Insight Report**

Professor Cooke asked if there are any breakeven scenarios in relation to the Humber Centre Shop proposal. Ms Poxon reported that this is still very much in the early stages of planning. It was noted that conversations are on-going with the Estates Team and Voluntary Services. It was noted that Voluntary Services are very keen to support this, and feel that there is a market, and a number of volunteers that would be suited to support this. The team within the Humber Centre are currently doing a breakdown of the finances, and how the current tuck shop is running financially, as it stands to date. Professor Cooke welcomed questions and comments. Mr Beckwith asked Ms Poxon if she can reach out to Neil (service user) who attended the September Trust Board meeting as he is very interested in the shop. Ms Poxon advised that she has reached out to Mandy Dawley and the Patient Carer and Experience Team to ensure we have that patient involvement.

**Resolved:** The verbal update was noted. It was agreed that a more detailed project plan will be brought to the next meeting in January. Ms Poxon agreed to reach out to Neil Service User who attended the September 2020 Board meeting, to talk about his journey to healthy living on Swale Ward. ACTION KP/VW

#### **23/20 (b) Operations Plan 2020/21 & KPI's**

Mr Barber verbally reported that we are still awaiting the information from NHS Charities together. We have received positive feedback from them on how we are spending money in the

local area. As soon as the information is available it will be shared with the Committee.

**Resolved:** The Committee agreed to discuss this again in January. **ACTION AB**

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

Mr Barber summarised the Health Stars presentation on Bridlington. The key points are noted below;

- Health Stars currently has funds totalling £160,000 for Bridlington.
- These funds have limited engagement due to the change in services.
- Funds have limited transactions in and out as services are not delivered by Humber and services have vastly reduced.
- The evidence work showed that a high % of funds were designated not restricted to Ward.
- Funds were aligned with the \*Macmillan Ward (name not linked to charity).
- Many of the patients are now cared for in the community or at ERCH, which has its own charitable funds.
- Bridlington is a key focus for all statutory partners with a wide range of health inequalities prevalent.
- Throughout Covid Bridlington saw the largest demand for support to the shielding for Food & Medications.
- The Humber social prescribing teams have highlighted the lack of resources available to refer into for the elderly.
- Voluntary sector provision was limited in the area and over stretched in the first wave.
- Bridlington is a key focus for all statutory partners with a wide range of health inequalities prevalent.
- Throughout Covid Bridlington saw the largest demand for support to the shielding for Food & Medications.
- The Humber social prescribing teams have highlighted the lack of resources available to refer into for the elderly.

Humber have strategic and operational activity in Bridlington including;

- Social Prescribing (Natalie Belt)
- Health Trainers (Natalie Belt)
- Older peoples mental health team
- Links with the Primary Care Network (Natalie Belt)
- Position on the Bridlington reimaging board (Vicky Scarborough)
- Bridlington Partnership Board (Natalie Belt)
- Primary Care Provision (2 Practices)

It was noted that the Age U.K services lost from the area.

#### Stage 1 – Working with partners

- We would like to develop an older people's partnership in Bridlington.
- Fully scope the range of services.
- Work with the community to develop a strategy to map, connect and then highlight gaps in provision.
- Establish a network of providers.
- Connect into the work of social prescribing, Community Mental Health Team.
- Provide investment from the fund to stimulate provision to fill the gaps.

#### Health Stars – Why Us?

- We have a duty to utilise the funds, physical enhancements to the hospital facility are no longer a priority as the service has evolved.

- This funding was raised/donated by Bridlington people for Bridlington.
- Members of the community want to see how we are using the funds.
- The need has evolved, Independent living and support to people in the own homes saves the NHS money and enhances services (people focused).
- We have the ability, connections and assets to stimulate something that will have a long-term Impact on the communities.
- It's an opportunity to develop further links for Health Stars and future investment into the charity.

He reported that there are a large percentage of funds that are for Bridlington and in the current climate we do not have much engagement going on. He went on to highlight the challenges within Bridlington and the relationship that the Trust has got with the residents in Bridlington. Through a number of areas of work, and to reach out to this Committee and have a discussion on how we can potentially work with that community going forward, with these funds on the basis of the piece of research we did around designation and restriction of the funds but also the reputational risk. He asked the Committee to express their opinions on the suggested approach about working with the community, and looking at providing stimulus to new services in Bridlington, and also supporting the existing services to come together and work a lot smarter. If the Committee is in favour Health Stars would like to draw up a full proposal to be taken to the Executive Management Team (EMT) followed by the Trust Board, in the new year.

Professor Cooke asked about Whitby mobilisation and whether there are enough resources to do both. Ms Poxon reported that unfortunately things have been slow off the ground due to COVID-19 but things are still progressing. Mandy Dawley (Head of Patient and Carer Experience and Engagement), along with the Patient Carer and Experience team have hosted a number of virtual events to get the community engaged. Mr Beckwith, Mr Barber and Ms Kirby have put together the Project Appeal Group and on the back of that there are four newly formed Task and Finish Groups. The first group is for the art work, the second group is for the grounds and landscaping, the third group is for the hospital naming, and the fourth group is for a fund raising appeal group. All of the groups will be chaired by members of the public but overseen by Ms Poxon. Ms Poxon will run the actions trackers to ensure that all actions are picked up and fed back through the Trust. The hope is that the fundraising group will then invest in members of the public and create a role for a charity for ambassador so we can really get the community engaged, so it is locally led with the fundraising. Good impact so far and it's been really positive. She then drew attendees attention to the proposed logo included in the papers.

Professor Cooke welcomed thoughts and ideas from the Committee in relation to Bridlington Health Village. Mr Beckwith confirmed he does support this in principle but needs to know the detail and know what the funding will be used for. Mr McGowan agreed with Mr Beckwith's point about the need to know detail. Mr Baren pointed out that less than 50% of the hospital is actually used, although it belongs to York. He suggested thinking about a joint venture. Professor Cooke noted that he would like to see Mr Barber and Natalie Belt talk about this in more detail, and how this could work practically how you use the leverage of £160K, and how that footprint has helped the Smile foundation move forward. Mr Barber thanked everyone for their feedback. He reported that good progress is being made and would like to come back to a future meeting with a proposal. He highlighted that there is a strategic benefit, as well as a community benefit for this to be progressed. Professor Cooke and the Committee support it in principle but are concerned about the timing.

It was noted that any questions or comments relating to the Bridlington presentation need to be sent direct to Mr Barber.

**Resolved:** The updates were noted by the Committee and the action list will be updated accordingly. It was agreed that the Health Stars presentation relating to Bridlington would be shared with the Committee after the meeting. ACTION KN  
The Committee agreed the Bridlington Health Village in principle. The Committee agreed that a detailed formal proposal needs to be brought to a future meeting with the support of Natalie Belt

(Bridlington Health Trainer Service Manager). **ACTION AB/KN**

### **Monthly Board Assurance Report**

45/20 Professor Cooke presented the report which was presented to the September Trust Board. It was noted that the Trust Board welcomed the report and are happy with the way that things are progressing.

Professor Cooke formally thanked everyone for their hard work.

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

### **Insight Report**

46/20 Ms Winterton presented the report that provided an update on topical issues. The following key issues were highlighted:

- NHS Charities Together BAME Project Funding
- NHS Charities Together Stage 2 & Stage 3 Funding
- Health Stars Food Hampers 2.0
- Whitby Appeal
- Christmas Wishes

Ms Winterton provided a verbal update following the incredibly successful BAME Project Lead interviews that took place on 21 October. The successful applicant Bibhash Dash has accepted the role and he starts with Health Stars on 23 November.

Professor Cooke welcomed questions and comments. Mr McGowan is pleased with the positive progress made. He said all groups are important but emphasised the importance not to lose sight of the other staff network groups.

Mr Baren queried the job specification in terms of the role. He asked if the employee would be working on other things or solely on BAME. He went on to ask who the employer would be, and how many days a week the role is. Ms Winterton confirmed the employer would be the Smile Foundation and the role is jointly funded by Smile and the NLAG charity, over 5 days a week, and the role is covering BAME across the patch of the two Trusts. Mr Barber confirmed this information had been included in a previous paper to Charitable Funds Committee.

Mr Baren asked how long the £50k will last. Ms Winterton confirmed that there is only 1 year of funding for salary costs because the other money has been allocated to different elements of BAME support across the Trust. She hopes to get the KPIs in place, see how the role goes and then apply to Trusts and Foundations for grants to continue the role funding for future years. She is hopeful that we will be successful in getting funding for subsequent years. Mr Baren would like to see some measurements around that to see how successful it is.

Ms Winterton provided an update on NHS Charities Together Stage 2. She reported that stage 2 is continuing to progress and work is continuing with the other charities in our patch, and we are getting some really good feedback from NHS Charities Together, for the approach that we are taking. It was noted that the meeting happened after the papers was submitted to this Committee. However, it was noted that the notes from that meeting will be circulated after the meeting today. Ideas are starting to come together for projects, which is a real positive.

Ms Winterton went on to provide an update on Stage 3 funding. She reported that not many ideas have come forward as yet but work is in progress to encourage people to come up with ideas so that we can apply for the funds. Professor Cooke asked for views on how we can help facilitate this. Mr McGowan suggested that the Staff Health and Wellbeing Group that Lynn Parkinson chairs is where the energy needs to be and to get the message out there. He also suggested the Leadership Forum and Sue Hillier has the circulation list. He also suggested putting a section within the workforce newsletter that goes out to managers.

Ms Winterton proposed bringing back Health Stars food hampers but in a very different format to before. The suggestion is to purchase three luxury food hampers per month for November, December, January and February. The idea is that we would ask staff to nominate teams to receive a food hamper each month. We would then ask the exec team to choose which team should receive the hamper each month.

Professor Cooke welcomed views and comments. Mr McGowan and Mr Beckwith expressed their concern around the exec team choosing the winning team. The Committee agreed to change the decision making from the exec team to the Staff Health and Wellbeing Engagement Group. It was noted that the Staff Health and Wellbeing Engagement Group will also deal with the decision making. Ms Kirby highlighted the need to be mindful of the corporate staff, as they do often feel left out.

Ms Winterton advised there is nothing further to add in relation to Christmas wishes and progress is being made in relation to Christmas fundraising.

Ms Winterton noted that the interviews for the Whitby Hospital Appeal Coordinator are scheduled for next week. The Committee discussed the logo. Mr Baren asked what the 'i' in Whitby represents. Ms Poxon explained that it represents a magic wand adding the sparkle. Ms Kirby confirmed that she has been involved in the logo and is happy with it.

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

**Ms Winterton agreed to circulate the notes from the second NHS Charities Together meeting where key themes was established to CFC Committee members. ACTION VW. Ms Winterton also agreed to contact Lynn Parkinson on the Committees behalf and ask for some charity ideas from the Staff Health and Wellbeing Group in relation to phase 3 NHS Charities funding. ACTION VW.**

47/20

#### **CFC Finance Report and Circle of Wishes Update**

Ms Winterton presented the report explaining that there is nothing much to add. Professor Cooke referred to the run rate, profit/loss, restricted and non-restricted and noted it is good to see that and it is very interesting. Mr Baren stated that we are very much reliant on the larger grants income coming in given the fact that fundraising is very difficult with the COVID situation and there might be more work to do about legacies and things like that.

Professor Cooke thanked Ms Winterton and Ms Poxon for the report. He welcomed further comments from the Committee. Mr Baren's made reference to central charges and asked why those have not been allocated. Mr Barber reported that there is an error in relation to the admin fees for Smile. The fees was higher in July than they are normally are. Ms Winterton added that this was due to a role change over and this has now been corrected.

Mr Baren queried the accounts and asked if those are on the November Trust Board agenda. Mr Beckwith confirmed it is.

Professor Cooke referred to Whitby. He asked if the £61k is pre appeal. Ms Poxon confirmed yes, that also includes the transferred money from the League of Friends which is approximately £30k.

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

**Mr Barber agreed to amend the admin fees for Smile and ensure they are split accordingly in time for the January meeting. ACTION AB**

**Mr Beckwith agreed to finalise the accounts and send to Mr Baren for final review for inclusion on the November Board agenda. ACTION PB**

48/20

#### **Health Stars Operating Plan KPI's 2020/21**

Ms Winterton apologised and explained to the Committee that the report was missed off the

previously circulated combined meeting papers. It was agreed the report would be circulated be circulated after the meeting.

**Resolved:** The Committee noted the verbal update. 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. ACTION KN

49/20

#### **Items for Escalation or Inclusion on the Risk Register**

Professor Cooke summarised the virtual Microsoft Teams meeting. He formally thanked everyone for all of their hard work and for being proactive. He asked that the following items are escalated to the Board.

- It was agreed that the Health Stars presentation would be shared with the Committee after the meeting.
- The Committee agreed the Bridlington Health Village in principle. The Committee agreed that a detailed formal proposal needs to be brought to a future meeting with the support of Natalie Belt.
- Mrs Winterton agreed to contact Lynn Parkinson on the Committees behalf and ask for some charity ideas from the Staff Health and Wellbeing Group in relation to phase 3 NHS Charities funding.
- 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.
- 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.
- The Committee noted the verbal update and endorsed the Audit Committee recommendation that any expenditure above £100k is taken to the Board for approval.

Professor Cooke formally thanked Mr Barber, Ms Winterton and Ms Poxon for their hard work and for being proactive.

**Resolved:** The verbal update was noted by the Committee. It was noted that all of the above will be included in the November Board Assurance Report and be sent to Professor Cooke for final approval. ACTION PBec/MC/KN

50/20

#### **Any Other Business**

Mr Beckwith referred to a discussion that took place at Audit yesterday in relation to scheme of delegation and standard financial instructions, whereby it was agreed that anything over £100k would need to be approved by the Board. The Committee approved the endorsement.

**Resolved:** The Committee noted the verbal update and agreed to endorse the Audit recommendation to the Board as and when anything over £100k is received. ACTION ALL

51/20

#### **Date and Time of Next Meeting**

Tuesday 19 January 2021, 10.00am – 12noon, via Microsoft Teams.

Signed: .....Chair: Mike Cooke

Date: .....

**Agenda Item 14**

Title & Date of Meeting:	Trust Board Public Meeting - Wednesday 27 <sup>th</sup> January 2021			
Title of Report:	Six-month Review of Safer Staffing – Inpatient units (April 2020-September 2020)			
Author(s)	Executive Lead: Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals  Author: Tracy Flanagan Title: Deputy Director of Nursing, Allied Health and Social Care Professionals			
Recommendation:	To approve		To receive & note	
	For information		To ratify	✓
Purpose of Paper:	<p>This report presents the outcomes of the review of safer staffing requirements across our in-patient units using the National Quality Board (NQB) guidance and NHS Improvement 'Developing Workforce Safeguards'. The requirements state the need for a comprehensive review of staffing at team level which should be reported to the Board twice a year. This report covers the period April 2020- September 2020. It provides a current position in relation to Care Hours per Patient Day (CHPPD) and key performance indicators (KPI) for each unit.</p> <p>The report provides assurance that our levels of staffing are safe and supports the Director of Nursing and the Medical Director in providing a confirmation statement to the Trust board to this effect.</p>			
		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	Jan 2021
	Finance & Investment Committee		Executive Management Team	Jan 2021
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report:	<ul style="list-style-type: none"> <li>• Overall the majority of units are maintaining good and safe fill rate requirements and performance with the majority of areas seeing an improvement. This is despite the impact of the COVID 19 pandemic</li> <li>• Westlands; Townend Court and Inspire require further improvement in relation to fill rates.</li> <li>• Sickness remains a challenge across the majority of areas and this is a factor in lower fill rates and CHPPD. The Humber Centre has improved their sickness performance overall and Avondale's sickness has improved again for a third time. PICU has the highest levels of sickness at 13.6%. They experienced a significant outbreak of Covid 19 amongst the staff team but despite this have maintained their CHPPD and performance against other quality measures</li> <li>• The majority of areas have seen an improvement in their RN vacancies with the exception of MVL, MVC, Granville,</li> </ul>			

	<p>Townend Court and PICU.</p> <ul style="list-style-type: none"> <li>• Data shows that areas with lower fill rates are still providing good CHPPD due to reduced bed occupancy</li> <li>• CHPPD for the 2 community wards has improved and looks favourable when compared to acute trust CHPPD for a 20 bedded older adult unit.</li> <li>• Incidents reported via Datix show no episodes of harm associated with staffing shortages</li> <li>• Sustained or improved performance in training and supervision across most areas is noted</li> <li>• The appraisal window was introduced during the reporting period and whilst some areas had lower compliance in Sept 2020 than for the previous reporting period by the end of the window (October 2020) the majority of areas had improved and were above the target the exception being Inspire</li> <li>• The Trust in patient units maintain a strong CHPPD performance (upper quartile) when benchmarked regionally and nationally</li> <li>• AHP roles and new roles including Nursing Associates continue to not always be captured on roster and do not contribute to fill rates and CHPPD. Work to resolve this was suspended due to the Covid 19 pandemic. This work is recommencing.</li> </ul>
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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	

## Six-Month Review of Safer Staffing

### 1. Introduction and Purpose

This report presents the findings of a review of safer staffing across our inpatient units for the period April 2020 to September 2020. It provides a current position in relation to Care Hours per Patient Day (CHPPD) and key performance indicators (KPI) for each unit. The report reflects the latest NHS Improvement reporting requirements outlined in 'Developing Workforce Safeguards' (NHSI Oct 2018). It also acknowledges the 'Delivering and Monitoring Safe Staffing in Mental Health and Learning Disability Services assurance framework for COVID 19' which was circulated by NHS I and E in November 2020

Due to the second wave of the COVID19 pandemic the expected discussion and analysis at team level of what an efficient use of staffing establishment from a finance/rostering perspective, alongside local feedback in relation to multidisciplinary team (MDT) and leadership continuity and patient and staff satisfaction has not been possible. Similarly a review of existing establishments based on available dependency data using recognised evidence based methods i.e Mental Health Optimal Staffing Tool (MHOST) and the modified version of the Safer Nursing Care Tool has not been able to be undertaken for this period.

#### 1.1 Unit Changes

The Inspire CAMHS unit opened in January 2020 and they have been included in this report. Darley closed in March 2020 so they are not included in this report and Pine View opened in March 2020 and are included in this report. During the reporting period Hawthorn Court patients were transferred to the new STARS unit on Beech ward and subsequently moved to Mill View Court. Hawthorn Court and Beech are therefore not included in this report. Mill View Lodge staff and patients moved to Hawthorn Court during the pandemic. Mill View lodge provided additional bed capacity to Mill View Court as the cohort ward and the unit was covered by the MVC staff team. Mill View lodge data in relation to fill rates and CHPPD has therefore not been included in this report, however training, supervision and appraisal rates have been considered.

### 2. Findings

Themes remain consistent with previous issues that the Board have been appraised of via the monthly safer staffing reports.

#### 2.1 Fill Rates

Since the last reporting period the lower target of 75% registered fill rates on days has been met by all units with the exception of Maister, Westlands, Townend Court, Mill View Lodge Mill View Court and Inspire. Townend Court persists with low fill rates but due to low bed occupancy their CHPPD is high. Maister Lodge continues to have low but improving fill rates for registered nurses (RN) on days but good CHPPD rates and they have maintained the introduction of new roles following unsuccessful attempts to recruit registered nurses. These new roles are currently not reflected in the fill rates. Work to resolve this was suspended due to the Covid 19 pandemic and will be picked up in the next round of establishment reviews.

Mill View Lodge was not operational for a significant time during the reporting period. When patients were on the ward their CHPPD rates suggest they had good staffing levels.

During the reporting period Millview Court was designated as the Trust COVID 19 cohort ward. During this period bed occupancy was reduced resulting in the maintenance of the CHPPD figures despite the drop in fill rates. Additional support was provided directly to the ward from Physical Health team who are RNs and Emergency Care Practitioners. They worked shifts and provided out of hours support but are not reflected in the fill rate and CHPPD figures

During the Covid 19 pandemic first wave, business continuity plans were implemented to provide additional staffing resource to priority areas including inpatient services. Where fill rates were not achieved, patient safety on in-patient wards was maintained by nurses working additional unplanned hours, community staff being redeployed to inpatient areas, staff covering across wards and use of bank and agency staff. In addition, members of the multi-disciplinary team and ward managers have supported nursing staff in the delivery of planned care in conjunction with patient care being prioritised over non-direct care activities. Staffing levels across all wards are assessed daily and at each shift and the mitigation of risks and contingency planning takes place in line with the protocol of escalation which on occasion results in temporary closure of the unit to admissions approved by the executive director to maintain safer staffing requirements

## **2.2 Care Hours Per Patient Day**

CHPPD in all areas remains above the national average. For Malton and Whitby where the national comparators are not reliable as they do not relate specifically to community wards, we have sought information from an acute trust which indicates their required CHPPD on a 20 bedded elderly medical ward, based on the Safer Nursing Care Tool calculations is 6.2. Both Whitby and Malton have achieved comfortably higher CHPPD for the reporting period.

## **2.3 Registered Nurse Vacancies**

The majority of areas have seen an improvement in their RN vacancies with the exception of MVL, MVC, Granville, Townend Court and PICU. PICU has seen a further increase in vacancies from 51% to 57%.

The nurse recruitment project lead has been in post since March and is supporting the trust wide hard to recruit plan. They are working with those wards experiencing recruitment and retention difficulties to develop tailored recruitment and retention plans including targeting campaigns and the use of agency nurses to support in the short term.

## **2.4 Sickness**

Sickness during the pandemic remains a challenge across most areas with only Avondale maintaining a position across the last three reporting periods and improving from the previous reporting period to a current level of 2.8%. The Humber Centre has improved their sickness performance overall and Inspire has a sickness level of 2.3% . PICU has the highest levels of sickness at 13.6%. They experienced a significant outbreak of Covid 19 amongst the staff team but despite this have maintained their CHPPD and performance against other quality measures

## **2.5 Training/Appraisal and Supervision**

Since the last report we have maintained a stable or improving position in terms of training compliance with all units achieving the trust targets. This is mirrored with an overall improvement in supervision with the majority of units achieving the target, the exception being Westlands and Townend Court with compliance of 68% and 66% respectively. This will be monitored locally and through the accountability reviews to ensure improvement over the next reporting period.

## **2.6 Cancelled Leave- Mental Health/Secure and Learning Disability Services**

Cancelled section 17 leave has been incorporated into the safer staffing dashboard report for all the Mental Health and Learning Disability teams. 16 episodes have been identified in this period compared to 5 in the previous reporting period; Ullswater have reported 10 incidents; Pine view have reported 2 Newbridges have reported 2 incidents and Inspire and Townend court have reported 1 each. This indicator will continue to be reported in the monthly safer staffing dashboard. The data is collated from Lorenzo.

## **2.7 Incidents**

Specific incidents where safety concerns have arisen have been reported through Datix and escalated through operational management to action. 63 incidents were reported on datix citing staffing level shortage. One of these is reported as causing low harm. This was reported as a Covid related staffing incident. It concerns an unexpected admission arriving out of hours who required isolating and constant engagements. This was managed by getting test results back and getting extra staff. It did not cause any actual patient harm.

Thirty two incidents were reported as employee issues rather than patient safety including having to work extra hours; not being able to take breaks and registered nurses in Humber Centre and Townend Court covering 2 units overnight.

One incident on Granville Court related to staff remaining on duty overnight (following a long day) as the qualified nurse on nights had experienced an unexpected bereavement and did not attend for their shift. Further incidents of staff having to stay beyond the end of their shift were reported for Lilac unit; Orion and Ullswater. Both Orion and Whitby ward reported an incident each where staff had been unable to take breaks. The duty manager in the Humber Centre provided additional support to the affected wards and issues were reported to have been escalated to the on call manager on 3 occasions. None of these reported incidents is cited as having caused patient harm.

Of the incidents relating to inability to provide adequate care three related to the Humber Centre as a whole and shortages across the service resulting in the numbers for the core team for an individual not being at the required level.

One related to a period of two and a half hours on Fitzwilliam Ward (Malton) where patient acuity was high with four patients at high risk of falls. All were located close to the nursing station and had falls sensors in place however these do not always activate and therefore need monitoring. All 4 of the patients with falls alarms were unsettled and one patient was

found by staff on the floor. The falls sensor had not activated. The patient was hoisted back into bed and reviewed by the doctor. It is reported that no actual harm was experienced by the patient.

Twelve incidents relate to the inability to provide 2 RNs for seclusion reviews overnight. This was addressed by utilising a nurse from another unit via telephone. One related to an agency nurse not being able to undertake medications as they did not have access to Lorenzo. This was addressed by getting another member of staff from another ward to complete the medications.

Twenty four were classed as staffing shortages not affecting patients directly. The rest are broken down as follows: four related to cancelled section 17 level, nine cited reduced activity. These included not being able to escort patients to the canteen for meals in the Humber centre; OT staff helping on the wards and not being available to provide structured activity. In each case the datix provides evidence of mitigating action to ensure safety such as moving staff, using 'floating' staff to cover two units; and leave being renegotiated. There is also evidence of escalation and where there have been more serious concerns then this had been investigated locally and learning and further action to prevent this happening again taken.

### 3. Staffing Establishments Review Methodology

The Deputy Director of Nursing (DDN) has undertaken a desk top exercise to review the safer staffing data and performance against key safer staffing indicators including fill rates and Care Hours per Patient Day (CHPPD) data and other quality and productivity outcome measures including sickness, supervision, appraisal compliance and training. Vacancies and use of bank and agency are noted. FFT and reported safer staffing incidents are reviewed.

An indicative level of assurance in relation to the unit being safely staffed is given based on the number of safer staffing reportable key performance measures that flag below minimum target as follows:

- **Low assurance** where 5 or more indicators are below the minimum target.
- **Adequate assurance** where 3-4 indicators are below the minimum target
- **Good assurance** where 2 or less indicators are below the minimum target

Issues or areas of concern from the previous April 2019–Sept 2019 report have been reviewed to confirm improvement and/or make recommendations where no improvement is noted.

## 4.2 Results

Unit	Summary and Action
Granville Court	<p>Since the period April 2020-September 2020 there has been a slight reduction in sickness from 7.6%% to 6.8%. Performance in relation to appraisals had dropped to 16.9 % at the end of Sept but had improved to 70.59% by the end of the appraisal window (October 2020) an improvement from 64% for the previous reporting period. Registered Nurse (RN) fill rates and overall fill rates are comfortably above target. Supervision performance also remains strong above target and training has dropped slightly but is still on target at 85%. No incidents relating to staffing shortages were reported via datix.</p> <p>No evidence based tool is currently available that is appropriate for the patient group. The minimum staffing levels are based on the CQC requirements for nursing homes and were reviewed at the last CQC inspection. CHPPD data is not collated or reported for the unit due to its care home status. The vacancy rate for RNs has risen from 6% to 11% and the use of bank and agency has dropped from 36% to 26%.</p> <p><b>The fill rates and performance indicators give good assurance that the unit is safely staffed.</b></p>
Townend Court	<p>Since the last reporting period the bed occupancy has dropped slightly to 53%. The fill rates remain below target and have dropped slightly for RNs and overall on days but have improved slightly on nights. CHPPD has increased slightly and remains strong. All other quality and productivity targets have been met. Sickness has improved from 7.8% to 5.3% in the current period . Performance against appraisals had dropped to 46.9% at the end of Sept but had improved to 93.6% by the end of the appraisal window (October 2020) an improvement from 69% for the previous reporting period. Supervision has also dropped across the period to 66%. No incidents relating to staffing shortages were reported via datix. Vacancies have increased slightly from 23% to 33% and bank and agency use has decreased slightly to 29%</p> <p><b>The CHPPD and performance indicators give adequate assurance that the unit is safely staffed</b> but requires improvement in relation to supervision and RN fill rates in particular</p>
Inspire	<p>During the reporting period the fill rates have been below target for RNs on days and nights (64% and 73% respectively) and overall (63 % on days and 60% on nights.) However bed occupancy has been 61% and this is reflected in the CHPPD which is 23.7</p> <p>Sickness is well within target at 2.35 and the other quality indicators are strong with clinical supervision at 93% and training at 90%. Performance against appraisals was at 9.09% at the end of Sept and this had not improved by the end of the appraisal window. This is being addressed with the team and a recovery plan implemented.</p>

Unit	Summary and Action
	<p>5 incidents relating to staffing shortages were reported via datix. None resulted in any harm</p> <p><b>The CHPPD and performance indicators give adequate assurance that the unit is safely staffed</b> but requires improvement in relation to RN and overall fill rates and appraisal performance .</p>
Ullswater	<p>Since the last reporting period RN fill rates have improved on days from 80% to 84%. They have dropped from 97% on nights to 85% but this represents a more balanced use of the RN resource over the 24 hour period. CHPPD has remained around 17.4. The quality and productivity outcomes remain above target in this reporting period with the exception of sickness which has risen from 9.6% in the last reporting period to 10.6%. Performance against appraisals had dropped marginally to 88.5% at the end of Sept but had improved to 100% by the end of the appraisal window (October 2020) an improvement from 89% for the previous reporting period. One incident relating to staffing shortages was reported via datix. This did not result in any harm. Vacancies have reduced from 6% to 2%. Bank and Agency use is still relatively high at 33%.</p> <p><b>The fill rates; CHPPD and performance indicators give good assurance that the unit is safely staffed.</b></p>
Pine View	<p>During the reporting period fill rates for registered nurses on days have been above target at 95% on days and just at the target of 75% on nights. The overall fill rates are just above target on days at 78% and on target for nights at 85%. CHPPD are 10.2 which is above the national average. Sickness is just above target at 5.4%. Other quality indicators are above target with supervision at 97% and training at 95%. Performance against appraisals was at 72% at the end of September and had improved to 100% by the end of the appraisal window. No incidents relating to staffing shortages was reported via datix.</p> <p><b>The fill rates; CHPPD and performance indicators give good assurance that the unit is safely staffed.</b></p>
Derwent	<p>Since the last reporting period fill rates for registered nurses on days have been maintained at 94% fill rates for registered nurses on nights have dropped to just below target at 73%. Overall fill rates for days and nights are on or above target. CHPPD rates have dropped slightly but remain relatively strong at 12.9. Sickness has increased from 7.1%.in the last reporting period to 8.8%. 2 incidents relating to staffing shortages were reported via datix. Neither resulted in harm. Other quality indicators remain above target. Performance against appraisals had improved to 87.5% at the end of Sept and had improved to further to 100% by the end of the appraisal window (October 2020) an improvement from 84% for the previous reporting period. Vacancies have improved slightly from 25% to 22% and bank and agency use has increased slightly to 33%</p>

Unit	Summary and Action
	<b>The fill rates, CHPPD and performance indicators give good assurance that the unit is safely staffed.</b>
Ouse	<p>Since the last reporting period the registered nurse and overall fill rates on days and nights are all above target at 86/87% for RNs and 91/101% overall . CHPPD has improved to 8.3. Sickness has improved significantly from 13.5% to 6.9% but still remains above target. Performance against appraisals had dropped slightly to 88.5%% at the end of Sept but had improved to 93.3% by the end of the appraisal window (October 2020). Training and supervision performance remain strong at 98%. No incidents relating to staffing shortages were reported via datix. Vacancies have dropped from 23 % to 19% and bank and agency use has decreased slightly to 17%.</p> <p><b>The fill rates; CHPPD and performance indicators give good assurance that the unit is safely staffed.</b></p>
Swale	<p>Since the last reporting period fill rates for registered nurses on days and nights and the overall fill rates have all remained above target. CHPPD has increased from 12.9 to 14.6. Sickness has dropped from 11% to 6.1% which is still above target. All other quality indicators are above target with supervision at 94% and training at 91%. Performance against appraisals had dropped to 50% at the end of Sept but had improved to 78.26% by the end of the appraisal window (October 2020) a slight overall drop from 81% for the previous reporting period. No safer staffing incidents have been reported. Vacancies have reduced from 14% to 2%. Bank use remains high at 45%. This needs to be explored in the context of increased clinical demand and dependency data.</p> <p><b>The fill rates; CHPPD and performance indicators give good assurance that the unit is safely staffed.</b></p>
PICU	<p>Since the last reporting period registered nurse fill rates on days has remained just above target at 77%. The overall fill rates are 139% on days and 134% on nights. CHPPD continue to improve to 30.4. Sickness has risen slightly from 13.1% to 13.6% remaining significantly above target. Performance against appraisals had dropped to 58.33% at the end of Sept but had improved to 90.9% by the end of the appraisal window (October 2020) an improvement from 66% for the previous reporting period. Supervision and training remain above target at 99% and 88% respectively. Vacancies of registered nurse have continued to increase and are now at 57% with a subsequent rise in bank and agency to 53% which has been required to cover vacancies. One incident relating to staffing shortages was reported via datix. This did not result in any harm.</p> <p><b>The fill rates; CHPPD and performance indicators give good assurance that the unit is safely staffed</b> despite the significant vacancies the unit continues to carry.</p>
Newbridges	<p>Since the last reporting period the registered fill rates on days and nights have dropped marginally but remain within target (75% on days and 87% on nights). Overall fill rates have remain comfortable above</p>

Unit	Summary and Action
	<p>target. CHPPD have dropped slightly from 9.8 to 9.4 but remain above target. Sickness has risen slightly to 5.9% from 5.8% and remains above target .Supervision has improved to 76% from 71% and training compliance has remained good and above target. Performance against appraisals had dropped slightly from 89% to 85.7%% at the end of Sept 2020.Vacancies have dropped from 24% to 20% and bank and agency use has remained around 14%. No incidents relating to staffing shortages were reported via datix.</p> <p><b>The fill rates; CHPPD and performance indicators give good assurance that the unit is safely staffed.</b></p>
Westlands	<p>Since the last reporting period there has been an increase in fill rates generally for RNs on nights and overall fill rates. A slight shortfall in the target for registered nurses on days persists which remains below target at 74%. CHPPD have improved slightly from 9.2 to 9.6 and is above the national average. Sickness has dropped from 11.9% in the previous reporting period to 6.4% but is still above the target. Supervision compliance has dropped from 85% to 68%. Training has remained at 90%. Performance against appraisals had dropped to 51.4% at the end of Sept but had improved to 84.6% by the end of the appraisal window (October 2020) an improvement from 75% for the previous reporting period. Vacancies have dropped from 42 % to 34% and bank and agency use has dropped from 44% to 39%. 3 incidents relating to staffing shortages was reported via datix. These did not result in any harm.</p> <p><b>The CHPPD and performance indicators give adequate assurance that the unit is safely staffed but requires improvement</b> in relation to supervision, sickness and RN fill rates on days in particular</p>
Mill View Court	<p>Since the last reporting period registered and overall fill rates have dropped to below target with overall fill rates on nights just reaching the lower target. However CHPPD have improved marginally and are above the national average. There is good performance against quality indicators and sickness has dropped from 6.6% to 5.2% just below target. Performance against appraisals had risen from 86% to 96% at the end of Sept 2020.No incidents relating to staffing shortages were reported via datix.</p> <p>Vacancies have risen from 27% to 35% and bank and agency use has risen marginally to 24%</p> <p>During the reporting period MVC was designated as the Trust COVID 19 cohort ward. During this period bed occupancy was reduced resulting in the maintenance of the CHHPD figures despite the drop in fill rates. Additional support was provided directly to the ward from Physical Health team who are RNs and Emergency Care Practitioner. They worked shifts and provided out of hours support but are not reflected in the fill rate and CHPPD figures</p> <p><b>The fill rates, CHPPD and performance indicators give good assurance that the unit was safely staffed during the Covid 19 first wave.</b></p>

Unit	Summary and Action
Avondale	<p>Since the last reporting period registered fill rates have been maintained at 79% and 98% on days and nights respectively keeping them just above target. CHPPD have improved from 15.5 to 20 and remain comfortably above the national average. All other quality measures are above target. Performance against appraisals had risen to 87.5% from 83% at the end of Sept 2020. Sickness has improved further from 3.7% to 2.8%. Vacancies have dropped to 16% from 20% bank use has dropped from 25% to 16%. No safer staffing incidents have been reported. FFT has improved to 94%</p> <p><b>The fill rates; CHPPD and performance indicators give good assurance that the unit is safely staffed.</b></p>
Maister Lodge	<p>Since the last review period Fill rates for registered nurses on days have increased slightly to 64% whilst this is still below target significant work has been done by the team to review skill mix and introduce new roles to support safer staffing. i.e nursing associate and pharmacy technicians. AHPs and associate practitioners are on the roster but not counted in unregistered or registered fill rates and this needs to be addressed as part of roster project. This has been delayed due to the Covid 19 pandemic</p> <p>The overall fill rates reflect that unregistered hours are being utilised to compensate for this. CHPPD have increased from 14.7 to 18.9 and remain comparable to the other adult mental health units and above the national average. Performance against appraisals had risen to 97.1% from to 88% at the end of Sept. All other quality indicators are above target with the exception of sickness that has dropped from 7.6% in the previous reporting period to 6.9% but is still above target . FFT remains at 100% No safer staffing incidents have been reported.</p> <p><b>The fill rates; CHPPD and performance indicators give good assurance that the unit is safely staffed.</b></p>
Mill View lodge	<p>Due to the movement of the staff team and patients in response to the Covid 19 pandemic during the reporting period, data in relation to fill rates and CHPPD could not be reliably collated and analysed and is therefore not included.</p> <p>Supervision has dropped slightly from 89% in the last reporting period to 87%. Sickness has increased slightly from 5.8% to 6.7% and is still above target. Performance against appraisals had dropped to 43.5% at the end of Sept but had improved to 91.7% by the end of the appraisal window (October 2020) an improvement from 67% for the previous reporting period. No safer staffing incidents have been reported. Vacancies have increased from 11% to 20% and bank and agency use has increased to 37%.</p> <p>2 incidents relating to staffing shortages was reported via datix. One is reported to have resulted in low harm. This related to an admission arriving unexpectedly and the team not having adequate staffing levels to provide constant observation and prepare an area where the patient could be nursed in isolation. This was escalated to the manager and</p>

Unit	Summary and Action
	<p>plans were put in place to accelerate the swab result and create a safe area to manage the patient. It would appear that no patient harm occurred as a result of this situation.</p> <p><b>Performance indicators for the team whilst they were at Hawthorn Court give adequate assurance that the levels of staffing were adequate to maintain safety in the context of incomplete CHPPD and fill rate data</b></p>
Whitby	<p>Since the last review period fill rates have dropped but remain within target with the exception of fill rates on nights which are below target at 67% . However bed occupancy had dropped to 60% and this is reflected in improved CHPPD which has risen from 7 to 11.7. This is higher than the required CHPPD calculated using SNCT for a 20 bedded older adult unit from an acute trust. Sickness has dropped slightly to 7.5% from 8.5% but remains above the target. Performance against appraisals had dropped to 61.11% at the end of Sept but had improved to 86.11% by the end of the appraisal window (October 2020) an improvement from 77% for the previous reporting period. Supervision compliance has improved further to 90% and training has improved to 95%. 1 incident relating to staffing shortages was reported via datix. This did not result in harm. There are no vacancies and a small amount of bank and agency has been used 9%.</p> <p><b>The fill rates; CHPPD and performance indicators give good assurance that the unit is safely staffed.</b></p>
Malton	<p>Since the last reporting period the fill rates across the board have all improved and are all above minimum targets. The CHPPD has also improved from 6.9 to 11.8 on the back of reduced bed occupancy. It is higher than the required CHPPD calculated using SNCT for 20 bedded older adult unit from an acute trust. 1 safer staffing incident has been reported. This did not result in patient harm. Sickness has increased from 9.6% in the last reporting period to 10.1%. Clinical supervision has improved from 57% to 91% comfortably above target. Performance against appraisals had dropped to 50% at the end of Sept but had improved to 93.1% by the end of the appraisal window (October 2020) an improvement from 41% for the previous reporting period. Training remains within the minimum target and has improved from 76% to 81%. No bank or agency use is reported for the period.</p> <p><b>The fill rates and CHPPD give good assurance that the unit is safely staffed</b></p>

## 5. CHPPD (Care Hours per Patient Day) - benchmarking data

CHPPD data provides ward managers, nurse leaders and the executive team with a profile of the effective deployment and productivity of staff across service. It allows comparison of a ward's CHPPD figure with that of other wards in the service, or with similar wards in other services. The most recent data was published in October 2020 and shows that the Trust continues to perform well against our regional peers and nationally. It is of note that the overall CHPPD has increased both regionally and nationally and our figures have increased also by a comparable amount. Our registered fill rates have improved again but they have relatively remained static at a regional and national level. Some Trusts nationally were reporting AHP in October but we have not started to show AHP data yet (reflected in column 5). Despite this we remain above the regional and national average for CHPPD overall

October 2020	CHPPD Overall	CHPPD Registered Nurses	CHPPD – Healthcare Support Workers	CHPPD total AHP staff
Trust	13.9	4.5	9.4	0.0
Peer*	12.4	3.6	7.0	0.0
National	11.2	3.7	6.8	0.1

\*Peer Trusts being RDASH, Leeds & York, South West Yorkshire, Bradford, Sheffield, TEWV, Cumbria and NTW.

## 6.0 Summary Findings

- Overall the majority of units are maintaining good and safe fill rate requirements and performance with the majority of areas seeing an improvement. This is despite the impact of the COVID 19 pandemic
- Westlands; Townend Court, Inspire require further improvement in relation to fill rates.
- Sickness remains a challenge across the majority of areas and this is a factor in lower fill rates and CHPPD – The Humber Centre has improved their sickness performance overall and Avondale's sickness has improved again for a third time. PICU has the highest levels of sickness at 13.6%. They experienced a significant outbreak of Covid 19 amongst the staff team but despite this have maintained their CHPPD and performance against other quality measures
- The majority of areas have seen an improvement in their RN vacancies with the exception of , MVL, MVC, Granville, Townend Court and PICU. PICU has seen a further increase from 51%to 57%.
- Data shows that some areas with lower fill rates are still providing good CHPPD due to reduced bed occupancy
- CHPPD for the 2 community wards has improved and looks favourable when compared to acute trust CHPPD for a 20 bedded older adult unit.
- Incidents reported via Datix show no episodes of harm associated with staffing shortages
- Sustained or improved performance in training, supervision across most areas is noted
- The appraisal window was introduced during the reporting period and whilst some areas had lower compliance in Sept 2020 than for the previous reporting period by

the end of the window (October 2020) the majority of areas had improved and were above the target the significant exception being Inspire

- Strong CHPPD performance (upper quartile) when benchmarked regionally and nationally
- AHP roles and new roles including Nursing Associates continue to not always be captured on roster and do not contribute to fill rates and CHPPD. Work to resolve this was suspended due to the Covid 19 pandemic

## **7.0 Update on Actions from Previous Report (Oct 2019-March 2020)**

Delivery of actions aligned to the recommendations in the last safer staffing report have been impacted upon by the COVID 19 pandemic however the following progress has been made:

Continued introduction of new roles and skill mix to support the RN vacancy position. This includes a rolling programme of recruitment to the trainee nurse associate and nurse degree apprenticeship programme and a successful bid to work collaboratively with four other trusts on international recruitment.

The appraisal window commenced in July 2020 with improved compliance across all services. A focus on improvement on sickness in the inpatient services has seen a reduction in inpatient sickness despite the impact of Covid 19 related sickness.

Targeted recruitment has proved successful for Malton ward who have recruited 2 RNs. Overall there has been successful recruitment of 83.27 WTE RNs between April and October 2020.

The report was shared with clinical leads, matrons and charge nurses and discussed in various forums. The Nursing and Quality directorate have worked with individual teams to address specific actions required for each unit in line with their key quality; safety and productivity indicators. The DDN has reviewed the safer staffing dashboards monthly and followed up any exceptions in the reporting with individual teams or service leads.

AHP and other new roles have not been added onto all rosters and are therefore not consistently included in fill rates and CHPPD returns. This work will need to be done at a team level and will be scheduled once the pressures associated with the pandemic recede as part of recovery and restoration planning.

Similarly the 6 month rolling programme of review of establishments across all inpatient units using validated safer staffing tools did not take place as teams were unable to commit to dependency data collection. In addition dependency levels were distorted due to increased prevalence of physical health needs as a consequence of Covid 19.

## **8.0 Recommendations**

- Continued work of hard to recruit project and nurse recruitment project lead to support RN vacancy position
- Nurse recruitment project lead to work with prioritised teams to support tailored recruitment plans
- QIA process for new roles/re modelling of clinical teams developed and signed off and process for evaluation of ongoing impact agreed

- AHP and other new roles to be on roster and included in fill rates and CHPPD return
- 6 month rolling programme of review of establishments across all inpatient units using MHOST; LDOST and modified SNCT to recommence from March 2021 and take into account learning and recommendations in relation to COVID19 period staffing.
- Focussed review and support by Matrons and Divisional Clinical Leads with additional input as required from Nursing Quality and Safety directorate to address specific actions required for each unit in line with their key quality; safety and productivity indicators.

## 9.0 Next steps

1. Implementation of recommendations to be overseen by the Deputy Director of Nursing (DDN) with regular reports of progress to the Executive Management Team and Hard to Recruit task and finish group and the Workforce and OD and Quality Committee for assurance processes.
2. Report to inform and support the development of local action plans including the use of available data from the review of minimum staffing levels to review skill mix and options for introduction of new roles with aligned QIA process.
3. Nurse recruitment project lead to continue to work with identified team to look at recruitment plans and improved retention
4. Continuing schedule of meetings established to strengthen engagement between the Charge Nurses, the Chief Operating Officer and Director of Nursing to be used to
  - Discuss the findings from this report
  - Ensure there is a collective view on when and how to escalate concerns
  - Identify and collectively agree actions required to further strengthen staffing establishments
5. Project Plan to be developed to ensure Roster is being used to capture all AHP and Nursing associate hours and that these are included in the fill rate/CHPPD calculations. This needs to be at a team level and may need additional aligned capacity
6. Trust to demonstrate compliance with Developing Workforce Standards and provide assurance through public board reporting and through Single Oversight framework and the annual governance statement for the NHS.



Title & Date of Meeting:	Trust Board Public Meeting – 27 <sup>th</sup> January 2021			
Title of Report:	Covid-19 Response – Summary Update January 2021			
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. The paper provides an 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. Chief Operating Officer Amanda Pritchard and Julian Kelly, Chief Financial Officer from NHS England also wrote to Trusts on 23 <sup>rd</sup> December 2020 setting out the operational priorities for winter and 2021/2022 and the report sets these out.			
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. It gives an overview of the key issues relating to patient and staff testing, personal protective equipment (PPE), staff health and wellbeing, Covid- 19 vaccination, 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 – January 2021

### 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 31<sup>st</sup> July 2020 following their letter on 29<sup>th</sup> 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.

Chief Operating Officer Amanda Pritchard and Julian Kelly, Chief Financial Officer from NHS England wrote to Trusts on 23<sup>rd</sup> December 2020 setting out the operational priorities for winter and 2021/2022. Given the second wave and the new more transmissible variant of the virus they acknowledged the challenge faced by the NHS and set out five key tasks:

- Responding to ongoing Covid- 19 demand
- Pulling out all of the stops to implement the Covid-19 vaccination programme
- Maximising capacity in all settings to treat non-Covid-19 patients
- Responding to other emergency demand and managing winter pressures
- Supporting the health and wellbeing of our workforce

In responding to other emergency demand and managing winter pressures systems are asked to:

- Ensure those who do not meet the ‘reasons to reside’ criteria are discharged promptly. Maximising capacity over the coming weeks and months is essential to respond to seasonal pressures and asking all systems to improve performance on timely and safe discharge
- Complete the flu vaccination programme, including vaccinating staff against flu.
- Minimise the effects of emergency department crowding, continue to develop NHS 111 as the first point of triage for urgent care services in localities, with the ability to book patients into the full range of local urgent care services, including urgent treatment centres, same day emergency care and specialty clinics as well as urgent community and mental health services.
- Maximise community pathways of care for ambulance services referral, as a safe alternative to conveyance to emergency departments. Systems should also ensure sufficient arrangements are in place to avoid unnecessary conveyance to hospital, such as the provision of specialist advice, including from emergency departments, to paramedics as they are on scene.

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

As of the 13<sup>th</sup> January 2020 the confirmed cases of covid- 19 for Yorkshire and the Humber are:

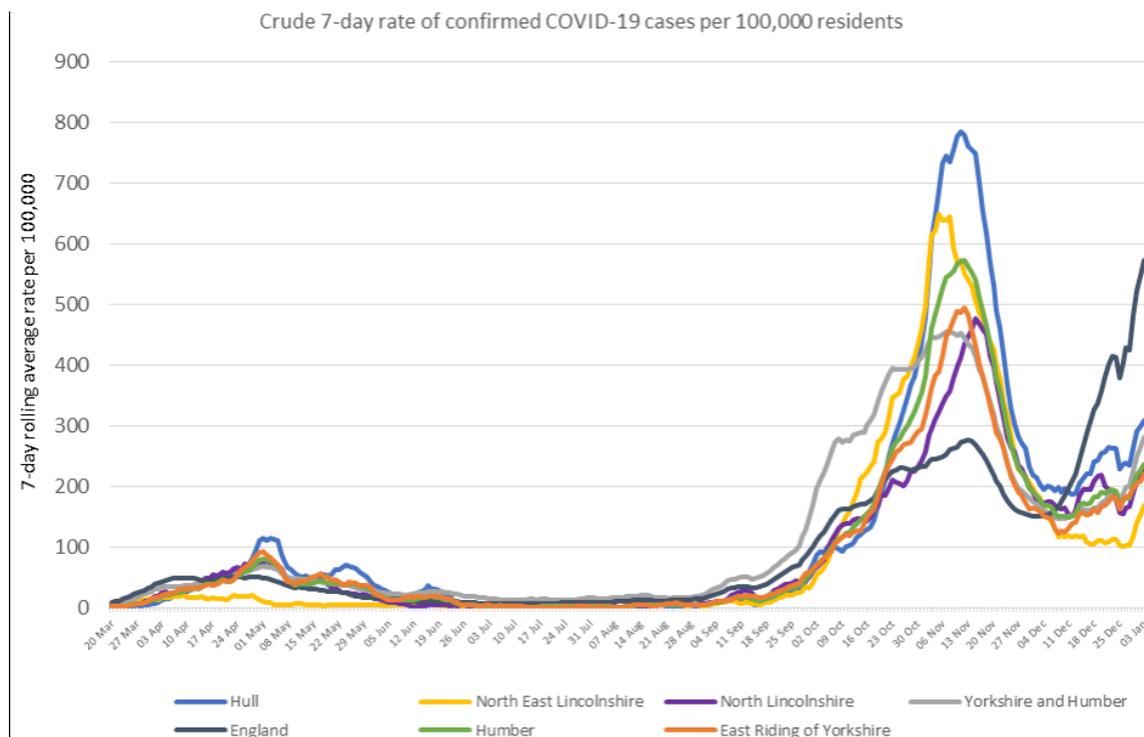
Positive Test and Trace Update – Case increase and latest 7-day rate per 100,000.		
Area	Actual increase in positive tests in latest 7 days (25 December – 31 December)	7 day rate per 100,000 for 7 days previous* (31 December)
East Riding of Yorkshire	742	217.5
Hull	837	322.2
North East Lincolnshire	260	162.9
North Lincolnshire	274	159.0
Yorkshire and Humber	16,694	303.4
England	327,798	582.4

**Source:** PHE Daily Briefing

*\*Test results are updated every day and so rates are liable to change.*

For the same period the 7 day rate for 100,000 population for Scarborough is 240.0, for Ryedale is 271.0 and Hambleton is 393.0

As of 13 January 2021, there have been 920 hospital deaths due to COVID-19 across the Humber area. This includes 545 deaths registered by HUTH, 353 deaths registered by NLAG, 20 deaths registered by CHCP (East Riding Community Hospital) and 2 death registered by HTFT. York Teaching Hospitals NHS Trust recorded 392 deaths over the same period.



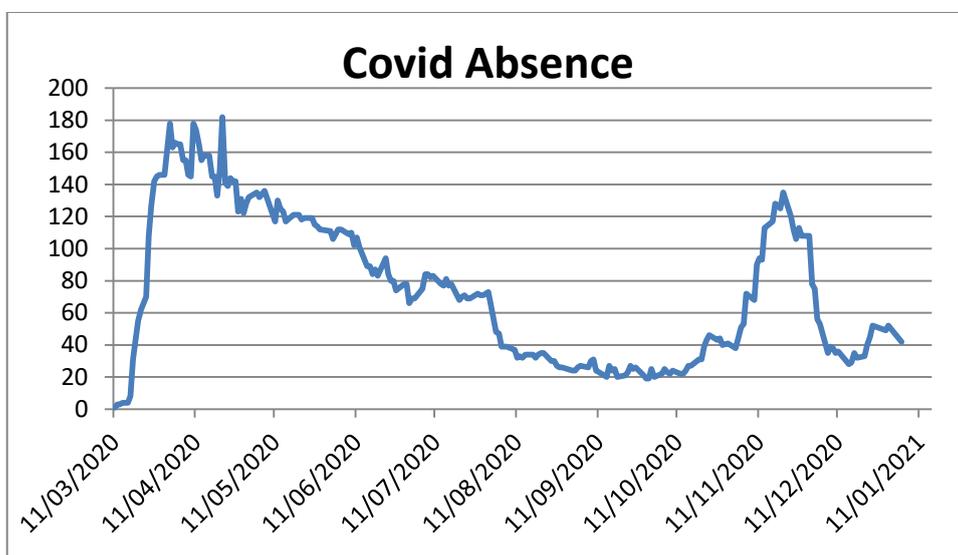
## 2. Emergency Preparedness, Resilience and Response (EPRR) and Command Arrangements in response to Covid- 19

The NHS national incident level was also raised back to Level 4 (highest level) on 5<sup>th</sup> November 2020 due to increased Covid demand on hospitals and continues to remain at that level. The Trust therefore continues to maintain business continuity and EPRR command arrangements. Through our Gold Command the remit of our command structure continues 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, they were then reduced as the impact of the second wave diminished in December but are kept under continual review.

Operational service pressures rose again during November and early December due to the second wave of the virus 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 a number of outbreaks that led to temporary closure of those wards to admissions. This led to the Trust raising its overall operational pressures escalation level (OPEL) to 3 (severe pressure) predominantly for periods during December and early January. Capacity and demand modelling work demonstrated 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 and December with the pressures especially high for mental health beds and our community beds at Malton and Whitby Hospitals, it has been between 70-80%. Use of out of area mental health beds rose in November and December as a consequence of pressures. The overall number of available beds is reduced due to the need to provide isolation/cohort beds for covid symptomatic and positive patients and infection control requirements. To address this shortfall and ensure beds are available when required the Trust has block booked independent sector beds on a short term basis. The position is continuing to be monitored closely.

Whilst we had not had any Covid-19 positive patients in our inpatient beds since 6<sup>th</sup> June 2020, since October we have had Covid positive patients however the position improved during December and at 14th January 2021 we had zero 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.



Due to the rise in sickness absence in October and November some services were in the position whereby elements of their business continuity plans needed to be enacted. All services remained available, mental health division for example redirected some of their community staff to support inpatient areas. This position improved during December and business as usual was restored however the situation is being monitored very closely as a next surge in infection rates is expected during January 2021.

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

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 5<sup>th</sup> November. The key areas that we planned in advance for were:

- Inpatient visiting arrangements.
- Inpatient 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. Since then we have prepared a plan that aligns with the new Tier 4 (stay at home) requirements should any of our areas be placed in that level of local restrictions and subsequently the new national lockdown that came into effect on 5<sup>th</sup> January.

We are anticipating further surge in rates of Covid infection across our geographical area in January due to the impact of the government restrictions being reduced at Christmas and the new variant of Covid- 19 which has had significant impact on the South, South East and other areas of England. The impact of this is already being seen in the North Yorkshire area and as a consequence our community services in Scarborough, Ryedale and Whitby have been supporting a much higher level of discharges from the acute hospitals due to a significant demand for Covid related hospital admissions.

### **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. Mill View Court is now our Covid-19 positive isolation cohort ward for our mental health and learning disability patients and has been operational throughout November and December due to the number of covid positive patients. This configuration optimises the use of our mental health beds and available staffing, particularly as we managed the second wave of Covid-19 alongside the expected winter pressures. Isolation beds remain available on Darley ward at the Humber Centre and were required to be utilised during November and December. 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.

When schools were open before Christmas we continued to have instances of staff absence due to leave required to care for children with covid symptoms and local school/year group closures in place 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. Now schools are closed we are monitoring the position to ensure that our staff with children are able to access schools due to their critical worker status within the current national guidance.

#### Lateral Flow (asymptomatic staff testing)

The Trust was 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 is self-administered. The test is deemed 50-70% accurate in picking up a positive result which is why repeated testing increases reliability over time. Evidence shows that nationally 2.8% of staff are likely to be picked up as positive who are currently not showing symptoms, however the Humber experience so far has been closer to 1%.

The requirement 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 an online form.

This is not a compulsory test and staffs are not obliged to take part but, to date, there has been a great enthusiasm and take up of the kits. There Trusts communication team worked with the projects Senior Responsible Officer and Medical Director Dr John Byrne and Program Director Claire Jenkinson (Deputy COO) to develop a series of webinars which were attended live or watch on our U tube channel by over 600 members of staff. Full roll out across the Trust has now been completed. Our view is that deploying these tests is protecting our staff from further transmission of the virus and supporting our efforts to protect our patients. As of the 17<sup>th</sup> of January over 2000 staff had reported using our online web based form which has enabled us to track over 18000 results of which 36 were positive. The vast majority of these were subsequently confirmed as positive on PCR testing. The ability to identify asymptomatic carriers had played a role in reducing the risk of nosocomial infection and disease outbreaks.

#### **4. Covid- 19 Vaccine**

The Trust established a project group at the end of November to prepare for the first phase distribution of the Pfizer Covid- 19 vaccination. The Senior Responsible Officer for the project is the Trust Medical Director Dr John Byrne and he is supported by the Chief Pharmacist Dr Weeliat Chong. Initially the Trust were expecting to work with local acute hospital partners for our front line staff to receive their vaccination, however whilst York Hospital were able to support this Hull University Teaching Hospital were then unable to accommodate this.

The Trust therefore has undertaken work to prepare to vaccinate our staff in our Hull and East Riding of Yorkshire services and it was agreed with NHSE that we would go live as a Hospital Hub in our own right on the 11<sup>th</sup> of January. A suitable refrigeration facility to manage the Pfizer vaccine which requires storage at minus 80C has been obtained by the Trust. Staffing, training, systems and processes have all been organised and the vaccination programme commenced on 12<sup>th</sup> January 2021. The site that our vaccination programme takes place from is the Trust lecture theatre at Willerby Hill. Works have been undertaken at the lecture theatre which allows us to

receive up to 9 staff at one time into vaccination pods purposely designed to conform to infection control standards. Frontline and staff in vulnerable groups have been prioritised in line with JCVI guidelines. The facilities which have been set up have been used by Harthill Primary Care Network from 6<sup>th</sup> January 2021 to vaccinate their priority patient population (this includes two of the Trusts GP practices).

By the 17<sup>th</sup> of December we had immunised over 2000 Humber Teaching NHS FT front line staff as well as offering broader support to the wider system which enabled us to vaccinate 700 front line staff from NAVIGO and CHCP. In addition we are supporting staff from other NHS organisation such as CCG's.

The Trusts communication team have developed the approach which we used to roll out lateral flow testing and has include live webinars attended by over 500 people, a dedicated website, daily email briefing form the SRO Dr John Byrne as well as a selection of short video updates.

## **5. 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. 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 prepared for a second wave of COVID-19 or concurrent pandemic alongside usual seasonal pressures, that it has secured enough supply for this winter period and that the 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 on 20<sup>th</sup> August 2020. The guidance outlined 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 are taken regularly.

## **6. 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 are in place across the estate, adaptations were identified to facilitate the provision on a longer term basis, in some instances we have procured mobile units to accommodate space shortages. This exercise has now been completed and works have been undertaken to improve donning and doffing facilities.

Our Clinical Risk Environment Group (CERG) 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.

## 7. 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 highest-rated risks held on the Covid-19 operational risk register are described below:

### COVID- 19-19 Risk Register (current risk rating 15+)

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
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## 8. 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 staff have now experienced and worked through a second wave of the virus and 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. Staff continue to have daily access to our psychologists for support and the Trust continues enhance its offer of wellbeing resources 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 mobilisation of this service has now commenced, this will provide an increased offer of psychological and emotional wellbeing support for our staff.

Our communications team have continued their efforts to maintain a focus on staff health and wellbeing. Regular Covid-19 updates continue to be issued to all staff containing guidance from the Trust and Government along with relevant updates from our stakeholders. Frequent “Ask the Exec” sessions have been held and the next one is due to take place on January 28<sup>th</sup>, these continue to be received well with around one hundred staff attending.

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 and reinforced.

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, people from Black, Asian and Minority Ethnic (BAME) backgrounds and men. The guidance requires managers to liaise frequently with staff in any of the increased risk groups in order to support them and to consider if adaptations are needed to their roles. 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. 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) has now been launched and commenced.

New shielding guidance has been issued as part of the latest national lockdown restrictions, therefore we now have staff that are within the shielding group. Managers have been asked to review the work arrangements and support needs for their staff and ensure that the appropriate amended arrangements are in place.

#### **9. 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 November and December 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.
- Ensuring that our visiting guidelines are aligned with national guidelines.
- Reviewing clinical pathways to ensure that use of digital technologies promotes inclusion and maintains recovery rates.

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

#### **10. 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 November and December as part of the NHS North East and Yorkshire Phase 3 Covid-19 planning and delivery the Humber Coast and Vale Integrated Care System (ICS) has undertaken further work to assess and understand what capacity is available and what activity this could deliver for the remainder of 2020/21. Focus has continued to be on acute hospital trusts elective activity along with some national mental health pressures e.g. Children and Adolescent Mental Health Service (CAMHS) Tier 4 beds. Central to this planning 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. Guidance was received by the Trust in late December relating to Phase 4 planning requirements and work is now underway to respond to this.

The Trust continues to work closely with our system partners across a wide range of forums and is focused generally on our plans to achieve an ongoing Covid-19 response, restoration of all usual activity and the anticipated usual winter pressures. 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.

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 has participated in those. Outbreak Engagement Boards have been established in local authority areas.

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. The Spending Review announced further funding for the NHS for 2021/22 in the New Year, once more is known about the progress of the pandemic and the impact of the vaccination programme, the Government will consider what additional funding will be required to reflect Covid-19 cost pressures. In the meantime, systems are required to continue to:

- Recover non-covid services, in a way that reduces variation in access and outcomes between different parts of the country.
- Strengthen delivery of local **People Plans**, and make ongoing improvements on: equality, diversity and inclusion of the workforce; growing the workforce; designing new ways of working and delivering care; and ensuring staff are safe and can access support for their health and wellbeing.

- Address the **health inequalities** that covid has exposed. This will continue to be a priority into 2021/22, and systems will be expected to make and audit progress against eight urgent actions set out on 31 July as well as reduce variation in outcomes across the major clinical specialties and make progress on reducing inequalities for people with learning disabilities or serious mental illness, including ensuring access to high-quality health checks.
- Accelerate the planned expansion in **mental health** services through delivery of the Mental Health Investment Standard together with the additional funding provided in the SR for tackling the surge in mental health cases. This should include enhanced crisis response and continuing work to minimise out of area placements.
- Prioritise investment in **primary and community care**, to deal with the backlog and likely increase in care required for people with ongoing health conditions, as well as support prevention through vaccinations and immunisations. Systems should continue to focus on improving patient experience of access to general practice, increasing use of online consultations, and supporting the expansion of capacity that will enable GP appointments to increase by 50 million by 2023/24.
- Build on the development of effective partnership working at place and system level. Plans set out in the [Integrating Care](#) document.

These priorities need to be supported through the use of data and digital technologies, including the introduction of a minimum shared care record in all systems by September 2021.

## 11. Conclusion

The Trust has continued to manage effectively the impact of Covid-19 within its ongoing EPPR and command arrangements. The current ongoing phase of delivery and planning is crucial to ensure that we can sustain our services supported with adequate capacity to manage the anticipated increase in demand alongside the expected winter pressures and the anticipated wave 3 of the virus expected in January 2021. 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.

**Agenda Item 16**

Title & Date of Meeting:	Trust Board Public Meeting - 27.1.21			
Title of Report:	Infection Prevention and Control Board Assurance Framework			
Author/s:	Executive Lead: Hilary Gledhill, Executive Director of Nursing, Allied Health and Social Care Professionals Report Author: Deborah Davies, Lead Nurse, Infection Prevention and Control			
Recommendation:	To approve		To receive & note	X
	For information		To ratify	
Purpose of Paper:	To provide the Board with assurance that Infection Prevention and Control requirements in relation to the COVID-19 Pandemic are being met in line with the requirements of the refreshed National Board Assurance Framework for Infection Prevention and Control..			
Governance:		Date		Date
	Healthcare Associated Infection Group	26.1.21		
	Other (please details	Changes requested by Trust Board		
Key Issues within the report:	<p>This report provides a summary of compliance against additional actions that have been incorporated within the revised Infection Prevention and Control Board Assurance Framework Document published on October 2020 (version 1.4)</p> <p>A review of the additional lines of enquiry has been completed by the Infection Control Team. Compliance is noted to have been observed in a large majority of the areas outlined within the report however it is acknowledged that an immense amount of personal effort and commitment is needed by staff to continue to maintain this position.</p> <p>Key Issue identified</p> <ul style="list-style-type: none"> <li>• Work remains outstanding to address the ventilation requirements. This is the only requirement from the BAF that was presented to the Board in June that remains open. This has been difficult to progress due to the ongoing lack of specific national guidance. All areas have been assessed and a programme of work has been produced to undertake the work required in the 19 areas where it is deemed ventilation is not adequate. This work commenced on January 13<sup>th</sup> 2021 and is expected to run through to February. In the interim the risk is managed through limits to the number of people (wearing face masks) in these areas. This work is being overseen by Silver Command.</li> <li>• The IPC risk assessment documentation is not always completed in entirety on the patient's admission to an inpatient</li> </ul>			



	<p>unit, however the actions that are required to be taken have been implemented in a timely manner in the majority of instances.</p> <ul style="list-style-type: none"> <li>• Some issues have been encountered in the processing of the COVID swabs in respect of Whitby and Malton who use York laboratory. Work is ongoing to resolve the issues.</li> <li>• Amendments are required to the IPC audit package to ensure that all staff within both community services and CMHT are able to record their IPC performance within a standardised format. Engagement work has commenced to develop this.</li> </ul>
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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	

# Infection prevention and control board assurance framework

## BACKGROUND

The Infection Prevention and Control (IPC) BAF has been developed to support all healthcare providers to effectively self-assess their compliance with PHE and other COVID-19-related infection prevention and control guidance and to identify risks and mitigating actions. The first version was published on 4 May 2020 and included 60 key lines of enquiry (KLOE). Compliance against this was reported to the June Board and has subsequently been reported to the Quality Committee in terms of progress against areas where further work was deemed necessary. The BAF continues to evolve and additional lines of enquiry have been added. Although using the framework is not compulsory NHSE/I recognises its use as a source of internal assurance to support all organisation's in the maintenance of quality standards.

The information below provides a summary of the processes and IPC measures in place to demonstrate compliance against the additional lines of enquiry as a consequence of the updated document (v1.4)

**1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users**

Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
<ul style="list-style-type: none"> <li>monitoring of IPC practices, ensuring resources are in place to enable compliance with IPC practice</li> </ul>	<p>The monitoring of IPC practice and the availability of resources has continued to be completed throughout the pandemic by the Matrons, the IPCT and the Link Practitioners through monthly matron audits and additional IPC Team auditing.</p> <p>All audits are completed and stored on MyAssurance. The results of the audits are included within the matron reports and are reviewed by the Healthcare Associated Infection Group (HAIG) which is chaired by the Director of Nursing, Allied Health &amp; Social Care Professionals.</p> <p>Additional audits have been completed by exception and the findings are included as part of the outbreak meeting reports with action/learning captured.</p>	None	None

Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
	<p>Informal spot checks are undertaken in all clinical areas by the IPCT and matrons where immediate feedback is provided.</p> <p>The Board Assurance Framework document has been utilised within each inpatient unit to support a ward to Board approach/assessment of compliance and identify areas of improvement.</p> <p>An action plan has been formulated for each area. All actions identified are reviewed by the IPCT and Matron. An update on the progress will be included in the HAIG to be held on the 26 the Jan 2021.</p> <p>Infection Control compliance is reported to QPAS and the Quality Committee</p>		
<ul style="list-style-type: none"> <li>monitoring of compliance with PPE, consider implementing the role of PPE guardians/safety champions to embed and encourage best practice</li> </ul>	<p>PPE compliance audited monthly within all inpatient units by the IPC link practitioners. Data entered on to the Myassurance database and presented as part of the matrons quarterly report at HAIG. Impromptu checks completed by the IPCT.</p> <p>All test and trace data obtained from COVID positive staff members analysed on a daily basis by the IPCT/ OH Lead to identify any potential compliance issues. Targeted action is taken when required. Compliance overall noted to be good and the number of breaches reported have been minimal.</p> <p>Member of the IPCT nominated as the Trust PPE Guardian. Charge nurses are the PPE Champions for their units.</p> <p>An ongoing programme of PPE training remains in place which has included the production of a video available on YouTube.</p>	None	None

Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
<ul style="list-style-type: none"> <li>staff testing and self-isolation strategies are in place and a process to respond if transmission rates of COVID-19 increase</li> </ul>	<p>A Trust Standard Operating Procedure outlining the management of staff testing in place.</p> <p>External contract procured to support the undertaking of the test and trace requirements.</p> <p>Staff lateral flow testing in place for all staff across the organization with a good uptake. Data collected electronically and uptake monitored via command arrangements.</p> <p>Command arrangements in place to consider the Trust response when transmission rates increase. Director of Infection Prevention and Control is a member of both Gold and Silver Command.</p>	None	None
<ul style="list-style-type: none"> <li>training in IPC standard infection control and transmission-based precautions are provided to all staff</li> </ul>	<p>On line IPC training programme in place for both clinical and non-clinical staff.</p> <p>The training compliance data is available on the ESR system. The Trusts agreed threshold has been consistently achieved throughout the period of the pandemic</p> <p>Additional practical sessions continue to be delivered within all clinical areas by the IPCT and the link practitioners.</p> <p>A COVID 19 training sessions has been delivered virtually to over 200 staff and a recording of this session is available for all staff to access via the Trust Intranet site/ YouTube at a time when convenient. The session includes a video on the correct techniques for the donning and doffing of PPE.</p> <p>Additional sessions have been delivered to the Trust Domestic Supervisors in order that they can cascade to their teams, the Trust Estates Teams and the Trust Chaplain as well as the volunteer services. Training lists available.</p> <p>Training uptake is reported to HAIG/QPAS and the Quality Committee.</p>	None	None

Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
<ul style="list-style-type: none"> <li>IPC measures in relation to COVID-19 should be included in all staff Induction and mandatory training</li> </ul>	<p>Both the Trust Induction and mandatory IPC presentations sessions have been reviewed and amended to include IPC information pertinent to COVID-19. Over 90% achieved</p>	None	None
<ul style="list-style-type: none"> <li>all staff are regularly reminded of the importance of wearing face masks, hand hygiene and maintaining physical distance both in and out of work</li> </ul>	<p>Regular media communication cascaded The Trust “Back to basics” campaign is continually reinforced via regular email communications/posters/email signatures.</p> <p>Informal spot checks and impromptu training sessions completed by the matrons and regular IPC area visits to the clinical areas. Immediate feedback is provided. Compliance is noted to be acceptable.</p> <p>Posters are available within each area/ and a selection of national guidance and videos available on the Trust intranet site as a prompt</p>	None	None
<ul style="list-style-type: none"> <li>that Trust CEOs or the executive responsible for IPC approve and personally signs off, all data submissions via the daily nosocomial sitrep. This will ensure the correct and accurate measurement and testing of patient protocols are activated in a timely manner.</li> </ul>	<p>All data pertaining to nosocomial infections is scrutinised for accuracy and signed off daily by the Director of Infection and Control (DIPC) or in their absence the Deputy Director of Nursing.</p>	None	None
<ul style="list-style-type: none"> <li>ensure Trust Board has oversight of ongoing outbreaks and action plans.</li> </ul>	<p>The Director of Infection Prevention and Control has reported outbreaks, lessons learnt and actions taken to the Board and the Quality Committee.</p> <p>An annual infection report for 2019-20 ( April- Sept 2020 was reported to the Board and the Quality Committee with a further 6 month position reported in October 2020 detailing outbreaks and learning.</p>	None	None

**2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections**

Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
<ul style="list-style-type: none"> <li>ensure cleaning standards and frequencies are monitored in non-clinical areas with actions in place to resolve issues in maintaining a clean environment</li> </ul>	<p>A Trust Cleaning Monitoring programme is in place in accordance with the national cleaning standards.</p> <p>A review of the cleaning performance data and progress of any remedial actions required is included as a quarterly agenda item at the HAIG meetings in which the IPCT and the hotel services are in attendance. Minutes available.</p>	<p>A formal IPC auditing tool is not currently in place for use in community teams.</p>	<p>An additional nurse has joined the IPCT whose remit is to develop an audit tool that can be utilised.</p> <p>Work has commenced to recruit additional link practitioners in these areas to support this work.</p>
<ul style="list-style-type: none"> <li>ensure the dilution of air with good ventilation e.g. open windows in admission and waiting areas to assist the dilution of air</li> </ul>	<p>A survey report has been completed and highlights the actions that are required across all the high and medium priority sites.</p> <p>Work is planned to commence January 2021.</p> <p>The outstanding areas are deemed to be low risk and no COVID transmission issues have been identified to be attributable to poor ventilation within these areas to date.</p>	<p>Further work is still outstanding in some of the lower priority areas.</p> <p>Silver Command has requested assurance that the mitigating actions required until the work is undertaken are being maintained. H&amp;S team to inspect.</p>	<p>Risk assessment undertaken and information re occupancy of rooms to maintain social distancing in place.</p>
<ul style="list-style-type: none"> <li>there is evidence organisations have reviewed the low risk COVID-19 pathway, before choosing and decision made to revert to general purpose detergents for cleaning, as opposed to widespread use of disinfectants</li> </ul>	<p>Not applicable. No clinical areas currently identified as low risk within the Trust.</p>	<p>N/A</p>	<p>N/A</p>

**3. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion**

Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
<ul style="list-style-type: none"> <li>there is clearly displayed and written information available to prompt patients' visitors and staff to comply with hands, face and space advice.</li> </ul>	Standardised posters available throughout the Trust Estate. Their presence checked by the infection control team when auditing. In addition clinical staff ensure all visitors are verbally informed of the requirements.	None	None

**4. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people**

Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> <li>screening and triaging of all patients as per IPC and NICE Guidance within all health and other care facilities must be undertaken to enable early recognition of COVID-19 cases.</li> </ul>	<p>Standard operating procedures in place for all the Trust inpatient settings within the community, mental health and learning disability setting which reflect the national screening and triaging requirements.</p> <p>Trust guidance in place to guide staff in the management of non-consenting individuals.</p> <p>Compliance with the guidance monitored daily by the infection control team. Prompts given to teams if required although rarely required</p>	None	None

Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
<ul style="list-style-type: none"> <li>staff are aware of agreed template for triage questions to ask</li> </ul>	<p>The national agreed triage template has been adopted and embedded within the System One/ Lorenzo systems.</p> <p>The tool is reviewed regularly and amended as required to reflect national requirements. Last update January 2021.</p> <p>Compliance checked via audits</p>	None	None
<ul style="list-style-type: none"> <li>triage undertaken by clinical staff who are trained and competent in the clinical case definition and patient is allocated appropriate pathway as soon as possible</li> </ul>	<p>The nationally recommended triage tool and required actions have been incorporated within the current Trust IPC risk assessment documentation which is completed by a registered healthcare professional within all inpatient settings.</p> <p>An audit of the IPC risk assessment completion is undertaken within the clinical inpatient areas quarterly and performance is monitored via the Health care associated infection Group.</p>	<p>Completion of the risk assessment documentation is variable at times – although the required actions required have often been completed.</p>	<p>The requirement for consistent record keeping has been highlighted to the individual Charge Nurse as part of the formal feedback process. Progress will be monitored via the Formal HAIG meetings.</p>
<ul style="list-style-type: none"> <li>face coverings are used by all outpatients and visitors</li> </ul>	<p>Standardised NHS staff face mask poster used in all patients and visitors entrance areas</p> <p>Written information regarding the requirement for wearing mask is provided within revised clinic appointment letters.</p>	None	None
<ul style="list-style-type: none"> <li>face masks are available for patients with respiratory symptoms</li> </ul>	<p>Face masks are readily available in all clinical areas for patient use when clinically deemed to be appropriate.</p>	None	None

Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
<ul style="list-style-type: none"> <li>provide clear advice to patients on use of face masks to encourage use of surgical facemasks by all inpatients in the medium and high-risk pathways if this can be tolerated and does not compromise their clinical care</li> </ul>	<p>Masks are available and all inpatient areas report that facemasks masks are encouraged within all inpatient areas within the Trust when deemed to be clinically appropriate. These are not often tolerated in our MH and older people services. Observations studies show that masks are used by some patients within each clinical area.</p>	<p>A formal audit of compliance has not been completed.</p>	<p>The IPCT to add an additional section to the PPE audit tool on the Health application to ensure this data is captured. A compliance review to be undertaken in Q3 as part of the IPCT audit programme.</p>

**5. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection**

Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
<p>Systems and processes are in place to ensure:</p> <p>separation of patient pathways and staff flow to minimise contact between pathways. For example, this could include provision of separate entrances/exits (if available) or use of one-way entrance/exit systems, clear signage, and restricted access to communal areas</p>	<p>Trust approved SOPS in place for the separate pathways.</p> <p>Restricted access only allowed within the Trust COVID-19 designated areas.</p> <p>Signage available on the entrance to each of the dedicated areas.</p> <p>Separate entrances/exits provided for staff who require access to the first floor of the Mill view Court area to minimise the footfall in the entrance area of the COVID designated area.</p>	<p>None</p>	<p>None</p>
<ul style="list-style-type: none"> <li>a rapid and continued response through ongoing surveillance of rates of infection transmission within the local population and for</li> </ul>	<p>The DIPC , other Executives and lead IPCT in regular attendance at regional and national meetings.</p> <p>Daily surveillance reports giving</p>	<p>None</p>	<p>None</p>

Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
<p>hospital/organisation onset cases (staff and patients/individuals)</p>	<p>national/regional data received. Silver and Gold Command in place to review transmission and agree Trust response as required.</p> <p>A review of each COVID positive staff member is undertaken by the externally contacted Test and Trace Team to determine the actions required in terms of contact tracing to reduce transmission. Daily Log produced and kept up to date</p> <p>A review of all positive patients and staff is undertaken on a daily basis throughout the working week by the IPCT/ Occupational Health Lead to ensure a rapid response to any emerging themes.</p> <p>A rapid RCA review completed for all suspected and confirmed in-patient COVID positive hospital onset cases.</p> <p>Incident review meetings held and minuted where any transmission between staff and or patients is suspected.</p>		
<ul style="list-style-type: none"> <li>positive cases identified after admission who fit the criteria for investigation should trigger a case investigation. Two or more positive cases linked in time and place trigger an outbreak investigation and are reported.</li> </ul>	<p>An incident review is completed when a potential link is identified between any confirmed positive staff or patients working or residing within the same clinical area. These are identified as part of the daily surveillance and will generate an incident review to determine whether the outbreak definition has been triggered in accordance with the Trust Outbreak of Communicable</p>	None	None

Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
	<p>Disease Policy.</p> <p>Outbreak meetings are established with the service affected, attended by the Trust Microbiologist.</p> <p>The PHE are notified of any outbreaks by the IPCT. A reference number for each outbreak is available for reference.</p> <p>All declared outbreaks information is also available via the Trust Governance reporting process (DATIX).</p> <p>Reports for each outbreak are produced to identify good practice and any learning. Reported to the Quality Committee and Board</p>		
<ul style="list-style-type: none"> <li>robust policies and procedures are in place for the identification of and management of outbreaks of infection</li> </ul>	<p>All outbreaks are managed in accordance with the Trust Outbreak of Communicable Disease Policy. This was amended in September to reflect both regional and national requirements. Policies available on the Trust intranet.</p> <p>Outbreak and debrief meeting minutes available.</p>	None	None

## 6. Provide or secure adequate isolation facilities

Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> <li>restricted access between pathways if possible, (depending on size of the facility, prevalence/incidence rate low/high) by other patients/individuals, visitors or staff</li> </ul>	<p>Designated cohort wards are in operation within the Trust as outlined within the Trust approved COVID -19 clinical pathways document.</p> <p>Access to all clinical in patient areas within the Trust Estate is restricted.</p> <p>All clinical inpatient areas deemed to be medium risk (with the exception of the COVID designated areas) currently therefore no additional measures are currently required. .</p>	None	None
<ul style="list-style-type: none"> <li>areas/wards are clearly signposted, using physical barriers as appropriate to patients/individuals and staff understand the different risk areas</li> </ul>	<p>The use of signage has been agreed and implemented in each of the trust sites to support the public/patients to locate their required destination.</p> <p>Access to all clinical inpatient areas within the Trust Estate is restricted and any visitors to any of the units are supervised by the nursing teams in each ward area.</p>	None	None

## 7. Secure adequate access to laboratory support as appropriate

Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
<p>There are systems and processes in place to ensure:</p> <ul style="list-style-type: none"> <li>ensure screens taken on admission given priority and reported within 24hrs</li> </ul>	<p>We are reliant on local laboratories to undertake our screens (Hull/York). Systems and processes are in place with the laboratories and turnaround is usually within 24 hours however on occasion can take longer when the York lab is used.</p>	<p>Issues have currently been identified with the time that it is taking to process/provide reports of results across at Whitby and Malton which at times have not appeared on the system within 24 hours. The laboratories have also sometimes declined to test a specimen due to the previous test being conducted prior to transfer of the patient to our services from York.</p>	<p>Patients will remain in isolation until the results are available.</p> <p>The staff on each unit contact the laboratory via the telephone to obtain results.</p> <p>The laboratory at York has been contacted and efforts are currently being put in place to resolve. The York algorithm used in the processing laboratory has been amended to ensure the specimens are not declined unless there is justification</p>
<ul style="list-style-type: none"> <li>regular monitoring and reporting of the testing turnaround times with focus on the time taken from the patient to time result is available</li> </ul>	<p>A review of all COVID positive patients records from September have been reviewed by the IPCT. Obtained results demonstrate that all specimens sent to HUTH have been processed in a timely manner.</p>	<p>Issues have been identified with the time that it is taking to process/provide reports of results across at Whitby and Malton which at times has meant that the results have not shown on the system despite being processed and a result confirmed.</p>	<p>Contact made with the Consultant Microbiologist at York to review the patients where a delay in the notification has occurred.</p> <p>IT have been contacted to identify a potential problem with the link between the 2 systems.</p>

**8. Have and adhere to policies designed for the individual's care and provider organisations that will help prevent and control infections**

Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
Systems and processes are in place to ensure that all linen/laundry related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current <a href="#">national guidance</a>	All linen is managed in accordance with the national guidance. This is audited quarterly utilising the standard IPC audit tool. All data is recorded and available via health assure. No issues identified with compliance.	None	None

**9. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection**

Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
Appropriate systems and processes are in place to ensure: <ul style="list-style-type: none"> <li>staff in 'at-risk' groups are identified using an appropriate risk assessment tool and managed appropriately including ensuring their physical and wellbeing is supported</li> </ul>	Risk screening process for all staff. Identified 'vulnerable' and 'at risk' groups and a detailed risk assessment process in place Local bespoke interventions and plans developed for each individual involving Occupational Health where appropriate BAME engagement / listening events in place Psycho-social support in place to support staff	Not all staff have completed their risk assessment	Messages re the importance of carrying out risk assessments are promoted through existing communication channels. Reporting of number outstanding into command meetings for follow up. Where staff continue to resist completing a risk assessment managers are to complete on their behalf.
<ul style="list-style-type: none"> <li>that risk assessment(s) is (are) undertaken and documented for any staff members in an at risk or shielding groups, including Black, Asian and Minority Ethnic (BAME)</li> </ul>	Occupational health records available highlighting the number of assessments completed- as of January 14 <sup>th</sup> 72.69% of staff 'at risk' have completed a risk assessment; 83.54% of BAME staff have completed a risk assessment	Not all staff have completed their risk assessment	Messages re the importance of carrying out risk assessments are promoted through existing communication channels. Reporting of number

Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
and pregnant staff	Completion rates are monitored via Silver and Gold Command		outstanding into command meetings for follow up. Where staff continue to resist completing a risk assessment managers are to complete on their behalf.
<ul style="list-style-type: none"> <li>staff required to wear FFP reusable respirators undergo training that is compliant with PHE <a href="#">national guidance</a> and a record of this training is maintained and held centrally</li> </ul>	Fit testing training completed Central fit testing records available on the corporate V drive.	None	None
<ul style="list-style-type: none"> <li>staff who carry out fit test training are trained and competent to do so</li> </ul>	All fit testing trainers within the trust have received training from an externally accredited trainer and an assessment of their clinical competency has been completed. Training records available centrally	None	None
<ul style="list-style-type: none"> <li>all staff required to wear an FFP respirator have been fit tested for the model being used and this should be repeated each time a different model is used</li> </ul>	All fit testing records highlighting each mask the individual is fit tested against. All models identified are currently available within the Trust.	None	None
<ul style="list-style-type: none"> <li>a record of the fit test and result is given to and kept by the trainee and centrally within the organisation</li> </ul>	Central training records available. A copy of the individual's records from October 2020 are now also available centrally.	None	None
<ul style="list-style-type: none"> <li>for those who fail a fit test, there is a record given to and held by trainee and centrally within the organisation of repeated testing on alternative respirators and hoods</li> </ul>	A record of each failed test is given to the trainee and held centrally	None	None

Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
<ul style="list-style-type: none"> <li>for members of staff who fail to be adequately fit tested a discussion should be had, regarding re deployment opportunities and options commensurate with the staff members skills and experience and in line with nationally agreed algorithm</li> </ul>	<p>Reviews of failed results have been completed by the IPCT and are available centrally. Currently there is no requirement to enter in to redeployment discussion with any individuals.</p>	<p>None</p>	<p>None</p>
<ul style="list-style-type: none"> <li>documented record of this discussion should be available for the staff member and held centrally within the organisation, as part of employment record including Occupational Health</li> </ul>	<p>The staff fit test training records reviewed by the IPCT on a weekly basis from January 2021 and this course of action not required for any member of staff at the time of writing this report.</p>	<p>None</p>	<p>None</p>
<ul style="list-style-type: none"> <li>following consideration of reasonable adjustments e.g. respiratory hoods, personal reusable FFP3, staff who are unable to pass a fit test for an FFP respirator are redeployed using the nationally agreed algorithm and a record kept in staff members personal record and Occupational health service record</li> </ul>	<p>The staff fit test training records reviewed by the IPCT on a weekly basis from January 2020 and this course of action not required for any member of staff at the time of writing this report</p>	<p>None</p>	<p>None</p>
<ul style="list-style-type: none"> <li>boards have a system in place that demonstrates how, regarding fit testing, the organisation maintains staff safety and provides safe care across all care settings. This system should include a centrally held record of results which is regularly reviewed by the board</li> </ul>	<p>Information provided to the Board on the Trust position included in the Annual Infection Control report 2019-2020 and the Bi-annual Infection Prevention and Control Performance report November 2020 reported to the Quality Committee ( Board subcommittee).</p>	<p>None</p>	<p>None</p>

Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
<ul style="list-style-type: none"> <li>all staff should adhere to <a href="#">national guidance</a> on social distancing (2 metres) if not wearing a facemask and in non-clinical areas</li> </ul>	<p>Mask and Face Covering Guidance produced and available on the COVID 19 Intranet site Posters also provided to download.</p> <p>Guidance produced for use by staff areas in areas as canteens, offices, nursing desks etc</p> <p>Compliance monitored via auditing/test track and trace and outbreak investigations. Appropriate actions taken where adherence is not being met.</p>	None	None
<ul style="list-style-type: none"> <li>health and care settings are COVID-19 secure workplaces as far as practical, that is, that any workplace risk(s) are mitigated maximally for everyone</li> </ul>	<p>A survey of all Trust owned buildings has been completed and all reasonable measures have been adopted to mitigate any risks. Where this has not been possible alternative measures have been implemented eg relocation of service /working from home /staggered occupation</p>	None	None
<ul style="list-style-type: none"> <li>staff are aware of the need to wear facemask when moving through COVID-19 secure areas.</li> </ul>	<p>Regular spot checks of practice by the IPCT identify that the practice of using a facemasks is well embedded as a routine practice when moving through COVID secure areas.</p>	None	None

**Agenda Item 17**

Title & Date of Meeting:	Trust Boar Public Meeting - 27 Jan 2021		
Title of Report:	Six Monthly Research & Development Report		
Author/s:	Cathryn Hart, Assistant Director Research & Development		
Recommendation:	To approve		To receive & note
	For information		To ratify
Purpose of Paper:	To provide the Board with assurance/reassurance that work continues to enhance research in the Trust and ensure the Trust's obligations in relation to the delivery of NIHR Portfolio research and performance targets are met, thus facilitating opportunities for our community to participate in research, including that relating to COVID-19, to trial new interventions and enhance quality.		
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>  (R&D reports to the Quality Committee, but as they are not meeting until Feb this did not coincide with this report.)		Date	Date
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee		Workforce & Organisational Development Committee
	Finance & Investment Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Charitable Funds Committee		Other (please detail)
Key Issues within the report:	<p>Section 1: Assurance in relation to key performance targets having been met.</p> <p>Section 2: Achieved positive external review from Clinical Research Network for Yorkshire and Humber.</p> <p>Section 3: External research funding secured for 2020/21, plus additional funding in year.</p> <p>Section 4: The importance of research during the COVID-19 pandemic, participation in 'urgent public health studies' and positives that have come out of the challenges.</p> <p>Section 5: Snapshot of research opportunities, innovation and alliances, including two new research studies starting early 2021 in primary care and the INSPIRE unit.</p> <p>Section 6: Examples of research dissemination, implementation and publicity, including evaluation of first virtual research conference in Nov 2020 and annual research video.</p>		

**Monitoring and assurance framework summary:**

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)	
√ Tick those that apply	
✓	Innovating Quality and Patient Safety
✓	Enhancing prevention, wellbeing and recovery



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

## Research & Development (R&D) Report for Trust Board: Jan 2021

### 1. Performance

The Trust's recruitment target for National Institute for Health Research (NIHR) Portfolio studies in 2020-21 is 660. At the end of Dec 2020 recruitment stood at 1377; already more than double our annual target, which places us as the sixth highest of the 22 Yorkshire and Humber trusts in relation to percentage against target; largely made up of participants in COVID-19 related research. There are currently 23 Portfolio studies active in the Trust (see *appendix 1, table 1*), plus six 'non-portfolio' (see *appendix 1, table 2*).

Whilst progress is being made against the Research Strategy 2020-22, the process of achieving the objectives has required adaptation in the light of COVID-19 and different ways of working.

### 2. Governance

As part of the Partnership Agreement the Trust has with the host of the Clinical Research Network (CRN) for Yorkshire and Humber, we have annual accountability and performance reviews with their Senior Leadership team. This took place in Sep 2020 and Cathryn Hart, Steve Walker and Dr John Byrne attended to represent the Trust. Feedback was incredibly positive in relation to our research performance, growth, management of funding and ideas for future developments.

CQC Well-Led inspections can include, and are expected to have a stronger focus in the future, on research as an indicator of quality; how well a trust supports research activity via strategic and divisional leadership, and patient opportunity and access around research. The Trust's research conference in Nov 2020 highlighted many examples of this locally across various services.

### 3. Funding

In 2020-21 our CRN funding to support NIHR Portfolio studies has increased by 6% as a result of good performance in 2019-20, the fifth highest percentage increase of the 22 trusts in Yorkshire and Humber. Following the submission of three separate business cases, a further £28k has been received for 1) research animation video, 2) providing research training to other Trusts, and 3) extra capacity for supporting urgent public health research and restarting non-COVID-19 studies. Additional funding on top of this has also been provided by the UK Vaccine Taskforce for the research team to support Hull University Hospitals NHS Trust (HUTH) with COVID-19 vaccine trials.

£20k Research Capability Funding has also been received from DHSC due to achieving 500+ study recruits in 2019-20 and is being used to support two clinicians working with academic colleagues to develop new research opportunities and grant applications. The impact of this was highlighted at the research conference where Dr Soraya Mayet, Consultant Psychiatrist, presented outcomes of a feasibility study of telemedicine in addictions which had been made possible due to this dedicated funded research time.

### 4. COVID-19 Research

COVID-19 has raised the profile of research, with Downing Street briefings regularly making reference to the importance of research and to the key discoveries this has brought, e.g. COVID vaccines and treatments. Studies mandated as 'Urgent Public Health Research' by the Chief Medical Officer for England, to inform fast effective responses to COVID-19, have been prioritised by our research team over the past nine months. Details of the COVID-19 studies are included in *appendix 1*. This includes the World Health Organisation study which involves collecting data on all inpatients testing positive; helping to answer urgent questions about COVID-19 and contributing to

real-time information nationally and internationally. Also the Oxford/AstraZeneca vaccine trial, which staff in our research team worked on and some Trust staff volunteered to be participants in.

Working in R&D during a pandemic has not been without its challenges for the team, but there have also been some real positives: 1) increasing collaboration with HUTH due to working on COVID-19 studies together, 2) contributing to the national effort to enhance the recruitment of members of black, Asian and minority ethnic (BAME) communities into COVID-19 studies, which longer term will aid other research and 3) adapting ways of working to enable recruitment to studies to continue remotely and study interventions to be delivered which will continue post-COVID, opening up opportunities for people that may not have taken part in research otherwise.

## 5. Opportunities, innovation and alliances

Work continues to strengthen research collaborations and to bring studies to the Trust in areas where there has been limited previous involvement. One such study, known as BASIL and led by Tees Esk and Wear Valleys NHS Foundation Trust, is due to start in the Trust Jan 2021 and will evaluate an intervention addressing the increased risk of depression and loneliness for those aged 65+ with multi-morbid physical-health problems who have been isolated due to COVID-19. This presents an opportunity to collaborate across various services as participants are identified through general practice, YourHealth staff have been trained by national experts to deliver the behavioural activation intervention and the local Principal Investigator is a Consultant Psychologist within Older People's Mental Health. Another new study planned to open in Feb 2021 and involving INSPIRE, is one led by Greater Manchester Mental Health NHS Foundation Trust investigating how to improve the physical health care of young people admitted to inpatient units and help them make healthier lifestyle choices in the future, such that physical as well as mental health is being looked after.

## 6. Implementation, learning and publicity

The Trust's fourth annual research conference had been due to take place in May 2020 with all 180 places filled, but had to be postponed due to the pandemic. However, not wanting to miss the opportunity to share important research findings, new opportunities and highlight the incredibly varied research we are involved in, the Trust's first virtual research conference took place over two half days 17-18 Nov 2020. 292 people registered to attend; 249 watched live on day one, 206 on day two and 100 Youtube views of the conference afterwards. Those who registered represented over 50 different organisations and many different professional groups. Just over half were Trust staff, plus there were 11 international delegates, which is unlikely to have been the case had this not been held virtually. Feedback from those who 'attended' and presented at the virtual conference was fantastic; 98% who completed the online evaluation form rated the conference overall as excellent or good. Some comments included:

*I don't think I have ever experienced anything quite like this before from an NHS Trust.*

*This was a really excellent conference and worked really well online.*

*Holding it over two days made it easier to access.*

*Could pick and choose what to watch that was relevant to me, therefore value for money.*

*Invigorating and refreshed my enthusiasm for research.*

*The variation in content was brilliant - a memorable occasion.*

*Really impressed with enthusiasm and passion of colleagues @ResearchHumber for research that makes a difference to patients.*

As has now become tradition, a new annual research video was also launched alongside the conference:



[Celebrating research and changing lives - YouTube](#) (15 mins)

As mentioned in section 3 we have also been successful in gaining funding to create a short animation video (two minutes) encouraging participation in research. Existing animations and national campaigns tend to be targeted and designed with hospital patients in mind. Those accessing mental health services and/or living with multi-morbidity are often not treated in hospital settings and find clinical images off-putting; imagining research to involve people in white coats with syringes and medications, which can be really frightening. This animation will better represent our research environment and is being co-produced with patients, carers and staff to ensure the content is appropriate and engaging for the intended audience. In this virtual world we increasingly find ourselves operating in, this animation will be one of the tools we can also use to encourage greater participation in research of those in more isolated communities, where there are potentially more unmet health needs and less involvement in research.

Since 'lockdown' our twitter followers for @ResearchHumber have increased by almost 75% and articles relating to research have been regularly included in Trust communications to help raise awareness and encourage people to take part in COVID-19 studies. Two research newsletters have also been published since the last six monthly R&D Update report and are available on the Trust's public website:



[Humber Teaching NHSFT Research Newsletter\\_Autumn2020.pdf](#)

## Appendix 1 – Research studies running in the Trust

**Table 1: NIHR Portfolio studies currently in set-up, open to recruitment or in follow-up (06/01/2021)**

Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
<b>Planned Mental Health - Older People</b>					
Problem Adaptation Therapy for individuals with mild to moderate dementia and depression. The PATHFINDER Trial.	Intervention	Dr Chris Rewston Clinical Psychologist	Prof Robert Howard Camden and Islington NHS Foundation Trust	31/12/2022	Open
Helping older people to engage effectively with community social care (The HOPES study)	Observation	Gill Gregory Advanced Occupational Therapist	Mark Wilberforce University of York	31/03/2021	Open
Supporting independence at home for people with dementia (NIDUS-Family)	Intervention	Dr Chris Rewston Clinical Psychologist	Prof Claudia Cooper University College London	28/02/2022	Open
Measuring the social care outcomes of people with dementia and carers	Observation	Sharon Kingston Mental Health Nurse	Dr Stacey Rand University of Kent	31/08/2021	Open
Assessment of the Dementia Diagnostic Pathway to Identify Opportunities for Improvement by Digital Technology Integration	Observation	No Local Investigator required	Dr Naji Tabet Cognetivity Ltd	01/04/2021	Open
<b>Planned Mental Health - Adult</b>					
EnrollHD: A Prospective Registry Study in a Global Huntington's Disease Cohort	Observation	Prof Ivana Markova Consultant Psychiatrist (Hon)	Prof Anne Rosser Cardiff University	01/10/2053	Open (follow-up site only)
The cap-mem study. Exploring the cause and prevalence of memory problems in people with mental health disorders	Observation	Dr Graham Harkness Consultant Psychiatrist	Dr Stuart Watson Newcastle University	30/09/2021	Open
Psychosocial assessment and psychological therapy following self-harm	Observation	No Local Investigator Required	Prof Nav Kapur University of Manchester	08/01/2021	Open
A randomised controlled trial of a structured intervention for expanding social networks in psychosis (SCENE)	Intervention	Dr Chris Sanderson Clinical Psychologist	Dr Domenico Giacco East London NHS Foundation Trust	30/06/2021	Open
Suicide by middle-aged men	Observation	No Local Investigator Required	Prof Louis Appleby University of Manchester	31/03/2021	Open

Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
Patient preferences regarding psychological therapies for distressing voice-hearing experiences (PREFER)	Observation	Dr Maria Kallikourdi Consultant	Dr Clio Berry University of Sussex	31/01/2021	Open
The National Confidential Inquiry into Suicide and Safety in Mental Health	Observation	No Local Investigator Required	Prof Louis Appleby University of Manchester	31/03/2022	Open
Hearing nasty voices: Developing new ways to measure the experience	Observation	Dr Geetanjali Chitnis Consultant Psychiatrist	Dr Bryony Sheaves University of Oxford	28/02/2021	Open
Optimising Wellbeing in Social Isolation (OWLS)	Observation	Dr Renato Merolli Consultant Psychiatrist	Professor Simon Gilbody University of York	31/12/2021	Open
Prospective study to assess Outcomes and healthcare resource use of current standard of care for patients With severe MDD Requiring urgent symptom control in a psychiatric emergency: POWER	Observation	Haley Jackson Research Nurse	TBC Janssen-Cilag Ltd	01/11/2022	In Setup
<b>Children's &amp; Learning Disability</b>					
Specialist Services Evaluation: A realistic process evaluation of the implementation and impact of Forensic Child and Adolescent Mental Health Services (F-CAMHS) and SECURE STAIRS	Observation	Helen Booth Principal Forensic Psychologist	Dr Julian Childs University College London	29/10/2021	Open
Autism Spectrum Social Stories In Schools Trial 2 (ASSIST2)	Intervention	Dr Hannah Armit Clinical Psychologist	Prof Barry Wright Leeds and York Partnership NHS Foundation Trust	29/05/2021	Open
Physical health of young people in inpatient mental health services: a 6 month prospective study	Observation	Dr Nicola Green Consultant Clinical Psychologist	Dr Rebekah Carney Greater Manchester Mental Health NHS Foundation Trust	30/04/2022	In setup
<b>Community &amp; Primary Care Services</b>					
PRINCIPLE - Platform Randomised trial of INterventions against COVID-19 In older peoPLE	Intervention	No local Investigator required	Prof Christopher Butler University of Oxford	25/03/2022	Open

Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
Survey: Professionals' Education & Awareness of Continence care SPEAC	Observation	Cathryn Hart Assistant Director R&D	Dr Nikki Cotterill University of the West of England	30/05/2021	Open
Behavioural Activation for Social IsoLation (BASIL-C19)	Intervention	Dr Clare Hilton Consultant Clinical Psychologist	Prof David Ekers Tees, Esk and Wear Valleys NHS Foundation Trust	31/03/2022	In setup
<b>Across multiple services</b>					
ISARIC/WHO Clinical Characterisation Protocol for Severe Emerging Infections in the UK (CCP-UK)	Observation	Cathryn Hart Assistant Director R&D	Prof Calum Semple University of Oxford	28/02/2023	Open
A phase 2/3 study to determine the efficacy, safety and immunogenicity of the candidate Coronavirus Disease (COVID-19) vaccine ChAdOx1 nCoV-19	Intervention	No local Investigator required	Prof Andrew Pollard University of Oxford	31/12/2021	In follow up
SIREN - SARS-COV2 immunity and reinfection evaluation; The impact of detectable anti SARS-COV2 antibody on the incidence of COVID-19 in healthcare workers	Intervention	No local Investigator required	Prof Susan Hopkins Public Health England	21/11/2021	Open
Molecular genetics of Adverse Drug Reactions from candidates' genes to genome wide association studies.	Observation	Jackie Stark Principal Pharmacist	Prof Munir Pirmohamed University of Liverpool	30/04/2021	Open
Psychological Impact of COVID-19	Observation	Cathryn Hart Assistant Director R&D	Prof Shanaya Rathod Southern Health NHS Foundation Trust	20/04/2021	Open

**Table 2 – Non-portfolio studies currently in set-up, open or in follow-up (06/01/2021)**

Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
<b>Planned Mental Health - Older People</b>					
Staff Experience And Attitudes Towards Cognitive Testing In Memory Assessment Services	Observation	No Local Investigator required	Dr Jen Yates University of Nottingham	31/12/2021	Open
<b>Secure Services</b>					
Long Term Effectiveness of the Firesetting Intervention Programme for Mentally Disordered Offenders (FIP-MO)	Observation	Sarah Rockliff Consultant Forensic Psychologist	Dr Nichola Tyler University of Kent	01/04/2033	Open
<b>Children's &amp; Learning Disability Services</b>					
Computerised Behavioural Activation for young people with Depression	Observation	Dr Ravi Mahendra Consultant Psychiatrist	Lucy Tindall University of York	31/01/2021	Open
A narrative exploration of CAMHS clinical staff experiences and meaning-making of working with children & adolescents who self-harm.	Observation	Amber George Trainee Clinical Psychologist	Amber George University of Hull	17/09/2021	Open
<b>Community &amp; Primary Care Services</b>					
Collaborative Unlinked Anonymous Survey of Salivary Antibodies to HIV, Hepatitis B Core Antigen and Hepatitis C in Injecting Drug Users	Observation	Dr Soraya Mayet Consultant Psychiatrist	Health Protection Agency	01/01/2037	Open
<b>Across multiple services</b>					
The COVID-19 Resilience Project	Observation	No Local Investigator required	Dr Kate Allsopp Greater Manchester Mental Health NHS Foundation Trust	01/10/2021	Open

**Agenda Item: 18**

Title & Date of Meeting:	Trust Board Public Meeting - 27 <sup>th</sup> January 2021			
Title of Report:	Risk Management Strategy 2021-2024			
Author/s:	Executive Lead : Hilary Gledhill, Executive Director of Nursing, Allied Health & Social Care Professionals. Author: Oliver Sims Corporate Risk and Compliance Manager			
Recommendation:	To approve		To receive & note	
	For information		To ratify	√
Purpose of Paper:	<p>Following approval by the Executive Management Team in January 2021, the Board are asked to ratify the new Risk Management strategy which covers the three-year period from January 2021 – January 2024.</p> <p>This strategy has been developed to continue the improvements to risk management arrangements within the Trust, and sets out clear ambitions to further strengthen the maturity of its underlying processes and the culture within the organisation over the next three years.</p>			
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	11.01 2021
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Trust Board	
Key Issues within the report:	<p>Key changes made to the Risk Management Strategy 2021-2024 from the previous version of the strategy document are as follows:</p> <ul style="list-style-type: none"> <li>• General review undertaken and updates made to the content within the body of the strategy to ensure it is reflective of current processes and the risk management arrangements within the Trust.</li> <li>• Updates made to the format and content of various sections of the strategy document, namely the ‘Risk Appetite, ‘Duties and Responsibilities’ and ‘Structural Arrangements’ sections to ensure they are more accessible and user-friendly.</li> <li>• Development of ‘Risk Management Ambitions’ for the next three years detailing the areas of development in order to further increase the risk maturity of the Trust and the risk culture within its services. These ambitions specifically</li> </ul>			

	<p>promote:</p> <ul style="list-style-type: none"> <li>- Greater devolution of decision making and accountability for the management of risk throughout the organisation from Trust Board to point of delivery (Board to Ward).</li> <li>- A risk management culture of monitoring and improvement, which ensures risks to the delivery of Trust's strategic goals and objectives are identified and addressed through the use of systems such as the DATIX dashboard module.</li> <li>- Further refinement of systems and processes throughout the Trust which are in place to support effective risk management and to ensure that these are integral to the day-to-day activities of Trust services.</li> <li>- Trust Board being able to receive and provide assurance that the Trust is meeting all external compliance targets and legislation responsibilities, including standards of clinical quality and NHSI compliance requirements.</li> <li>- That the Trust's risk management arrangements are robust, and that excellent systems and processes are fully embedded across the organisation, that supports the delivery of the Trust's Strategic Goals.</li> </ul>
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**Monitoring and assurance framework summary:**

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



**Humber Teaching**  
NHS Foundation Trust

# Risk Management Strategy 2021-24



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## 1. Introduction

Humber Teaching NHS Foundation Trust is committed to embedding an integrated approach to managing risk, and recognises that the proactive and continuous management of risk is essential to the efficient and effective delivery of its vision. This strategy describes the Trust approach to the identification, reporting and management of all risks facing the Trust.

The Risk Management Strategy will work alongside wider strategies to achieve the risk management ambitions set out for the next three years. Risk Management is an integral part of the trust's quality and governance management processes. All staff have a responsibility for the consideration of risk and helping to mitigate any potential impact the delivery of safe and high quality services.

The management of risk is a key factor in achieving the provision of the highest quality care, requiring the identification, management and minimising of activities or events which could result in unnecessary risks to service users, staff and visitors/members of the public. These risks are present on a day to day basis throughout the organisation. Most cannot be avoided, but they can in most instances be managed to an acceptable level.

## 2. Mission and Values

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



This strategy provides a framework for the identification and management of risk supporting delivery of associated work programmes to continuously meet our strategic objectives which are detailed below:



When implemented and maintained, the effective management of risk enables the Trust to:

- Maximise safety and reduce harm, improving care and service user experience.
- Increase the likelihood of achieving its goals and delivering outcomes.
- Improve the identification of opportunities and threats.
- Improve governance, stakeholder confidence and trust.
- Establish a reliable basis for decision making and formulation of plans.
- Effectively allocate and use resources for risk treatment.
- Improve organisational resilience.
- Increase organisational learning and continuous improvement.

These activities are undertaken in line with the Trust work programmes established to meet the Trust objectives.

We achieve this by the identification, assessment, and systematic reduction and effective control of risks that threaten the delivery of safe and effective services. This includes the protection of:

- **People** – including patients, carers, staff, contractors, visitors, and the general public.
- **Finances** – through value for money, reduction of losses and improved financial stability.
- **Reputation** – internally and externally to commissioners, general public, media and the wider NHS.

Risks must be assessed in respect of the combination of the probability of an event happening and the severity of the impact which occurs.

At its simplest risk management is good management practice and should not be seen as an end in itself, but as part of an overall management approach. This strategy provides the overarching framework within which risk is managed by the organisation.

### 3. Scope

This is a three year strategy that aims to further develop a robust risk management framework and build additionally capability across the Trust.

The Trust must ensure that its risk management arrangements meet the requirements of NHS Improvement and the Care Quality Commission (CQC). The Trust also adheres to standards and guidance from the NHS Resolution (NHSR), Health and Safety Executive (HSE), to ensure good risk management practice.

The Department of Health requires the Chief Executive to sign a Governance Statement annually on behalf of the Board. This outlines the governance processes in place to maintain a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding quality standards and public funds. The risk management framework forms part of the system of internal control and the Board Assurance Framework provides an overview of the assurances received.

This strategy and associated processes apply to all directly employed, agency staff and contractors engaged on Humber Teaching NHS Foundation Trust business in respect of that work. This includes staff on honorary contracts, students and volunteers. All staff in the trust have a responsibility in relation to risk management.

### 4. Ambitions and implementation

The Trust's continued ambition to have excellent systems and processes fully embedded across the organisation that support the delivery of the Trust's Strategic Aims requires that we support better decision making through a good understanding of our potential risks and their likely impact. In this respect the Trust is committed to maintaining a systematic approach to the identification and management of all risks surrounding our activities. This strategy is based on achieving the below five ambitions identified below.

From April 2021 to March 2024 the Trust will aim to achieve the following Risk Management Ambitions:

1. To further support greater devolution of decision making and accountability for the management of risk throughout the organisation from Trust Board to point of delivery (Board to Ward).
2. To further promote a risk management culture of monitoring and improvement, which ensures risks to the delivery of Trust's strategic goals and objectives are identified and addressed through the use of systems such as the DATIX dashboard module.
3. To further refine systems and processes throughout the Trust which are in place to support effective risk management and ensure that these are integral to the day-to-day activities of Trust services.
4. To support the Trust Board in being able to receive and provide assurance that the Trust is meeting all external compliance targets and legislation responsibilities, including standards of clinical quality and NHSI compliance requirements.
5. To confirm that the Trust's risk management arrangements are robust, and that excellent systems and processes fully embedded across the organisation that support the delivery of the Trust's Strategic Goals through annual Trust's Risk Maturity assessment process.

<b>Risk Management Ambition One</b>	Alignment to Strategic Goals	
To further support greater devolution of decision making and accountability for the management of risk throughout the organisation from Trust Board to point of delivery (Board to Ward).	Strategic Goal 1 – Innovating quality and patient safety	
	Strategic Goal 2 – Enhancing prevention, wellbeing and recovery	
	Strategic Goal 6 – Promoting people, communities and social values	
<b>Why is it important?</b>		
It is important to create a culture in which all staff are able influence decisions, support process improvements and outcomes, to reduce risk and improve the quality of services. Bringing decision making as close as possible to the Service Delivery.		
<b>What do we want to do?</b>	<b>How will we do it?</b>	
To promote a risk culture whereby staff are able to make decisions and improvements to ensure risks to the delivery of the trusts ambitions are identified and addressed.	<ol style="list-style-type: none"> <li>1. Review and implementation of the new risk management strategy for 2021-2024.</li> <li>2. Development and implementation of risk awareness sessions to further support risk management culture change.</li> </ol>	

<b>Risk Management Ambition Two</b>	Alignment to Strategic Goals	
To promote a risk management culture of monitoring and improvement, which ensures risks to the delivery of Trust's strategic goals and objectives are identified and addressed through the use of systems such as the DATIX dashboard module.	Strategic Goal 1 – Innovating quality and patient safety	
	Strategic Goal 2 – Enhancing prevention, wellbeing and recovery	
	Strategic Goal 4 – Developing an effective and empowered workforce	
<b>Why is it important?</b>		
It is important that we enable individual staff and groups to take a risk-based approach in a consistent way with a common acceptance of the importance of the continuous management of risk in day-to-day delivery of Trust services.		
<b>What do we want to do?</b>	<b>How will we do it?</b>	
To develop an effective risk culture which ensures individual staff and groups are able to manage risks in an informed way.	<ol style="list-style-type: none"> <li>1. Consider the introduction of nominated risk champions throughout the trust to champion risk management and help to inform and guide staff.</li> <li>2. Implementation of the new risk management strategy for 2021-2024.</li> <li>3. Development and implementation of risk awareness sessions to further support risk management culture change.</li> <li>4. Review and ensure appropriate risk management governance arrangements are in place throughout the trust.</li> </ol>	

<b>Risk Management Ambition Three</b>		<b>Alignment to Strategic Goals</b>	
To further refine systems and processes throughout the Trust which are in place to support effective risk management and ensure that these are integral to the day-to-day activities of Trust services.	Strategic Goal 1 – Innovating quality and patient safety		
	Strategic Goal 4 – Developing an effective and empowered workforce		
<b>Why is it important?</b>			
It is important that the risk management process has a clear purpose, reliable inputs, well-designed activities and value-added outputs. A well-articulated systematic approach to risk management allows us to provide a benchmark and ensure we are responsive to the Trust's risk management needs.			
<b>What do we want to do?</b>		<b>How will we do it?</b>	
Define a Risk Management standard throughout the organisation ensuring a robust systematic approach to risk management.		<ol style="list-style-type: none"> <li>1. Implementation of a Trust-wide risk management training package and information resource available to all staff.</li> <li>2. Explore the inclusion of an 'introduction to risk management' as part of the Trust-wide induction package for all new staff.</li> </ol>	

<b>Risk Management Ambition Four</b>		<b>Alignment to Strategic Goals</b>	
To support the Trust Board in being able to receive and provide assurance that the Trust is meeting all external compliance targets and legislation responsibilities, including standards of clinical quality and NHSI compliance requirements.	Strategic Goal 1 – Innovating quality and patient safety		
	Strategic Goal 2 – Enhancing prevention, wellbeing and recovery		
	Strategic Goal 5 – Maximising an efficient and sustainable organisation		
<b>Why is it important?</b>			
The system of internal control within the Trust is an important component in the successful management of its risks. Internal controls are concerned with the methods, procedures and checks that are in place to ensure that the organisation is able to meet its ambitions.			
<b>What do we want to do?</b>		<b>How will we do it?</b>	
Integrate risk management and ensure processes are in place to allow staff to identify, monitor and communicate risks that may affect the delivery of strategic ambitions.		<ol style="list-style-type: none"> <li>1. All staff to have access to training, guidance and support in the delivery of effective risk management systems.</li> <li>2. Monitoring and review of assurance limitations of internal audits to ensure good governance is maintained.</li> </ol>	

<b>Risk Management Ambition Five</b>	<b>Alignment to Strategic Goals</b>	
To confirm that the Trust’s risk management arrangements are robust, and that excellent systems and processes are fully embedded across the organisation that support the delivery of the Trust’s Strategic Goals through annual Trust’s Risk Maturity assessment process.	Strategic Goal 1 – Innovating quality and patient safety	
	Strategic Goal 4 – Developing an effective and empowered workforce	
	Strategic Goal 5 – Maximising an efficient and sustainable organisation	
<b>Why is it important?</b>		
Annual assessment of the Trust’s Risk Maturity will allow for further identification of areas for improvement and assist in setting and implementing clear action plans for further developments.		
<b>What do we want to do?</b>	<b>How will we do it?</b>	
Undertake an annual assessment of the Trust’s Risk Maturity to allow for further development of the organisation risk management arrangements and to have a method of internal benchmarking to monitor progress made.	<ol style="list-style-type: none"> <li>1. Annual assessment of risk maturity utilising the ‘Alarm National Performance Model for Risk Management’.</li> <li>2. Outcome of annual Risk Maturity assessment to be used to inform annual risk management development plan.</li> <li>3. An annual assurance report on risk management will be provided to the Audit Committee and Trust Board also detailing the outcome of the Risk Maturity assessment and identified actions for further improvement.</li> </ol>	

## 5. Risk Appetite

Risk appetite is the level of risk the Trust deems acceptable or unacceptable based on the specific risk category and the circumstances or situation facing the Trust. This allows the Trust to measure, monitor and adjust, as necessary, the actual risk position against the agreed risk appetite.

Expressing risk appetite can therefore enable the Trust to take decisions based on an understanding of the risks involved. It can be a useful method of communicating expectations for risk-taking to managers and improve oversight by the Board.

The Trust uses the Good Governance Institute’s ‘Risk Matrix for NHS organisations’ in assessing and expressing risk appetite, and has adopted a risk appetite statement which details the amount of risk it is willing to accept in seeking to achieve its Strategic Goals. As well as the overall risk appetite statement, separate statements are provided for each risk category in the tables below:

## Risk Appetite Statement – Strategic Goals

Humber Teaching NHS Foundation Trust recognises that its long term sustainability depends upon the delivery of its strategic goals and its relationships with its service users, carers, staff, public and partners. The Trust Board considered the organisation's appetite for risk in September 2020 and agreed the following scores:

Strategic Goal	Risk Appetite
<p>Innovating Quality and Patient Safety</p> <p>Strengthened approach to patient safety and clinical effectiveness involving people in decisions about their health.</p>	<p><i>Open – willingness to consider all potential delivery option.</i></p>
<p>Enhancing Prevention, Wellbeing &amp; Recovery</p> <p>Patients and carers equipped with the right knowledge and skills being proactive in managing their health through a well-being and recovery focus.</p>	<p><i>Seek – eagerness to be innovative and to choose options offering potentially higher business rewards</i></p>
<p>Fostering Integration, Partnerships &amp; Alliances</p> <p>Delivering the right services, at the right time, in the right place of the right quality providing choice and accessibility.</p>	<p><i>Mature – Consistent in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.</i></p>
<p>Maximising Efficient and Sustainable Organisation</p> <p>Investment in services and optimising on new business opportunities in wider geographical area to sustain financial balance supporting system wide efficiency improvements.</p>	<p><i>Seek – eagerness to be innovative and to choose options offering potentially higher business rewards</i></p>
<p>Developing an Effective and Empowered, Workforce</p> <p>Nurturing our committed and compassionate people with the right skills and abilities enabling them to continually deliver excellence that is valued by all.</p>	<p><i>Seek – eagerness to be innovative and to choose options offering potentially higher business rewards</i></p>
<p>Promoting People, Communities and Social Values</p> <p>Proactively engaging and consulting with the people we serve to support them to become independent and economically active.</p>	<p><i>Seek – eagerness to be innovative and to choose options offering potentially higher business rewards</i></p>

### Risk Appetite Statement – Risk Types

Humber Teaching NHS Foundation Trust recognises that its long term sustainability depends upon the delivery of its strategic goals and its relationships with its service users, carers, staff, public and partners. The Trust Board considered the organisation’s appetite for risk in September 2020 and agreed the following scores:

Risk Type	Risk Appetite
Quality, Governance and Performance and Operational Risk	The quality of our services, measured by clinical outcome, patient safety and patient experience is at the heart of everything we do. Although we will support innovation, we will do so with equal improvements in management control. Therefore our risk appetite is <b>Open</b> , this level representing ‘a willingness to consider all potential delivery options.’
Financial Risk	The Board is prepared to accept possibility of some limited initial financial loss. Value for money is still the primary concern, but the board will consider other benefits or constraints. Therefore our risk appetite is <b>Seek</b> , this level representing ‘eagerness to be innovative and to choose options offering potentially higher business rewards.’
Regulation and Compliance	The Board acknowledges that healthcare and the NHS operates within a highly regulated environment, and that, as a Foundation Trust, it has to meet high levels of compliance expectations from a large number of regulatory sources. It will strive to meet those expectations within a framework of prudent controls, balancing the prospect of risk elimination against practical operational requirements. Therefore our risk appetite is <b>Open</b> , this level representing ‘a willingness to consider all potential delivery options.’
Business Risk	The Trust is supportive of opportunity and innovation, with demonstration of equal improvements in management control. It supports a focus on growth and service development and innovation. Therefore our risk appetite is <b>Seek</b> , this level representing ‘eagerness to be innovative and to choose options offering potentially higher business rewards.’
Continuity of Services	The Trust is supportive of innovation and business development to support the continuity and transformation of services to meet the needs of our patients, carers, and wider community. Therefore our risk appetite is <b>Seek</b> , this level representing ‘eagerness to be innovative and to choose options offering potentially higher business rewards.’
Reputational Risk	The Board is prepared to take some decisions that have the potential to bring scrutiny of the organisation, provided that the benefits for the services outweigh the risks, and by prospectively managing any reputational consequences. Therefore our risk appetite is <b>Open</b> , this level representing ‘an appetite to take decisions with the potential to expose the organisation to additional scrutiny/ interest’.

As a Trust we will continue to refine and develop our risk appetite, updating these statements on an annual basis.

## 6. Duties and Responsibilities

All staff in the Trust have a responsibility in relating to risk management. The key risk management responsibilities are documented below.

Role	Responsibility
Chief Executive (CE)	Accountable for having effective risk management systems and internal controls in place and for achieving statutory requirements. The Chief Executive has delegated overall duty to ensure risk management is discharged appropriately to the Director of Nursing.
Director of Nursing	Has overall duty to ensure risk management is discharged appropriately and has the overall responsibility for the implementation of the strategy.
Executive Directors and Senior Operational / Corporate Managers	Responsible for identifying, communicating and managing the risks associated with their portfolios in accordance with the framework set out in this strategy. They are responsible for understanding the approach towards risk management of all key clients, contractors, suppliers and partners and mitigate where necessary, where gaps are found. They are responsible for identifying risks that should be escalated to and from the Trust-wide Risk Register.
Non-Executive Board Members	Responsible for challenging and seeking assurance that integrated systems are in place within the organisations.
Specialist Managers / Leads	Responsible for ensuring all risks within their specialist area are assessed and managed.
Corporate Risk and Compliance Manager	Responsible for the development and implementation of the Risk Management Strategy and framework, and for leading and coordinating risk management across the Trust.
All employees and contractors	Expected to be familiar with the Trust's approach to risk management, take a risk-managed approach to their own work and take responsibility for the management of the risks they own.

## 7. Risk Management Governance – Structural Arrangements

Each Board Committee and its sub-groups has a collective responsibility to ensure effective risk management to ensure good governance as they discharge their duties, and this is reflected in their respective terms of reference. Through their work plans they will contribute towards reducing the organisation's exposure to risk. Risks identified by Committees and reporting groups will be communicated and recorded on the appropriate directorate / divisional risk register and subject to overview, monitoring and intervention by the Corporate Risk and Compliance Manager, providing assurance to the Audit Committee (AC) and Trust Board.

Committee / Forum	Responsibility
Trust Board	Has overarching responsibility for risk management throughout the Trust and currently considers the Trust-wide Risk Register and Board Assurance Framework four times a year. It considers the strategic and

Committee / Forum	Responsibility
	high level Trust-wide operational risks facing the Trust as part of its routine business to satisfy itself collectively that risks are being managed appropriately. The Trust Board continuously strives to strengthen the culture of risk management throughout the organisation.
Audit Committee (AC)	Board Committee with overarching responsibility for risk. The role of the Committee is to scrutinise and review the Trust's systems of governance, risk management, and internal control. It seeks regular assurance on the Trust's risk management arrangements to enable it to review the organisation's approach to risk management as well as reviewing the Trust-wide risk register and Board Assurance Framework regularly. The Committee reviews the adequacy of all risk and control related disclosure statements (in particular the Annual Governance Statement), together with any accompanying Head of Internal Audit statement, External Auditor opinion or other appropriate independent assurances. On occasion it will commission internal or external auditors to review and report on aspects of risk management or on the management of significant risks.
Finance and Investment Committee (FIC)	Board Committee with overarching responsibility for oversight of the Trust's Finances and whose remit it is to conduct independent and objective review and oversight of the Trust's trading and commercial investment activities on behalf of the Board, and to ensure compliance with Investment Policy and Strategic Objectives. The role of the Committee is to scrutinise and review the Trust's financial position and activity. It seeks regular assurance on the Trust's risk management arrangements specifically related to finance risks and is responsible for one section of the Board Assurance Framework, which it also reviews as a standing agenda item at each meeting.
Quality Committee (QC)	Board Committee with overarching responsibility for oversight of the Trust's quality and improvement agenda. The role of the Committee is to scrutinise the Trust's quality and improvement work programmes seeking assurance on all related areas covering the Trust's clinical risk management arrangements. This work includes CQC compliance, service improvements and redesign linked to quality improvement, research and clinical governance. The Quality Committee also reviews the quality-related risks held across the Trust's risk register and the relevant sections of the Board Assurance Framework.
Workforce and Organisational Development Committee (WFOD)	Board Committee with overarching responsibility for oversight of the Trusts' workforce and organisational development agenda. The committee scrutinises the Trust's workforce-related metrics and seeks regular assurance regarding the Trust's risk management arrangements specifically related to workforce. The committee is also responsible for the relevant section of the Board Assurance Framework.
Mental Health Legislation Committee (MHL)	Board Committee whose remit it is to provide strategic leadership pertaining to the Mental Health Act, the Mental Capacity Act and their respective Codes of Practice and other mental health related legislation, as well as to monitor, provide challenge and seek assurance of compliance with external standards relating to Mental Health Legislation and approve and review Mental Health Legislation policies and protocols. The committee also regularly reviews the Trust's

Committee / Forum	Responsibility
	Board Assurance Framework as well key risks linked to mental health related legislation.
Executive Management Team (EMT)	Involves all Executive Directors and is chaired by the Chief Executive. The Executive Management Team provides the leadership for risk management across the Trust, considering and approving the development of systems and processes, as well as championing risk management within their areas of responsibility. This Group is the lead for managing the Trust-wide Risk Register, monitoring the management of risk. They consider and accept new items on to the Trust-wide Risk Register, reviewing and revising risk entries on a regular basis, as well as the approval/removal of any risks from the Register at the request of the Corporate Risk and Compliance Manager.
Operational Delivery Group (ODG)	Chaired by the Chief Operating Officer considers the operational risk registers, as well as thematic risks from directorate risk registers. This group is responsible for ensuring that risk assessments are consistent, timely and appropriate actions to manage and mitigate risks are being taken, and that similar risks across the Trust are identified, cross-referenced and considered as a whole.
Directorate Business meetings	Held within each Directorate, and are responsible for ensuring that appropriate risk registers are in place, risks are being effectively captured and appropriate mitigating actions are being taken. They are also responsible for highlighting risks for escalation/ de-escalation, based on the current risk score and perceived business impact for the Trust, to/from the Trust-wide risk register via the Executive Management Team.
Operational Business meetings	Held within each business division and are responsible for ensuring that appropriate risk registers are in place, risks are being effectively captured and appropriate mitigating actions are being taken. They are also responsible for highlighting risks for escalation/ de-escalation, based on the current risk score and perceived business impact for the Trust, to/from the Trust-wide risk register via the Executive Management Team.
Quality and Patient Safety Group (QPAS)	Accountable to the Quality Committee. It oversees and coordinates all aspects of quality improvement (patient experience/patient safety & clinical effectiveness), assurance and clinical governance activity and delivery. The group has responsibility to escalate any issues which may have a potential impact on the delivery of the organisational objectives to the Executive Management Team.
Clinical Risk Management Group (CRMG)	Sub-group feeding into QPAS. Has responsibility for ensuring clinical risk management systems, processes and related clinical risk management strategies and policies are regularly reviewed and implemented Trust-wide. They ensure systems and processes are developed and maintained to enable Trust-wide monitoring and review of all clinical risks to ensure appropriate investigation, and maximisation of learning from incidents.
Health and Safety Group	Receives updates from multiple infrastructure, safety and compliance related sub groups, ensuring that strategic decisions are made and

Committee / Forum	Responsibility
	appropriate action taken to resolve, mitigate or appropriately escalate issues and risks. Accountable to QPAS, it also feeds into the CPB, CRMG, and EMT.
Emergency Preparedness Resilience and Response (EPRR)	Sub- group reporting to ODG on the delivery of the objectives of the sub-group including the identification, management and reporting of EPRR risks.
Capital Programme Board	Reports to EMT following the assessment and prioritising of capital applications based on underlying risk.

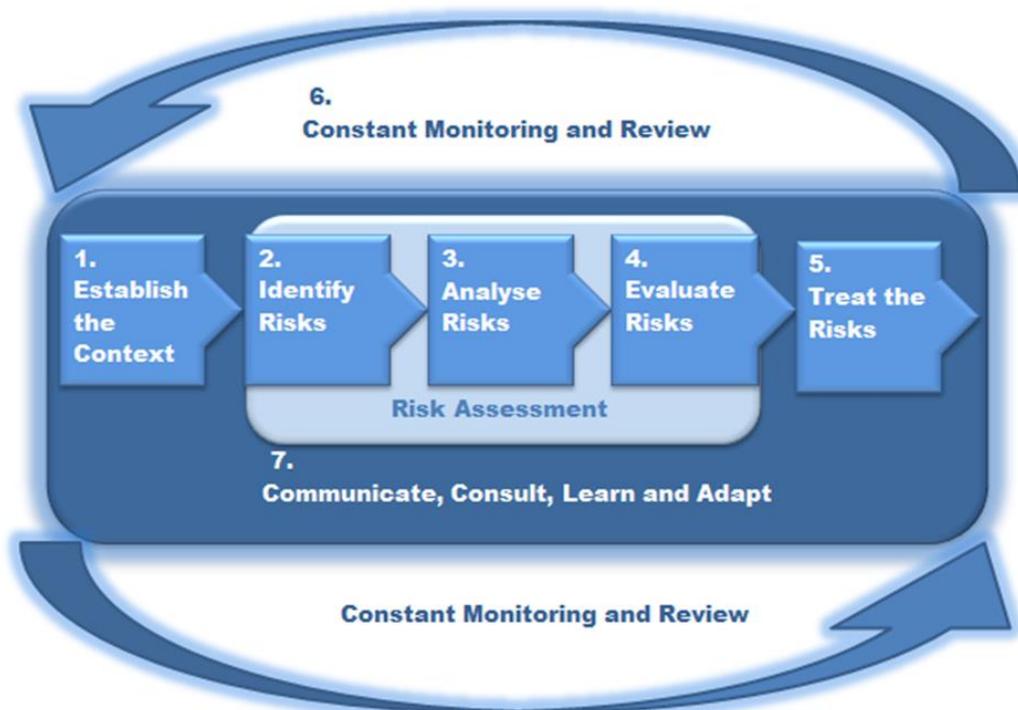
## 8. Process Overview

Risk management activities undertaken within the Trust operate at a number of levels: for example, a health or social care professional creating a risk management plan for a service user; health and safety assessments of local facilities, incident reporting and organisational learning, corporate planning around the organisational response to a major incident; or risk assessment and mitigation for business expansion and development. This strategy and its related procedures serve to set these various risk management activities within a broader corporate framework and to identify consistent processes for risk management across the Trust.

The risk management process is detailed within the Risk Management Policy and supporting guidance documents and templates, all of which will undergo ongoing review and development as risk management is embedded across the organisation.

The overall risk management process is shown pictorially below, there being 7 major elements in the process.

**Figure 1** below shows, risk management involves the identification, analysis, evaluation and treatment of risks or more specifically recognises which events may lead to harm and therefore minimising the likelihood (how often) and consequences (how bad) of these risks occurring.



## Identifying Risks

Risks facing the organisation will be identified from a number of sources, for example:

- Risk arise out of the delivery of day to day work related tasks or activities.
- The review of strategic or operational ambitions.
- As a result of an incident or the outcome of investigations.
- Following a complaint, claim or patient feedback.
- As a result of a health and safety inspection/assessment, external review or audit report.
- National requirements and guidance.

The identification, assessment, and control of risk is delegated to directors, managers, departments, wards and teams within Humber Teaching NHS Foundation Trust, together with the management and data entry onto the Trust's electronic risk management system (DATIX).

## Risk Registers

The Trust uses risk registers as a means to record risks, scoring and ranking them, identifying who owns them, identifying controls that are in place, identifying whether the risk needs to be reduced further and, if so, recording what additional controls need to be put in place.

The Corporate Risk and Compliance Manager maintains a Trust-wide Risk Register which holds risks identified to the Trust's principal objectives, as well as incorporating risks accepted onto the Trust-wide register following escalation from Directorates and Operational Divisions. Directorate and Operational Division Risk Registers are maintained, being populated by risks that affect patient and staff safety, high quality care, service delivery and key objectives.

Local Service and Departmental risk registers will be further developed and maintained, building the upward flow of risks to the Operational Divisions and Directorates.

The Board Assurance Framework (BAF) provides the Board with a simple but comprehensive method for the effective and focused management of the strategic risks that could affect the delivery of its principal objectives.

All risk registers are viewed as 'live documents' and are routinely populated, updated and reviewed.

## Risk Methodology

The Trust uses the same risk methodology for assessing all types of risk whether these are clinical, non-clinical, financial, or organisational. It is vital that all risks are assessed in an objective and consistent manner, enabling prioritised management, and guiding operation, project and programme planning and resource allocation.

Risks are assessed on the likelihood of the risk happening (frequency or probability) and consequences (impact) should the risk occur.

The assessment is completed using a likelihood matrix (Table 1) and consequence matrix (Table 2). While the likelihood matrix offers an option of frequency or probability, the likelihood matrix offers options based on the type of consequence (impact) that will arise if the risk should occur.

**Table 1 – Likelihood Score**

Likelihood Score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur Not expected to happen for years	Do not expect it to happen/recur but it is possible it may do so Expected to occur at least annually	Might happen or recur occasionally Expected to occur at least monthly	Will probably happen/recur but it is not a persisting issue Expected to occur at least weekly	Will undoubtedly happen/recur, possibly frequently Expected to occur at least daily
Probability	<1% Unlikely to occur	1-5% Unlikely to occur	6-20% Reasonable chance of occurring	21-50% Likely to occur	>50% More likely to occur than not

**Table 2 – Consequence Score**

	<b>Consequence score (severity levels) and examples of descriptors</b>				
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Consequence Type</b>	<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Severe</b>	<b>Catastrophic</b>
<b>Impact on the safety of patients, staff or public (physical/ psychological harm)</b>	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
<b>Quality/ complaints/ audit</b>	Peripheral element of treatment or service suboptimal Informal complaint/inquiry Service delivery is not materially affected.	Overall treatment or service suboptimal Formal complaint (stage 1) / Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved / Reduced performance rating if unresolved Some inconvenience/ difficulty in operational performance of a particular service area	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on Operational performance of a particular service area is affected to the extent that revised planning is required to overcome difficulties.	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report Operational performance of a particular service area is severely affected.	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards Operational performance is compromised to the extent that the organisation is unable to meet its obligations in core activity areas.
<b>Human resources/ organisational development/ staffing/ competence</b>	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training / key training on an ongoing basis
<b>Statutory duty/ inspections</b>	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
<b>Adverse publicity/ reputation</b>	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
<b>Business objectives/ projects</b>	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage Late delivery of key target.	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met Partial delivery of key targets	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met Non-delivery of key targets.
<b>Finance including claims</b>	Small loss (less than 0.1% of budget) Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
<b>Service/business interruption Environmental impact</b>	Loss/interruption of >1 hour No impact on ability to meet internal and external reporting requirements even though a particular service area is affected. Minimal or no impact on the environment	Loss/interruption of >8 hours Inability to meet a specific reporting requirement. Minor impact on environment	Loss/interruption of >1 day Difficulty in complying with key reporting requirements. Moderate impact on environment	Loss/interruption of >1 week Unable to comply with the majority of reporting requirements. Major impact on environment	Permanent loss of service or facility Unable to access any service user or corporate information. Catastrophic impact on environment

The two numerical assessment scores are then multiplied to give a risk rating and level of risk as shown in table 3.

**Table 3 – Risk Scoring and Levels**

			Severity of Impact/ Consequence				
			1	2	3	4	5
			Negligible	Minor	Moderate	Severe	Catastrophic
Likelihood	5	Almost certain	5 Moderate	10 High	15 Significant	20 Significant	25 Significant
	4	Likely	4 Moderate	8 High	12 High	16 Significant	20 Significant
	3	Possible	3 Low	6 Moderate	9 High	12 High	15 Significant
	2	Unlikely	2 Low	4 Moderate	6 Moderate	8 High	10 High
	1	Rare	1 Low	2 Low	3 Low	4 Moderate	5 Moderate

We undertake assessment of risk at three stages:

- **Initial risk** (inherent or gross risk) is an assessment of the risk score on identification before any control/mitigating action is proposed.
- **Residual risk** (current risk) is an assessment of the risk score with current controls/actions in place.
- **Target risk** is an assessment of the anticipated risk score after improvement actions have been achieved and controls successfully implemented. The target risk score enables managers to fully understand the impact of the actions to be taken, as well as whether these actions alone will reduce (mitigate) the risk to an acceptable level.

The assessment undertaken is the same at each stage, enabling consistency and demonstration as to how well risks are being managed by current controls.

### Residual Risk Scores

All risks with a residual score that results in a classification of 'High' or 'Significant' will require a supporting action plan that describes the activities and actions being taken to mitigate the risk.

Residual risks with a level of moderate may be required to have action plans in place to further mitigate the risk. Low residual risks do not usually need any further actions.

The level of risk the controls are managing is important in considering the type and frequency of assurances required to be fully assured that the systems and process continue to work effectively to mitigate the risk. The Trust will use this information to inform the internal audit and clinical audit plans, as well as management reviews.

## 9. Training

Guidance on populating risk registers and managing risks is available to all staff via the Trust intranet. Risk Management training is provided upon request by the Corporate Risk and Compliance Manager.

All staff employed by the Trust, are required to attend the mandatory and statutory training that is relevant to their role and to ensure they meet their own continuous professional development requirements.

An online risk management training package is proposed for development as part of the Ambition three identified as part of this strategy and will be made available for existing and new members of staff.

## 10. Monitoring

The Trust's arrangements for risk management will be evaluated annually against the 'Alarm National Model for Risk Management', from which areas for further development will be identified. These will form the work plan for the coming year, against which progress will be measured and reported regularly to the Executive Management Team, Audit Committee and the Trust Board.

A detailed review of the Trust's arrangements for risk management, in particular risk registers, will be considered by the Audit Committee on an annual basis, and the Committee will report to the Board on its findings of its annual risk review as a covering statement to the annual assurance report.

Cyclical review of Operational Division and Directorate Risk Registers will be undertaken by the Corporate Risk and Compliance Manager, providing assurance to the Audit Committee (AC) and Trust Board to ensure that appropriate risk registers are being maintained, risks are being effectively captured and assessed, scoring is appropriate and consistent, appropriate mitigating actions are being taken, and risks escalated/ de-escalated in line with Trust policy.

The Risk Management Strategy, Policy and related guidance and documentation will be reviewed and updated annually in light of the assessment, as well as any changes to external and internal factors.

## 11. Communication

The Risk Management Strategy and supporting policies and guidance will be made available to all staff via the Trust Intranet.

The Risk Management Strategy will be made available to stakeholders and the public via publication on the Trust Internet.

## 12. Related Documents

The Trust's approach to risk management is embedded within its business and governance processes. This is the overarching strategy for risk management, interlinking to all Trust strategies and policies. The following documents directly support this strategy:

- Risk Management Policy
- Risk Management guidance documents (via Trust Intranet)

More information on risk management, and specific areas of risk management including related policies are available on the [Trust's Risk Management intranet](#) page along with links to additional guidance and information.

Key strategies that drive quality, safety and patient experience are:

- Patient Safety Strategy
- Patient and Carer Experience Strategy
- Clinical Audit and Effectiveness Strategy

## 13. Definitions

Board Assurance Framework	A method for presenting effective and focused assurances over the key risks to meeting strategic objectives.
Likelihood	Used as a general description of probability or frequency.
Probability	The likelihood of a specified event or outcome occurring. This is measured by the ratio of specific events or outcomes to the total number of possible events or outcomes. Probability is expressed along a scale ranging from 'rare' to 'almost certain'.
Risk	Defined as uncertainty/ possibility of loss, damage, missed opportunity, injury or failure to achieve objectives or deliver our plans as a result of an uncertain action or event.
Risk Appetite -	Statement of intent from the organisation about the level risk it is prepared to accept, tolerate, or be exposed to at any point in time.
Risk Assessment	The evaluation of risk with regard to the impact should the risk be realised and the likelihood of the risk being realised.
Risk Identification	This is the process of determining what, where, when, why and how something could happen.
Risk Management	The systematic identification of risk within a system or process and the implementation of actions to minimise harm arising. A key aspect of risk management is learning from events, errors, or near misses in order to reduce the risk of them recurring.
Risk Management Strategy	The overall organisational approach to risk management as defined by the Trust Board, which is documented and easily available throughout the organisation.
Risk Maturity	Overall quality and embeddedness of the risk management arrangements.
Risk Mitigation	The action that can be taken to reduce either the probability or impact of a risk.
Risk Reduction	Actions taken to lessen the <i>likelihood</i> , <i>negative consequences</i> or both associated with <i>risk</i> .
Risk Register	A tool for recording identified risks, the results of their analysis and evaluation, and monitoring actions and plans against them. The Risk Register is an important component of the organisation's risk management framework.
Risk Treatment	Process of selection and implementation of measures to modify risk.

## 14. Equality and Diversity

An [Equality and Diversity Impact Assessment](#) has been carried out on this document using the Trust approved EIA.

**Agenda Item: 19**

Title & Date of Meeting:	Trust Board Public Meeting– 27 <sup>th</sup> January 2021			
Title of Report:	EU Exit Update			
Author:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To note	X
	To discuss		To ratify	
	For information		To endorse	
Purpose of Paper:	This report is being brought to the Trust Board to update on the Trust's position following the EU Exit.			
	The Trust Board are asked to note the update and raise any queries, concerns or points of clarification.			
Governance		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	14.1.21
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report:	<ul style="list-style-type: none"> <li>The Trust has had an established Brexit group to specifically deal with operational readiness for exit from the European Union.</li> <li>There are seven areas of activity that have been focussed upon by the Brexit group</li> <li>A multi layered national approach has been developed to secure the supply of medicines and clinical consumables.</li> <li>A deal by the UK and EU was agreed on the 24<sup>th</sup> of December 2020, implications for the NHS are highlighted in the body of report.</li> </ul>			

**Monitoring and assurance framework summary:**

Links to Strategic Goals	
	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 been considered?	Yes	Yes Detail in report	N/A	Comment
		Any Action Required?		
Risk	√			To be advised of any future implications reports as and when future implications by Lead Directors through Board Required
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	



## EU Exit Preparations January 2021

### 1. Introduction and Purpose

This report is being brought to the Trust Board to update on the Trusts position following the EU Exit.

### 2. Background

In preparation for the EU exit the Trust established a Brexit working group (*chaired by the Director of Finance as Senior Responsible Owner*) who have continued to meet during the transition period with regular updates to Executive Management Team and Trust Board.

Previous guidance has identified seven areas of activity and workstream leads for each area have been established as summarised below:

Workstream	Workstream Lead
Supply of Medicines and Vaccines	Chief Pharmacist
Supply of medical devices and clinical consumables	Procurement Manager
Supply of non –clinical consumables, goods and services	Procurement Manager
Workforce	Senior HR Business Partner
Reciprocal Healthcare	Director of Finance
Research and Clinical Trials	Assistant Director of Research and Development
Data sharing, processing and access	Information Governance Officer

The most recent meeting of the group took place after the EU exit, assurance was received from all programme leads that no adverse impact following the exit were been incurred.

### 3. National Planning

National contingency planning covers all four nations of the UK and is based on the previous “multi-layered” approach taken in previous plans.

The main focus is to mitigate any potential disruption to supply into the UK across all categories of medical supplies, including, but not limited to: medicines; medical devices and clinical consumables; clinical trials supplies; products of human origin (blood and transplant Page 2 items); vaccines and countermeasures and, nonclinical goods and services (NCGS) in support of health and social care providers.

This approach takes the form of the following:

- Re-routing away from the short straits
- Supporting ‘trader readiness’ for the new customs and border arrangements
- Buffer stocks of medical supplies where possible
- Warehousing
- Regulatory flexibility
- Shortage management response (including National Supply Disruption Response)



#### **4. Trust Approach**

##### **Supply of Medicines and Vaccines**

The Trust has followed the national directive and has continued to operate on the principle of 'Business as Usual'. The Trust has previously confirmed that it is not stockpiling medicines and vaccines and that there is approximately one week of stocks held by the Trust and six weeks of stocks held by wholesalers.

##### **Supply of Medical Devices and Consumables (clinical and non-clinical)**

The Procurement team have reviewed all contracts but the bulk of the work is being dealt with at a national level with advice from the national team to avoid duplication of effort with suppliers who have been engaged nationally.

##### **Workforce**

The Trust has approximately 30 EU nationals dispersed across multiple service areas. The Trusts HR team are supporting employees with applications for settled status, 10 of whom have already confirmed they have approved status.

Individuals have until the 30<sup>th</sup> June 2021 to make an application.

#### **5. Brexit Deal Agreed**

On December 24<sup>th</sup> the UK and European Union announced that they had agreed a trade deal setting out the terms of their future relationship when the post-Brexit transition period ends on the 31<sup>st</sup> December 2020.

A Brief Summary of what the deal means for the NHS is attached at appendix A, key headlines include

- Customs checks at Borders and paperwork to complete, so potential for delays and complications initially
- Reciprocal Healthcare agreements agreed
- Reduced barriers to facilitate medical research
- New points based immigration system, most healthcare workers will meet entry requirement, but most care workers will not.
- EU still assessing UK's data adequacy, so this is not included in the current agreement
- Agreement on fair approach to procurement

#### **6. COVID 19 implications**

It is expected that from the 19<sup>th</sup> January 2021 Hauliers wishing to travel to Holland must be able to evidence a negative Lateral Flow Test within 24 hours of departure. The Local Resilience Forum (LRF) are leading on introduction of testing capacity for both North and South Bank Ports alongside traffic management, signage, etc.

#### **7. Recommendations**

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



## **NHS impact of Brexit Deal**

### **Supply of goods**

- No tariffs and quotas on imports and exports, including medicines, medical devices and medical/non-medical consumables.
- But, to qualify for tariff-free access, UK goods will need to meet 'rules of origin' requirements.
- There will be new customs checks at the border and paperwork to complete, so there is potential for delay and complications at least initially.
- The EU and UK have agreed some customs cooperation and simplified forms to minimise the burden for 'trusted trader' businesses.
- There will be non-tariff barriers such as regulatory requirements, now that the UK and EU will not be obliged to adhere to the same standards in future. The deal includes an agreement that the UK and EU will recognise each other's inspections of manufacturing premises for medicinal products. But it does not include a mutual recognition agreement on conformity assessment, meaning that the UK and EU will both have to assess that products are safe to be authorised and marketed in their territories. They will not automatically accept each other's assessment.

### **Reciprocal healthcare for UK/EU citizens**

- UK travellers to the EU, and EU travellers in the UK, will be able to get medically necessary treatment as they do now if they fall ill while abroad (EHIC or equivalent).
- Frontier workers (people who commute across borders to work) and their family members will also be covered for cross-border treatment.
- People needing pre-planned treatment such as dialysis or chemotherapy while on either side of the UK/EU border will be able to arrange in advance to have it paid for by their own country, without paying upfront themselves.
- Retirement pensions can be exported, aggregated and paid abroad.

### **Medical research**

- The UK will be able to take part in the EU's scientific research and innovation programme, Horizon Europe, to collaborate on researching and developing cutting-edge treatments.
- UK and EU agree to facilitate movement of researchers with as few barriers as possible now that freedom of movement has ended.

### **Public health/health security**

- UK and EU will collaborate/co-operate in warning each other and tackling health threats, though the UK will not normally have access to EU databases and will not retain membership of the European Centre for Disease Prevention and control (ECDC).
- The UK can request access to the EU's Early Warning System (EWRS) on an ad hoc basis to tackle a specific threat.

### **Workforce**

- Freedom of movement has ended, but there will be no visa requirements for short stays for holidays and business (up to 90 days).
- UK will implement new points-based immigration system for people wanting to come and work in the UK from 1 January. Most healthcare workers will meet the entry criteria but most care workers won't.



- No regression for fundamental rights at work, occupational health and safety standards and fair working conditions. The rules may diverge in future and there is no requirement to align going forward, but it should not result in lower standards than at present.
- Mutual recognition of professional qualifications ends. UK has unilaterally decided to continue to recognise EEA qualifications for up to two years, but no reciprocity.
- The agreement sets up a mechanism to facilitate potential future mutual recognition between the UK and EU competent authorities, but will require further detailed agreements and procedures.

### **Data transfer**

- The EU is still assessing the UK's data adequacy so this is not included in the agreement.
- While awaiting the outcome of the assessment, the EU has agreed to allow continued EU-to-UK data transfers from 1 January, initially for four months (extendable to six), to prevent organisations having to rely on alternatives such as standard contractual clauses.
- Both sides say they are committed to facilitating cross-border data flows. The deal prohibits either side requiring that data be stored or processed in their territory, and specifies there should be high standards of protection for personal data and privacy.

### **Level playing field, competition and procurement**

- Both parties retain the right to adopt or maintain measures in respect of health services that receive public support or funding (e.g. the NHS) and privately funded healthcare services, not including private hospitals and residential care homes.
- Public procurement can include social, environmental and labour conditions as long as these apply equally to all.
- 'Non-regression' from current standards, so no immediate undercutting, and nothing to prevent either party adopting higher standards – but no requirement to align in future.
- 'Level playing field' – dispute settlement mechanism (not involving the European Court of Justice) in case of future disagreements about state aid or subsidies.



**Agenda Item 20**

Title & Date of Meeting:	Trust Board Public Meeting– 27 <sup>th</sup> January 2021																											
Title of Report:	Annual Declarations 2020/21																											
Author/s:	Peter Beckwith Director of Finance																											
Recommendation:	To approve		To receive & note																									
	To discuss	<input checked="" type="checkbox"/>	To endorse	<input checked="" type="checkbox"/>																								
	<p>The Trust Board are asked to approving the following annual declarations, based on the evidence included in this report.:</p> <ul style="list-style-type: none"> <li>• The Board has taken all necessary precautions to comply with its licence, the NHS Act and the NHS Constitution.</li> <li>• The Trust has complied with required governance standards and objectives</li> <li>• The Trust has a reasonable expectation that required resources will be available to deliver designated services</li> <li>• That the Trust has complied with section 151(5) of the Health and Social Care Act to ensure that governors are equipped with the skills and knowledge to undertake their role.</li> </ul>																											
Governance: Please indicate which group or committee this paper has previously been presented to:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">Date</th> <th style="width: 20%;"></th> <th style="width: 10%;">Date</th> </tr> </thead> <tbody> <tr> <td>Audit Committee</td> <td></td> <td>Remuneration &amp; Nominations Committee</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td></td> <td>Workforce &amp; Organisational Development Committee</td> <td></td> </tr> <tr> <td>Finance &amp; Investment Committee</td> <td></td> <td>Executive Management Team</td> <td></td> </tr> <tr> <td>Mental Health Legislation Committee</td> <td></td> <td>Operational Delivery Group</td> <td></td> </tr> <tr> <td>Charitable Funds Committee</td> <td></td> <td>Other (please detail) Annual Report</td> <td style="text-align: center;">✓</td> </tr> </tbody> </table>					Date		Date	Audit Committee		Remuneration & Nominations Committee		Quality Committee		Workforce & Organisational Development Committee		Finance & Investment Committee		Executive Management Team		Mental Health Legislation Committee		Operational Delivery Group		Charitable Funds Committee		Other (please detail) Annual Report	✓
	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) Annual Report	✓																									
Purpose of Paper:	To provide the Trust Board with a summary of the annual declarations that are required to be made by the Trust, evidence of how the Trust meets these declarations and to ensure that the views of Governors have been taken into consideration.																											
Key Issues within the report:	<p>The Trust is required to make annual declarations after the financial year end.</p> <p>Details of declaration and comments/evidence are included within the report.</p>																											



### Monitoring and assurance framework summary:

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

**Trust Board (January 2021)  
Annual Declarations 2020/21**

**1. Introduction and Purpose**

This purpose of this paper is to provide the Trust Board with a summary of the annual declarations that are required to be made by the Trust alongside evidence/comments of how the Trust meets these declarations.

**3. NHS Licence Conditions**

All NHS Foundation Trusts are required to self-certify whether or not they have complied with the conditions of the NHS provider licence, have the required resources available if providing commissioner requested services, and, have complied with governance requirements.

The Trust is required to make the following declarations:

<b>Declaration</b>	<b>Details</b>
G6 (3)	Providers must certify that their Board has taken all necessary precautions to comply with the licence, NHS Act and NHS Constitution.
FT4 (8)	Providers must certify compliance with required governance standards and objectives
CoS7 (3)	Providers providing Commissioner Requested Services (CRS) have to certify that they have a reasonable expectation that required resources will be available to deliver designated services.

In terms of commissioner requested services the Trust has not previously made this declaration however the CAMHS Tier 4 Contract requires this declaration to be made, and some services for the Hull and East Riding are now classed as Essential Services.

**3.1 Condition G6**

Condition G6 requires the Trust to have effective systems and processes in place to ensure compliance with its provider licence, the NHS Act and the NHS Constitution. The Trust should identify any risks to compliance and take reasonable mitigating actions to prevent those risks and a failure to comply occurring.

The previous update to the Trust Board in November 2019 and the Council of Governors in January 2020 highlighted the evidence available to support the above declarations.

The Trust Licence (No 130053 – Issued 1<sup>st</sup> April 2013) contains seven sections which details conditions relating to the following areas:

- General Conditions
- Pricing
- Choice and Competition
- Integrated Care
- Continuity of Services
- NHS Foundation Trust Conditions
- Interpretation and definitions

Details of the Trust licence conditions and commentary to support compliance is attached at Appendix A.

Declaration G6 also requires the Board to declare that the Licensee continues to meet the criteria for holding a licence, there are currently 2 conditions:

- The Trust must be registered with the Care Quality Commission
- The Directors and Governors of the Trust must meet the 'fit and proper persons test'

The Trust is compliant with these conditions.

### 3.2 Condition FT 4

Condition FT4 requires the Trust to apply the principles, systems and standards of good practice which would reasonably be regarded as appropriate for a supplier of health care services to the NHS.

Evidence to demonstrate the Trust's compliance against the six statements is attached at Appendix B, this is not an exhaustive list and has been updated based on feedback from previous board discussions.

### 3.3 Condition CoS7

As the Trust is now a provider of Commissioner Requested Services, it must make a declaration under CoS7, evidence for which is included in Appendix A.

## 4. Additional Declaration – Training of Governors

Whilst not a specific licence condition, the Trust is also required to make an annual declaration in relation to the Training of Governors. It is a requirement of the Health and Social Care Act that requires the Trust to ensure governors are equipped with the skills and knowledge they require. The Trust is required to make the following statement

***'The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to Governors, as required by S151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they require to undertake their role'***

Based on the statement above the following list provides evidence of the Trusts compliance:

- Governor Induction Programme
- Governor Development Workshop/Sessions
- Council of Governor Meetings

## 5. Next Steps

The deadline for annual declarations has yet to be published, it is likely that the following dates will apply:

- Condition G6/CosS7 31<sup>st</sup> May 2021
- Condition FT4 and Training of Governors 30<sup>th</sup> June 2021

Subject to board approval this report will be presented to the Council of Governors in March to ensure their views are taken into consideration. A final paper will be presented to the Trust Board in alongside the annual report and accounts

## **6. Recommendation**

The Trust Board are asked to discuss and endorse the following annual declarations, based on the evidence included in this report.:

- The Board has taken all necessary precautions to comply with its licence, the NHS Act and the NHS Constitution.
- The Trust has complied with required governance standards and objectives
- The Trust has a reasonable expectation that required resources will be available to deliver designated services
- That the Trust has complied with section 151(5) of the Health and Social Care Act to ensure that governors are equipped with the skills and knowledge to undertake their role.

## Appendix A

## Licence Conditions:

Condition	Explanation	Comments
<b>General licence conditions (G)</b>		
G1. Provision of information	Obligation to provide NHS Improvement/Monitor with any information it requires for its licensing functions.	<ul style="list-style-type: none"> <li>• The Trust complies with any Monitor/NHS Improvement requests for information and complies with the reporting requirements as set out in the Single Oversight Framework.</li> <li>• The Trust has robust data collection and validation processes.</li> <li>• Accurate, complete and timely information is produced and submitted to third parties to meet specific requirements.</li> <li>• The Trust makes monthly submissions to NHS Improvement</li> </ul>
G2. Publication of information	Obligation to publish such information as NHS Improvement/Monitor may require.	<ul style="list-style-type: none"> <li>• The Trust Board of Directors continues to meet in public (via MS Teams).</li> <li>• Agendas, minutes and papers are published on the Trust's website.</li> <li>• Monthly board meetings include updates on operational performance quality and finance.</li> <li>• The Trust's website contains a variety of information and referral point information should the public require further information.</li> <li>• Published Quality Accounts and Annual Report.</li> <li>• The Trust responds to Freedom of Information requests</li> <li>• The Board Assurance Framework and Trust Wide Risk Register are reported to the board quarterly.</li> <li>• The Council of Governors receives regular communication about the work of the Trust.</li> <li>• The Trust complies with its obligations under Duty of Candor.</li> </ul>
G3. Payment of fees to NHS Improvement/Monitor	Gives NHS Improvement/Monitor the ability to charge fees and for licence holders to pay them.	<ul style="list-style-type: none"> <li>• There are currently no plans to charge a fee to Licence holders.</li> <li>• The Trust's financial systems enable it to comply with this requirement in the future.</li> </ul>
G4. Fit and proper persons as Governors and Directors	Prevents licensees from allowing unfit persons to become or continue as governors or directors.	<ul style="list-style-type: none"> <li>• Governors and Members of the Board of Directors are required to make an annual declarations to ensure that they continue to meet the Fit and Proper Persons Test.</li> </ul>



Condition	Explanation	Comments
G5. NHS Improvement/Monitor guidance	Requires licensees to have regard to NHS Improvement/Monitor guidance.	<ul style="list-style-type: none"> <li>• The Trust responds to guidance issued by NHS Improvement/Monitor.</li> <li>• Submissions and information provided to NHS Improvement/Monitor are approved through relevant and appropriate authorisation processes.</li> <li>• The Trust has regard to Monitor guidance and submits self-certifications as required by Monitor</li> </ul>
<b>G6. Systems for compliance with licence conditions and related obligations</b>	Requires providers to take reasonable precautions against risk of failure to comply with the licence.	<ul style="list-style-type: none"> <li>• The Trust's Internal Auditors considered the Board Assurance Framework as part of the 2019/20 audit work programme; the outcome provided 'substantial' assurance.</li> <li>• Previously governance arrangements (Board &amp; Committee Effectiveness) were reviewed as part of the 2018/19 internal audit programme, providing 'good' assurance.</li> <li>• The Board Assurance Framework and Trust Wide Risk Register are reported to the board quarterly as well as relevant parts to the sub-committees of the Board and Executive Management Team.</li> <li>• Annual Governance Statement</li> <li>• The 2019/20 Annual Head of Internal Audit Opinion provided 'Good' Assurance</li> <li>• <b>2020/21 Opinion not yet known</b></li> </ul> <p><b>* This is a declaration on behalf of the Trust as part of the annual submissions</b></p>
G7. Registration with the Care Quality Commission (CQC)	Requires providers to be registered with the CQC and to notify NHS Improvement/Monitor if their registration is cancelled.	<ul style="list-style-type: none"> <li>• The Trust is registered with the Care Quality Commission (CQC).</li> <li>• The Trust's last CQC inspection was in 2019 and assessed the Trust as 'Good'</li> <li>• The Quality Committee has reviewed all evidence to support submissions made to the CQC</li> <li>• The Trust Board and Quality Committee has oversight of CQC Action Plans</li> </ul>
G8. Patient eligibility and selection criteria	Requires licence holders to set transparent eligibility and selection criteria for patients and apply these in a transparent manner.	<ul style="list-style-type: none"> <li>• Details of Services the Trust provides are published on the Trust's website</li> <li>• Patients referred to the Trust are not selected on any eligibility grounds.</li> <li>• Eligibility is defined through commissioner contracts and patient choice</li> <li>• Treatment decisions are made on clinical grounds and treatment options (risks and benefit) are discussed with the patient through the consent to treatment process.</li> </ul>
G9. Application of section 5 (Continuity of Services)	Sets out the conditions under which a service will be designated as a CRS	<ul style="list-style-type: none"> <li>• CRS are defined in the Trusts contracts with Clinical Commissioning Groups</li> <li>• <b>The Trust makes a declaration under CoS7</b></li> </ul>
<b>Pricing conditions (P)</b>		

Condition	Explanation	Comments
P1. Recording of information	Obligation of licensees to record information, particularly about costs.	<ul style="list-style-type: none"> <li>The Trust has well established systems for coding, collection, retention and analysis of activity and cost information.</li> </ul>
P2. Provision of information	Obligation to submit the above to NHS Improvement/Monitor.	<ul style="list-style-type: none"> <li>The Trust responds to guidance and requests from NHS Improvement/Monitor.</li> </ul>
P3. Assurance report on submissions to Improvement/Monitor	Obliges licensees to submit an assurance report confirming that the information provided is accurate.	<ul style="list-style-type: none"> <li>The Trust Board have signed off the process in relation to National Cost Collection (July 2020).</li> </ul>
P4. Compliance with the national tariff	Obliges licensees to charge for NHS health care services in line with national tariff.	<ul style="list-style-type: none"> <li><b>Contracting arrangements within the NHS have been suspend for 2020/21</b></li> <li>All Trust contracts are agreed annually and are in line with the national tariff where applicable.</li> <li>The Trust continues to work with its commissioners on the requirement to develop a local tariff within the terms of national guidance.</li> </ul>
P5. Constructive engagement concerning local tariff modifications	Requires license holders to engage constructively with commissioner and to reach agreement locally before applying to NHS Improvement/Monitor for a modification	<ul style="list-style-type: none"> <li>The Trust has positive working relationships with commissioners.</li> <li>The Trust adopted a new collaborative commissioning approach to contracting in 2018/19</li> <li>2020/21 contracts with the commissioners were all but agreed, however the national response to COVID-19 suspended operational planning for 2020/21.</li> <li><b>Guidance for 2021/22 is still awaited at the time of writing this report</b></li> </ul>
<b>Choice and competition (C)</b>		
C1. The right of patients to make choice	Protects patients' rights to choose between providers by obliging providers to make information available and act in a fair way where patients have a choice of provider.	<ul style="list-style-type: none"> <li>The Trust has in place a service directory setting out the services available.</li> <li>Commissioners monitor the Trust's compliance with the legal right of choice as part of contract monitoring in line with NHS Standard Contract requirements.</li> </ul>

Condition	Explanation	Comments
C2. Competition oversight	Prevents providers from entering into or maintaining agreements that have the effect of preventing, restricting or distorting competition to the extent that it is against the interests of health care users.	<ul style="list-style-type: none"> <li>The Trust is aware of the requirements of competition in the health sector and would seek legal and/or specialist advice should Trust Board decide to consider any structural changes, such as mergers or joint ventures.</li> </ul>
<b>Integrated care condition (IC)</b>		
IC1. Provision of integrated care	Requires Licensee to act in the interests of people who use healthcare services by facilitating the development and maintenance of integrated services.	<ul style="list-style-type: none"> <li>The Trust actively works with its partners, through formal and informal mechanisms to foster and enable integrated care, including lead provider arrangements where appropriate.</li> <li>A number of services provided are done so through partnership working with other local stakeholders.</li> </ul>
<b>Continuity of service (CoS)</b>		
CoS1. Continuing provision of Commissioner Requested Services (CRS)	Prevents licensees from ceasing to provide CRS or from changing the way in which they provide CRS without the agreement of relevant commissioners.	<ul style="list-style-type: none"> <li>The Current Contracts with commissioners requires agreement with commissioners on the ways CRS services are provided.</li> </ul>
CoS2. Restriction on the disposal of assets	Licensees must keep an up-to-date register of relevant assets used in commissioner requested services (CRS) and to seek NHS Improvement/Monitor's consent before disposing of these assets IF NHS Improvement/Monitor has concerns about the licensee continuing as a going concern.	<ul style="list-style-type: none"> <li>The Trust maintains a full capital asset register.</li> <li>Any disposals are reported/approved by the Trust Board</li> </ul>

Condition	Explanation	Comments
CoS3. Standards of corporate governance and financial management	Licensees are required to adopt and apply systems and standards of corporate governance and management, which would be seen as appropriate for a provider of NHS services and enable the Trust to continue as a going concern.	<ul style="list-style-type: none"> <li>• The Trust has Standing Orders, Standing Financial Instructions and a Scheme of Delegation in place, refreshed November 2020.</li> <li>• The Board of Directors receives monthly performance reports aligned to the Trust Strategic Goals.</li> <li>• The Trust has a Board Assurance Framework and Risk Register</li> <li>• The Trust's Internal Auditors review risk management processes as part of the strategic audit plan.</li> <li>• The Trust has a current CQC rating of 'Good' for Well Led</li> </ul>
CoS4. Undertaking from the ultimate controller	Requires licensees to put a legally enforceable agreement in place to stop the ultimate controller from taking action that would cause the licensee to breach its licensing conditions.	<ul style="list-style-type: none"> <li>• The Trust does not operate and is not governed by an Ultimate Controller arrangement so this License Condition does not apply.</li> </ul>
CoS5. Risk pool levy	Obliges licensees to contribute to the funding of the 'risk pool' (insurance mechanism to pay for vital services if a provider fails).	<ul style="list-style-type: none"> <li>• The Trust currently contributes to the NHS Litigation Authority (NHS Protect) risk pool for clinical negligence and public liability schemes.</li> </ul>
CoS6. Co-operation in the event of financial stress	Applies when a licensee fails a test of sound finances and obliges the licensee to co-operate with NHS Improvement/ Monitor.	<ul style="list-style-type: none"> <li>• The Trust has not received any such notices from regulators</li> <li>• The Trust would full comply with this condition if required.</li> </ul>
<b>CoS7. Availability of resources*</b>	Requires licenses to act in a way that secures resources to operate commissioner requested services (CRS).	<ul style="list-style-type: none"> <li>• The Trust has an approved operational plan</li> <li>• The Trust's final Financial Use of Resource score for 2020/21 was a 2 consistent with its approved NHSI Plan</li> <li>• The Trust has completed its annual accounts on a going concern basis</li> <li>• The Trust has an underlying bank balance of circa £20m</li> </ul> <p><b>* This is a declaration on behalf of the Trust as part of the annual submissions</b></p>
<b>Foundation Trust conditions (FT)</b>		
FT1. Information to update the register of NHS foundation trusts	Obliges foundation trusts to provide information to NHS Improvement/Monitor.	<ul style="list-style-type: none"> <li>• The Trust has provided NHS Improvement with a copy of its NHS Foundation Trust Constitution</li> <li>• The Trust has provided NHS Improvement with a copy of its Board approved Annual Report and Accounts.</li> </ul>

Condition	Explanation	Comments
FT2. Payment to NHS Improvement/Monitor in respect of registration and related costs	The Trust would be required to pay any fees set by NHS Improvement/Monitor.	<ul style="list-style-type: none"> <li>• If NHS Improvement required fees to be paid by the Trust, the Trust would comply with this condition.</li> </ul>
FT3. Provision of information to advisory panel	NHS Improvement/Monitor has established an independent advisory panel to consider questions brought by governors. Foundation trusts are obliged to provide information requested by the panel.	<ul style="list-style-type: none"> <li>• The Trust would comply with this as required through the provision of any requested information.</li> </ul>
FT4. NHS Foundation Trust governance arrangements	Gives NHS Improvement/Monitor continued oversight of the governance of foundation trusts.	<p><b>* This is a signed declaration on behalf of the Trust as part of the annual submissions. Evidence against this submission is detailed in appendix B.</b></p>

Condition FT4 (8): the provider has complied with required governance arrangements

	Statement	Sources of Evidence and Assurance
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Scheme of Delegation, Reservation of Powers and Standing Financial Instructions have been updated and refreshed – November 2020 Board.  Constitution has been reviewed and updated
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Trust Wide Risk Register Board Assurance Framework Board Performance Reports Finance Report and Use of Resources Score
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Committee Structures well established  Committee Effectiveness reviews are reported to Trust Board Annually  Clear Accountability through EMT and Executive Directors Portfolios.  Level 3 performance reports and ‘ward to board’ reporting.
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee’s duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee’s operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee’s ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.	External Audit Opinion on VFM (ISA260) Going Concern review Annual Governance Statement All Statutory requirements met Delivered Financial Targets in 2020/21 Use of Resource Score of 2 Trust plan agreed to its financial targets for 2020/21 ( <i>prior to the suspension of operational planning</i> ) Monthly Performance report to Trust Board Quality Report to Quality Committee Monthly returns to NHS Improvement Risk Register and Board Assurance Framework Annual Report on non-clinical safety presented to Trust Board Annual Report and Accounts Annual Quality Report



	Statement	Sources of Evidence and Assurance
5	<p>The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:</p> <p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p> <p>(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and</p> <p>(f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.</p>	<p>Board Skill Mix</p> <p>CQC well led rating of Good</p> <p>Board Development Programme</p> <p>Standing Items to Board</p> <ul style="list-style-type: none"> <li>• Performance Report</li> <li>• Finance</li> <li>• Chief Executive Update including <ul style="list-style-type: none"> <li>○ Nursing Update</li> <li>○ Operations Update</li> <li>○ Medical Update</li> <li>○ HR Update</li> </ul> </li> </ul> <p>Refreshed Trust Strategic Objectives</p> <p>Patient Stories reported to Board</p> <p>Programme of Exec Visits</p> <p>Governor Visits</p> <p>Friends and Family Test</p> <p>CQC Action Plan/Improvement Plan</p> <p>Midday Mail/Midweek Global</p> <p>EMT New Headlines</p> <p>Board Talk</p> <p>Meet with Michele</p>
6	<p>The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.</p>	<p>Trust Board undertake Fit and Proper Persons Test</p> <p>Board Secretary maintains declarations of interest register</p> <p>Staffing Figures reported to the board regularly.</p> <p>Trust Workforce Strategy</p> <p>Workforce included in Service Plans</p> <p>The Trust has established a Workforce Committee</p>

**Agenda Item 21**

Title & Date of Meeting:	Trust Board Public Meeting – 27 January 2021		
Title of Report:	Council of Governors Meeting Minutes – 15 October 2020		
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 minutes of the Council of Governors meeting held on 15 October are presented for information.		
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) Council of Governors 14.1.21
Key Issues within the report:	Identified within the minutes		

**Monitoring and assurance framework summary:**

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

√ Tick those that apply

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



**Minutes of the Council of Governors Public Meeting held on  
Thursday 15 October 2020 via Microsoft Teams**

- Present:** Sharon Mays, Chair  
Michele Moran, Chief Executive  
Andy Barber, Appointed Governor, Smile Foundation  
Jenny Bristow, Appointed Governor Humberside Police  
Mandy Dawley, Staff Governor  
Tim Durkin, Wider Yorkshire & Humber Public Governor  
Craig Enderby, Staff Governor  
Anne Gorman, Staff Governor  
Sam Grey, Staff Governor  
Jack Hudson, Staff Governor  
Huw Jones, Lead Governor & East Riding Public Governor  
Ros Jump, East Riding Public Governor  
Paul McCourt, Appointed Governor, Humberside Fire & Rescue  
Sam Muzaffar, East Riding Public Governor  
Doff Pollard, Whitby Public Governor  
Fiona Sanders, East Riding Public Governor  
Helena Spencer, Hull Public Governor
- In Attendance:** Peter Baren, Non Executive Director/Senior Independent Director  
Mike Cooke, Non Executive Director  
Francis Patton, Non Executive Director  
Dean Royles, Non Executive Director  
Mike Smith, Non Executive Director  
Pete Beckwith, Director of Finance  
Lynn Parkinson, Chief Operating Officer  
Jenny Jones, Trust Secretary  
Katie Colrein, Membership Officer  
Dave Reade, Service User & Carer Lead, Humber Teaching NHS  
Foundation  
Trust and East Riding Partnership (for item 37/20)  
Alison, Service User (for item 37/20)
- Apologies:** Gwen Lunn, Appointed Governor, Hull City Council  
John Cunnington, East Riding Public Governor  
Eric Bennett, Hull Public Governor  
Christopher Duggleby, East Riding Public Governor  
Jacquie White, Appointed Governor, University of Hull

The meeting was held virtually via Microsoft Teams due to the restrictions of Covid 19.  
The meeting was also live streamed.

- 34/20 **Declarations of Interest**  
Any 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 should declare the interest and remove themselves from

the meeting for that item.

Mrs Pollard informed the Governors that she has an additional declaration in relation to being a member of the Whitby Group Practice Participants Group. This will be added to the report.

35/20 **Minutes of the Meeting held on 16 July 2020**

The minutes of the meeting held on 16 July 2020 were agreed as a correct record.

36/20 **Matters Arising and Actions Log**

The action log was reviewed and noted.

37/20 **Patient Story – Alcohol Can Affect Anyone, Look Around, Is It You?**

Alison joined the meeting to share her story with the Council of Governors. She explained that lockdown and Covid 19 have presented some challenges around meetings. As a Peer Mentor with the Alcohol and Drugs Service Alison is involved in the Self Management and Recovery Training (SMART) meetings. Alison found these very helpful during her time as a service user and wanted to help others.

Alison told Governors about her journey and the challenges she had faced and how she had managed these personally and with the service.

Mr Reade explained that the East Riding Partnership is an unsung hero within the Trust. The services has many different elements including community team, after care, rehabilitation team, volunteers and recovery. Family services are also delivered. A new service optimisation of prescription has recently been added.

Mr Jones thanked Alison for sharing her story with such passion and recognised the trauma that she had been through. He asked if there is were any more assertive interventions that could have been made with regards to community beds and going into crisis. Alison explained that until the person acknowledges they have a problem treatment does not work and this is important. Therefore it was hard to identify anything further as from her perspective treatment did not work until she recognised she had a problem.

Mrs Gorman related to children and the pressures they can face from others around alcohol. She asked if there was a good way to challenge/raise awareness. Alison suggested that role models within their own age group would be beneficial as they may be listened to more. Mr Reade felt that awareness is key as is having a role model which included parents and other family members and the recognition of any other pressure a young person may be experiencing.

The Chair thanked Alison for sharing her inspirational story.

38/20 **Chair's Report**

The Chair provided a verbal update on her activities and news since the last meeting. These included:-

Council of Governors Updates

- Stephen Christian has resigned as a service user and carer public Governor
- Paul Nickerson was welcomed to the Council of Governors as the appointed Governor for East Riding

- Staff Governor meeting have continued and have been attended by Mrs Parkinson to talk about Staff Health and Wellbeing and Mrs Flack to talk about Freedom to Speak Up.
- Public Governor meetings have continued and have been well attended
- Meetings with the Lead Governor, Mr Jones have taken place
- The election process is underway which is being run by Civica. There are a large number of seats available across the constituencies and Governors were asked to promote nominations with anyone who is interested.
- A Governor development session is planned in November with a full agenda including winter planning and Health Stars

The Chair has continued to join virtual meetings and services including including the Pride and Freedom services A Remembrance Service and Christmas Service is are planned and details will be forwarded to Governors **Action KC**

Virtual staff awards events are taking place to celebrate long service and retirement. Tea coffee and muffin gift bags are now provided in advance of the meeting to participants

A meeting with the Care Quality Commission (CQC) Chair was held to discuss future development of the CQC and share the Trust's future plans.

**Resolved:** The verbal update was noted

39/20

### **Chief Executive's Report**

The Chief Executive presented her report which gave an update on the local issues. Of particular note were:-

- Staff health and wellbeing continues to be progressed alongside patient care and patient safety during Covid 19. Recently staff have received new lanyards and badges as part of the Humbeivable campaign which have been positively received.
- The Chief Executive has been joining team calls across the organisation. A "Meet Michele" event was also held which was well attended and gave staff an opportunity to ask any questions.
- A new chair has been appointed for the East Riding Health and Wellbeing Board.
- Two geographical partnerships are being developing in terms of structures and performance mechanisms which may mean additional work for some Trust staff. The Chief Executive will be linking into both of these.
- The Flu campaign has started with 110 people vaccinated in the first week. Monitoring of the uptake will be undertaken at the Gold/Winter Planning weekly meeting.
- This year's staff survey has been launched which staff have been encouraged to complete the survey.
- Following a restructure in the Pharmacy Team, the pharmacy services have been brought in house which will benefit our patients. Thanks were extended to the Pharmacy team for their work in making this possible

The Chief Executive thanked the Communications Team for the work they have been doing on the branding and with the many campaigns including Humbeivable and the work on recruitment. They have also helped to produce the "Together We Can" book which features staff and service user stories. This

book can be purchased with all money raised going to Health Stars.

Mrs Jump asked about student numbers which was referred to in the Director's updates in the report and whether these were positive. The Chief Executive reported that more students are being taken than previously which does give a challenge around placements. Over the last year the Trust has done well and many of the students have jobs with the organisation and go onto the preceptorship course.

Mr Jones said it was good news around the education system with more resources for mental health teams being available. He would like to discuss with Mrs Parkinson about introducing her to the Head Teacher at a Special Residential school he is involved with to talk about funding and services that are around locally. Mrs Parkinson will contact Mr Jones to make the arrangements.

**Resolved:** The report and verbal updates were noted.

**Contact to be made with the Lead Governor around an introduction to a Head Teacher to discuss funding and services locally Action LP**

40/20

#### **Patient Led Assessment of the Care Environment (PLACE)**

The report provided the Council of Governors with the results from the 2019 PLACE Assessments and the actions being taken. PLACE Assessments have been completed for all Trust inpatient units and the results have been published by NHS Digital.

Mrs Parkinson reported that these inspections took place in Autumn 2019 and it was not possible to compare previous year's data as there have been significant changes to the domains and question sets. It was noted that the Trust has performed below the national average in one of the six domains which was Condition, Appearance & Maintenance. Due to Covid 19 PLACE inspections for 2020 were suspended nationally.

There is general recognition that more work is needed in the mental health inpatient units around the maintenance, improving the décor and as a consequence agreement has been made to increase the capital programme spend available for some of the inpatient units.

Mrs Jump asked if there was any impact on patients as a result of food results. Mrs Parkinson explained that this category is divided into organisation food and ward food. The patient satisfaction result is included in the ward element of this. An improvement plan is in place to improve this area. Mr Beckwith reported that part of the low score was around immediate dietary requirements as specialised food is not held on sites. As soon as a dietary requirement is identified, supplies are provided within a few hours.

Ms Bristow asked about Hawthorne Court and the privacy and dignity issues referred to in the report. It was confirmed that these results were prior to Covid 19 and Hawthorne Court is empty at the moment as it was identified as a place for positive Covid 19 patients to be admitted to. It is expected that this building will be disposed of in the future.

**Resolved:** The report was noted.

41/20

#### **Planning Update**

The Trust has been actively engaged in planning across both geographical

partnerships.

The Humber partnership has focussed heavily on Mental Health requirements and the North Yorkshire partnership has focussed on Community Services. Allocations have been issued to the geographical partnership. Mr Beckwith explained that the plan is for the second half of this year

**Resolved:** The report was noted.

42/20 **Engaging with Members Group Terms of Reference**

The Terms of Reference for the Engaging with members Governor Group were presented to the Council of Governors

Mrs Pollard said there was discussion at the meeting around the Head of Patient Experience being a member of the group. It was noted that this was included in the Quorum section and would be included in the Membership Section.

Mr Durkin recalled that discussions also included the requirement for minutes rather than action notes which should be provided to group members within 14 days of the meeting. The Chair will raise with the Head of Corporate Affairs. The revised wording for this item will be circulated to Governors when finalised.

**Resolved:** The Terms of Reference were approved subject to inclusion of the Head of Patient Experience in the Membership section and reference to the minutes being added.

43/20 **Finance, Audit, Strategy, Quality, Workforce, Mental Health Legislation Governor Group Terms of Reference**

The revised Terms of Reference were presented by Mr Jones to Governors with tracked changes identifying areas that have been amended.

Mr Durkin said for consistency all references to Chairman should be amended to Chair. This change was supported by Governors.

Professor Cooke reported that up to six Governors already attend this meeting which will now also cover Mental Health Legislation. He recommended Governors to attend this group as it covered a variety of topics and provided information and assurance.

**Resolved:** The Council of Governors approved the Terms of Reference subject to Chairman being amended to Chair throughout the document.

44/20 **Public Trust Board Minutes June and July 2020**

The minutes of the public Board meetings for June and July 2020 were provided for information.

**Resolved:** The minutes were noted.

45/20 **Performance Update**

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.

It was confirmed that for any areas that fall outside of normal variation, an explanation is provided in the narrative and on the front sheet. There are times when there are seasonal blips and these would not necessarily be pulled out.

**Resolved:** The report and verbal updates were noted.

46/20 **Finance Report**

This report is a summary of financial performance for the Trust 3 month period June 2020 to August 2020. For the first five months of this year the organisation has been operating under Covid 19 governance arrangements as normal operations have been suspended.

In month 5 a break even position was recorded. Within this was £4.8 million of Covid 19 claims which was broken down into £3 million of additional costs and £1.8 million of income top up. All Covid 19 claims submitted have been reimbursed.

The cash position was £27 million which included an additional £10 million provided to the Trust for additional block income. Mr Jones referred to a question that had been raised at the public Board meeting by a Non Executive Director in relation to whether there are any plans to invest some of the cash in future service transformation.

Mr Beckwith explained that the cash position is inflated by the additional block income provided to help the organisation through these difficult times. The strong position was also due to performance against the Better Payment Code. As Director of Finance he felt that with future funding streams unknown and the level of uncertainty around it was his view that it would be prudent to continue with the current transformation programmes and to keep the cash in the bank until the future is clearer.

**Resolved:** The report was noted.

47/20 **Governor Groups Feedback and Activity**

The report provided feedback from the Governors Groups that have been held recently.

**Resolved:** The report was noted.

48/20 **Responses to Governor Questions**

An update was provided to the question raised by Mr Enderby around Clinical Supervision. Mr Enderby appreciated the update, but was disappointed with the amount of time this is taking. A report was produced by Deloitte which identified some actions last year which appear to still be outstanding and was an area he thought had drifted.

Professor Cooke explained that Mrs Gledhill brought a report to the Quality Committee on this which he thought could be shared. It was in relation to a deep dive into clinical supervision. The Committee gained reassurance and assurance from the report around the points of the frequency and quality of clinical supervision.

Mr Enderby thanked Professor Cooke for the update. He specifically referred to the narrative that had been provided around clinical supervision going into ESR. The Chair recognised his frustration with this issue and will speak to Mrs Gledhill regarding sharing the report and also ask her to speak with him. The Chair will catch up with Mr Enderby outside the meeting

**Resolved:** The verbal updates were noted.  
The Chair to discuss further with Mr Enderby and Mrs Gledhill in relation to sharing the updated report **Action SM**

49/20 **Any Other Business**

**Future Meeting Papers**

Mrs Gorman asked if there was a way of adding a footer to each item in the papers to make them easier to navigate. This will be reviewed for future meetings.

50/20 **Date and Time of Next Meeting**

Thursday 14 January 2021, 2.00pm by Microsoft Teams

Signed..... Date  
Chair