

Trust Board Meeting 24 June 2020 Agenda - Public Meeting

For a virtual meeting to be held at 9.30am Wednesday 24 June 2020 by Microsoft Teams

		Lead	Action	Report Format
Standing Items				
1.	Apologies for Absence	SM	To note	verbal
2.	Declarations of Interest	SM	To receive & note	√
3.	Minutes of the Meeting held on 20 May 2020	SM	To receive & approve	√
4.	Action Log and Matters Arising	SM	To receive & discuss	√
5.	Patient Story - Accessing Volunteer Support Midst COVID-19	JB	To receive & note	√
6.	Chair's Report	SM	To note	verbal
7.	Chief Executives Report	MM	To receive & note	√
8.	Publications and Highlights Report	MM	To receive & note	√
Performance & Finance				
9.	Performance Report	PBec	To receive & note	√
10.	Finance Report	PBec	To receive & note	√
Assurance Committee Reports				
11.	Finance & Investment Committee Assurance Report 18 June 2020	FP	To receive & note	√
12.	Audit Committee Assurance Reports – 20 May and 17 June 2020	PB	To receive & note	√
Quality and Clinical Governance				
13.	Infection Prevention and Control Board Assurance Framework	HG	To receive & ratify	√
14.	Covid 19 Response Update	LP	To receive & note	√
15.	Patient & Carer Experience (incl Complaints and PALs) Annual Report 2019/20	JB	To receive & approve	√
Corporate				
16.	Fit and Proper Persons Regulation (FPRR) and Trust Compliance 2019/2020	SM	To receive & note	√
17.	Board Assurance Framework Quarter 1 20/21	MM	To receive & note	√
18.	Risk Register	HG	To receive & note	√
19.	2019-20 Annual Non Clinical Safety Report	PBec	To receive & note	√
20.	Annual Declarations Report	PBec	To receive & ratify	√
21.	Freedom to Speak Up Annual Report	MM	To receive & note	√



22.	Equality, Diversity and Inclusion Annual Report 2019/20	SMcG	To receive & approve	√
23.	Items for Escalation	All	To note	verbal
24.	Any Other Business			
25.	Exclusion of Members of the Public from the Part II Meeting			
26.	Date, Time and Venue of Next Meeting Wednesday 29 July 2020, 9.30am venue/format to be confirmed			



Agenda Item 2

Title & Date of Meeting:	Trust Board Public Meeting – 24 June 2020			
Title of Report:	Declarations of Interest			
Author/s:	Name: Sharon Mays Title: Chair			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	The report provides the Board with a list of current Executive Directors and Non Executive Directors interests.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly Board report	✓
Key Issues within the report:	Contained in the report			

Monitoring and assurance framework summary:

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



Directors' Declaration of Interests

Name	Declaration of Interest
Executive / Directors	
Ms Michele Moran Chief Executive (Voting Member)	<ul style="list-style-type: none"> • Appointed as a Trustee for the RSPCA Leeds and Wakefield branch • Chair of Yorkshire & Humber Clinical Research Network
Mr Peter Beckwith, Director of Finance (Voting Member)	<ul style="list-style-type: none"> • Sister is a Social Worker for East Riding of Yorkshire Council • Son is a Student at the St Mary's Health and Social Care Academy
Mrs Hilary Gledhill, Director of Nursing (Voting Member)	No interests declared
Dr John Byrne, Medical Director (Voting Member)	<ul style="list-style-type: none"> • Executive lead for Research and Development in the Trust. Funding comes into the Trust and is governed through the Trust's Standing Instructions • Senior Responsible Officer for the Local Health Care Record Exemplar (LHCRE).
Mrs Lynn Parkinson, Chief Operating Officer (Voting Member)	No interests declared
Mr Steve McGowan, Director of Human Resources & Diversity (Non Voting member)	No interests declared
Non Executive Directors	
Mrs Sharon Mays – Chair (Voting Member)	<ul style="list-style-type: none"> • Trustee of Ready Steady Read • Sister is Head of Compliance Standards and Information at Tees Esk and Wear Valley NHS Foundation Trust
Mr Peter Baren, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> • Senior Independent Director Beyond Housing Limited • Son is a doctor in Leeds hospitals
Mr Mike Cooke, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> • Chair and Trustee of Yorkshire Wildlife Trust • Consultant Advisor, University of York • Advisor , National Institute for Health Research • Independent Executive Mentoring Coach • Chair of NIHR International Collaboration Panel Steering Group to embed Applied Research in Health Care Settings • Chair of Knowledge and Dissemination Panel, University of York Mental Health Network Plus NIHR grant • Chair, Cochrane Common Mental Disorders Expert Advisory Board
Mr Mike Smith, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> • Director MJS Business Consultancy Ltd • Director Magna Trust • Director, Magna Enterprises Ltd • Sole Owner MJS Business Consultancy Ltd • Associate Hospital Manager RDaSH

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

Trust Board Meeting
Minutes of the Trust Board Meeting held on Wednesday 20 May 2020
(joining by Skype)

Present (by Skype): 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 by Skype): Mrs Michelle Hughes, Interim Head of Corporate Affairs
Mrs Jenny Jones, Trust Secretary
Mr Adam Dennis, Communications Officer
Mrs Mandy Dawley, Head of Patient Carer Engagement and Experience (for item 81/20)
Ms Sam Hamby, Nurse Practitioner (for item 81/20))
Ms Lucy Roberts, Physiotherapist, (for item 81/20)
Andy, Patient, (for item 81/20)

Apologies: None

Due to the Government guidance for the Coronavirus, the Board meeting was held by Skype. All members of the Board took part in the virtual meeting. 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.

78/20 **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.

79/20 **Minutes of the Meeting held 29 April 2020**
The minutes of the meeting held on 29 April 2020 were agreed as a correct record.

80/20 **Matters Arising and Actions Log**
The actions list was discussed.

11/20(a) & 11/20(b) Quality Committee Assurance Report and 9 October 2019 Minutes
The June Board Time Out has been cancelled and actions will be carried forward to the rearranged October date.

56/20 Risk Register
It was confirmed that discussion had taken place at the Workforce and Organisational Development Committee and the action could be closed.



Patient Story – The Use of Video Consultations in Primary Care by Skype

This month's story provided an insight from both a clinical and patient perspective of using video consultations in a primary care setting. The Chair welcomed Sam Hamby, Lucy Roberts and Andy, a patient from the Market Weighton GP practice, to share their experiences of using video consultations.

Andy explained that he had used the video consultation service when he had an issue with his eye. He was unable to go into the practice as he is shielding due to the Covid 19 situation. On first use of the app it took time to work out that there was a text box that needed to be ticked allowing access to the phone before further progression could take place. This box was the same colour as the background and was difficult to see. In terms of the consultation, Andy was pleased to be able to get a quick diagnosis for his condition. He recognised that even before Covid 19, GPs were over stretched and it was often difficult to get an appointment. He felt this was a handy tool to have and be able to access.

This was a new way of working for the practice at this time and Sam has found that generally people do find it easy to set up and the video provides a face to face environment and a way of showing the health professional what the problem is. For musculo-skeletal problems, it provides a way of demonstrating exercises to patients to help ease their condition, it also allows the patient to show the level of movement they may have in a particular area.

A doctor at the practice has used the video consultation with elderly patients in the presence of a carer to find out a general state of well being. With the lockdown some patients are unwilling to come into the practice and the video consultation has been useful for triaging purposes. These type of consultations can help prevent an hospital admission of visit or support the need for admission.

Lucy is a first contract physiotherapist and training to be an advanced practitioner. In her experience patients like the app and she has completed a number of consultations as part of the assessment tool. She finds that a telephone call to the patient first helps to get the history and background and also to introduce the app. Using video consultations is something she would like to continue using in the future.

Andy felt that when there is a return to some normality there will be pressure to claw back expenditure as much as possible and he feared for the loss of practices like Market Weighton. He felt the app was good, but would not be a way that some people would want to use.

Mr Royles thanked everyone for sharing their experiences. He explained that video consultations have been in development for some years and have been progressed quicker due to Covid 19. He asked if there is any research looking at outcomes as this would be a good opportunity to collate this. Dr Byrne said this is commercially supplied to over 100, 000 patients in some parts of the country. It is regulated by the Care Quality Commission (CQC) and received an outstanding rating and has been looked at for the NHS for a few years. It is not a panacea for everyone and there may be an increase in health inequalities for some. It is safe to use and guidance is still evolving. The key issue is how we retrain to become digitally enabled to provide the consultations.

The Chief Executive said that from a mental health point of view there are pockets of learning taking place around the country particularly for Improving Access to Psychological Therapies (IAPT). Some data is available showing that more consultations are taking place via video than there previously were. There is specialist research about the mental health aspect which is due out in the next few months. Mrs Parkinson reported that some of this work has been in place for some time. Some changes have been made in the way services are delivered. It is important that the opportunity is taken to ensure service users and the community are engaging with this and that the principles of co production continues. Patient experience and involvement is critical in order to connect this to service plans that have

started to be consulted on as part of the next phase of the process.

Market Weighton is a state of the art practice and these tools will allow more capacity and the ability to take forward digital platforms perhaps for a seven day a week service in the future. Andy agreed that the practice has a fantastic building but felt that what was offered when it was being built has yet to emerge, such as chiropodist, minor surgery. There are lots of empty rooms and the car park does not get used. From a resident point of view the proposed usage has not come to fruition. The Chair suggested that the patient group at Market Weighton may be a good forum to raise this issue and thanked Andy for raising it.

From a clinical perspective, Sam video consultations require some training and an increase of skills. You cannot see a patient face to face but by telephoning them first and discussing the use of video it's a useful environment. However the consultations often take just as long as an appointment as a consequence of the phone call and the consultation.

Mr Patton asked if the tool is useful for potential screening as certain people are reluctant to attend GPs. It was thought this would be a good use, but as mentioned an initial telephone call is used to determine whether a video consultation is appropriate.

Connection issues can sometimes be an issue and Mr Beckwith explained that we are dependent on the network which is work is happening to try and improve this.

Dr Byrne asked Board members to consider downloading the NHS App on their phones to look at how this worked.

The Chair and Chief Executive thanked Sam, Lucy and Andy for joining the meeting to share their experiences.

Resolved: The Board noted the story.

82/20

Chair's Report

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

- Freedom to Speak Up – virtual meeting held with the Chief Executive, Mr Baren and the Freedom to Speak Up Guardian. The Trust is advertising for two Deputy Guardians and the interview panel will include the Chief Executive, Mr Baren and a staff Governor.
- Governor Meetings – public and staff Governor meetings have been held virtually and appeared to go well.
- Humber Coast and Vale (HCV) / Integrated Care Service (ICS) – continue to join in virtual meetings with other chairs. A workshop is being held on 3 June to discuss system development.

The Chair thanked all the volunteers and Governors who are volunteering. There are more volunteers than ever and they are actively engaging and helping patients and their families during this period.

Resolved: The verbal updates were noted.

83/20

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:-

Freedom to Speak Up - The Chief Executive reiterated the comments from the Chair and explained that regular communications are taking place to ensure that staff know how to contact the Guardian during these difficult times.

Around the Trust – the Chief Executive continues to have calls with teams through Skype or Microsoft Teams including corporate services. The feedback is that people are maximising the use of IT platforms to make contact with their teams and that it is an easier way to keep in contact. Staff morale remains high.

Research - Humber has now officially started data collection for our first national Covid 19 study (known as CCP) and we have heard that our GP practices will be sites for the PRINCIPLE study (drug trial). The Chief Executive thanked the team for their work in this area.

Elective Convulsive Therapy (ECT) Accreditation - Miranda House our mental health response service and assessment unit, situated in Hull provides ECT. The service has recently been accredited for their ECT service by the Royal College of Psychiatrists' Combined Committee for Accreditation, following their submission in December 2019. This also brings with it an important commendation in Patient Experience for both the service and Humber Teaching NHS Foundation Trust. Congratulations were extended to the team from the Board.

Humber Coast and Vale (HCV) - HCV has been successful in the application to become an Integrated Care System (ICS) which indicates confidence in the area and its leaders. A lot of time is being spent on Covid 19 and testing and going into a new phase of restore and recovery. There continues to be support to services in the system including care homes and a link to social care and health care system through the ICS. There are concerns around health inequalities and work is continuing with public health address this.

External Governance Review – NHSI guidance 'developmental reviews of leadership and governance using the well-led framework' says Trusts should carry out an external review of their governance every 3 years. However, in keeping with the Single Oversight Framework NHSI use to identify the level of support providers need, they provide extra flexibility based on individual circumstances. This means they can agree longer timeframes for review up to a maximum of five years on a 'comply or explain' basis.

An external governance review was last undertaken in May 2017 and we have until May 2022 to undertake an external governance review. We have previously agreed to extend the 3 year period based on our CQC Well Led rating of Good in 2018 and given our latest 2019 inspection rating where we retained our Well Led rating of Good there is continued flexibility to agree when to do this within the period up to May 2022. The Chief Executive suggested that this review is postponed until 2021 given the impact of Covid-19 may need to be reflected in agreeing the timing of the next full assessment. The Board will be kept updated as to when it will be most appropriate to engage an external auditor to undertake this work.

Professor Cooke thanked the Chief Executive for a comprehensive report and for her leadership during this unprecedented time. He supported the proposal to postpone the governance review as there is now a more effective regime to review quality with effectiveness reviews of sub committees and sufficient evidence to support governance processes.

The "Back to Basics" campaign referred to in the report is very clear and Professor Cooke extended his congratulations to the team for creating this. He also thought the communications around the International Nurses Day and Appreciation Wall is best practice. He also congratulated all the volunteers and Health Stars team for their activity in the community to support staff. The Chief Executive agreed that the Communications team have been fantastic during this time in continuing to provide information to staff.

Mr Patton endorsed the comments made by Professor Cooke and reported there had been other areas of good practice such as virtual meetings including services by the Chaplain which need to be taken forward in the future. Mr Patton noted the community hub work redesign that is taking place and it was good news that aspirant nurses are staying with the

Trust. He asked who had been successfully appointed as the Programme Lead. Mr Beckwith reported that Melanie Bradbury who has worked in commissioning at Hull Clinical Commissioning Group (CCG) will commence in post on 11 June 2020.

It was noted that the Care Programme was suspended by NHS England and work is underway to restart this. It is due in shadow form from October and information is starting to come through

Mr Baren noted the process for Clinical Excellence Awards which are usually awarded for being innovative and given on merit. If this is to be shared equally he asked how this would inspire clinicians to go the extra mile going forward. The Chief Executive suggested a report to the Board in the future would be helpful on this matter. Dr Byrne added that the decision came from NHS England and the British Medical Association (BMA). Guidance is awaited which will then be taken through the Local Negotiating Committee (LNC) and the Workforce and Organisational Development Committee. A report will then be prepared for the Board.

Mrs Gledhill drew the Board's attention to the Safeguarding inspection detailed in her section of the report. She explained that this would give the Board assurance on what the Trust is doing. It was noted that around the country domestic abuse online cases has increased by 350% and calls to the support line by 54%. A 50% increase has also been reported for multi-agency support. The local figures do not reflect this position which is concerning so further awareness promotion is being progressed.

The Chair thanked everyone for their updates and extended her congratulations to Mr Rickles on his invitation to join the HCV ICS Management Team to provide Digital leadership.

The Board approved the proposal to undertake the external governance review in 2021

Resolved: The report and verbal updates were noted.
Clinical Excellence Awards Report to come to a future Board meeting Action JB

84/20 **Publications and Highlights Report**

The report provided an update on recent publications and policy with updates provided by the Lead Executives. It was noted that a separate audit trail of Covid 19 publications is being produced to show what action has been taken.

Resolved: The report was noted.

85/20 **Performance Report**

Mr Beckwith, Director of Finance, presented the report. Due to Covid 19 commentary has been removed from the report but an update provided for those indicators that have fallen outside of the normal variation range. These were:-

IAPT - The significant drop in the 6 week access target during April related to the impact of Covid-19 and an increased Did Not Attend (DNA) rate along with the changed reporting requirement from NHS Digital. For a period of several years NHS England have allowed a pause to the clock for patients who Did Not Attend,(DNA) from April 1st this is no longer allowable which will be reflected in achieving this target.

Vacancies - the increase partly related to the new operational budgets for 2020/21 which are reflective of planned growth in services as reflected in the Trust's workforce plan, with funded establishment increasing by 78.9 wte. The number of staff in post reduced by 4.2 in month.

For future reports vacancies will be reported as a % of funded establishment with two separate reports, one for Nursing and Establishment and one for other posts

Cash in Bank increased to £28.834m as a result of the current response to COVID and the receipt of Block income for May being received in April.

Mrs Gledhill informed the Board there was an error in the Safer Staffing dashboard figures for sickness which all showed 0%. This section has now been updated with the latest figures which show all teams have more sickness than last month with the exception of Inspire unit. The public papers will be updated with the revised report. The Chair asked that the figures are circulated to Board members outside the meeting.

Mr Baren congratulated the performance team on providing the report during this time. He noted that occupancy for Inspire unit was at 159%. He also the clinical hours per patient per day for Ouse and Pine View which seemed to be low. In terms of Inspire unit the occupancy level was based on four beds which has now increased to nine beds. The report has been updated now. Pine View has been at 50% occupancy since it opened and this needs to be reflected in the dashboard going forward. The query regarding clinical hours per patient per day will be reviewed and circulated outside the meeting.

Professor Cooke commented about waiting times noting the use of technical platforms for Improving Access to Psychological Therapies (IAPT). He asked whether we are looking to see if there is productivity gain that could be used to help with the Child and Adolescent Mental Health Services (CAMHS) waiting lists.

Mrs Parkinson explained that some of the non urgent activity was stood down in April and very little which has contributed to the waiting times. There were already plans to expand the IT platform for IAPT and Silver Cloud has been introduced with increased access which should support continuing work around access and waiting times for IAPT Activity in this area has not been stood down due to the impact Covid 19 could have on this cohort of patients. An increased in non attendance was seen during this time which is now improving.

For CAMHS waiting times is a significant factor in terms of the autism diagnosis which is already using a digital platform and looking at support to expand the use of this and planning what we can deliver ourselves. Improvement plans are in place to change some of the pathways. School closures have had an impact on waiting times and there is an expectation that demand will increase in all services, although there has been some reduction in referrals.

Professor Cooke suggested that when it is possible to look at the efficacy of interaction and the quality for the IAPT service as this type of contact does not necessarily work for everyone. He also suggested a new trajectory for post Covid 19 to understand the expectation in the future and having a performance indicator to show whether or not it is working well. The Chair had a similar discussion with Staff Governors and suggested Mrs Parkinson discuss with Mr Enderby (Staff Governor). Professor Cooke also noted the slight increase in recruitment vacancies recognising this was an area that we need to keep focus on.

Mr Patton highlighted other areas of improvement including Care Programme Approach seven day discharge, training and surveys. He noted that clinical supervision had reduced due to Covid 19. The Chief Executive said work has been done in this area and suggested that the Quality Committee undertakes a deep dive as staff are working in different environments and different ways. Mrs Gledhill will take this forward with Professor Cooke.

Mr Royles observations were similar to others that have been raised. In his view whether or not there has been an improvement or deterioration in performance there is a good set of indicators that reflect all the hard work that is being done by managers and staff at a time of challenge.

Mr Smith asked for clarification around the cash figure which was provided. Mr Beckwith explained that due to the income architecture of the NHS, the cash position is expected to reduce at some point due to pre payments received. Dr Byrne asked when it was expected that a base line position would be known. Guidance is awaited however a slow reduction is anticipated as there is a tapered recovery of cash that has been put into the system.

Resolved: The report and verbal updates were noted
Revised dashboard sickness figures to be circulated to Board members Action HG
Clinical hours per patient per day figures to be reviewed and circulated outside the meeting
Action LP/PBec
Quality Committee to undertake a deep dive around clinical supervision Action HG

86/20

Finance Report

The report presented by Mr Beckwith showed the financial position for the Trust as at 30th April 2020 (Month 1).

- The Trust recorded an operational break-even position at the end of April 2020.
- Within the reported position is Month 1 covid expenditure claim of £0.539m, details of which are included in the report.
- Cash balance at the end of April was £25.8m, which is inclusive of the May Block payment of £9.8m.
- A BRS provision of £0.485m is included in the reported position.

Mr Baren asked if based on the block arrangements whether anything is expected on a monthly basis regarding income. Mr Beckwith explained that the details are being unpicked at the moment. £600 was for Covid 19 and was not budgeted for. The detail of this will be taken to the Finance and Investment Committee. Planning guidance is expected in the coming weeks that may inform what this will look like.

The Chief Executive said discussions are taking place nationally and regionally around Mental Health Investment Standard (MHIS) funding and where this sits and what this means in relation to the mental health component.

The Chair queried the over budget position and was informed this was predominantly due to Covid 19 spend.

Resolved: The report was noted.

87/20

Mental Health Legislation Committee Assurance Report

The report provided an executive summary of discussions held at the Skype meeting held on 7 May 2020 (due to Covid 19).

Mr Smith explained that the Terms of Reference have been reviewed and updated with changes made to membership to include Dr Fofie and safeguarding representation.

Resolved: The report and verbal update was noted.

88/20

Workforce & Organisational Development Committee Assurance Report & 22 January 2020 Minutes

Mr Royles presented the report following the meeting of the Committee on 13 May. The minutes of the meeting held on 22 January were provided for information. At the meeting there was discussion about recruitment and retention and turnover and whether the mitigating actions are appropriate. The Committee has asked the Executive Management Team (EMT) to look at this in the context of future plans. There is lots of good activity taking place with recruiting of staff and consideration is needed as to what the investment plan may look like to make inroads in the future. Mr McGowan felt it was a good meeting that was held by Skype

Resolved: The report was noted

89/20

Covid 19 Response – Summary Update

This report provided an overview of the ongoing arrangements and continuing work taking place in the Trust and with partner organisations to manage the Covid- 19 emergency. An

update on the Trust's Emergency Preparedness, Resilience and Response (EPRR) and command arrangements in place to respond to the Covid- 19 emergency was also included.

Emergency planning arrangements have been reviewed and the frequency of sit rep meetings has been reduced. Work continues on the Business Continuity Plans and the staffing position has improved. All essential and core services have been maintained through Covid 19. Some reduction has been seen in demand across some services including CAMHS during March and April, however an increase is now being seen. Mental health services are also starting to see an increase in activity.

Patient and staff testing continues to be an area of focus and all inpatients are being tested in line with national guidance, on admission and on transfer between other units. Staff testing continues to be provided by Hull University Teaching Hospital and York Hospital.

PPE supplies remain in a good position and work is continuing with additional resource to maintain this. There remains a focus on staff health and wellbeing with awareness for staff in the high risk groups, phase two plans and transformation plans that need to remain in place. There is anticipation of a rise in demand for mental health services and a national focus around health support into the care home sector working across Scarborough, Ryedale and Whitby where changes have already been made in services.

Mrs Parkinson acknowledged how fantastic staff have been in stepping up and supporting changes that needed to be made at pace especially the collaboration between clinical and corporate staff which has been amazing.

The Chief Executive reported that it is a moving position and thanked Mrs Parkinson for her leadership of this area. Work is taking place with care homes to increase local resilience and plans from North Yorkshire and York and the Humber are starting to be worked through to see what support may be needed. The Trust has been clear that working from home should continue for an indefinite period of time until a safer environment can be provided. Mr McGowan is working on a policy and work taking place to look at Trust Headquarters in relation to guidance on social distancing.

Resilience hubs are being looked at and how support can be provided to the population in keeping transports, supermarkets etc safe going forward.

An MP forum was held recently with the main topic being around children and young people, CAMHS not just the mental health and wellbeing of children and young people, but also around going to school.

Mrs Parkinson reported that the highest number of patients at any one time who had tested positive for Covid 19 was 19 two weeks ago which has reduced now to four. For staff the position is stabilising around 4.5 – 5% and not all staff have tested positive but are self isolating due to family members. Mr McGowan confirmed that 18 staff are off work with Covid 19 related illness and 103 staff are self isolating.

Mr Patton appreciated the comprehensive report and the verbal updates provided. In relation to testing he asked what the position is for care homes in the Integrated Care Service (ICS). He was informed there is access to testing and there are drive through facilities at the Humber Bridge and in Poppleton. Some remote testing is also available at various points. Testing for health and social care groups is being reported regularly and there are some capacity issues from time to time across the system. The Chief Executive clarified that this is around capacity to do the test and get the results and work is taking place to see how the capacity of laboratories can be increased. Mr Phil Mettam, Chief Executive has the lead for contact, track and trace and Dido Harding is the National lead.

Mr Patton referred to the working in Divisions asking if there were any successes to come out of this work. Mrs Parkinson said the use of digital in the transformation plans which has

been achieved at pace, video consultation for the Learning Disability services which is benefitting from more frequent contact, more activity and more productivity. Mr Patton said at some point the quality of the virtual working will need to be reviewed to see what the impact has been, the same with working from home measures. Mr McGowan explained that support is being given to people working from home around the physical aspects, ensuring they are meeting Display Screen Equipment regulations for example.

Clinical environments are being reviewed to ensure social distancing and PPE requirements are being met. Work is being done by estates and facilities to look at room layouts in Trust HQ and other sites. Guidance has been issued around working safely which is going through the Health and Safety Committee and Silver Operations for the clinical environment to identify what needs to be done.

With regards to the national ethical framework, Mr Patton assumed that this has been cross referenced with the Trust's own Committee. Professor Cooke is involved with this Committee and the principles coming through are similar, but it will be reviewed

Mr Beckwith asked if the long term requirements are for Nightingale at Harrogate are known or whether there are plans to stand this down. The Chief Executive said no decision has yet been made however it may remain in case there is a second peak. The lease has been extended and it could perhaps be used to clear any back log

Resolved: The report was noted

90/20

Quality Accounts

Mrs Gledhill presented the final report explaining that the Trust has received feedback from Hull & East Riding CCG, Healthwatch East Riding and Hull, but no other responses have yet been received. Governors will also be asked for their views for inclusion following ratification from Board.

The requirement for external audit was stood down due to COVID-19. The revised submission date due to COVID is no later than 15 December 2020; we have however chosen to progress with the usual timescales due to the report being ready for the Board to review.

The Chair clarified what is expected from the Board given there are some statements that have not been received, that the Council of Governors has not yet had the opportunity to comment and also the Head of Internal Audit Opinion is yet to be considered. Mr Beckwith confirmed that the Head of Internal Audit Opinion was received at yesterday's Audit Committee meeting and gave "Good" assurance,

Mrs Gledhill suggested bring a paper back to the next meeting to show the additional information that has been received

Professor Cooke said in his view this is the strongest report yet and it has been completed within the original timescales. He suggested adding a comment to reflect that the report was completed during Covid 19. The progress in the quality account and quality shines throughout the document and is something the organisation should be proud of. The Quality Committee has reviewed the report and recommended to the Board that it is approved subject to the final amendments required.

Mr Patton agreed it is an excellent report and a good use of pictures and poignant patient stories. He felt that the report should be celebrated as it is a remarkable achievement.

The Chair agreed it was an excellent document and was presented well. It showed how much work has been done over the year and the comments from stakeholders are strong. It was agreed that the report would be sent to Governors for their comments, update the section around the Head of Internal Audit Opinion and an update for the Board to be included in the Chief Executive report next month detailing the changes that have been made.

Resolved: The Board approved the Quality Account subject to inclusion of comments from Governors, stakeholders and around the Head of Internal Audit Opinion, An update to be included in the Chief Executive report next month detailing the changes that have been made. **Action HG**

91/20

Committee Effectiveness Reviews 2019/20

All Board Sub Committees have undertaken an effectiveness review and these were presented to the Board with their terms of reference.

Quality Committee

Professor Cooke reported that the Committee met six times during the year. Good work was seen on patient safety including the Patient Safety Strategy. The Terms of Reference have been reviewed and were recommended for approval by the Committee. The Board approved the Terms of Reference

Charitable Funds Committee

Professor Cooke noted that the highlight of the year was the £302k fundraising campaign for the Inspire Unit. The new staff within the Health Stars team have created an energy and are involved in supporting staff during Covid 19. Mr Beckwith felt the changes made to restricted funds had helped to move the charity forward. The Terms of reference were approved by the Board.

Remuneration and Nomination Committee

The Chair presented the review and the Terms of Reference which were approved by the Board.

Mental Health Legislation Committee

Mr Smith reported that Ms Laura Sheriff from the Care Quality Commission is invited to each meeting and has attended in the past. The Committee will be reviewing the audit work if feels would be helpful to undertake. Dr Byrne noted the cross over between the Quality Committee and Audit Committee which had been useful. The Terms of Reference were approved.

Audit Committee

Mr Baren highlighted the process for following up on internal audit recommendations as a success thanks to the support from the Executives. The Committee was involved in the appointment of the external auditors. Information Governance reporting is now established in the Committee. The work plan for 20/21 has been agreed.

Mr Patton highlighted recently some areas for discussion on the Terms of Reference relating to the Board Assurance Framework and the Committee's oversight of this. This will be discussed at the June meeting to ensure the requirements are being met. Within the role and purpose there was reference to "4 refers"; it was agreed at the meeting that this would be removed as it was not required.

Mr Beckwith thanked Mr Omand for his work on the recommendations follow up which has been an area of change in the last year. The Head of Internal Audit Opinion gave "Good" assurance and the self review toolkit was submitted this month.

Dr Byrne commented that this was the only Committee not to have senior clinical representation and wondered if this was required. Mr Baren explained that the Terms of Reference are specific around the Audit Committee Hand book and there is a deep five into the risk register at each meeting with representation from clinical Divisions.

The Board approved the Terms of Reference noting the amendment that will be made

Finance and Investment Committee

Mr Patton presented the effectiveness review and the Terms of Reference commenting that the success of the Committee is reflected in the financial position of the Trust. The frequency of the meeting was changed to bi-monthly during the year.

Workforce & Organisational Development Committee

Mr Patton presented the report as the previous chair. The Committee continues to develop and Mr Royles took over as chair recently. There is a strong focus on recruitment and vacancies. The Terms of reference were approved

Trust Board

Professor Cooke noted an improved attendance or this year which helped with decision making. He commented that the Trust is a different organisation and can now look towards development. The Terms of Reference were approved by the Board.

Mr McGowan suggested that a topic for a development session could be around potential changes to reduce paper for some of the governance processes and work differently as Covid 19 has shown how this can work.

Mrs Hughes explained that following approval a consistency check will be made to ensure that the Terms of Reference documents are in the same format, but will not change any of the content.

Resolved: The effectiveness reviews were noted and the Terms of Reference for all Sub Committees and the Trust Board approved

92/20

Refreshed Strategic Document

The document was first agreed in March and set out the Trust's strategic response to the pandemic. The document has been refreshed and reflects our ongoing approach to Covid-19 and includes an additional section on 'Restore and Recover'.

The Chief Executive explained that we remain at level four and some of the emergency planning response has been stepped down. Professor Cooke felt it would be good to list the changes that have been made during this period as part of the organisation's development. The Chair agreed this would be useful going forward.

Resolved: The Board noted the refreshed document.

93/20

Items for Escalation

No items were raised

94/20

Any Other Business

No other business was discussed. The Chair thanked any members of the public who had joined the live stream and to Mr Rickles for arranging this.

95/20

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.

96/20

Date and Time of Next Meeting

Wednesday 24 June 2020, 9.30am by Skype

Signed Date

Chair

Agenda Item 4

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

Summary of actions from May 2020 Board meeting and update report on earlier actions due for delivery in June 2020						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
20.5.20	83/20	Chief Executive's Report	Clinical Excellence Awards Report to come to a future Board meeting	JB	June 2020	Item included on part II agenda
20.5.20	85/20(a)	Performance Report	Revised dashboard sickness figures to be circulated to Board members	HG	May 2020	Completed
20.5.20	85/20(b)	Performance Report	Clinical hours per patient per day figures to be reviewed and circulated outside the meeting	LP/PBec	June 2020	Response circulated to Board 16.6.20
20.5.20	85/20(c)	Performance Report	Quality Committee to undertake a deep dive around clinical supervision	HG	August 2020	Item not yet due
20.5.20	90/20	Quality Accounts	An update to be included in the Chief Executive report next month detailing the changes that have been made.	HG	June 2020	Complete
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	High reliability organisations	Medical Director	June 2020	Due to Covid 19 the June



		Assurance Report and 9 October 2019 Minutes	discussions to be continued at a future Board Time Out			Board Time Out has been cancelled and rearranged for October
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 October
29.1.20	14/20(b)	Safer Staffing 6 Monthly Report	Definitions and significance of reasonable evidence and sound evidence to be included in future reports	Director of Nursing, Allied Health and Social Care Professionals	June 2020	Report to be presented to June Workforce Committee prior to Board. Definitions to be included.
26.2.20	28/20	Chief Executive Report	Update on the Population Health Management and links into LHCRE to be provided at the April meeting	Medical Director	April 2020	Date to be confirmed when Covid 19 situation has ended
25.3.20	47/20	Chief Executive's Report	Diversion and Liaison Services offending and referrals data to be reviewed for the Mental Health Legislation Committee.	Medical Director / Chief Operating Officer	March 2020	Chief Operating has tasked the Mental Health Legislation Manager to address this in the Mental Health Legislation Steering Group and will update the Committee in quarter 2.
25.3.20	53/20(b)	Operational Plan 2020/21	Draft 18 month plan to come to the Board in October, subject to any guidance issued before then	Director of Finance	October 2020	Item not yet due

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

Agenda Item 5

Title & Date of Meeting:	Trust Board Public Meeting- 24 th June 2020			
Title of Report:	Patient Story – Accessing Volunteer Support Midst COVID-19			
Author/s:	Name: Mandy Dawley Title: Head of Patient and Carer Experience and Engagement			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	To inform Board members of Richard's experiences of the support he received from our Voluntary Services Team during COVID-19.			
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> <p>Positive Messages</p> <ul style="list-style-type: none"> • Voluntary Services Telephone Befriending Service – a vital link in promoting positive mental health • Befriending Service provided support and signposting to additional services (within the Trust and to external partner organisations) • Voluntary Services team identified barriers to issues raised and resolved communication issues • Improvement in social wellbeing and feeling of connectivity to community • Improvement in outlook of the NHS thanks to Humber Teaching NHS Foundation Trust <p>Issues</p> <ul style="list-style-type: none"> • More streamlined pathways to external partner services needed 			



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	

Accessing Volunteer Support Midst COVID-19

1. Introduction

The purpose of this story is to inform Board members of Richard's experiences of the support he received from our Voluntary Services Team during COVID-19.

2. Attendance at the Board meeting

In attendance will be Sam Grey (Team Leader), Sharon Nobbs (Voluntary Services Assistant), Ann Robson (Volunteer Befriender) and Richard Holiday (Service User). The format of the story will be Richard sharing his written story with the Board, followed by a questions and answers session with Richard, the Voluntary Services Team and Volunteer Befriender.

3. Key Messages

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

Positive Messages

- Voluntary Services Telephone Befriending Service – a vital link in promoting positive mental health
- Befriending Service provided support and signposting to additional services (within the Trust and to external partner organisations)
- Voluntary Services team identified barriers to issues raised and resolved communication issues
- Improvement in social wellbeing and feeling of connectivity to community
- Improvement in outlook of the NHS thanks to Humber Teaching NHS Foundation Trust

Issues

- More streamlined pathways to external partner services needed

Richard's Story

I have struggled with mental health since childhood after a difficult upbringing and as an adult have been diagnosed with schizophrenia and a delusional disorder. Mental health and social issues are something I have been learning to live with for a long time.

In the past I have had a couple of stays in Miranda House when my illness has got the better of me.

Over the last 18 months I have been living alone in a Council Flat, in the centre of Hull, where I have had many challenges and upsetting experiences. I have been harassed and made to feel 'on guard' in my house due to constant threats and behaviour of local residents – many of which are drug users.

With constant complaints I have made requests for help during these 18 months, I got myself into such a mental state that it was recommended to me by social support that I was admitted again to Miranda House. I initially refused this option as I did not want admitting to a unit, I wanted the help and support I had been asking for. I was advised that if I went into Miranda House it would qualify me for a social worker, which may improve my position.

Feeling I had no options left, I was admitted to Miranda House in March 2020 and stayed there for 3 weeks.

On my discharge from the Home-based Mental Health Team, I became aware that my number had been passed on to the Voluntary Services Team at NHS Humber as staff were concerned I would be returning to my flat and living alone. The Voluntary Services Team connected me with a telephone befriender, Ann who has been ringing me 2 to 3 times a week to check on my welfare.

The first issue I had was returning to an empty house with no food and no money to buy any. Ann was very kind and asked the right questions. She quickly uncovered I had no food and passed this on to Sharon in Voluntary Services who got me a food parcel delivered for free. I was so grateful for the help and, at the time, still didn't 100% know who the Voluntary Services Team were and why they had been so kind.

Each day for the first 3 weeks I was visited by a member of the Home-based Mental Health Team and was also given access to a Welfare Officer from Hull City Council. It was mid-April when the home-based mental health team visited to diagnose me with hyperthermia as I was sitting in my flat with my jumper and coat on when they arrived. I could not afford to put on my heating or electric.

The telephone calls with Ann were a constant source of comfort and the more I got to know her, I began to tell her I had no money to buy shopping and to put my heating on. I also was quite upset as the weekly shopping parcels I had been receiving had not arrived one week and all I had in my cupboard was half a tin of beans and 2 slices of bread. This information was again passed to Sharon. The next day I was contacted by various people asking about my welfare and found some money had been deposited in my bank. Ann also rang me back to say Sharon had found out my shopping parcel had been delivered but it had been stolen from my front door by one of my neighbours.

At this, an emergency food parcel arrived from a food bank, then a Tesco food parcel came both delivered by volunteer drivers – then I couldn't believe my luck when Hull City Council then brought me more food as they had been informed my shopping had been stolen.

For as long as I can remember, I have not seen my food cupboard so full to the point I actually felt a bit guilty to have been given so much. Ann had been ringing me constantly that day to check on my situation. When she rang the final time I had just received a bag of fresh apples and was so excited I was in the middle of making myself an apple pie, which I hadn't been able to make in a long time.

I cannot thank Ann and Sharon from Voluntary Services enough and believe they have been watching over me since I was discharged from Miranda House. I have spent the last 18 months complaining and reaching out for help and feeling ignored, yet as soon as Voluntary Services have got involved, everything has started moving. I am receiving weekly food parcels set up by Sharon through Hull City Council, I have also had contact from social support who have now supplied me with a housing transfer form. I have money in my account and am starting to feel like I am finally getting somewhere.

I think Ann and Sharon have always asked the 'right questions' and have made sure I have the basics I need to live. I have always felt I talk to people but they don't truly 'listen'. I have been given contact numbers to get help but do not have the money to buy phone credit to ring them! They do not understand what it is like to literally have nothing and this has been my reality each day, until now. Ann and Sharon truly listen and I know that they care about me and my welfare. Without being referred to the Voluntary Services Telephone Befriending Services, I would not have received so much support. I do not know what would

have happened to me over the last 2 months but feel sure my mental health would have suffered. I have experienced a few scary moments with lack of food and being hungry, hypothermia and also making sense of the negative behaviour of my neighbours. I perhaps would not be here as well as I am right now without the support of Ann and Sharon. I cannot thank them enough.

I hope from telling my story it helps to highlight some of the aftercare and day-to-day living issues someone like me struggles with and to also highlight the importance of feeling listened to and being truly 'heard'. It would have been helpful to of had a food parcel or some basic things provided when I was discharged until longer-term support was put in place.

Agenda Item 7

Title & Date of Meeting:	Trust Board Public Meeting – 24 June 2020			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	To provide the Board with an update on local, regional and national issues.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly report to Board	✓
Key Issues within the report:	<ul style="list-style-type: none"> Identified within the report 			

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

This month's report is limited due to the work being progressed in response to Covid 19.

Around the Trust

1.1 Mental Health Support Teams (MHST) Sites

Both Hull and NEL were successfully selected as the MHST sites. We are just awaiting formal notification

1.2 Veteran Aware NHS Organisation

The Trust has been accredited as a Veteran Aware NHS organisation, by the Veterans Covenant Healthcare Alliance (VCHA). The Trust demonstrated our commitment to the Armed Forces Covenant and was always striving to deliver the best possible care to our veterans. This a great honour for the organisation.

This formal accreditation as a Veteran Aware trust recognises our work on identifying and sharing best practice across the NHS as an exemplar of the best standards of care for the Armed Forces community.

Thank you to all staff involved, we look forward to progressing further with this vital agenda and support.

1.3 Covid Research

Below is an update regarding COVID research that the Trust is involved in currently:-

- The Trust is formally a PIC (participant identification centre) for this important study.
- The Trust is currently looking for staff to volunteer to take part in a government approved urgent public health COVID-19 vaccine trial. If you are aged 18-55, in good health and live in the Hull and East Riding area you could be eligible to participate. The study involves six visits over a period of 12 months and locally is taking place at Hull University Teaching Hospitals NHS Trust. If you are interested please visit the website in the next 7 days for further information at: <https://www.covid19vaccinetrial.co.uk/participate-hull-1>
- Humber's practice staff are now also signposting people to the PRINCIPLE drug trial (plus information being displayed within practices and on their websites). The research team is still busy collecting the extensive data required for the CCP study of inpatient COVID cases. Data from that study is helping to answer urgent questions about the virus and provide real-time information about the disease nationally and internationally. Humber is also a site for a couple of national Health Research Approved (HRA) approved COVID mental health surveys (potentially going to be badged as urgent public health by the Chief Medical Officer (CMO) as currently awaiting review by the mental health panel recently established).
- One of the research team was also accepted as a voice note on BBC Radio Humberside on Wed talking about how things had changed for her during the pandemic and the role of research.

All great work by the research team.

1.4 Humber Mental Health Education Team

The Humber Mental Health Education team was nominated for an award by Hull York Medical School and the team won!

This is a major achievement and is another positive validation of how our medical students perceive us. Over the past 3 years we have seen a consistent improvement in the student rating scores. Very well done to the team but special thanks go to Gillian Hughes and Stella Morris for leading this revival ably supported over the past few years by Jane Lloyd, Doug Ma, Reena Roy and Renato Merolli. It's been a combined effort which has brought undergraduate and post graduate education together.

Well done and many congratulations.

1.5 Freedom to Speak Up Appointments

Helen Young has left her role as Deputy Freedom to Speak Up Guardian. Following an appointment process, involving the Guardian, Chief Executive, Senior Independent Director and a Staff Governor the following have been successful in being appointed to the roles of Deputy Freedom to Speak Up Guardians – Alec Saxby, Nicki Titchener.

2 Regional

This is covered by a separate paper.

3 National

This is covered in the publications report and Covid as all Covid related.

4 Director's Updates

4.1 Chief Operating Officer Update

4.1.1 Community Mental Health Team Transformation

One of our key transformation projects is the redesign of Community Mental Health Teams. Through the Humber Coast and Vale Health and Care Partnership (HCV) Mental Health Programme the Trust successfully bid for two years funding from NHS England to become one of 14 national pilot sites. The focus of this work is to develop the mental health offer in primary care. Nationally, community mental health teams (CMHT) have been recognised as an essential part of mental health services. The programme was paused nationally in March 2020 due to the Covid 19 pandemic. A project programme was in place prior to this supported by a number of work streams. Considerable progress was made from November 2019 to March 2020 in the implementation of the transformation programme. In this period all Primary Care Networks (PCN's) in Hull and the East Riding pledged commitment to the programme, the communication plan was approved and a newsletter was issued to all partners and Trust staff.

By March 2020 the programme was able to demonstrate clear progress in relation to:

- Achieving a 4 week wait standard from referral to treatment – which would be reached by the end of March 2020
- Engagement - the operational group and the programme board had engaged an expert by experience lead to ensure that co-production was at the centre of the development of the new service model.
- Partnership working was well developed and developing further, 31 partner organisations were engaged in the programme.
- Community Rehabilitation - new service model implementation was well advanced and engaging with the third sector to provide healthcare staff to support the service
- Recruitment was progressing well and has continued during the pause in the programme.

Whilst the programme was paused the national team asked all areas to focus on the following activities during the pandemic;

- Support mental health services to operate as effectively as possible, ensuring that those seeking mental health care and treatment receive the care they need.
- Maximise opportunities to use digital technologies to support staff and services.
- Consider the physical and mental health vulnerability of individuals using services.

These areas have all been prioritised by the Trust through the pandemic. In May 2020 the national team indicated that as we move into the recovery and restoration phase of the outbreak they wanted to re-engage with all of the early implementer sites and consider how the ambitious vision for CMHT transformation can be delivered in the new context of Covid-19. This was timely as the Trust had already reconvened and reconsidered its priorities in relation to the project, recognising that this programme was essential to our Covid 19 recovery plan and the anticipated increase in demand for mental health services.

The national team have indicated that there are a number of areas of the programme which the early implementer sites need to start to progress again, acknowledging that these might look different due to Covid-19. These are:

- Regularly review contacts for all patients on CMHT caseloads and increase activity in line with demand and need.
- Increase capacity of community mental health services for Serious Mental Illness (SMI) population, including accelerating NHS Long Term Plan transformation activities.
- Renewed focus on dedicated services for Adult Eating Disorder (AED), Personality Disorder (PD) and rehabilitation, as well as physical health checks for Serious Mental Illness (SMI), Early Intervention Psychosis (EIP) and Individual Placement Support (IPS).

In line with these requirements our service has also accelerated some elements of our programme as outlined below:

- Moved the Emergency Department streaming of assessments for adults and children away from A&E
- Significant increase in on line consultations and remote working using a number of digital platforms for one to one and group interventions
- Progressed further the development of collaborative partnerships with voluntary sector organisations. MIND and Humbercare support has enhanced the offer in our Mental Health Response Service.
- Silver Cloud on line support has been made available for those coping with the effects of Covid-19 including bereavement support.
- A new Adult eating disorder service for East Riding is now at the implementation stage.

The programme board have met and reviewed the project plan, we will be expected to make our next submission on progress to NHS England at the end of quarter two 2020/2021 and it is anticipated that all of the key milestones within the plan will be met.

4.1.2 Redesigning Inpatient Mental Health Services

Our Redesigning Inpatient Mental Health Services project is progressing well and work on developing the Outline Business Case (OBC) is moving forward. The first of three stakeholder workshops in support of the qualitative options appraisal process has been held (using remote technology), and the process will be complete by the end of July. The workshop was attended by a wide variety of stakeholders all with a different but important perspective to bring to the process. The workshop provided an overview of the progress to date to ensure participants were fully briefed on the strategic context.

Using the outcome of the qualitative options appraisal process an independent financial expert will undertake economic and financial appraisals of the shortlisted options. Workshops 2 and 3 will use the Comprehensive Investment Appraisal Model (CIAM) to reduce the long list of options to a shortlist which will be scored and produce a preferred outcome.

A successful meeting was also held with NHS England/Improvement Strategic Estates Unit to introduce the project and the progress made so far and to explore further the funding options. Access to capital is currently uncertain due to the Covid19 pandemic, however the unit were supportive of the progress we have made to date and we will continue to work with them. We are working with our partner Citycare in support of developing the OBC and we aim to keep to the timescales we have previously set out to the Board.

4.1.3 Multi-Agency Public Protection Arrangements (MAPPA) and Humberside Criminal Justice Board Update

During the Covid 19 pandemic the Trust has continued to focus on its work and requirements in relation to Multi-Agency Public Protection Arrangements (MAPPA) which are the statutory arrangements for managing sexual and violent offenders. Responsible Authorities (including Police, National Probation Service and Prisons) have a duty to ensure that the risks posed by these offenders are assessed and managed appropriately. Duty to Co-operate agencies (which includes health Trusts) work with the Responsible Authority and have a crucial role in reducing risk and protecting the public. By working in a coordinated way, individuals who pose the greatest risk to the public are identified and risk assessed with a management plan implemented via multi-agency panel meetings.

The Humber Criminal Justice Board (HCJB) brings together senior leaders from across the Criminal Justice System. The Board promotes a joined-up collaborative approach driving forward work to address challenges facing the system, as well as maintaining oversight of the criminal justice process. The Board works to set cross-system priorities and ensure these are understood and implemented. The Humberside Board meets three times a year and last met virtually in June. Nationally and locally adjustments have been made to the criminal justice system. Since 30 March 2020 priority court and tribunal buildings have been open for essential face-to-face hearings and the HCJB has provided information about how this has been operated in this patch. Court and tribunal buildings are divided as follows:

- **open courts** – these buildings are open to the public for essential face-to-face hearings
- **staffed courts** – staff and judges will work from these buildings, but they will not be open to the public
- **suspended courts** – these courts will be temporarily closed

Telephone and video hearings have been utilised during the outbreak and virtual remand courts have also been introduced. The police Witness Care Unit discusses any Covid 19 related issues such as shielding and child care with victims and witnesses to assess how this will impact on their ability to attend court. A weekly dial-in meeting takes place between the Crown Prosecution Service, Courts, Witness Care Units and Witness Service covering Yorkshire and Humberside. During this meeting attendees discuss the trials that took place during the week and the process for any forthcoming trials. This ensures that the care for the victim and witnesses is considered and addressed. With many trials being delayed in recent months, the Criminal Justice Unit have ensured that they are liaising with Humberside Police to ensure that relevant support is being offered to vulnerable victims where trials are delayed and the need to audit any contact using.

Where the Trust is specifically engaged in MAPPA for individual service users we have prioritised this work during the pandemic.

4.2 Director of Nursing, Allied Health and Social Care Professionals

4.2.1 Quality Accounts- Stakeholder Feedback

Since the Quality Accounts for 2019-20 were presented to the Board in May we have received the following feedback from stakeholders to be incorporated into the accounts:-

North Yorkshire Clinical Commissioning Group (CCG)

North Yorkshire CCG is pleased to provide comments on Humber Teaching NHS Foundation Trust's 2019/20 Quality Account. The Trust is commissioned by the CCG to deliver the community

services for Scarborough, Ryedale and Whitby and has community hospitals in Whitby and Malton. We have found Humber Teaching NHS Foundation Trust to be a responsive partner with the development and delivery of our community services.

Overall, the Quality Account is well presented and the information included in the report provides a balanced view of the Trust's performance. The report shows the success that the Trust has had this year and identifies where there are actions required to improve the quality of patient care further. We are pleased to see the CQC rating of overall "good" following inspection in February 2019, but disappointed with the rating of "requires improvement" for safety in community services. We are satisfied that the Trust continues to improve our community services and continues to drive forward sustainable community health and social care services, including the remodelling work at Whitby Hospital.

The culture of patient safety, learning from incidents and provision of high quality patient-centred care is threaded throughout the report and the engagement of patients and carers is pleasing to see. The use of patient and carer experience forums in Scarborough and Whitby affords our service users the chance to be involved with the Trust's activities and allows a patient voice for service improvement.

The recognition of workforce challenges is valued and as part of the Trust's health and well-being agenda the introduction of the PROUD leadership programme is demonstrating the Trust vision and values of supporting and developing its staff, which should assist with recruitment and retention. The innovative developments to support different models of care and service delivery, within the constraints of resources are commended.

Finally, North Yorkshire CCG confirms that it is satisfied with the accuracy of this Quality Account. The CCG looks forward to continuing to work collaboratively with the Trust in 2020/21.

NHS England/NHS Improvement

The Trust's Quality Account 2019/20 reflects the progress that has been made towards its four quality priorities. The new 13-bedded CAMHS Inpatient Unit has a great design and there are areas of innovation. The seclusion facilities have digital/IT to enable young people to have contact with family and friends. The new service offers a shift from the traditional approach to CAMHS inpatient provision to one that supports the ongoing transformation of Children and Young People Mental Health Services. The Trust has integrated service user feedback into its appraisal process which is positive. It has won a number of awards for collaboration and research.

4.2.2 Care Quality Commission (CQC) Insight Report for NHS Trusts - April 2020

In May the Trust received the latest CQC insight report which reviews a total of 33 indicators compared to data from 12 months previous, of which 4 (12%) have shown an improvement and 0 (0%) have shown a decline. Safe performance is improving. No key questions are declining. The CQC high level summary of Trust performance stated:

- Overall performance for the trust is about the same
- Safe performance has improved
- Effective, Caring, Well led performance is stable
- Trust wide indicators, Inpatient services, Community-based services performance is stable

Indicator Overview

Worse compared nationally (source NHS staff survey March 2020)

- Staff receive updates on patient feedback (was 51.54% now 48.61%)

- Proportion of staff believe they have adequate material resourcing (was 49.28 now 53.30)
- Safety Culture (was 6.5 now 6.6)
- Immediate managers (was 7 now 6.9)
- Quality of appraisals (was 4.8 now 5)
- Morale (was 6 now 6.1)
- Staff Engagement (no change in performance; 6.7)
- Quality of care (no change in performance; 7.2)

Indicators improved

- Proportion of reported patient safety incidents that are harmful - proportion of all incidents reported to the NRLS that are categorised as low harm, moderate, severe or death
- Proportion of staff doing unpaid overtime
- Ratio of the number of uses of section 4 to the number of uses of section 2 of the MHA
- Proportion of Health Care Workers with direct patient care that have been vaccinated against seasonal influenza

4.3 Medical Director

4.3.1 Medical Education Team.

The Medical Education team received a Team Excellence award from Hull York Medical School as part of their annual awards programme which is run by the students themselves. This was the first time the team have been nominated let alone being successful in the awards category, and is positive reflection on the work that has been undertaken over the past 3 years. In addition Dr. Caroline Lino from Manor House Surgery was nominated for a phase 11/111 teacher of excellence award and Hallgate Surgery in Cottingham was also nominated for a team excellence award. The team is currently working up plans to integrate and develop our undergraduate and postgraduate training offer in primary care. Going forward we feel need to develop the opportunity to create a talent pipeline in General Practice in the same way that we have done for Psychiatry training.

4.3.2 Clinical Psychology Training.

Teaching moved to online delivery and has gone well. All 45 trainees maintained on placement with adaptations to take into account working from home and more reduced time in NHS bases. A huge commitment has been shown by supervisors, trainees and programme staff to ensure this was possible and is commendable. All year 1 and 2 trainees on track to progress into next academic year. Some doctorate research projects or small scale audit/evaluation projects will require adaptation to mitigate impact of Covid-19 but this should not cause significant delay in progression. 12/15 Final year trainees on track to complete in September. Three will have extensions beyond September Interviews (remote) in July for new cohort - again 15 HEE commissioned places. On track to start next academic year on 21 September 2020.

4.3.3 Patient and Carer Experience

Following on from our success with running virtual patient and carer experience forums as well as remote church services the team will be running some virtual Veterans Forums to build on our recent award of 'Veterans Aware' status by the trust. We have developed a program with support from comm's which will endeavour to bring a combination of veterans, family members and academic voices together to discuss the issues as well as explore possible solutions over a 2 week period.

4.4 Director of Workforce & Organisational Development

4.4.1 PROUD

We are halfway through the 3 year PROUD programme. In that time we have delivered:-

- a guaranteed place for all managers band 3 – 7 on a bespoke leadership programme;

- a guaranteed place for all managers band 8A above on a bespoke senior leadership programme;
- given a commitment and protected time for all senior managers to have mentoring;
- Set up a workforce committee;
- Set up an ED&I Workforce Group;
- Set up a staff health, wellbeing and engagement group;
- Published our behavioural standards;
- Set an appraisal window and linked an assessment of performance against the behavioural standards as part of this;
- Put action learning set capacity into the trust to support groups of staff that want to work in this way;
- Set up a managers forum (band 3-7);
- Revised the senior leadership forum.

In this time turnover has reduced, more staff survey scores have gone up than went down and sickness has reduced (pre COVID). The next 18 months will continue with exciting developments to support our staff.

4.4.2 Remote Working

Guidance has been issued to staff that are currently remote working along with a risk assessment process to ensure that they are working safely and getting the support they need during this difficult time. Consultation has begun with staff side on a formalised remote working policy so we can embed the new ways of working for those services that wish to going forward.

4.4.3 De-escalation Management and Intervention (DMI) Training

DMI training has re-commenced following the pause for COVID. This has been done in conjunction with infection control to ensure safe working.

4.4.4 Bank Workers

Our bank workers are an important and integral part of our workforce. To ensure we are supporting these workers we have recently introduced a bespoke induction and a yearly 'check in' process. A satisfaction survey has recently been sent to all workers to seek feedback on their experiences of working and the trust and suggestions for improvement.

4.4.5 TRAC Recruitment

Training has taken place of Workforce and OD staff in the new TRAC recruitment system which goes live on 4th August. An end to end system, it is intended that this will speed up recruitment and give better management information to help improve our processes.

4.4.6 Appraisals

The window opens on 1st July and webinars have been offered to managers to help them do the best possible appraisal. A dedicated area on the intranet has been set up for managers and staff to access.

4.4.7 Nye Bevan Leadership Programme

The Trust has written to all eligible staff to determine if they wish to access the Nye Bevan Leadership Programme. The Trust has made financial provision to support up to three staff per year with this.

4.4.8 Recruitment Task and Finish Group

The Trust will go live with its 'Humblebelievable' recruitment campaign w/c 4th August. This is part of the work undertaken by the task and finish group and will have staff stories, social media content and publicity for the trust. The date coincides with the TRAC recruitment system going live.

3 year plans are now in place for Nurse recruitment and four Consultants have been recruited in the previous month. Work continues on the Nurse Apprenticeship Degree programme (anticipated start date September) and overseas recruitment campaign.



4.5 Director of Finance

4.5.1 Lead Provider Collaborative

The new Programme Lead will take up post in July and work continues to develop governance and reporting proposals. NHSE have confirmed that the Humber Coast and Vale collaborative will be live in shadow form from 1 October and fully live 1 April 2021.

Progress on due diligence and preparing for the implementation of collaborative and Lead Provider arrangements has been impacted to some degree by the the change in the Humber Coast and Vale footprint. We are working on ways to circumnavigate these constraints and obtain the information needed for the due diligence and for the business case.

4.5.2 Windows 10 Update

Work has restarted to migrate from windows 7 to windows 10. At the time of writing 75% of Trust devices have been migrated to windows 10 and we expect the full migration to have completed by September 2020.

4.5.3 Digital support during COVID-19

The Trust has successfully adopted the use of Skype for Business and Microsoft Teams to support our staff during our initial response to COVID. The IT department have issued 272 laptops, 117 mobile phones, 27 ipads and 163 webcams. Whilst a significant amount of IT equipment has been deployed the Trusts existing use of laptops and remote access functionality did mean the transition to remote working was relatively straight forward.

Upstream video conferencing between patients and care staff commenced in April, to date the Trust has provided 933 video appointments with a further 195 appointments scheduled during June.

4.5.4 Humber Coast and Vale Fast forward Strategy

East Riding of Yorkshire Council are leading on the development of a Humber Coast and Vale (HCV) fast forward strategy. This reflects historic regional under investment in digital technologies and the significant progress made during Covid-19 and the use of digital technology to support remote working and remote care. The final document will include the cost for continuing the funding of the systems which have been implemented during Covid-19.

4.5.5 Humber Coast and Vale (HCV) Primary Care Digital Strategy

HCV primary care services are taking part in an NHSE&I piece of work to detail the development

of primary care services in our region. One of the five themes is the use of the Yorkshire & Humber Care Record to improve our regions primary care services.

4.5.6 Yorkshire & Humber Care Record

Trust data is now available in the Yorkshire & Humber Care Record, with an initial focus of care and intervention plans being available to the Yorkshire Ambulance Service during June. It is expected that GP practices in HCV will gain access to this information in July and North Yorkshire County Council will gain access in early August. Our acute partners and the Blackpear end of life system are expected to join before the end of August.

The Yorkshire & Humber Care Record has been approached by other healthcare organisations to use the technology that has been developed. Work is taking place on how this can be progressed and this will follow the Trusts governance process.

4.5.7 Internal Audit Re-procurement

Tender documents and service specifications have been issued and the deadline for receipt of tenders is 3rd of July. Tender evaluation will take place during July with contract award in August in readiness for a contract start date of the 1st October.

4.5.8 Whitby Update

North Yorkshire Clinical Commissioning Group have confirmed the preferred way forward to progress with the tower block refurbishment. NHS Property Services have agreed with the contractor and the Trust that works will restart on the 29th June to enable appropriate lead in time and allow for necessary staff relocations.

4.5.9 Cyber Threat Briefings

Attached at Appendix A is a cyber threat update, it was a recommendation in the Trust Cyber Operational Readiness review that regular updates are brought to the Trust Board.

4.5.10 Estates

As we continue to work to ensure our sites are safe for our staff and patients as well as meet the latest government guidance, we have developed a Covid-19 risk assessment which enables Trust buildings to be risk assessed for safe working during Covid. A schedule of assessments has commenced with all assessments expected to be completed by the end of the month. Any immediate remedial works identified will be implemented and where more substantial works are required, these will be commissioned. The estates team have also been placing 'Stop, Think, Social Distance' signage across the Trust estate

5 Trust Policies

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

6 Communications Update

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:

We have developed the 'Together We Can' campaign to work as a central creative to bring to life the next phase of Covid response to staff and unite them around a shared aim and make them aware of our key principles. Whilst continuing to say 'thank you' is important we wanted to create something that had a longer lasting impact and served as a powerful reminder of our response to Covid-19 and how we came through the challenge by working together. This connects strongly back to our key message of community.

Alongside this we are creating a thank you pack for staff which will include a new lanyard, badge and a card from EMT and the Board to be sent to all staff incorporating the same rainbow graphics and using the hashtag 'Humbelievable'.

Key Projects

- **Website Development**

A new mobile optimised version of our website has now been completed. Final pre live checks are being made before making this live.

- **Brand Project**

The research to move forward this project has now been completed. Over 170 staff, stakeholders, patients, carers and family members shared their thoughts. This research informs the next phase of the project which is to develop our brand values, promise and personality. These are all required to inform what will become our new Corporate Visual Identity. There will be an opportunity for all board members to contribute to this important work which underpins our brand.

External Communications

Awareness Days

The team have supported a wide range of awareness days over the last month. These are an important opportunity to raise awareness of our services and the work they do, support public health messages and to thank and celebrate staff. The communications team work with experts from across the Trust to create and share supportive content that contributes to the theme of the specific awareness date by reinforcing the guidance and opportunities related to it.

Dates covered over this period:

- World No Tobacco Day – 31 May
- Volunteers Week – 1 June
- Breastfeeding Celebration Week – 1 June
- Carer's Week – 8 June
- Pride Month – June

Two key weeks to highlight are:

Volunteers Week

Volunteers Week 2020 focused on the hard work carried out by NHS volunteers across the country. The nationwide awareness date celebrated the achievements and the vital dedication the volunteer workforce provided during this time. Social media posts introduced volunteers from across the Trust through a series of graphics and quotes. These posts had over 18,000 views and 450 likes on our social media platforms. As a result, we have seen strong support of our voluntary services during this time and also boosted staff morale through acknowledging and celebrating their achievements.

World No Tobacco Day

World No Tobacco Day had an important message this year, which was to deter young people from starting to smoke. This campaign aimed to target young people, educate them on the risks of smoking and also targeted those who already smoke – providing them with vital local services which could help them to quit. In addition to this, the Trust raised awareness for our own campaign 'Quit for Covid' and our aim to achieve a Smokefree East Riding. Over the day posts were seen by 7,500 people and had over 160 likes. These results reflect the strong support for our Health Trainer service and increased awareness of our important public health messaging overall.

NHS72

The NHS will celebrate its 72nd birthday on 5th/6th July. We are working with regional communications colleagues to share stories from our Trust and will be delivering celebration hampers to Trust locations to mark the day.

- **Media**

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.

Media report

Positive vs negative press:

6 positive stories published across 10 platforms
0 negative stories published

Press releases distributed and picked up:

Positive new stories published (to 11 th May)		Negative new stories	
Local media	6	Local media	0
Website/Social Media	14		
TOTAL	20		0

Positive media highlights include:

- Comfort Pebbles – published by Bridlington Echo, Viking FM, Yorkshire Coast Radio, BBC Radio Humberside and That’s TV Humber

<https://www.yorkshirecoastradio.com/news/local-news/3106010/comfort-pebbles-to-be-sent-to-whitby-hospital/>

Electronic Prescribing – published by UK Authority and Digital Health UK

<https://www.digitalhealth.net/2020/06/humber-teaching-nhs-ft-dxc-lorenzo/>

- **Website**

	Target	Performance over period
Bounce Rate	50%	65%
Social Referrals	12% (a 10% increase in 2019 position)	5%

- **Social media**

	Target	Performance over period
Engagement Rate	4%	4%
Reach	+50,000 p/m	116787
Link Clicks	1500 p/m	7398

We have used our social media platforms to post positive and supportive content and to celebrate staff and volunteers. Highlights include: Sharing a post from an 89 year old Maister Lodge patient who beat COVID and celebrating the nominations and winner at the Hull York Medical School Teaching Awards. The stories that we share from our services have been some of the most popular posts over the last month. The content that we have created for our news pages has been viewed over 4300 times.

Internal Communications

Stop, Think, Social Distance

Our creative campaign to reinforce the basics of social distancing has now been installed across Trust sites.

Annual Event Planning

The team are planning digitally delivered versions of our Annual Members Meeting and Staff Awards. The staff awards will also be rebranded for 2020.

- **Intranet**

Current performance

The intranet has been a key part of our communications response.

	Target	Performance over period
Bounce Rate	40%	67.2%
Visits	+20% on 2019 average	118,151

7 Health Stars Update

Health Stars Food Hampers

Health Stars have been supplying fortnightly food hampers to both our Inpatient Units and Community & Primary Care Teams throughout the pandemic. As we head into the next stage of COVID19 and continue to adapt to the ongoing challenges we have all faced we are pleased to announce that the delivery of our Hampers has now come to an end. The feedback we have received over the weeks from the Hampers has been really positive.

Thank You Letters

Health Stars have been coordinating the Thank You messages to the public who have supported our Trust during this pandemic. Each donor of either gift in kind or money has received a letter from me and a thank you card from Health Stars.

Mental Health Awareness Week 2020

Throughout Mental Health Awareness Week Health Stars shared pictures and stories of our teams and what their role is at the trust. The posts received great engagement on social media. The post engagements reached 10.9k which was a 634% increase. Health Stars had 119 new page likes.

Fundraising

The Mighty Black And Whites (a supporters group for Hull FC) launched a Charity Shirt to raise funds for the two local NHS Charities – Health Stars and WISHH. The Charity Shirt was on sale for four weeks and sold 946 shirts in total, generating £9,460. The money raised will be split between the two charities 50/50.

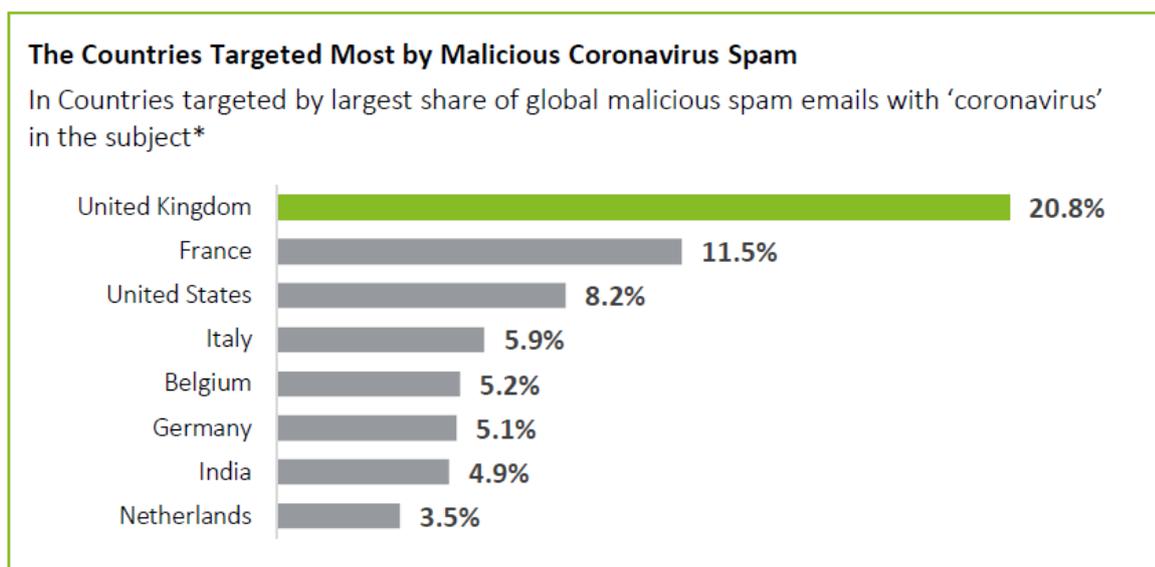
Health Stars launched “Walk For Health Stars – John O’Groats to Lands’ End” on the 8th June 2020. They want to encourage people to walk/jog/run any distance and submit their total. The goal is to collectively walk 1020 miles (John O’Groats to Lands’ End.) People taking part can text ‘WALK4HS’ to 70085 and this will donate £5 to Health Stars. The idea behind it was to encourage people to keep exercising, create a sense of community and support wellbeing. I launched the fundraiser on Monday by being the first person to walk 6 miles. Pete is also taking part and it would be great if colleagues could get in touch with Kristina Poxon to take part. Kristina.poxon@nhs.net

Michele Moran
Chief Executive
June 2020

Appendix A

Cyber threat update June 2020

In recent weeks, several countries have begun to ease their COVID-19 lockdown restrictions. Yet, amid the slow transition toward hybrid work environments that enable both onsite and remote work, pandemic-related cyber threats appear undiminished. Coronavirus-themed cyberattacks have now been confirmed in every country in the world.



*January 1 to March 27, 2020

Source: Trend Micro, <https://www.statista.com/chart/21291/countries-targeted-most-by-malicious-coronavirus-spam/>

Viruses have spiked on a year-over-year basis, rising 17 percent in January, 52 percent in February, and 131 percent in March. Targeted attacks are also on the rise—zeroing in not only on popular applications and platforms, but on industries across the board. With each passing week, the urgent need for heightened security vigilance, employee education, and a cyber risk-aware culture becomes clearer. As a Trust we have seen an increase in cyberattacks which have been stopped using our defence systems.

Please be aware of the following cyber issues which have been identified in May and June;
Targeted attacks on medical device suppliers

On May 1, 2020, Fortinet reported a spear phishing campaign launched against medical device suppliers. Featuring a subject line, "InquiryonMedicalSupplies", the spam emails requested information about the pharmaceutical and medical devices required to fight COVID-19.

Targeted attack on US small businesses On May 8, 2020, a malicious spam campaign targeted US small businesses looking for COVID-19 relief funds. The spam emails appeared to originate from a legitimate US government email address, but were in fact sent from a compromised company domain. The email included an attachment that purportedly required the recipient's signature but actually contained a malicious file that allows hackers to control and monitor a Windows computer.

Targeted attack on US accountants

A third email linked to the May 8, 2020 malicious spam campaign was sent to accountants in the US. The email claimed to contain COVID-19 related updates for members of the American Institute of CPAs. Recipients who opened the attached file extracted a remote access Trojan on to their systems that enabled hackers to steal user information and execute back door commands.

Fake Contact Tracing app delivers ransomware

On May 27, 2020, Deloitte CTI observed the following incident of threat actors leveraging malicious COVID-19 contact tracing app to deliver ransomware that targeted the life sciences and healthcare industry and academic sector. Security vendor DottorMarc reporting on a new ransomware dubbed 'Unicorn' that targeted pharmacies, doctors, medical businesses, and universities across Italy. Threat actors leveraged social engineering to lure users into downloading a malicious Coronavirus (COVID-19) contact tracing application. Once the encryption process is completed, an Italian ransom note asking for 300 euros gets displayed onto the infected machine.

Mobile malware COVID threats on the rise

Mobile malware continuously used in COVID-19 lures to target victims as employees continue to work from home amid the COVID-19 pandemic. Researchers identified four different versions of an Android malware leveraging a Coronavirus (COVID-19) lure to access information such as the contact list and also enable reading SMS data from a victim(s) device. Users should continuously monitor their device and accounts, particularly accounts that are accessed via Android device applications, and promptly report any unrecognized activity or unusual application behaviour. Ensure that when installing mobile apps, plug-ins, and codecs they are from trusted sources such as Google Play Store/Apple store and –if necessary –company portals. Deploy mobile device management (MDM), or enterprise mobility management (EMM) software solutions, to increase security on enterprise mobile devices, including smartphones and tablets.

Agenda Item 8

Title & Date of Meeting:	Trust Board Public Meeting – 24 June 2020			
Title of Report:	Publications and Policy Highlights			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	
	For information	x	To ratify	
Purpose of Paper:	To update the Trust Board on recent publications and policy.			
Governance: <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	10/6
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<ol style="list-style-type: none"> I. NHS England and NHS Confederation launch expert research centre on health inequalities II. NHS England and NHS Improvement welcome publication of updated risk assessment guidance III. Innovation and inspiration: examples of how providers are responding to coronavirus (COVID-19) IV. Mental health trusts have played a critical role in responding to COVID, but now face their own surge in demand V. Getting the NHS back on track: planning for the next phase of COVID-19 VI. Innovation and learning must remain at the heart of health and care following COVID-19 			

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	

Publications and Policy Highlights

The report provides a summary on recent publications and policy.

1. NHS England and NHS Confederation launch expert research centre on health inequalities NHSE/I 30 May 2020

NHS England and the NHS Confederation have confirmed the creation of a new centre to investigate the impact of race and ethnicity on people's health.

The NHS Race and Health Observatory, which will be hosted by the NHS Confederation, will identify and tackle the specific health challenges facing people from BAME backgrounds. It comes amid significant concerns about the particular impact of the COVID-19 virus on people from black, Asian and ethnic minority (BAME) backgrounds. The Observatory will involve experts from this country and internationally, and will offer analysis and policy recommendations to improve health outcomes for NHS patients, communities and staff.

The founding of the NHS Race and Health Observatory, comes after the latest assessment of race equality in the NHS – published to coincide with a major BMJ event on race and the NHS – recently showed a significant increase in representation of BAME people at board level across the country. The decision to establish the Centre was announced 'in principle' at the BMJ event.

Lead: Director of Workforce & Organisational Development

This will be a useful source of data as we move forward, both from a patient/service user and staff point of view. We will share the data in both the Workforce Equality and Diversity Group and the Patient Experience Group. Significant data will be reported to either the Quality or Workforce and OD Committee.

2. NHS England and NHS Improvement welcome publication of updated risk assessment guidance NHSE 28 May 2020

NHS England and NHS Improvement has today welcomed the publication of updated risk assessment guidance which provides practical measures to advance the way risk assessments are carried out for BAME, at risk and other vulnerable staff groups working across the NHS.

Risk assessments for staff, produced by NHS Employers, provides more detailed support to allow NHS line managers to address areas in one to one conversations with employees who may be at higher risk of developing symptoms leading to Covid-19. The guidance, available on the NHS Employers website, follows earlier advice from NHS England (29 April).

It also signposts to a number of other resources and toolkits – carried out by trusts and external organisations, including guidance from the Health and Safety Executive along with additional information on mental health support and wellbeing advice for NHS staff. Many NHS organisations have already used these resources to update their own processes and carry out new risk assessments. The updated guidance is available to all NHS trusts and healthcare providers.

Lead: Chief Operating Officer

The Trust had already put in place a risk assessment tool to support managers and staff in the identified vulnerable groups, including BAME staff to identify any additional measures that can be put in place to reduce the risk. Our risk assessment tool has been updated further in line with the revised guidance. We are monitoring the uptake of this tool and encouraging any staff (not just those in the vulnerable groups) to request that it be completed if they feel it is necessary. We are continually reviewing and developing our offer to support staff and adding to the resources we already have.

3. Innovation and inspiration: examples of how providers are responding to coronavirus (COVID-19) CQC

We recognise the enormity of challenges faced by health and care providers in responding to coronavirus (COVID-19). At very short notice, services developed new procedures and ways of working. They looked at how they work with others and how people they care for can stay in touch with family and friends.

We asked providers to send us examples of changes they made. We did not visit them to capture the stories. The response was overwhelming, particularly from adult social care services. Here we look at some themes from the examples provided. We felt that in this time of rapid change, sharing examples may help other providers with the same issues. Our regulatory approach will not be influenced by providers submitting examples.

Lead: Medical Director

The Trust has recorded all the adaptations and Innovations that have occurred during COVID period and these will be shared more widely within the Trust and across the system in the coming months.

4. Mental health trusts have played a critical role in responding to COVID, but now face their own surge in demand NHS Providers 03 June 2020

A report by NHS Providers highlights the key contribution made by NHS mental health trusts in confronting the coronavirus pandemic.

Spotlight on... the impact of COVID-19 on mental health trusts in the NHS <https://nhsproviders.org/media/689590/spotlight-on-mental-health.pdf> highlights the critical role they played in maintaining and adapting mental health services while supporting colleagues in the acute hospital, community, ambulance and primary care sectors.

Important steps taken by mental health trusts have included:

- Adapting their wards to look after those recovering from the virus
- Setting up mental health A&Es and 24/7 emergency service access lines
- Developing home treatment models and clinical services online.

Trusts are keen to reap the benefits of the rapid innovation prompted by the outbreak, although the changes will need to be properly evaluated, bearing in mind the enormous strain on staff we have seen as they have responded to the challenges posed by the virus.

The report, based on extensive and regular dialogue with mental health trust leaders, also highlights the changes in demand for mental health services during the pandemic, including increased numbers of people needing urgent and emergency care. It also points to

concerns that many who need help and support are not accessing services until they reach a crisis point, and warns of pent up demand that has built up during the lockdown.

The report says the government and national policy makers must take account of the pressures mental health services will face in the weeks and months ahead. In particular it points to the need for:

- PPE and testing
- Support to prioritise and plan services effectively
- Full and prompt funding for frontline services that need to expand to meet the extra need created by the pandemic
- A new workable strategic national plan for the workforce, given that the pandemic has exacerbated existing severe shortages.

Additionally, the current pressures have reinforced concerns that the mental health estate is not fit for purpose, following years of underinvestment. It is vital that the mental health sector receives its fair share in forthcoming capital funding decisions, so trusts can invest in their estate and in innovations prompted by the outbreak.

Lead: Chief Operating Officer

This report is helpful in that it highlights all of the issues that we are already taking into account in our next phase of planning to respond to the Coronavirus emergency. All of our service areas have considered how these issues will impact on them and have put plans in place that they are pursuing to manage the anticipated increase in demand for mental health services. This is clearly an issue for our system and partners also and we are raising this strategically in commissioning and planning forums. It is important that our system places enough focus on this impact in the same way that planning to address the impact on acute hospitals has been taken into account to date. Our mental health and learning disability programme within our Integrated Care System (ICS) is actively engaging with public health colleagues in order to model this impact to support our planning and commissioning priorities.

5. Getting the NHS back on track: planning for the next phase of COVID-19 NHS Confederation 10 June 2020

As part of our [NHS Reset campaign](#), this report outlines the key challenges that local organisations will face over the coming months. It also suggests some changes in policy and practice that will be required as the NHS prepares to restart a wide range of services either paused or stopped when the pandemic struck.

It is based on in-depth engagement with our members and is published to support and influence forthcoming guidance from NHS England and NHS Improvement on how the next phase of the NHS' response to the pandemic will be managed.

The key challenges we identify are: funding; capacity; rehabilitation; health inequalities; regulation and inspections; system working; and managing public expectations.

It puts forward a number of practical solutions for the phase three guidance and beyond, including:

- An extension of emergency funding across all sectors of the NHS, given significant extra demand across all services. Longer term funding will be needed for rehabilitation and recovery services in the community, including for mental health, to manage patients at home and in the community.
- Putting in place an ongoing arrangement with the private sector – this will be vital to provide capacity to respond to the backlog of treatment.

- A review of the impact of COVID-19 on the NHS and social care workforce given the unprecedented pressure staff have been under
- A delay in returning to the inspection regime of the CQC to take into account the positive changes that have been achieved as a result of the lighter touch approach to regulation that has been in place during the pandemic.
- A commitment to acknowledge and address health inequalities wherever possible through upcoming guidance and policy reform.
- Clarity over when there will be a return the greater autonomy local organisations had before COVID-19 returned, as we move from Level 4 to Level 3. This should be considered as part of a wider move to less central command and control when the pandemic has subsided.
- A call for assurance that there will be a fully operational and robust test, track and trace system, as well as appropriate supplies of personal protective equipment (PPE), as services are resumed.

Download the report to find out more and read our letter to the Prime Minister seeking assurances from the government as it plans the next phase in the battle against the virus.

Lead: Chief Operating Officer

This report again highlights all of the key issues that we are taking into account in relation to our phase 3 planning. As a Trust we have maintained delivery of the majority of our services through the emergency, albeit that some of these have been delivered through use of telephone and digital media. As described in the previous report we are anticipating expected increase in demand for mental health and learning disability services (evidence of which we are already seeing in some areas) as a direct impact of covid 19 and due to socio-economic consequences. We are concerned about the potential impact on health inequalities for our patient populations and ensuring that we are highlighting this in all of the strategic planning and commissioning forums that we connect with.

6. Innovation and learning must remain at the heart of health and care following COVID-19 NHS Confederation 4 June 2020

Rapid innovation and learning have been at the heart of the immediate response to COVID-19 and must retain pride of place as the health and care sector transitions to managing the aftermath of the pandemic, leading healthcare organisations have said.

A wealth of innovations and new ways of working have arisen in response to the coronavirus outbreak as leaders, clinicians and partners from all sectors have worked in novel ways to develop and deliver services under unprecedented circumstances. This has happened at a pace previously thought unimaginable

But as focus increasingly turns to resuming 'business as usual', three healthcare bodies have highlighted that the health and care sector will need to act quickly to capture and evaluate the range of innovations that have taken place and understand what it would take to sustain and scale them -- before the opportunity to 'reset' service innovation is lost.

To support this, the NHS Confederation has teamed up with the AHSN Network and the Health Foundation to explore how the health and care sector can work with staff, patients and the public to understand, translate and adapt the best of COVID-19-related innovations and initiatives into everyday practice – maintaining momentum, sharing what's working and improving people's care.

Forming part of the NHS Confederation's NHS Reset campaign, the partnership will build on the knowledge, expertise and reach of the three organisations to explore what clinicians,

leaders, innovators and patients believe should be retained, adapted, reinstated or stopped, and for which populations or settings.

Critically, it will also consider how the sector should collectively build on the rapid progress made to accelerate the reset and ongoing improvement of health and care planning and delivery. The collaboration will focus on three key areas:

- What's working well? Identifying and understanding what's working for whom
- The race to systematise service innovation: how to make the changes in practice and mindset sustainable
- A spotlight on the wider system: how to ensure the focus is retained on the integration agenda and community, primary and social care

NHS Reset was launched in May 2020 to contribute to the public debate on what the health and care system should look like post COVID-19.

Galvanising members from across the NHS Confederation and wider partners in health and social care, it aims to recognise the sacrifices and achievements of the COVID-19 period, rebuild local systems and reset the way we plan, commission and deliver health and care.

- Find out more about the campaign and partnership on innovation on the [NHS Reset web section](#).
- Read Yorkshire and Humber Academic Health Science Network chief executive Richard Stubbs' related blog: [Why the challenge to reset is a cultural one](#).

Lead: Medical Director / Chief Operating Officer

The Trust has recorded all the adaptations and Innovations that have occurred during COVID period and these will shared more widely within the Trust and across the system in the coming months.

We have methodically captured the services changes that we have made through the covid -19 period as part of our emergency planning arrangements. Our phase 3 planning has been predicated on reviewing these changes, identifying where they need to be continued and what more needs to be in place to ensure they are sustainable. We are utilising our quality improvement methodology and expertise to support this work. We have many examples of highly innovative changes that we have made which we will utilise our own research expertise to evaluate and we are connecting this to wider opportunities through our well established research networks.

Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting– 24 th June 2020			
Title of Report:	Performance Report - Month 2 (May)			
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 May 2020.</p> <p>The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.</p>			
Governance:		Date		Date
	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>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> <p>Commentary has been removed from the report but is included below for those indicators that have fallen outside of the normal variation range.</p> <p>Safer Staffing Dashboard - The safer staffing dashboard reflects the period for April 20 when the Trust was responding to COVID Pandemic surge. Collating centrally of the clinical supervision data was suspended for this period hence some teams are showing as a nil return however some teams did still report their position. It must also be noted that again due to the pandemic we maintained a low bed occupancy across many of the Trust in patient units. The low fill rates, although flagging red in some cases are reflective of the low bed occupancy.</p> <p>Complaints – During the Covid period and until the 1st of July all formal complaint responses were placed on hold in line with national directives. All new incoming complaints are reviewed by the Medical Director and where possible complaints are actioned under our PAL's process.</p> <p>Formal complaints have now been opened and we have written for consent where applicable and, or, are emailing all</p>			



the complainants to inform them that we are reopening formal complaints investigations. Updated timescales have been provided as to when responses should be expected.

Friends and Family Test (FFT) – Owing to the small number of FFT forms that were received during Covid we saw a dip in our involvement score below the lower control limit, however, it still remains above target.

Waiting Times - In common with the National picture, the Trust's performance on waiting lists has been affected by the impact of change in services as a result of the response to the COVID19 pandemic. Referrals have also seen a significant increase in recent weeks and are expected to continue to rise in the medium term.

Whilst this has impacted on all services it has been particularly noticeable in CAMHS areas. Each service is developing plans as part of the Trust's Continuity of Operations and Sustainability Plan (Phase 3) to address the waiting list position.

Delayed Transfers of Care - The reduced availability of care home beds as a result of COVID and the focus on expediting discharge from HUHT has caused an increase in the number of DTOC in our services. We are working with our partners in HCV to improve the position.

The performance report has been updated for 2020/21 key changes are summarised below:

Vacancies - Vacancy rates are now shown as a percentage across two charts. One for all vacancies and one chart to show nursing vacancies as a proportion of total establishment. The Nursing vacancy Chart is only available since April 2020; we will look to bring in the previous year's data next month. *(Page 5)*.

FFT – charts have been split to separate the results from GP Practices in comparison to all others received in the Trust *(Page 9)*.

CPA – a second chart has been added to show the 3 day follow up performance *(Page 11)*.

Delayed Transfers of Care – has marginally breached the 7.5% target and stands at 7.7% for May. Challenges in securing placements in residential homes and housing during Covid pressures have impacted on the number of patients being detained in hospital *(Page 23)*.



	<p>Sickness – a secondary chart is in development to show the percentage of staff who have been off sick with Covid. This does not include those who are shielding or are in self isolation (Page 24).</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	



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:
May-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: **May 2020**

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

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

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

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

Dashboard	Safer Staffing	A dashboard to provide overview on a number of clinical indicators for the Trust's inpatient units across all services
Dashboard	Mortality	Learning from Mortality Reviews
Goal 1	Incidents	Total number of incidents reported on Datix
Goal 1	Mandatory Training	A percentage compliance for all mandatory and statutory courses
Goal 1	Vacancies	Proportion of posts vacant when compared to the budgeted establishment. This information is taken from the Trust financial ledger.
Goal 1	Clinical Supervision	Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks
Goal 1	FFT - Patient Recommendation	Results where patients would recommend the Trust 's services to their family and friends
Goal 2	FFT - Patient Involvement	Results where patients felt they were involved in their care
Goal 2	CPA - 7 day follow ups	Percentage of patients who were on CPA and had a follow up within seven days of discharge from hospital
Goal 2	CPA - Reviews	Percentage of patients who are on CPA and have had a review in the last 12 months

Humber Teaching NHS Foundation Trust

Integrated Board Report

For the period ending:

May 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: **May 2020**

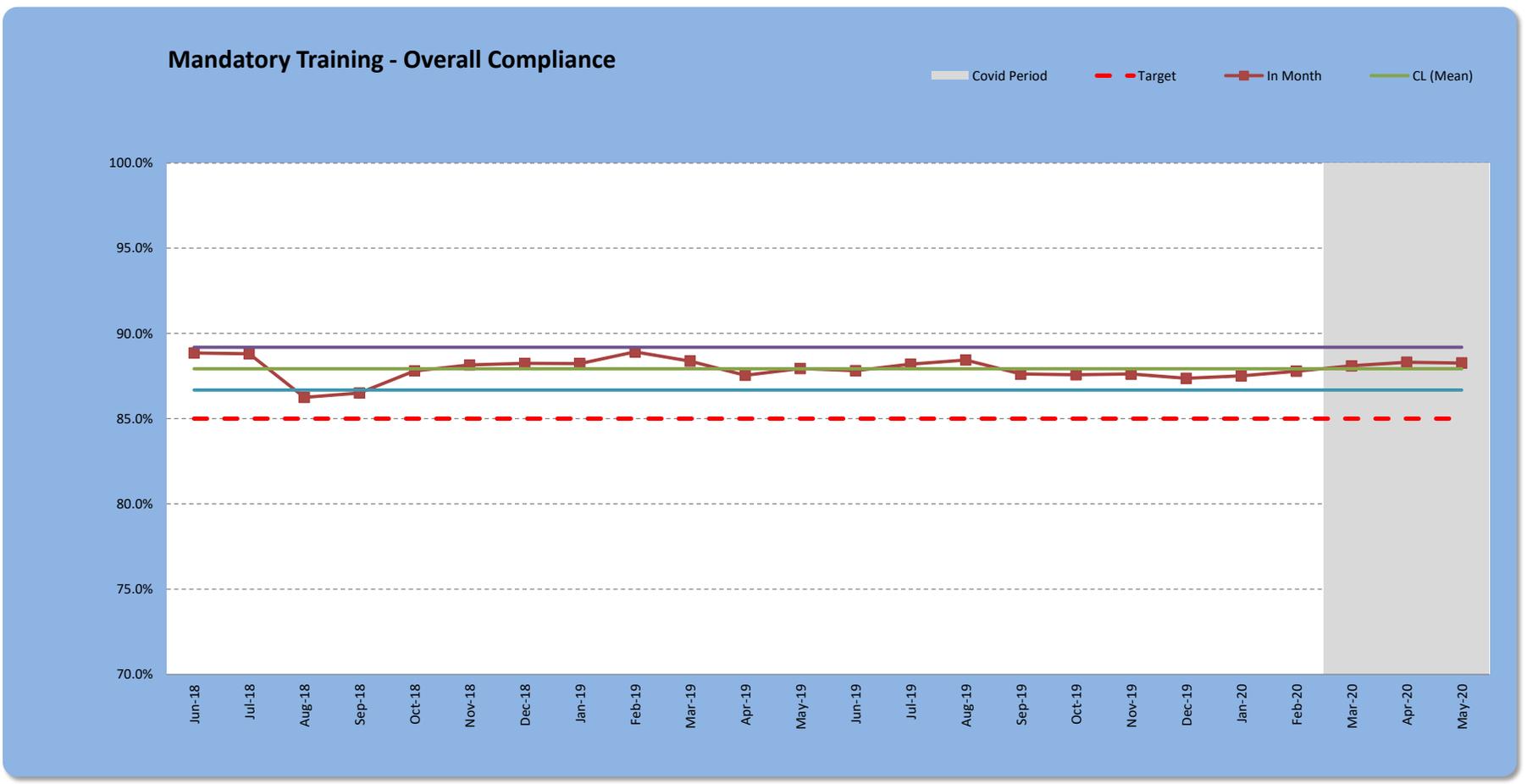
Indicator Title	Description/Rationale	Executive Lead
Mandatory Training	A percentage compliance based on an overall target of 85% for all mandatory and statutory courses	Steve McGowan

KPI Type
WL 5

Narrative

Above Target, no change from the previous month.

Target: 85%
 Amber: 75%
 Current month stands at 88.3%



PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 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

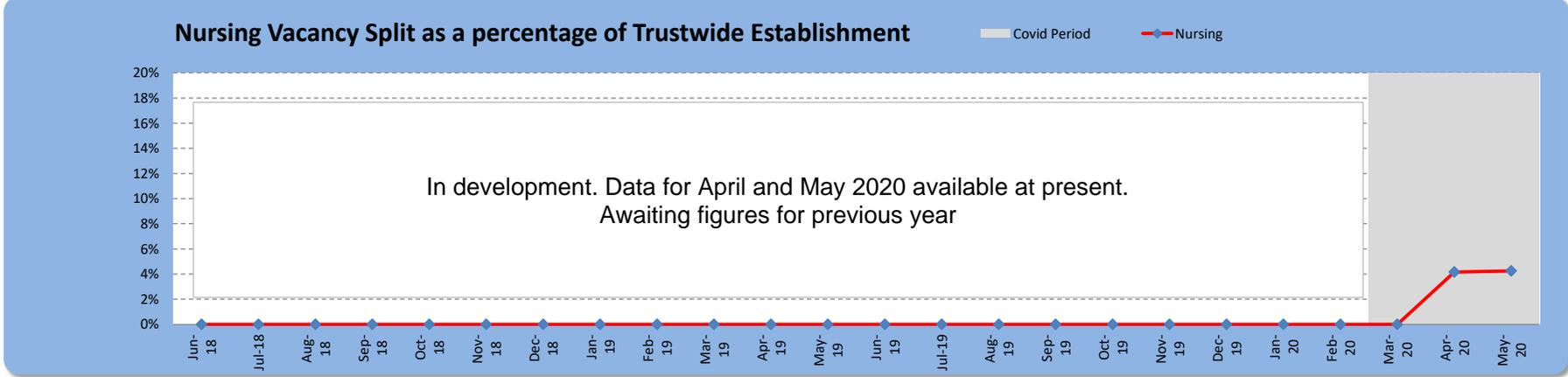
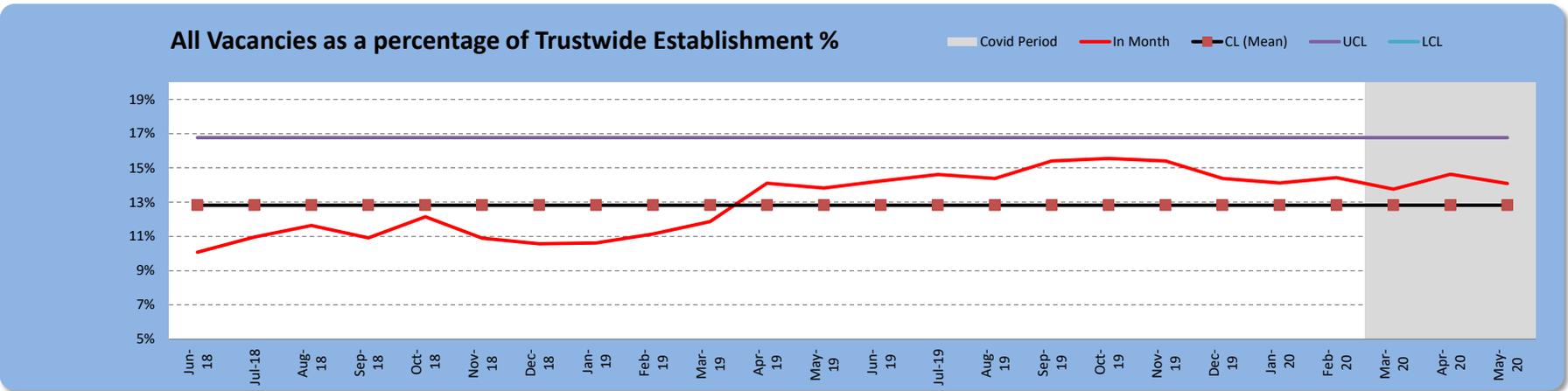
KPI Type
WL 2 VAC

Narrative

Now shown as a percentage of vacancies against total establishment.

Nursing Vacancy rate added in May-20. Previous years data to follow once developed.

Current month stands at 14.1%



PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2020**

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

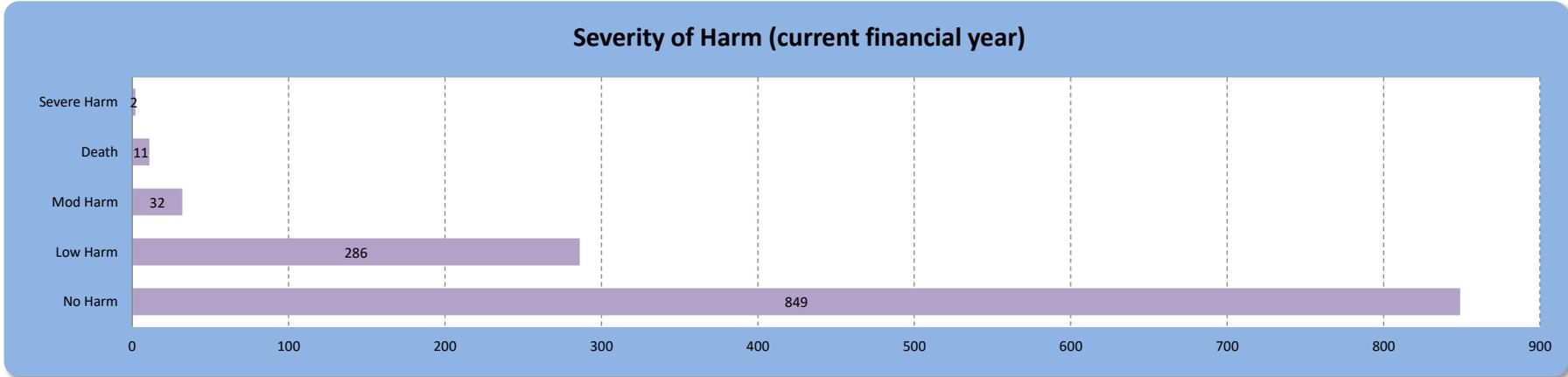
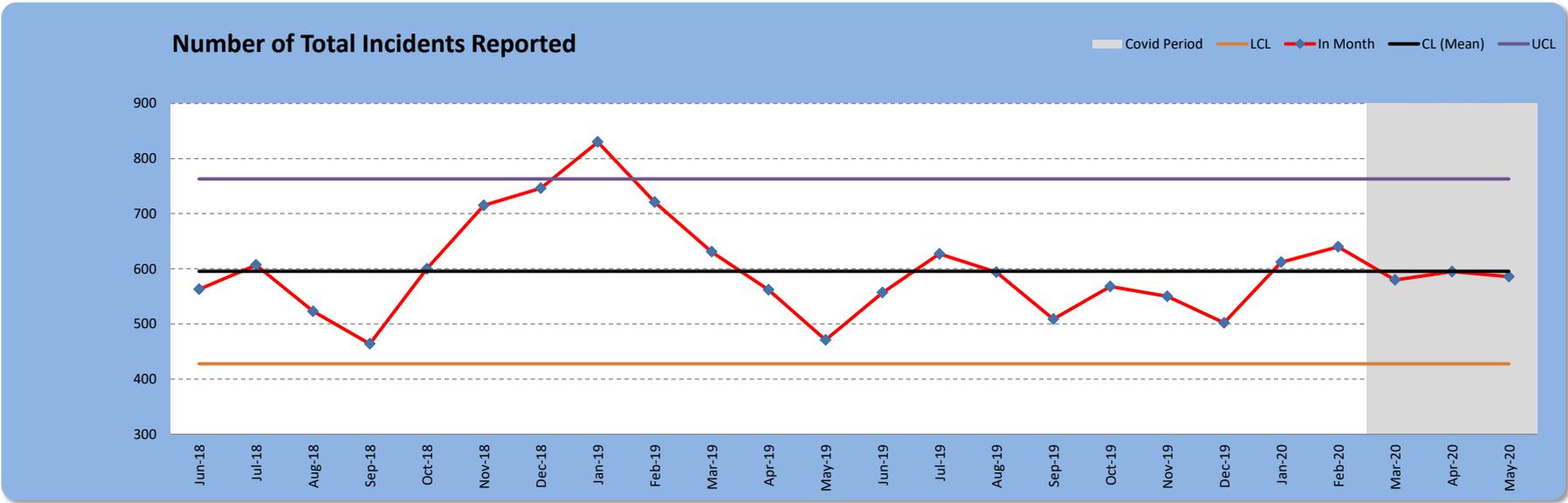
Narrative

Within Control Limits.
Reduction of 10 when compared to the previous month.
Added Severity of Harm current fiscal year chart.

UCL: 763
LCL: 428

Current month stands at 586

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: **May 2020**

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

KPI Type
WL 9a

Narrative

Greyed out area on chart signifies Covid19 period.

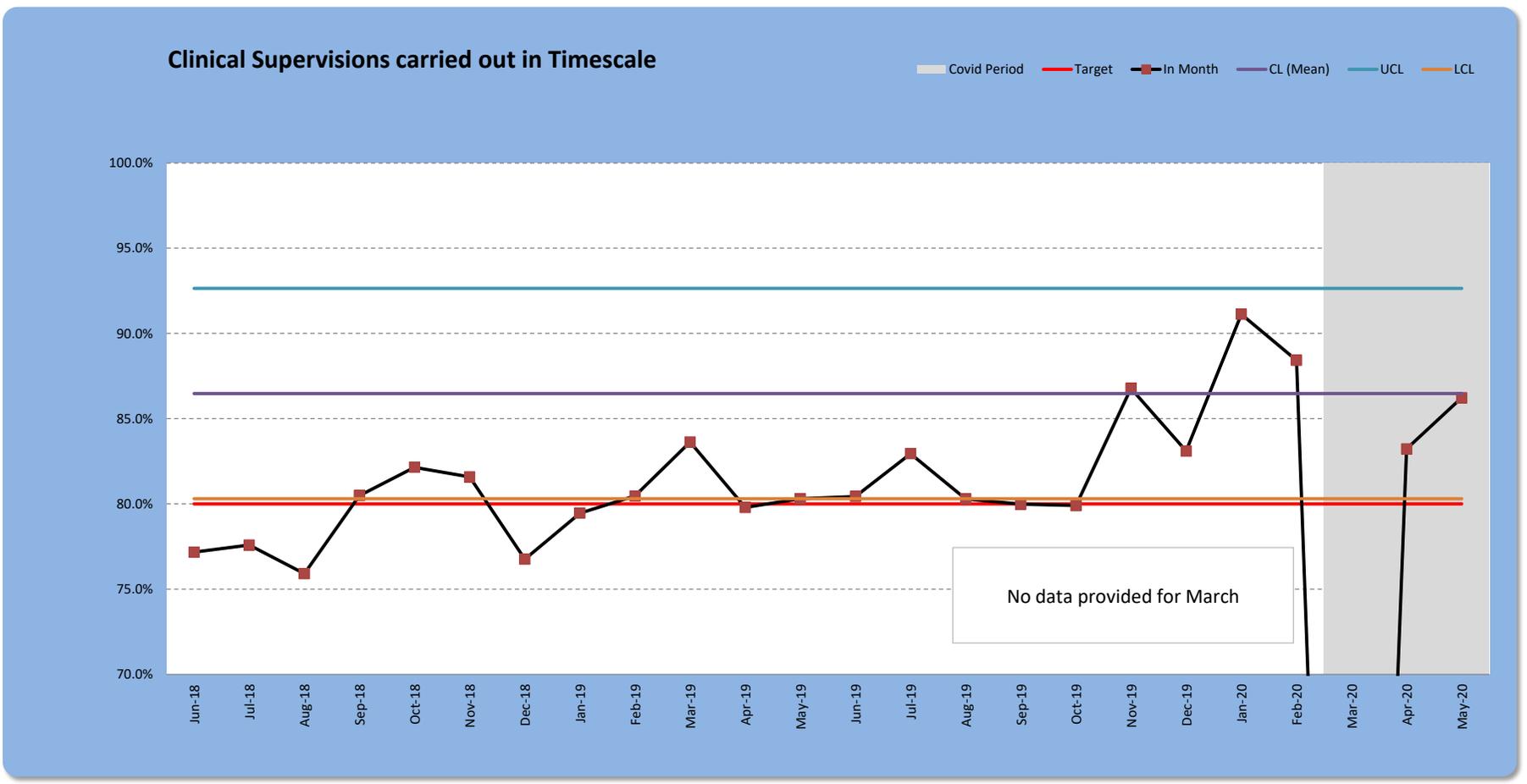
Performance remains above target for May.

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

Target: 80%

Amber: 75%

Current month stands at 86.2%



HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING QUALITY DASHBOARD

Staffing and Quality Indicators

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



Shown one month in arrears

Speciality	Units					Bank/Agency Hours				Average Safer Staffing Fill Rates				QUALITY INDICATORS (Year to Date)				High Level Indicators					Indicator Totals		
	Ward	Speciality	WTE	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ party upheld)	Failed S17 Leave	STAFF QUALITY INDICATORS					Mar-20	Apr-20	
										Registered	Un Registered	Registered	Un Registered					Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)			WTE Vacancies (RNs only)
Adult MH	Avondale	Adult MH Assessment	34.6	61%	22.26	19.3%	↑	0.0%	→	79%	74%	104%	109%	0	2	0	0	69.0%	92.8%	91.7%	100.0%	4.6%	2.2	1	2
	New Bridges	Adult MH Treatment (M)	43.0	85%	10.14	9.8%	↑	7.9%	↑	83%	103%	96%	104%	0	0	0	0	No Ret	97.8%	92.3%	100.0%	5.6%	2.0	1	2
	Westlands	Adult MH Treatment (F)	36.2	82%	9.94	29.9%	↓	10.2%	↓	71%	97%	94%	112%	0	3	0	0	50.0%	91.9%	88.9%	90.5%	3.1%	5.0	1	2
	Mill View Court	Adult MH Treatment	36.6	17%	24.79	21.6%	↓	0.0%	→	82%	77%	87%	79%	0	3	0	0	100.0%	93.0%	90.0%	93.8%	5.3%	5.8	1	1
	Hawthorne Court	Adult MH Rehabilitation	21.6	78%	8.68	33.0%	↓	0.0%	→	62%	73%	86%	114%	0	0	0	0	82.4%	87.8%	77.8%	92.9%	19.4%	0.2	3	3
OP MH	PICU	Adult MH Acute Intensive	31.7	84%	26.71	42.3%	↓	10.9%	↑	80%	195%	92%	161%	1	23	0	0	96.6%	88.0%	100.0%	100.0%	20.1%	8.6	2	1
	Maister Lodge	Older People Dementia	37.4	49%	24.32	18.0%	↑	0.0%	→	53%	109%	110%	97%	0	10	0	0	100.0%	90.9%	81.8%	96.3%	11.4%	0.0	2	2
Specialist	Mill View Lodge	Older People Treatment	24.7	25%	31.26	17.4%	↑	0.0%	→	74%	72%	84%	87%	0	0	0	0	100.0%	94.1%	90.0%	92.9%	7.5%	2.4	2	3
	Pine View	Forensic Medium Secure	27.2	50%	11.37	10.9%	↑	0.0%	→	89%	75%	50%	103%	0	0	0	0	96.2%	86.0%	100.0%	83.3%	3.0%	1.0	4	3
	Derwent	Forensic Low Secure	25.2	100%	11.00	24.7%	↑	6.1%	↓	98%	76%	62%	100%	0	0	0	0	84.4%	95.1%	100.0%	88.2%	1.9%	1.4	2	1
	Ouse	Forensic Low Secure	24.2	93%	8.00	20.9%	↑	4.2%	↓	87%	87%	70%	102%	0	0	0	0	96.2%	98.4%	100.0%	94.4%	1.9%	2.4	3	1
	Swale	Personality Disorder Medium Secure	23.9	63%	14.33	51.2%	↑	0.0%	↑	90%	92%	62%	133%	0	1	0	0	91.3%	91.5%	88.9%	100.0%	2.5%	1.0	0	1
Child & LD	Ullswater	Learning Disability Medium Secure	36.2	67%	17.56	43.8%	↑	0.0%	→	92%	112%	73%	85%	0	1	0	0	95.5%	95.9%	90.0%	100.0%	5.9%	1.0	2	2
	Townend Court	Learning Disability	39.8	47%	26.43	29.6%	↓	0.0%	→	53%	90%	50%	128%	0	2	0	0	81.3%	94.6%	75.0%	100.0%	4.0%	3.1	4	2
	Inspire	CAMHS	43.9	46%	23.39	5.9%	↓	0.0%	→	40%	54%	77%	30%	0	1	0	0	No Ret	91.4%	88.9%	100.0%	10.8%	3.0	2	5
CH	Granville Court	Learning Disability Nursing Treatment Physical Health	56.6	Not Avail	n/a	25.7%	↑	0.0%	↑	95%	89%	103%	97%	0	0	0	n/a	No Ret	89.0%	100.0%	87.8%	5.9%	1.4	2	2
	Whitby Hospital	Community Hospital Physical Health	48.8	42%	10.20	0.0%	↑	0.0%	→	80%	60%	47%	65%	0	0	0	n/a	91.4%	93.0%	78.9%	70.0%	23.8%	0.0	3	4
	Malton Hospital	Community Hospital	26.8	42%	13.46	Not on eRoster	→	Not on eRoster	→	86%	98%	107%	132%	0	0	0	n/a	85.2%	78.0%	78.6%	42.9%	15.8%	3.8	3	2

Exception Reporting and Operational Commentary

During these unprecedented times it has been agreed by Gold Command to suspend any commentary/narrative in the Integrated Board Report for March. This will be reviewed in the coming months.

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

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

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

Registered Nurse Vacancy Rates

Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	May-20	
13.40%	12.50%	14.30%	17.10%	16.80%	18.60%	16.11%	15.70%	15.00%	13.10%	13.90%	12.80%

Slips Trips and Falls

	4	5	6	7	8	9	10	11	12	1	2	3	YTD
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Maister Lodge	7	4	0	0	0	0	0	0	0	0	0	0	11
Mill View Lodge	1	0	0	0	0	0	0	0	0	0	0	0	1
Whitby	1	9	0	0	0	0	0	0	0	0	0	0	10
Malton	4	1	0	0	0	0	0	0	0	0	0	0	5

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

PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2020**

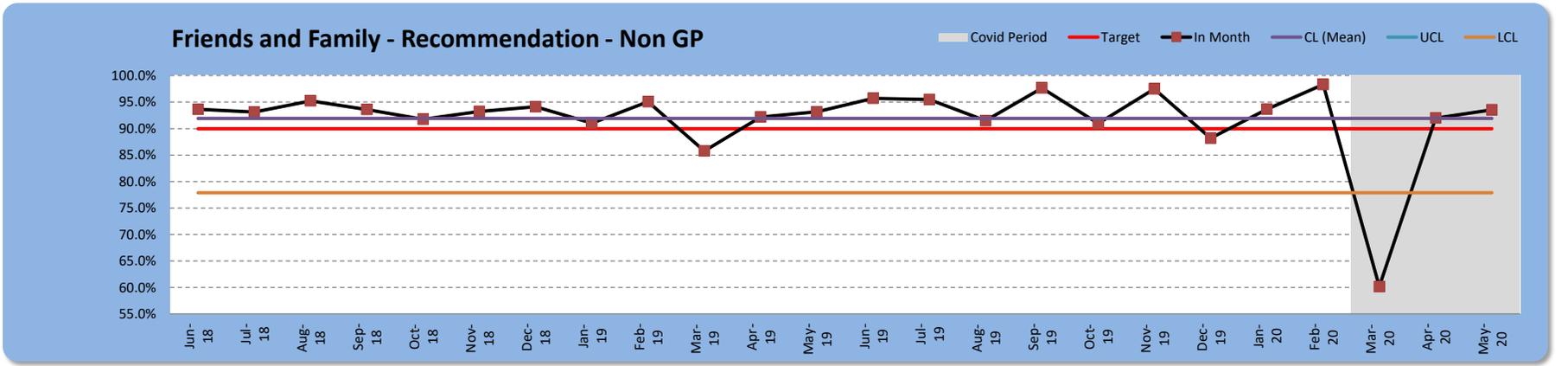
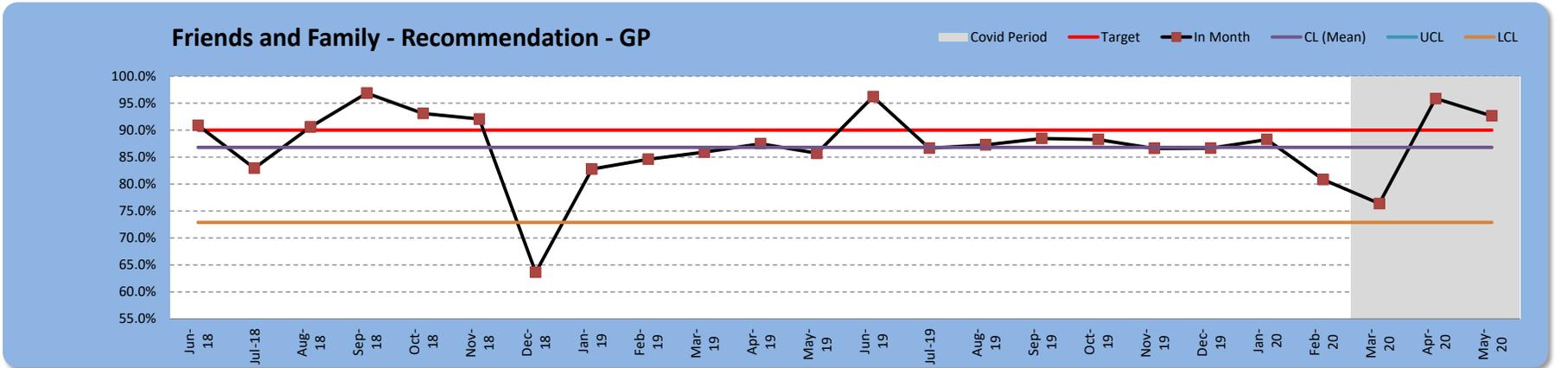
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Friends and Family Test	Results of the overall surveys completed where patients would recommend the Trust 's services to their family and friends	John Byrne	FFT %

Narrative

Split between GP and the rest has been included in this months report.

Target: 90%
Amber: 80%

Current month stands at 92.7%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 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

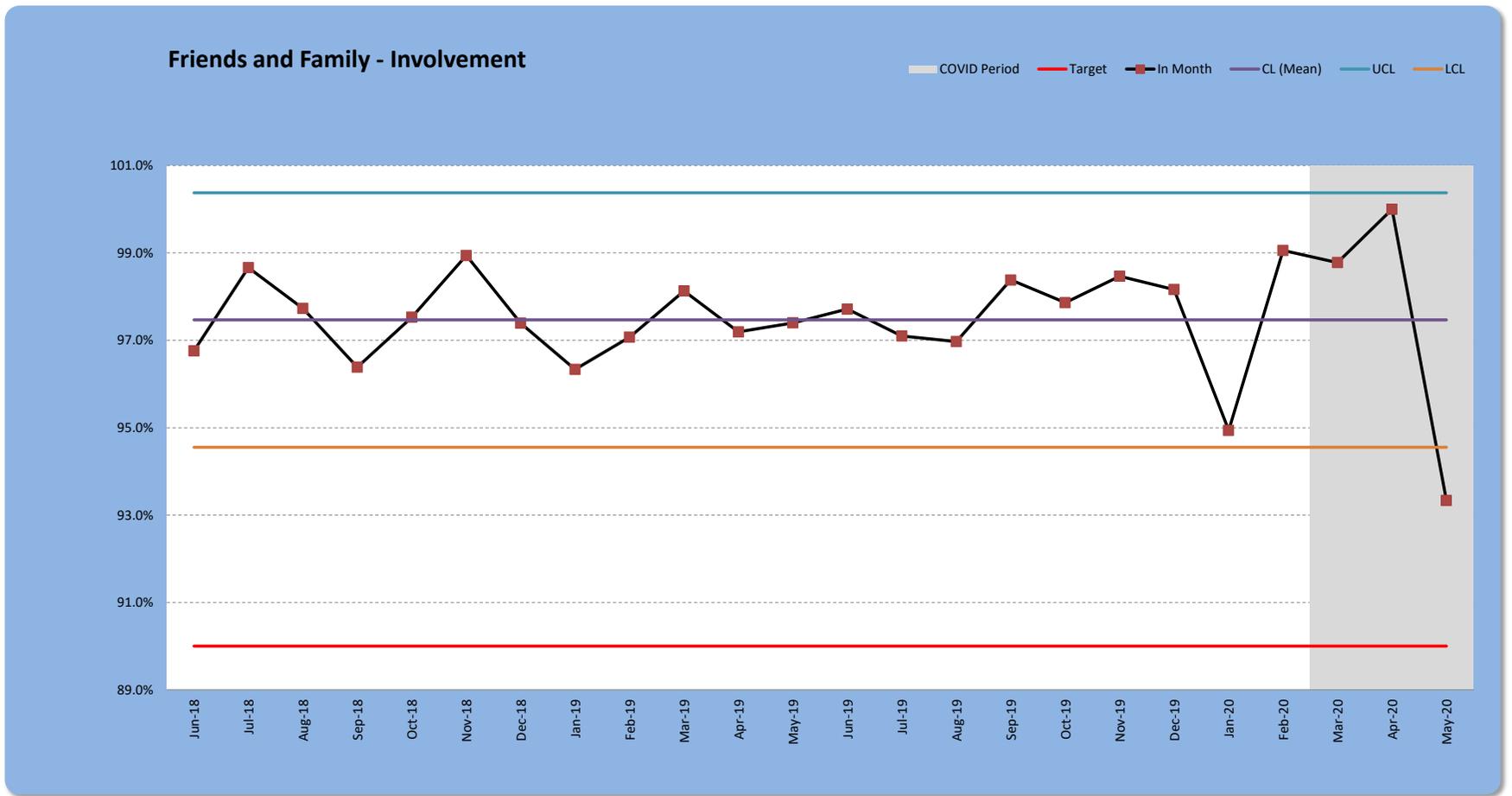
KPI Type
CA 3c %

Narrative

In month target achieved. But May performance is below the Lower Control Limit and will be monitored moving forward.

Target: 90%
Amber: 80%

Current month stands at 93.3%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2020**

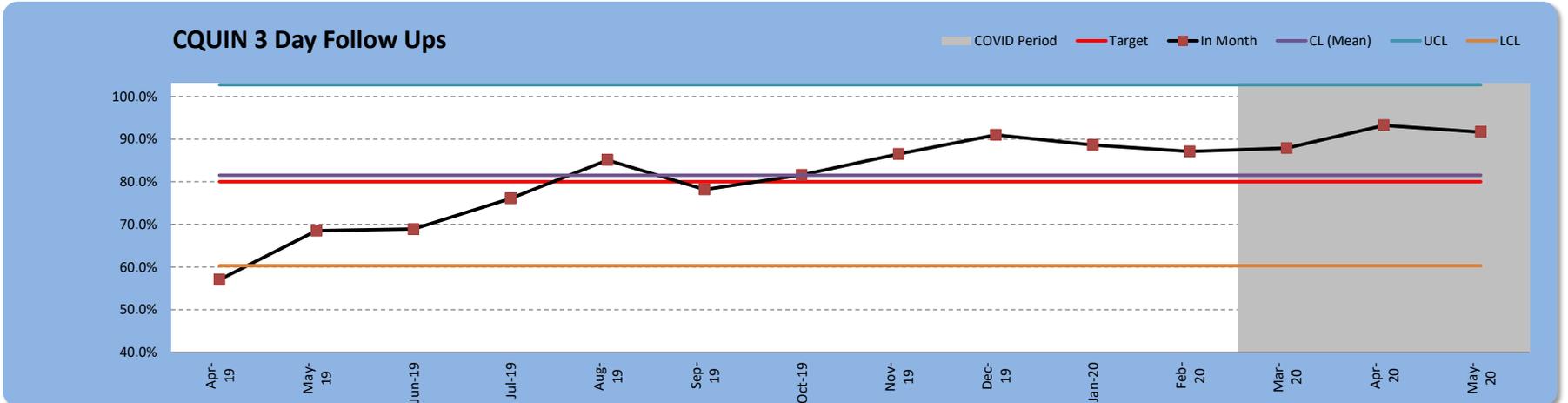
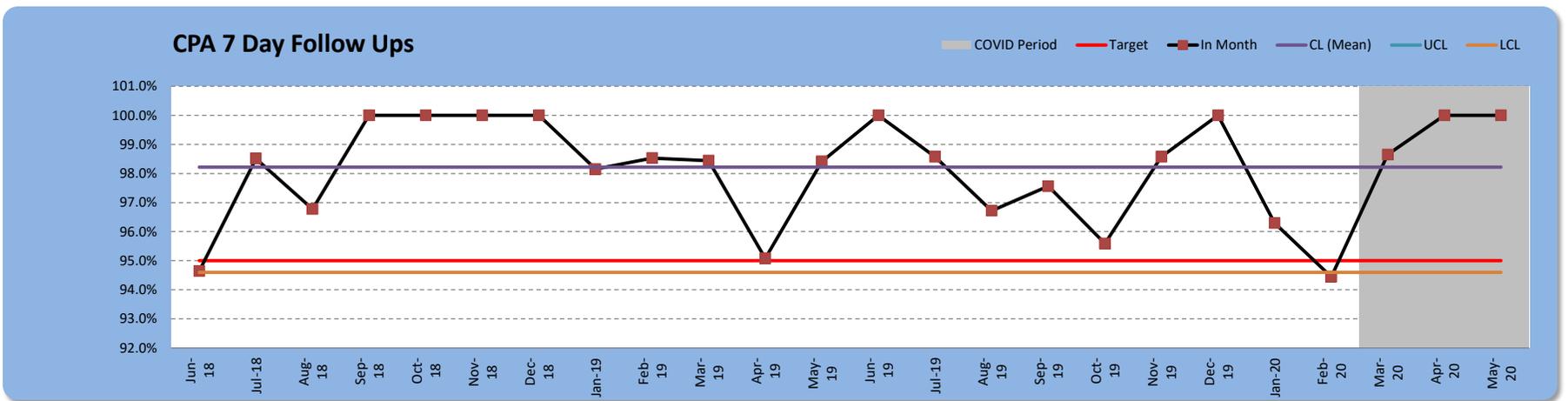
Indicator Title	Description/Rationale	Executive Lead	KPI Type
CPA 7 Day Follow Ups	This indicator measures the percentage of patients who were on CPA and had a follow up within seven days of discharge	Lynn Parkinson	OP 12

Narrative

Above Target. All follow up's complete in the reporting period.

3 day follow chart has been introduced from May-20.

Target: 95%
 Amber: 85%
 Current month stands at 100.0%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2020**

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

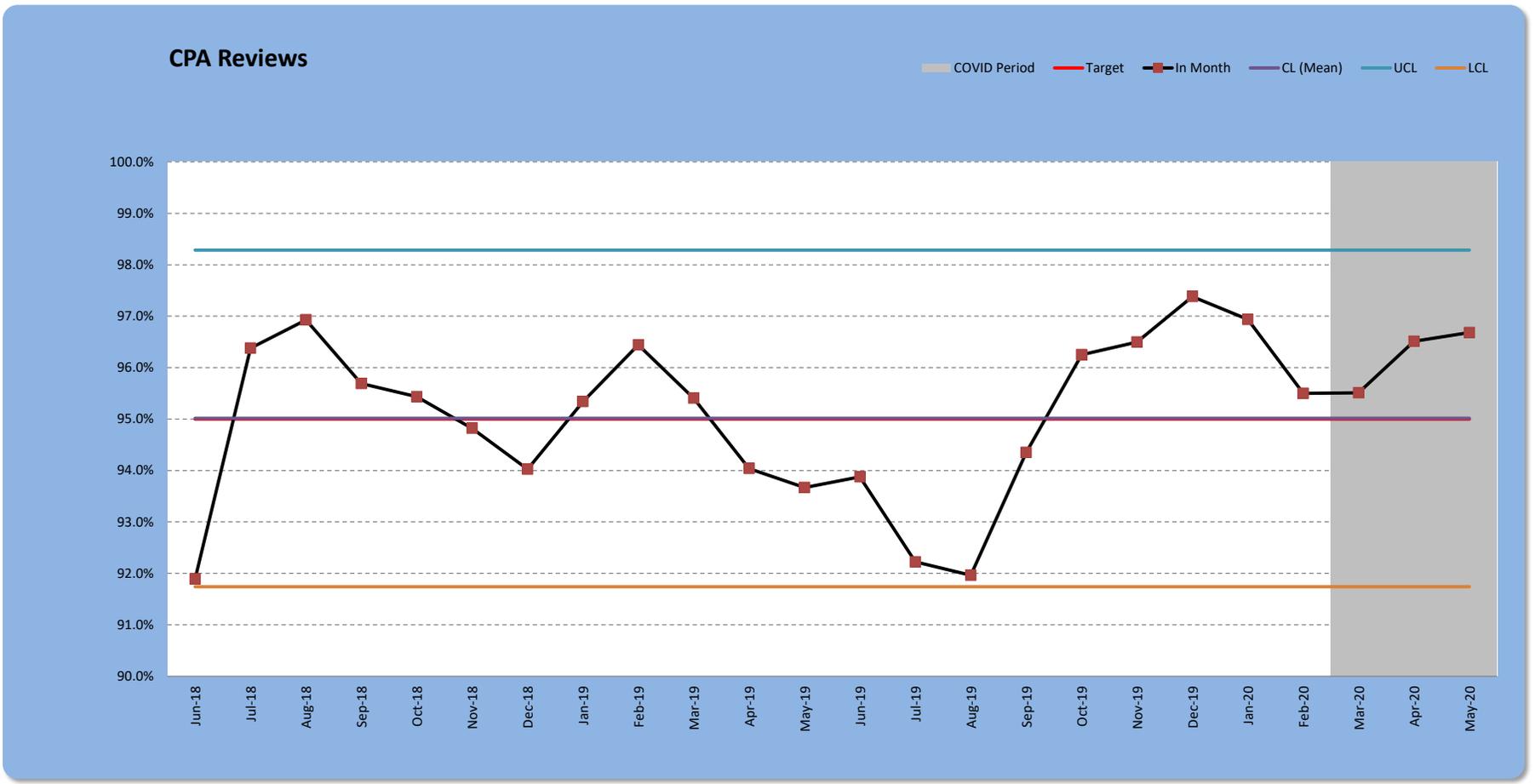
KPI Type
OP 7

Narrative

Performance remains consistent with recent months.

Target: 95%
Amber: 85%

Current month stands at 96.7%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 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

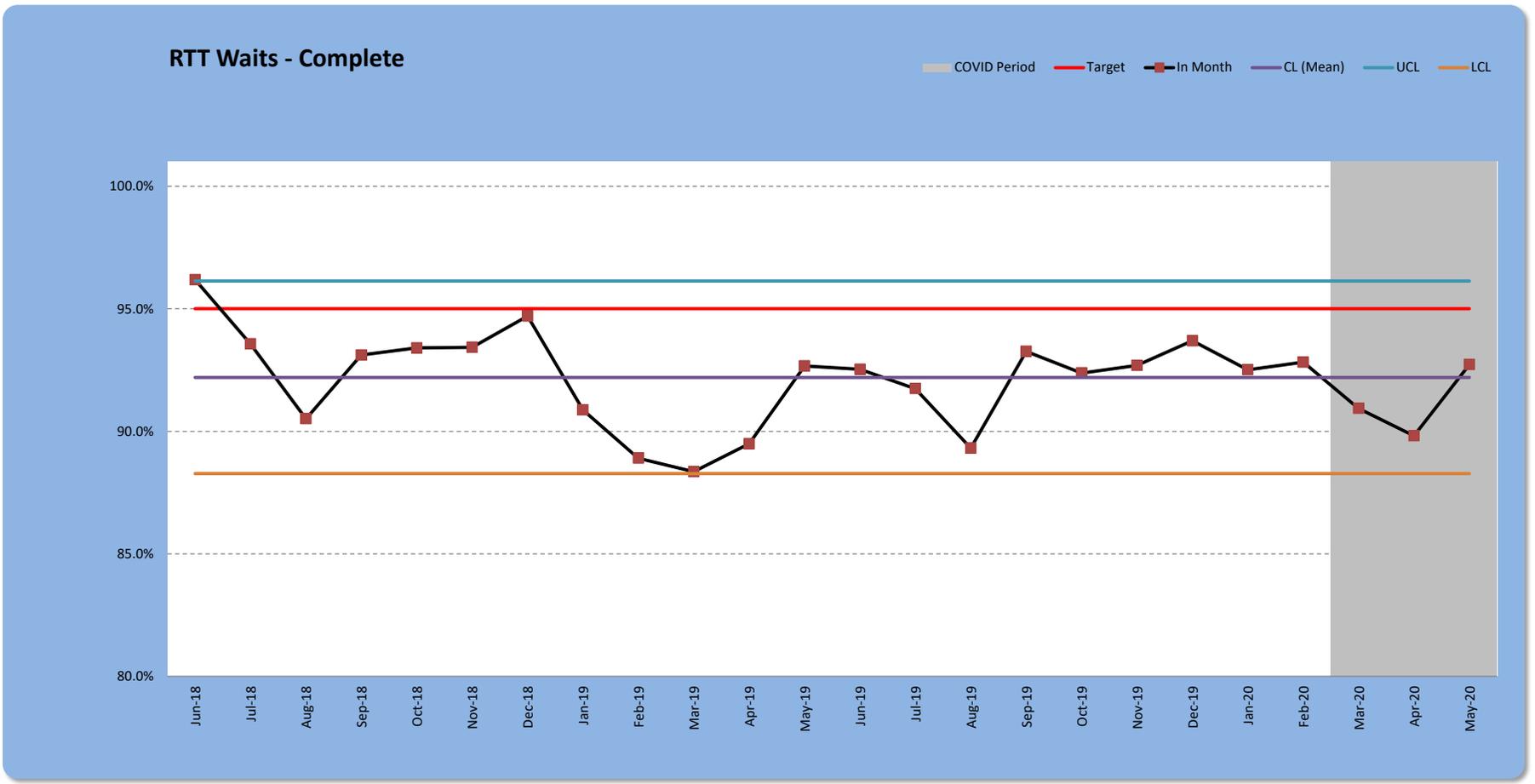
KPI Type
OP 20

Narrative

Increase of 2.9% when compared to the previous month.

Target: 95%
Amber: 85%

Current month stands at 92.7%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2020**

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

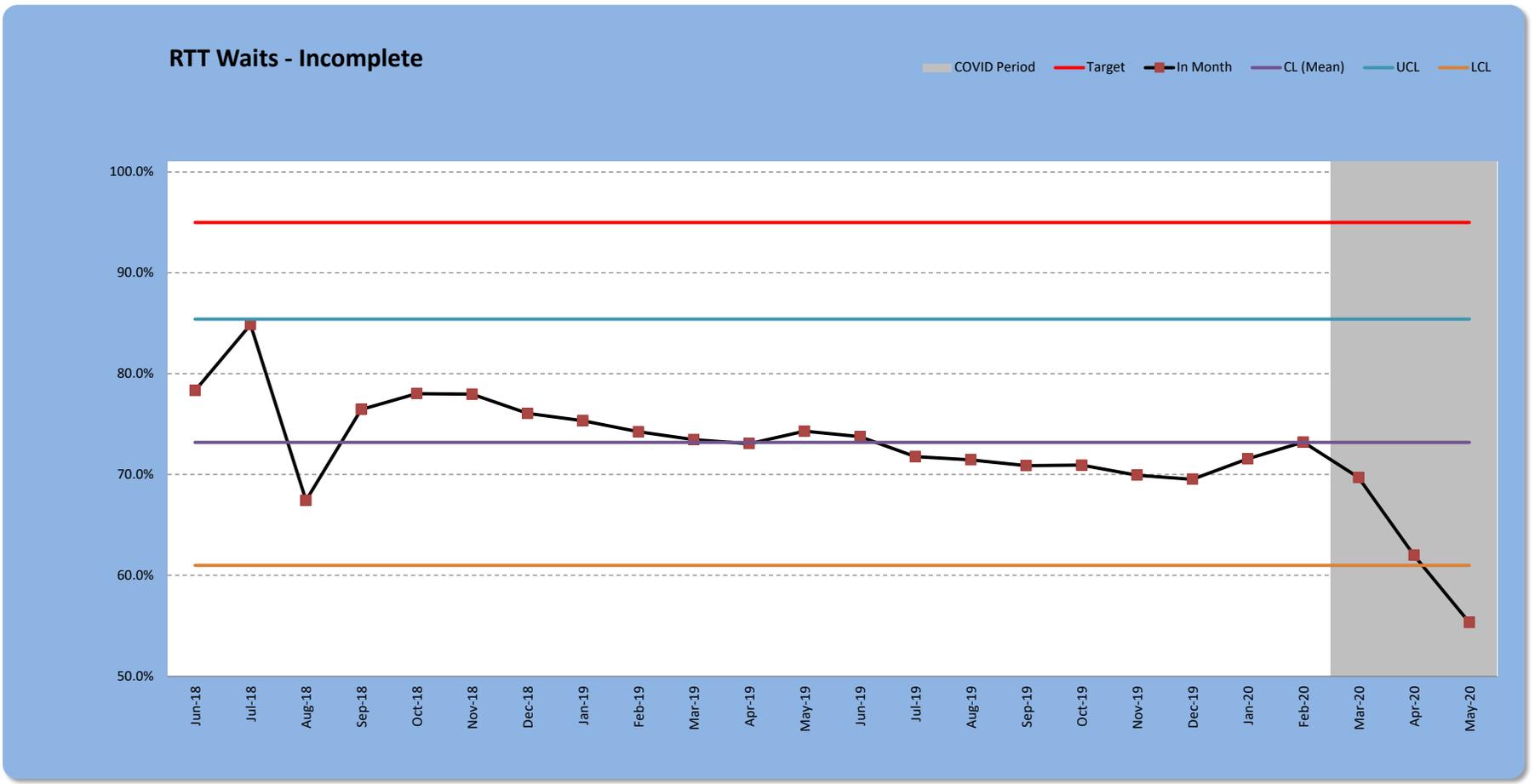
KPI Type
OP 21

Narrative

Reduction of 6.7% when compared to the previous month.

Target: 95%
Amber: 85%

Current month stands at 55.3%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2020**

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

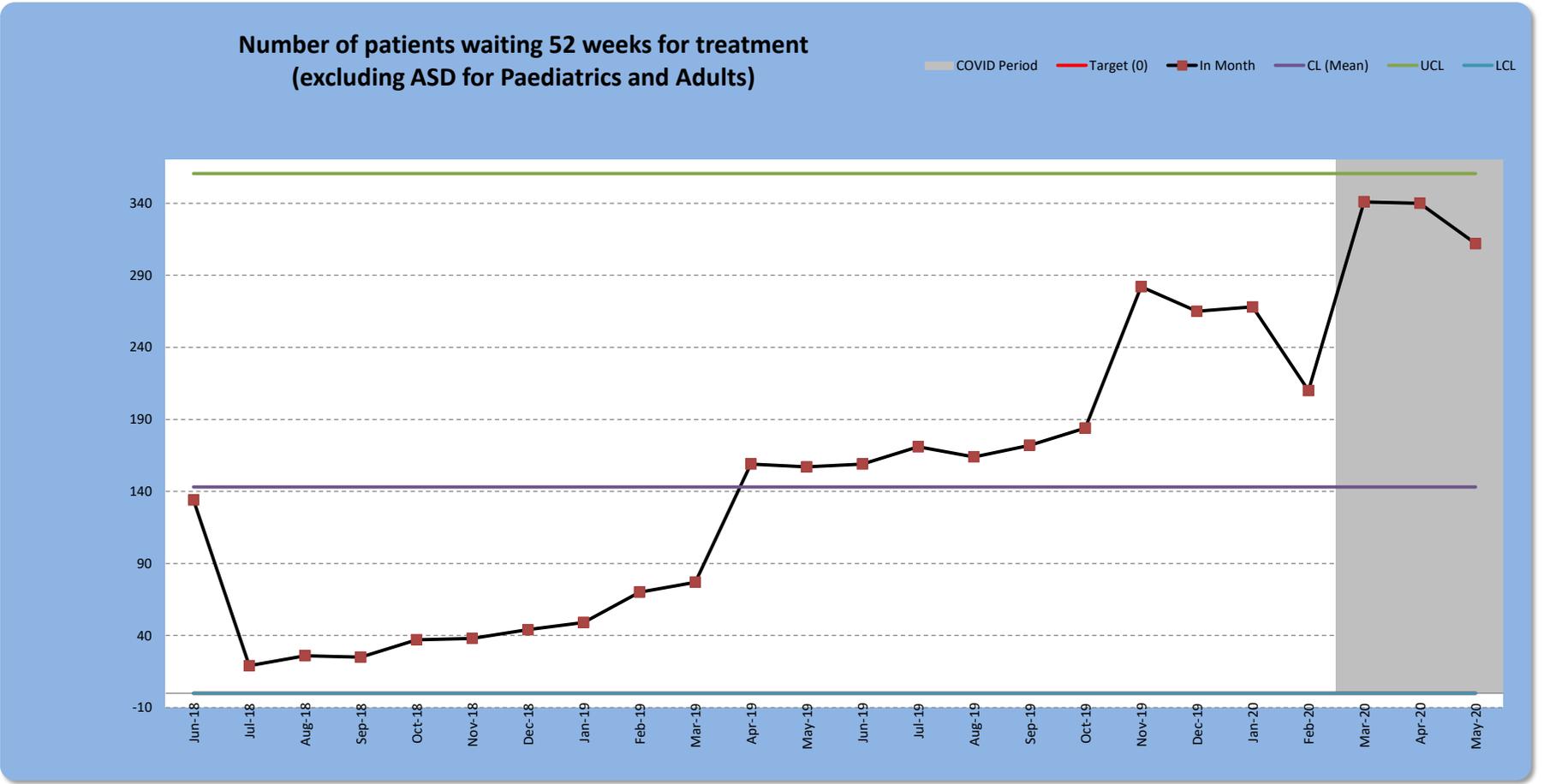
KPI Type
OP 22x

Narrative

Reduction of 28 when compared to the previous month.

Target: 0
Amber: 0

Current month stands at 312



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2020**

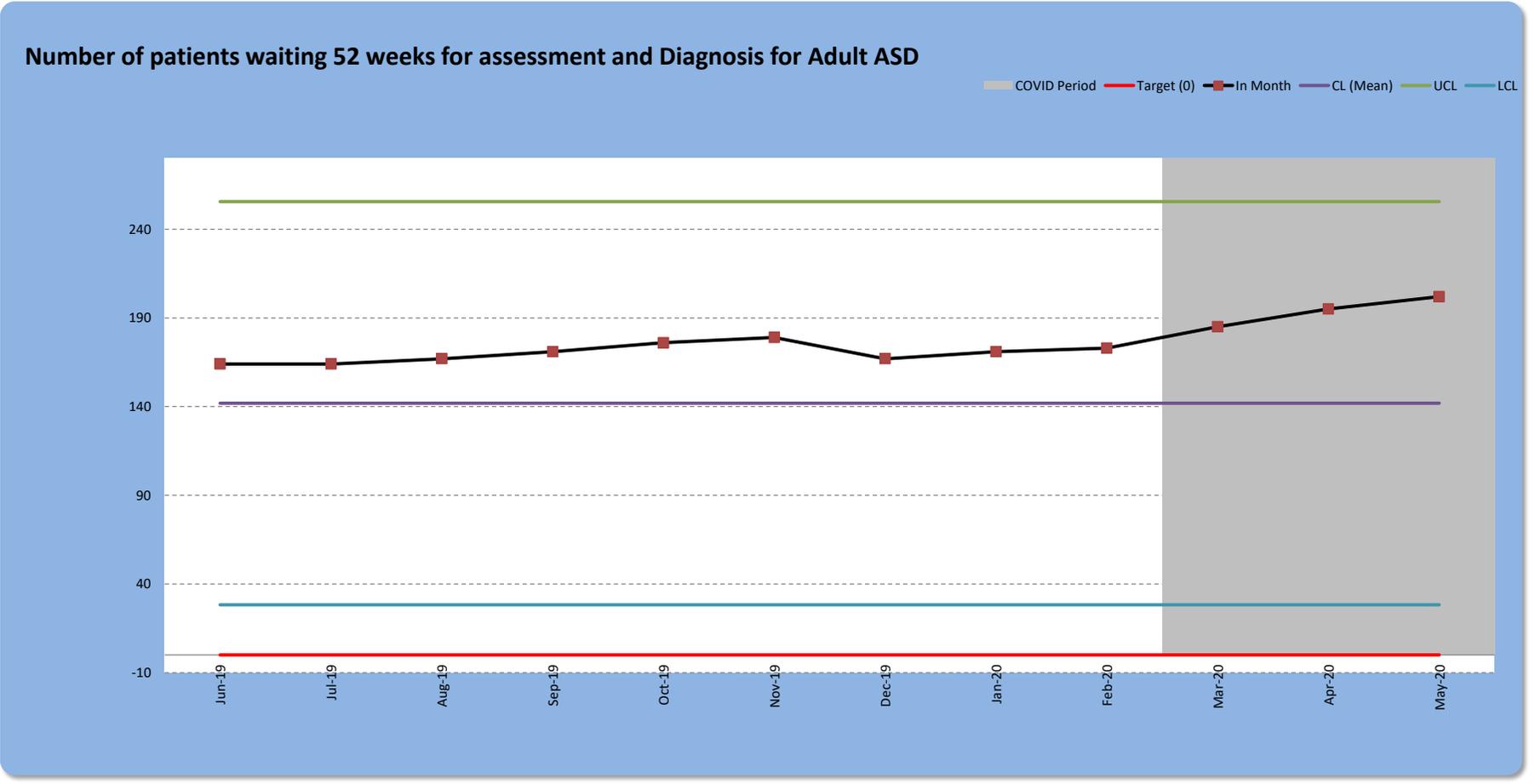
Indicator Title	Description/Rationale	Executive Lead
52 Week Waits - Adult ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Adult and have been waiting more than 52 weeks	Lynn Parkinson

KPI Type
OP 22u

Narrative

Increased by 7 when compared on the previous reporting period.

Target: 0
 Amber: 0
 Current month stands at 202



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

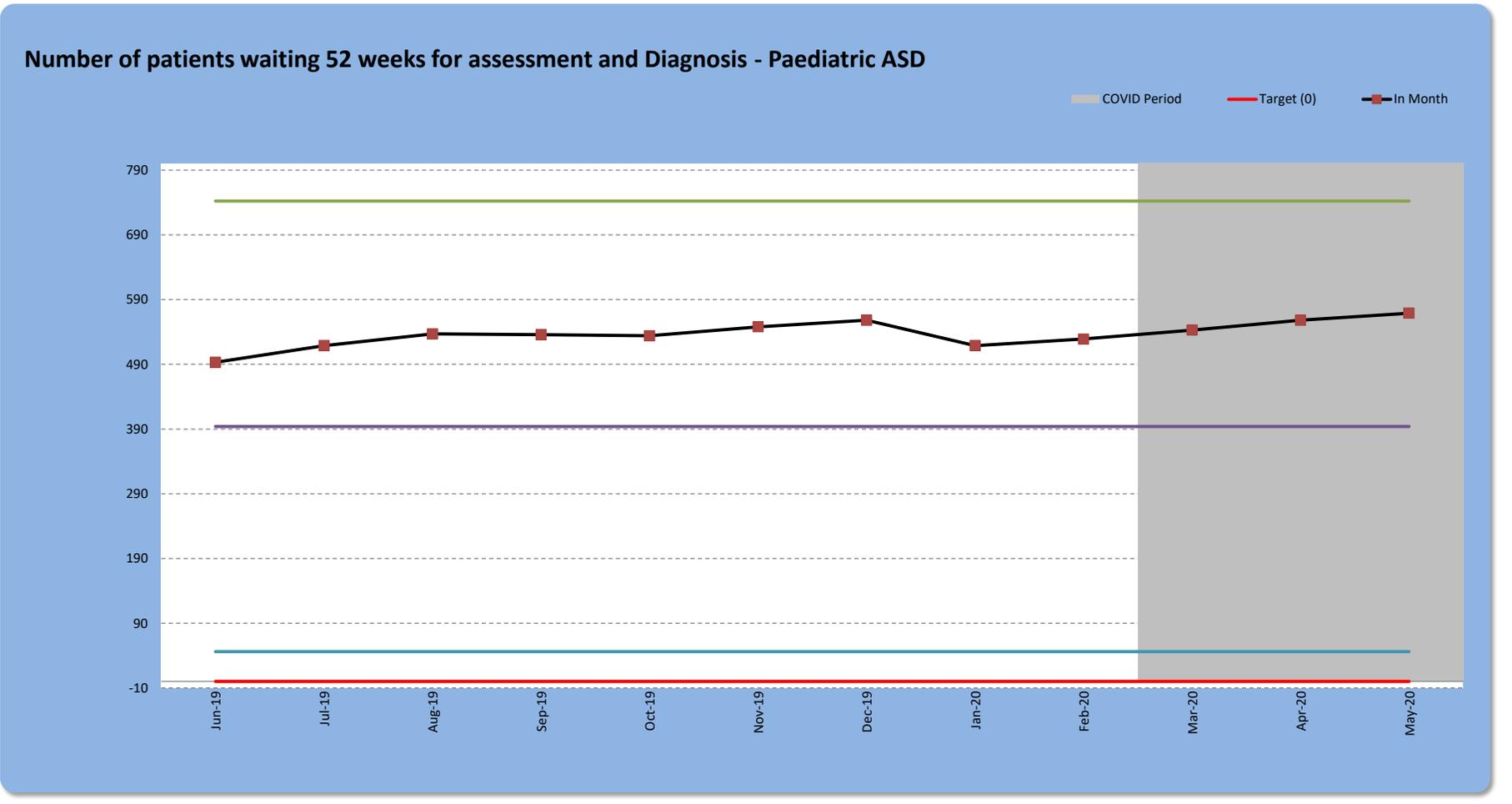
For the period ending: **May 2020**

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 11 when compared to the previous reporting period.

Target: 0
 Amber: 0
 Current month stands at 569



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2020**

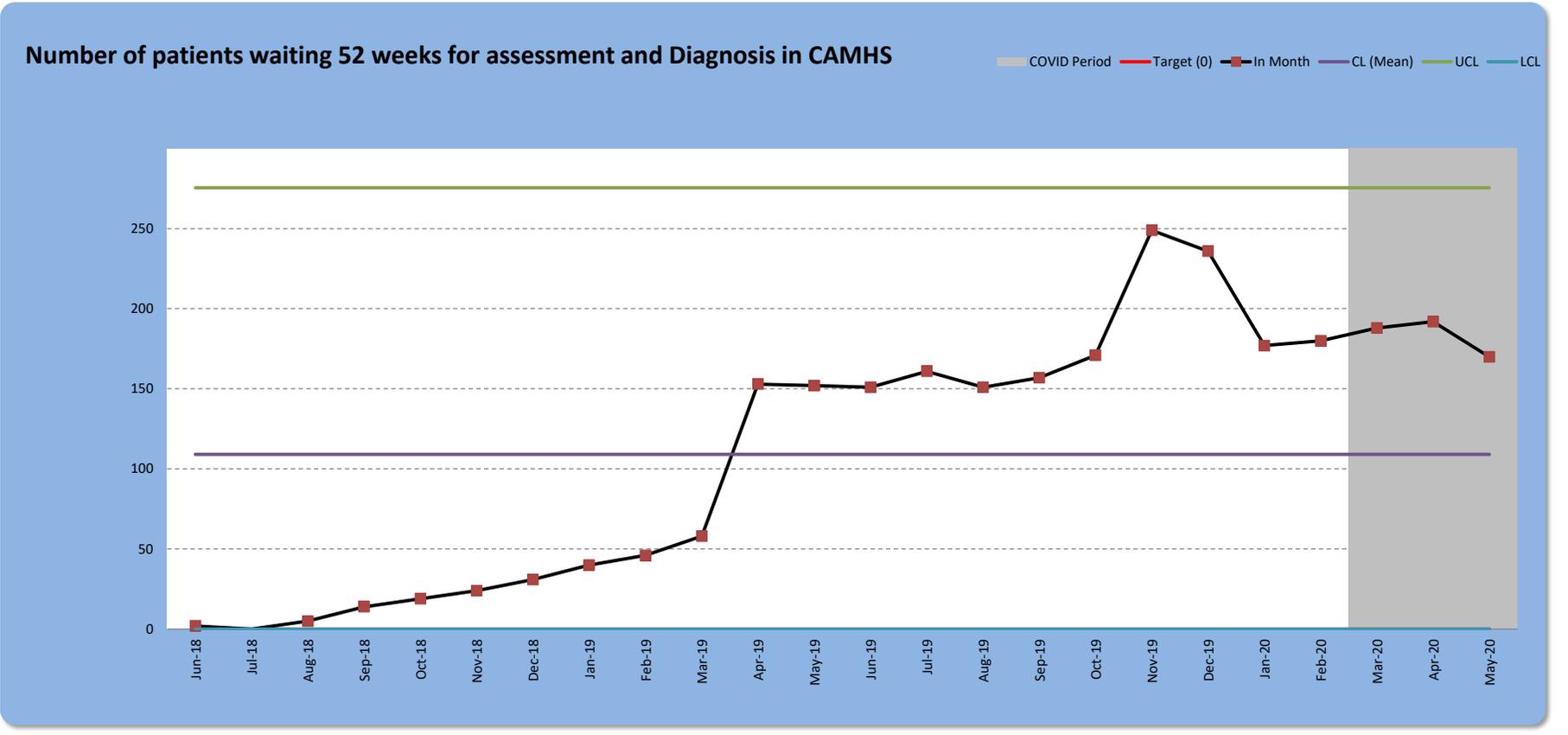
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks (excluding paediatric ASD)	Lynn Parkinson	OP 22j

Narrative

Reduced by 22 when compared to the previous month.

Target: 0
Amber: 0

Current month stands at 170



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2020**

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

KPI Type
OP 9

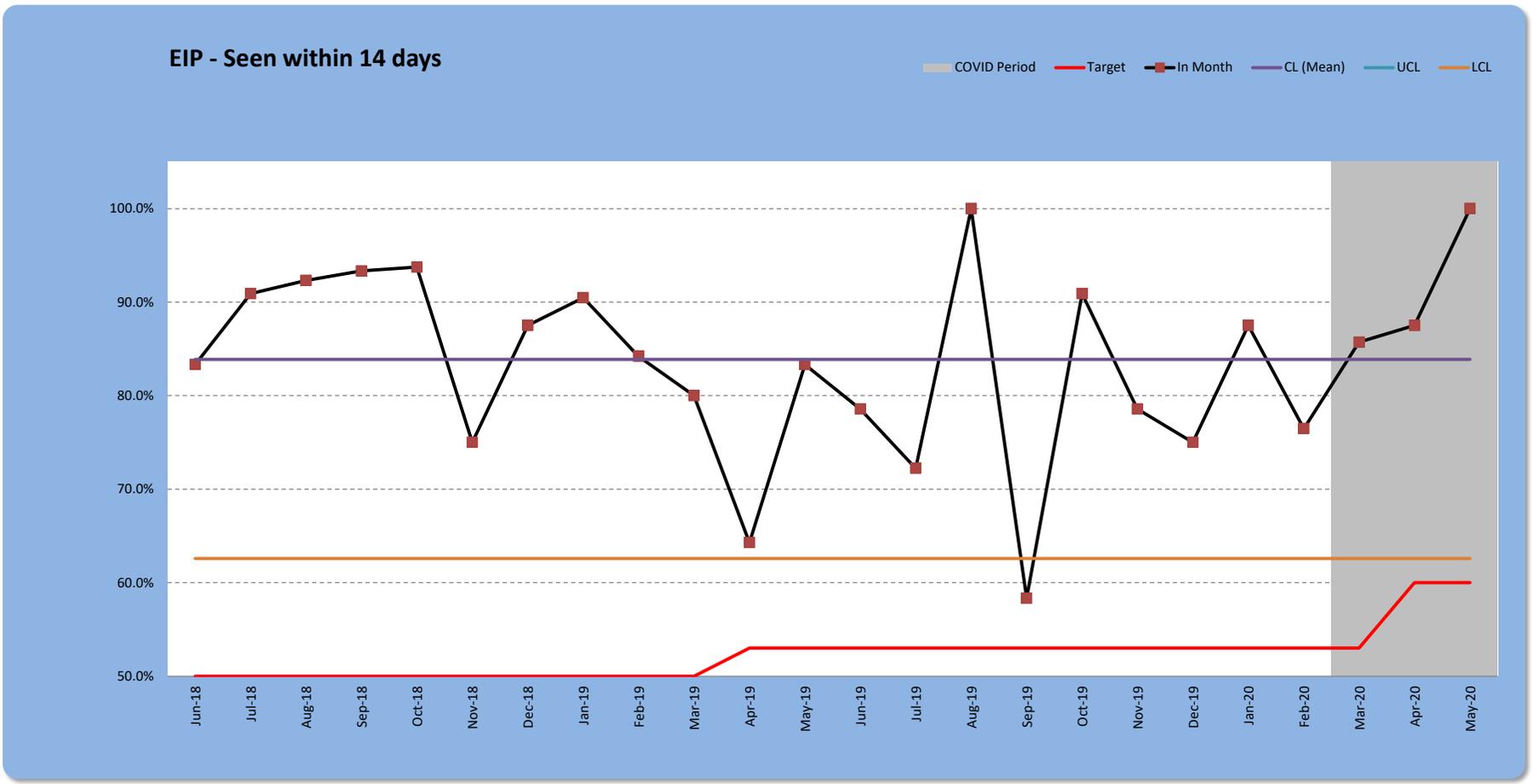
Narrative

Increase of 12.5% when compared to the previous month.

Target has increased to 60% in 2020/21.

Target: 56%
Amber: 51%

Current month stands at 100.0%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2020**

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

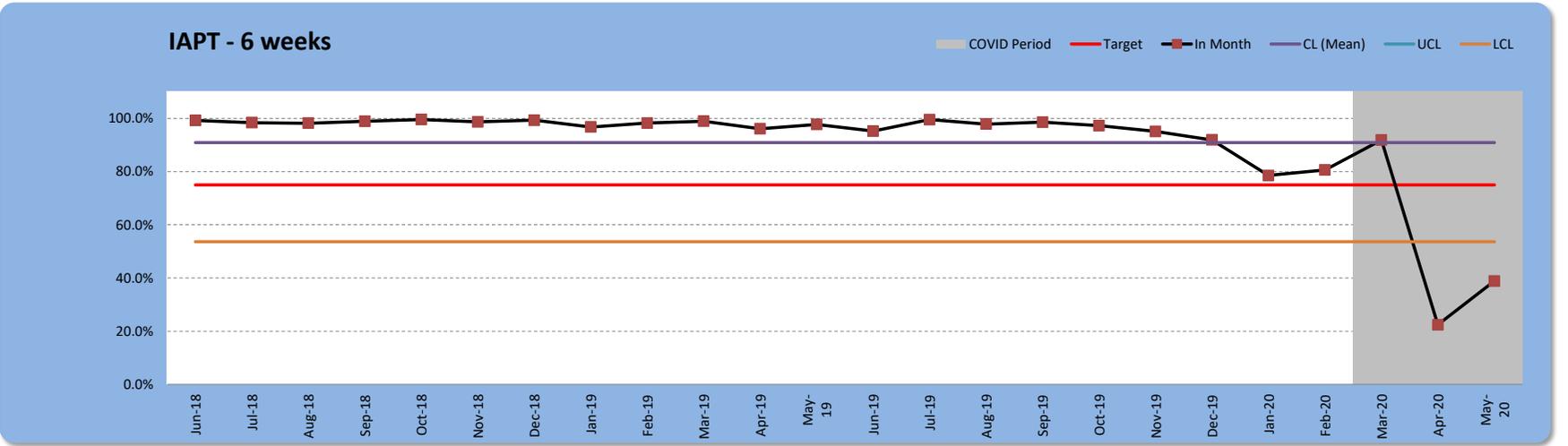
Narrative

Performance has increased by 16.5% but remains well below the target of 75%

Target: 75%

Amber: 70%

Current month: 38.9%



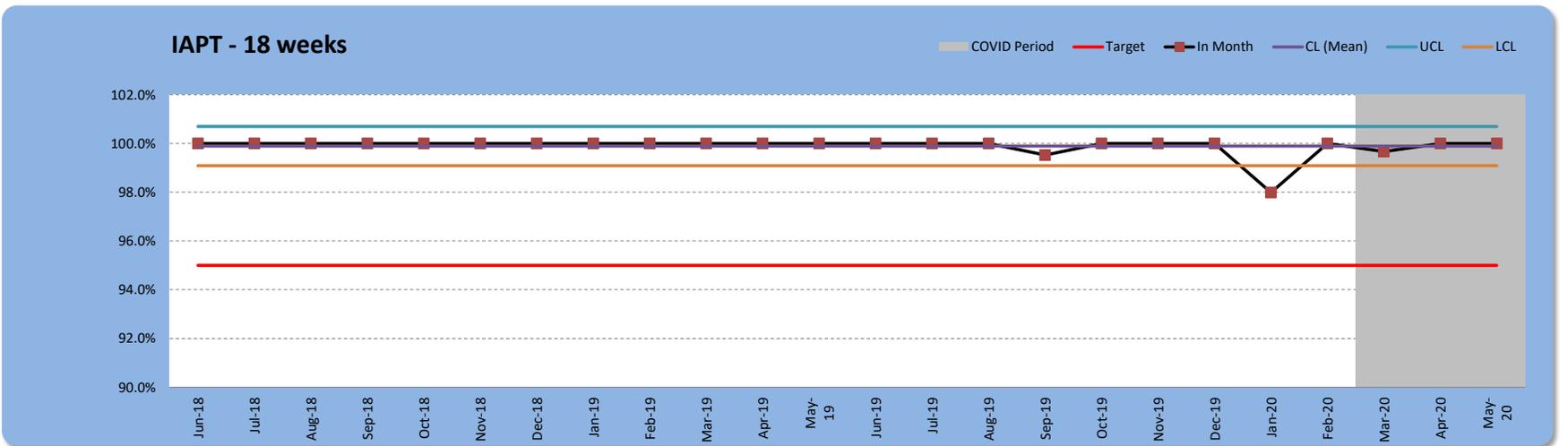
Narrative

100% Achievement in May 2020.

Target: 95%

Amber: 85%

Current month: 100.0%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2020**

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

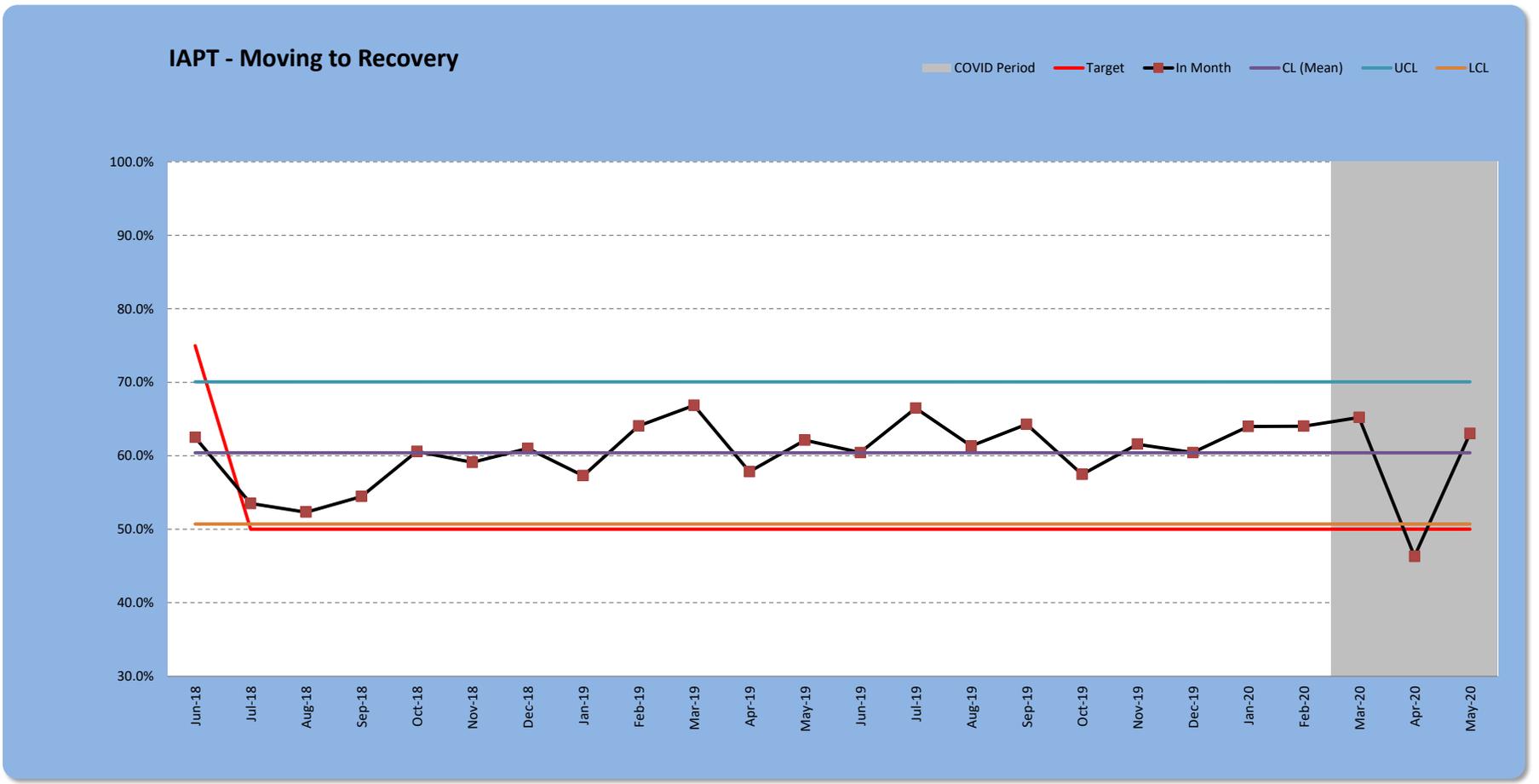
KPI Type
OP 11

Narrative

Performance has increased by 16.7% when compared to the previous month.

Target: 50%
Amber: 45%

Current month stands at 63.0%



PI RETURN FORM 2020-21

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **May 2020**

Indicator Title

Description/Rationale

Executive Lead
Lynn Parkinson

KPI Type

ST 4b

Out of Area Placements

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

Narrative

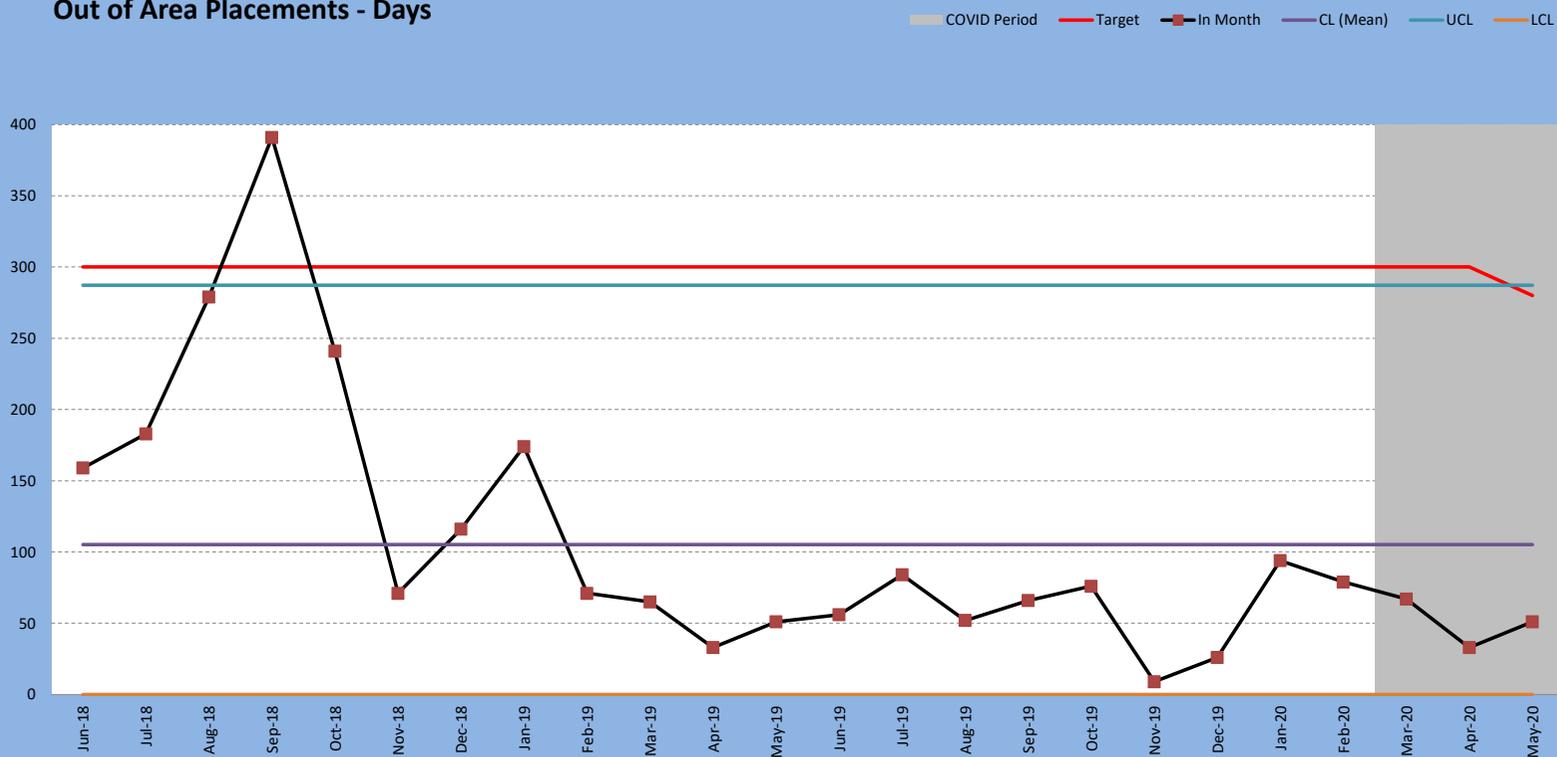
Out of area days have increased by 18 but remains well below the trajectory set.

Target: 280

Amber:

Current month stands at 51

Out of Area Placements - Days



PI RETURN FORM 2020-21

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **May 2020**

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

KPI Type
OP 14

Narrative

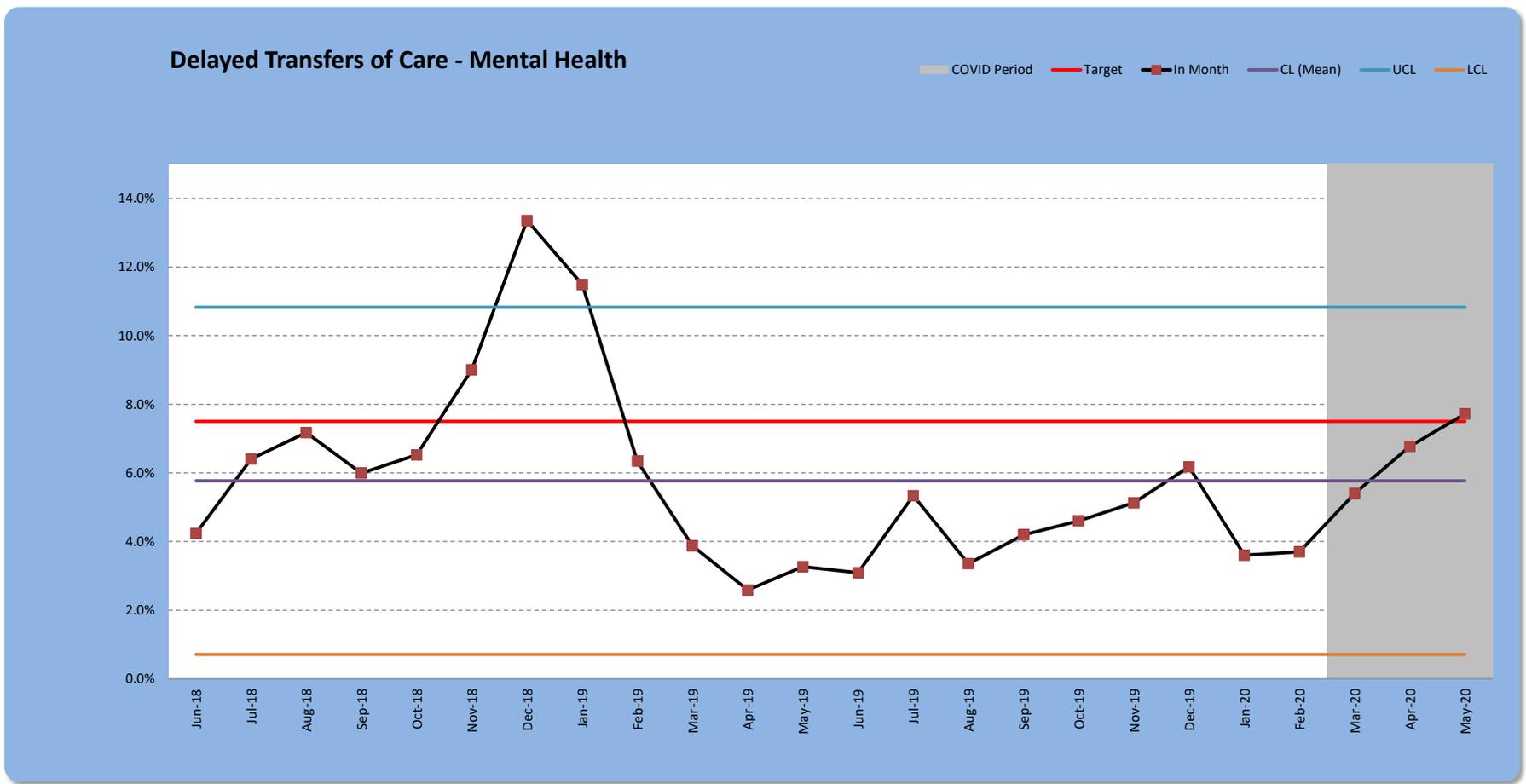
Increase of 0.9% when compared to the previous month.

DTOC rate is now above the target by 0.2%, reporting at 7.7% for May-20.

Target: 7.5%

Amber: 7.0%

Current month stands at 7.7%



PI RETURN FORM 2020-21

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **May 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

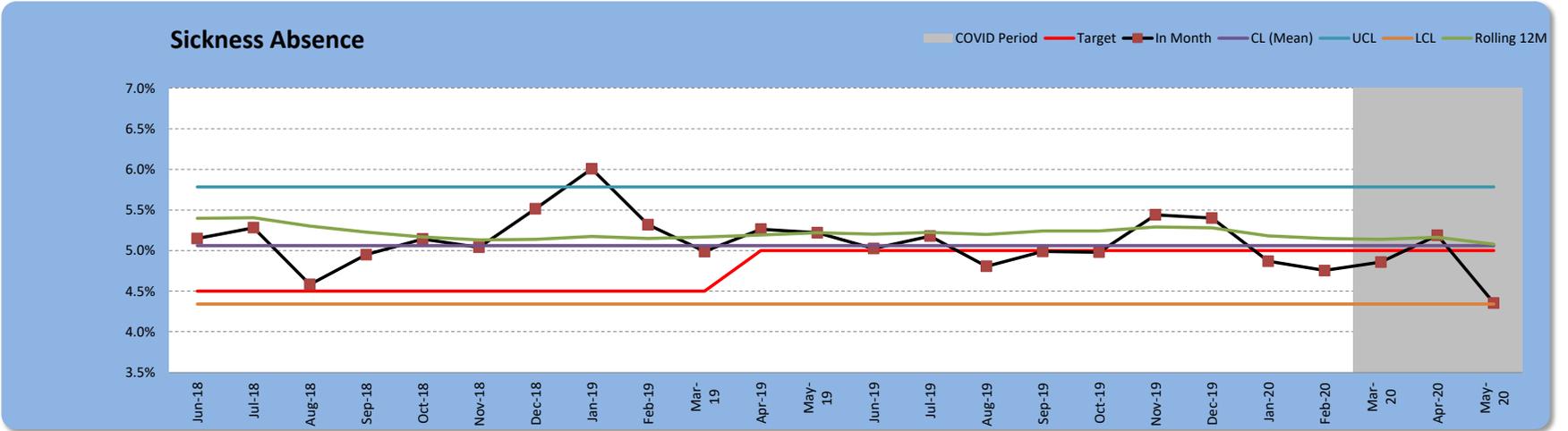
Introduction of COVID-19 related sickness/Absence.

Provisional Sickness/Absence Rate for May-20 is 4.4%. Final position for Apr-20 was 5.2%

Target: 5.0%

Amber: 5.2%

Current month
4.4%



PI RETURN FORM 2020-21

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **May 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

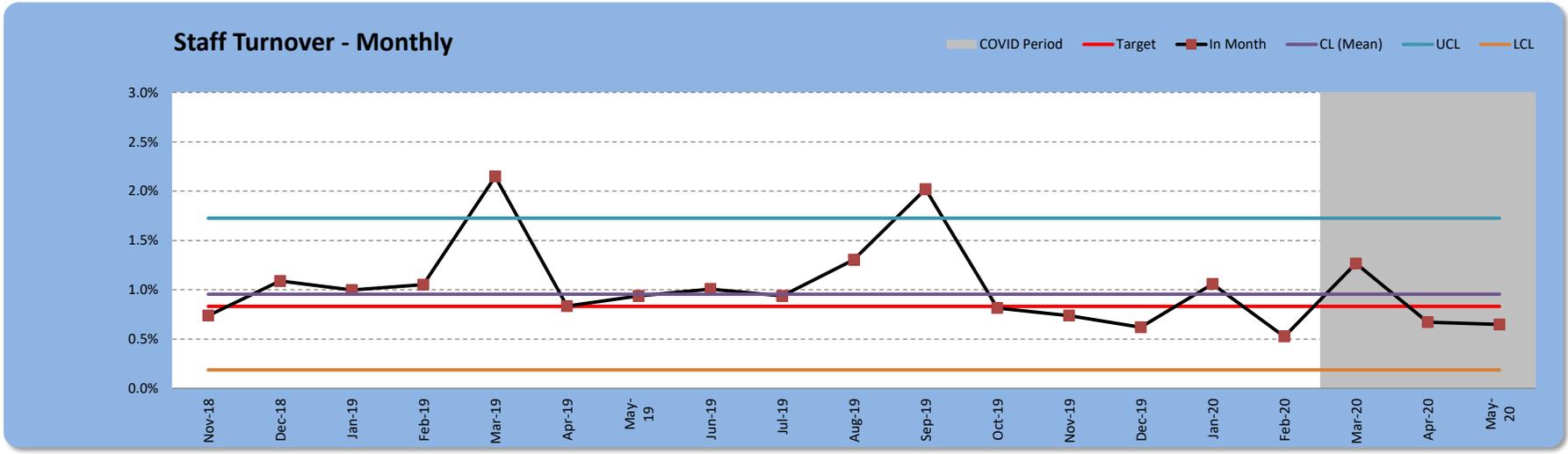
Narrative

Within target

Target: 0.83%

Amber: 0.70%

Current month stands at 0.6%



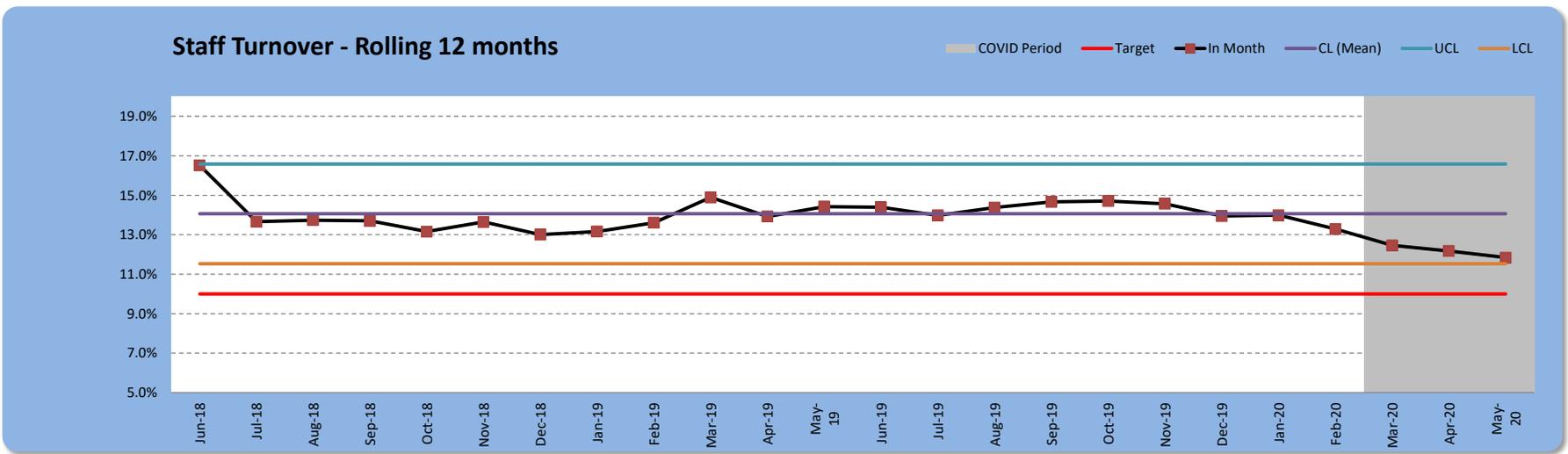
Narrative

Exceeds Target

Target: 10%

Amber: 9%

Current month stands at 11.8%



PI RETURN FORM 2020-21

Goal 5 : Maximising an Efficient and Sustainable Organisation

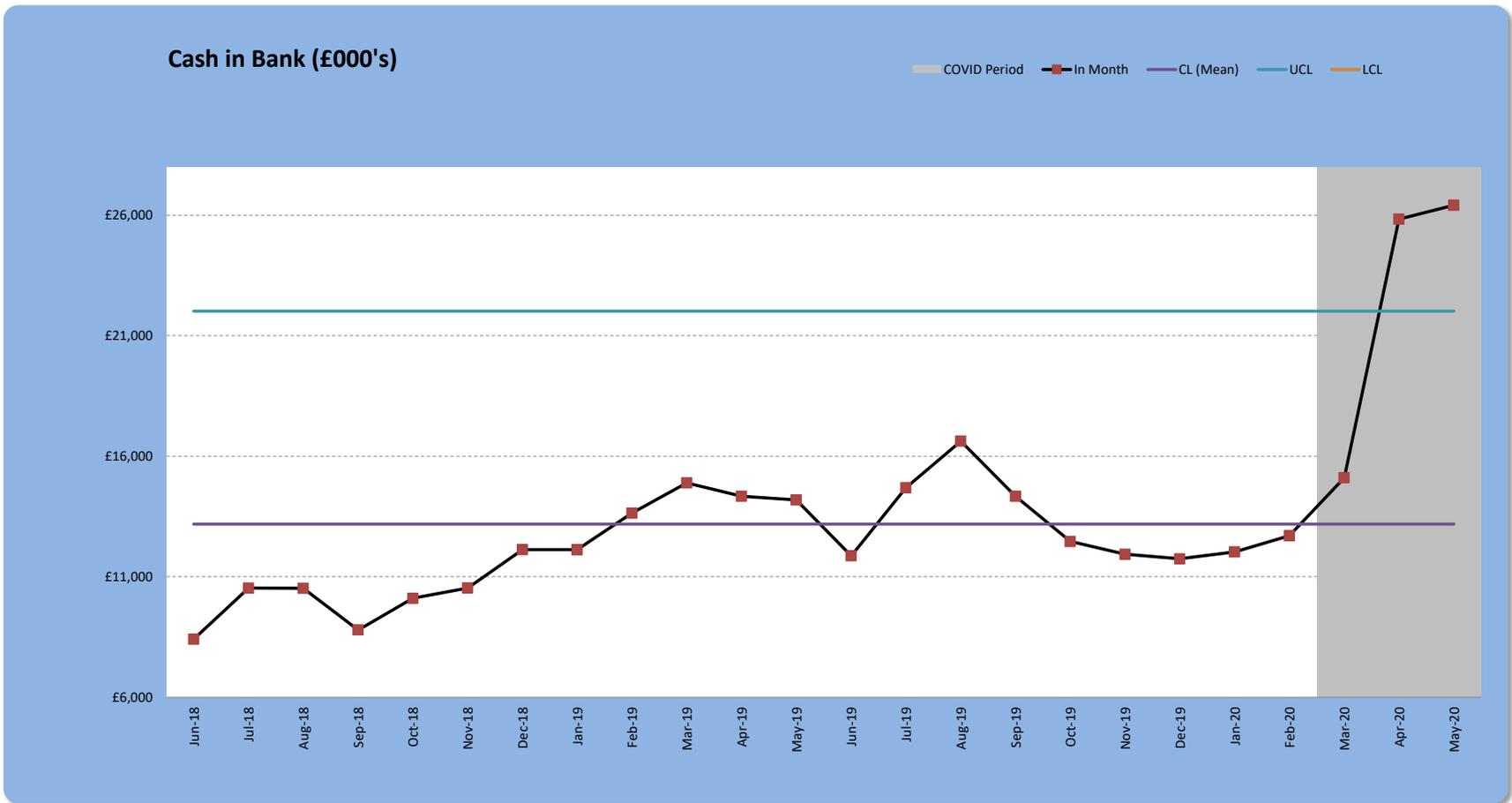
For the period ending: **May 2020**

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 £26,413 ,000



PI RETURN FORM 2020-21

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **May 2020**

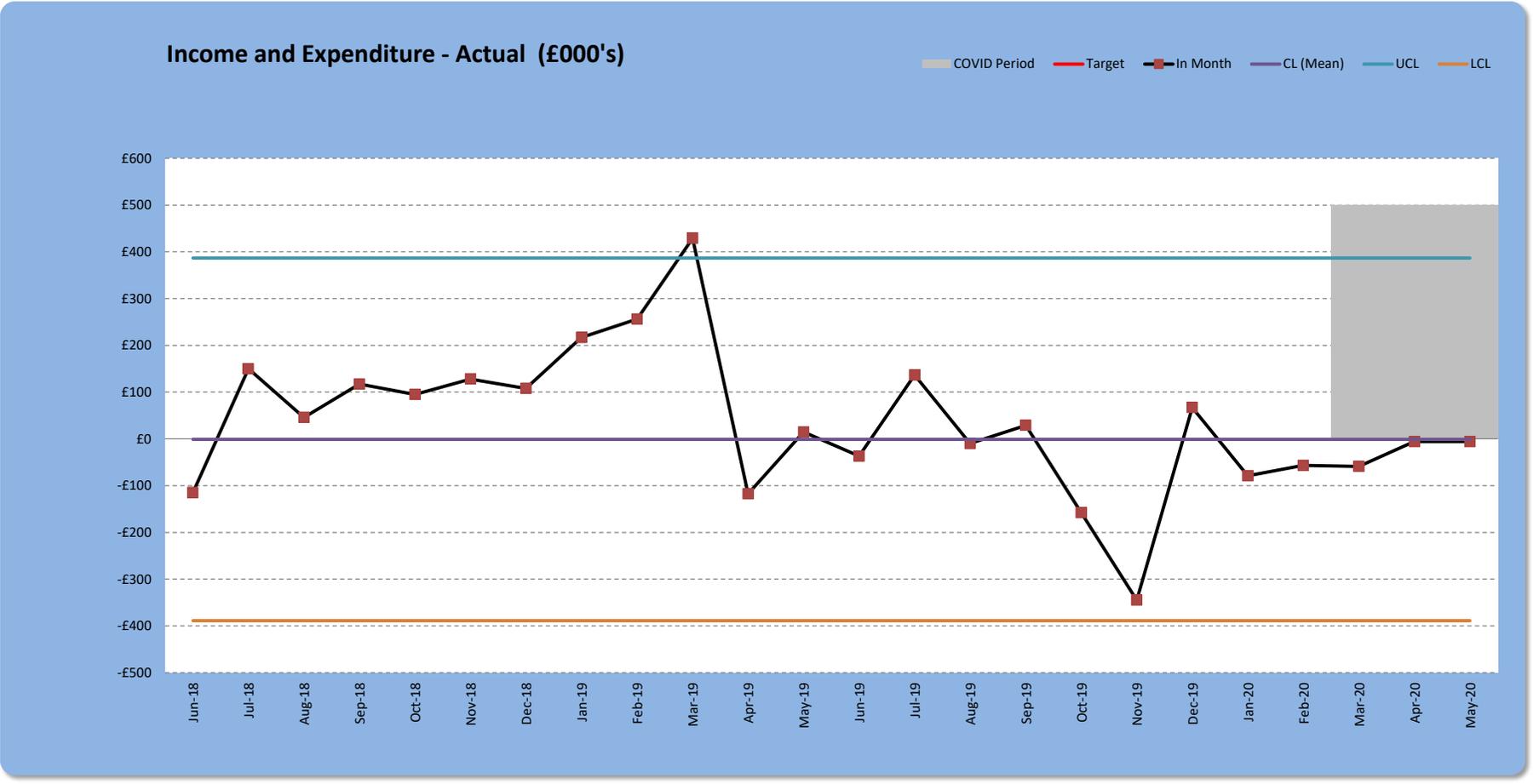
Indicator Title	Description/Rationale	Executive Lead
Income and Expenditure (£000's)	Review of the Income versus Expenditure (£000's) by month	Peter Beckwith

KPI Type
F 4b

Narrative

Remains within the control limits

Target:
Amber:
Current month stands at -£6 ,000



PI RETURN FORM 2020-21

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **May 2020**

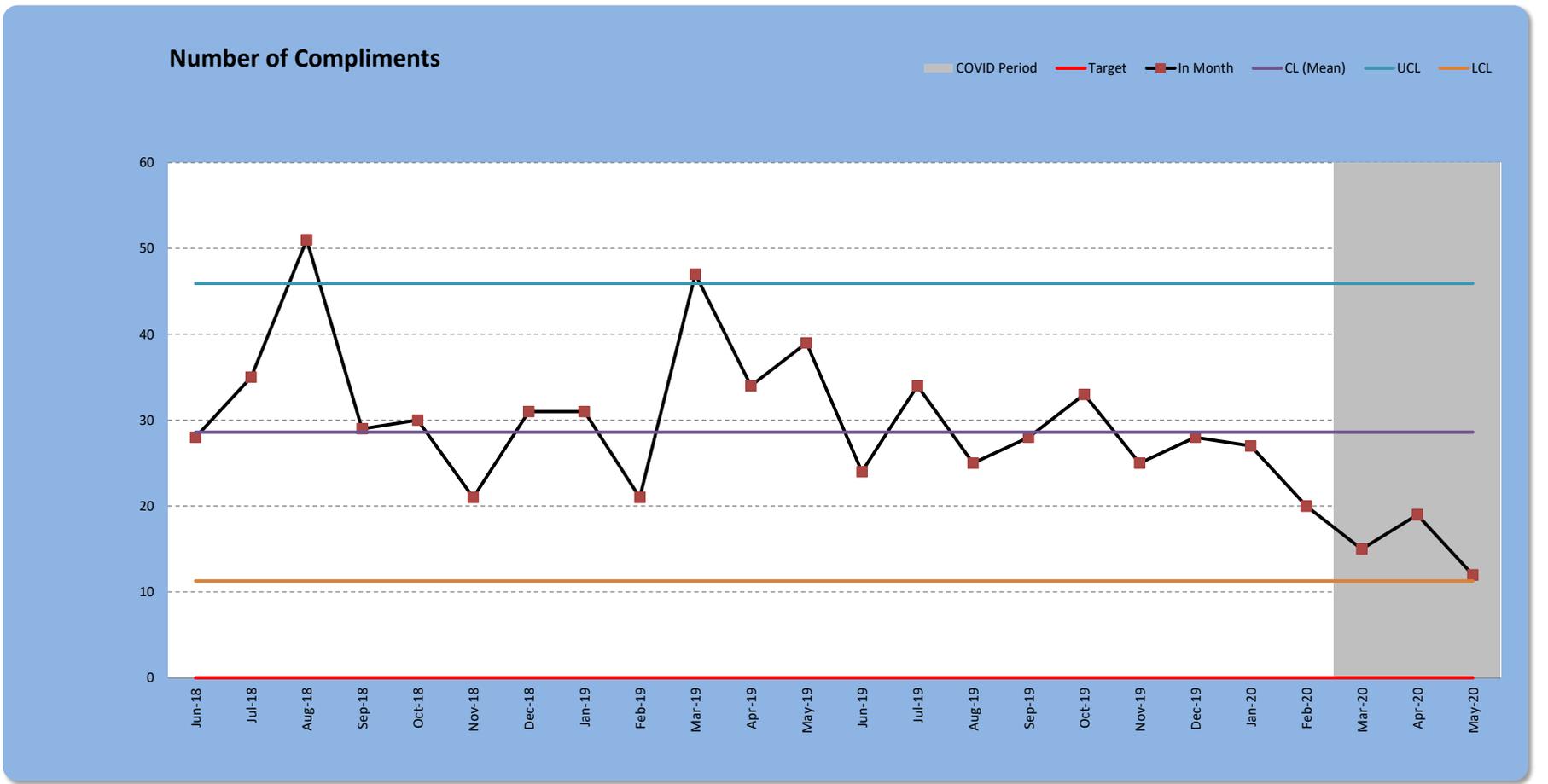
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Compliments	Chart showing the number of compliments received into the Trust	John Byrne	IQ 7

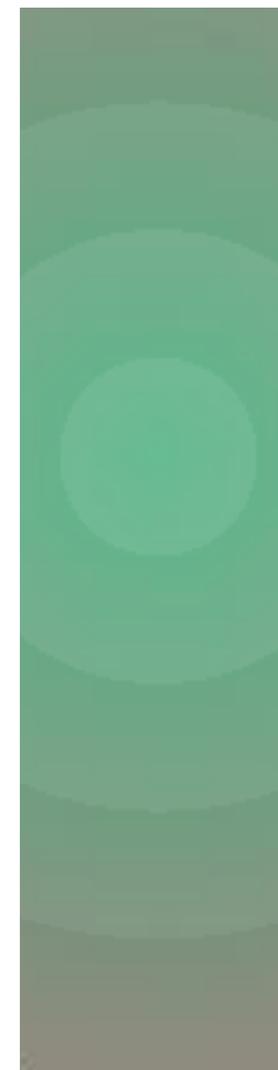
Narrative

within control limits

Target: 0
Amber: 0

Current month stands at 12





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: 16/06/2020



Agenda Item: 10

Title & Date of Meeting:	Trust Board Public Meeting– 24 th June 2020			
Title of Report:	Finance Report 2020/21: Month 2 (May)			
Author/s:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To receive & note	X
	For information	X	To ratify	
Purpose of Paper:	<p>This report is being brought to the Trust Board to present the draft financial position for the Trust as at the 31st May 2020 (Month 2).</p> <p>The report provides assurance regarding financial performance, key financial targets and objectives.</p> <p>The Board are asked to note the financial position for the Trust and raise any queries, concerns or points of clarification.</p>			
Governance: <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)	
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<ul style="list-style-type: none"> The Trust recorded an operational break-even position at the end of May 2020. Within the reported position is year to date covid expenditure claim of £1.754m, details of which are included in the report. Cash balance at the end of May was £26.4m, which is inclusive of the June Block payment of £9.8m. 			

Monitoring and assurance framework summary:

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



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



FINANCE REPORT – May 2020

1. Introduction

This report is being brought to the Trust Board to present the financial position for the Trust as at the 31st May 2020 (Month 2). 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 the period April to October the normal contracting arrangements between NHS organisations have been ceased and the Trust will receive a block income allocation. Therefore, for the purpose of Month 2 reporting all clinical income has been grouped together with expenditure for clinical services reported as Gross.

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

The Trust recorded an operational breakeven position at the end of Month 2, details of which are summarised in the table below.

Table 1: 2020/21



Income and Expenditure

	20/21 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Income							
Trust Income	118,623	9,936	9,658	(278)	19,771	20,381	610
Clinical Income	17,734	1,631	1,220	(411)	3,110	2,598	(512)
Total Income	136,357	11,567	10,878	(689)	22,881	22,979	98
Expenditure							
<u>Clinical Services</u>							
Children's & Learning Disability	26,900	2,257	2,479	(223)	4,550	4,674	(124)
Community & Primary Care	29,350	2,564	2,653	(89)	5,025	5,232	(208)
Mental Health	42,995	3,547	3,407	140	7,209	6,908	301
Secure Services	9,668	759	936	(177)	1,525	1,786	(260)
	108,914	9,127	9,476	(349)	18,309	18,600	(292)
<u>Corporate Services</u>							
Chief Executive	1,958	212	204	8	334	344	(10)
Chief Operating Officer	6,327	540	613	(73)	1,042	1,197	(156)
Finance	9,574	716	750	(34)	1,640	1,745	(105)
HR	2,775	227	219	9	498	487	11
Director of Nursing	2,080	167	152	15	401	387	15
Medical	1,723	142	130	11	290	285	5
Finance Technical items (including Reserves)	1,707	142	(1,003)	1,145	285	(1,269)	1,554
	26,145	2,147	1,066	1,080	4,489	3,176	1,314
Total Expenditure	135,059	11,274	10,542	732	22,798	21,776	1,022
EBITDA	1,298	293	336	42	82	1,203	1,121
Depreciation	2,942	245	253	(8)	490	507	(16)
Interest	148	12	29	(16)	25	43	(18)
PDC Dividends Payable	2,341	195	195	0	390	389	1
PSF Funding	(951)	(79)	(79)	(0)	(159)	(158)	(1)
Operational Position	(3,182)	(80)	(62)	18	(664)	423	1,087
BRS	(3,182)	(635)	(62)	(573)	(665)	423	(1,088)
Operating Total	(0)	555	(0)	(555)	0	0	(0)
<i>Excluded from Control Total</i>							
Donated Depreciation	220	18	6	12	37	12	25
Ledger Position	(220)	536	(6)	(543)	(36)	(12)	24
EBITDA %	1.1%	3.0%	3.5%		0.4%	5.9%	
Surplus %	-2.7%	-0.8%	-0.6%		-3.4%	2.1%	



2.2 Trust Income

Trust 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 £4.674m represents an overspend against budget of £0.124m

2.3.2 Community and Primary Care

Year to date expenditure of £5.232m represents an overspend against budget of 0.208m, due to additional Covid related costs

2.3.3 Mental Health

An underspend of £0.301m was recorded year to date for Mental Health. An overspend in Mental health unplanned care due to additional staffing costs, has been offset by the underspend in Mental Health planned care from staff vacancies.

2.3.4 Secure Services

An overspend of £0.260m was recorded YTD for Secure Services.

2.4 Corporate Services Expenditure

The overall Corporate Services expenditure was £1.314m underspent (0.240m underspend when finance technical is excluded)

- The Finance directorate is reporting a year to date overspend of 0.105m.
- The Human Resources directorate has a year to date underspend of £0.011m.

2.5 COVID Expenditure

At the end of May 2020 the Trust recorded £1.754m of covid related expenditure, details of which are summarised below, a claim has been submitted to recover this expenditure.

COVID 19 Claim	April £m	May £m	Total £m
Pay Costs	0.258	0.414	0.671
Non Pay Costs	0.281	0.303	0.583
Income Top Up	0.100	0.399	0.499
Total Costs in Position	0.638	1.115	1.754



3. Statement of Financial Position

The Statement of Financial Position in Appendix 1 shows the Trust’s assets and liabilities as at 31st May 2020. In month, the net current asset position increased by £1.356m to £7.389m. This was related to an increase in trade debtors in month due to outstanding invoices being raised and a decrease in other current assets due to a corresponding reduction of income accruals.

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

3.1 Cash

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

Table 2: Cash Balance

Cash Balances	£000s
Cash with GBS	26,139
Nat West Commercial Account	250
Petty cash	24
Total	26,413

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

3.2 Capital Programme

The Capital Resource limit for the Trust is £6.805m. Year to date capital expenditure of £0.704m comprises expenditure for IT services (£0.021m), Informatics (£0.077m), LHCRE (£0.326m), Property Maintenance (£0.137m) and Covid 19 (£0.143m).

4. Recommendations

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



Appendix 1
 Statement of Financial Position

	MAY-20 £000	APR-20 £000	Movement £000	COMMENTS
Property, Plant & Equipment	109,601	109,843	(242)	
Accumulated Depreciation	25,019	24,771	248	
Net Property, Plant & Equipment	84,582	85,072	(490)	
Intangible Assets	10,283	9,976	308	
Intangible Assets Depreciation	1,892	1,881	11	
Net Intangible Assets	8,391	8,095	296	
Total Non-Current Assets	92,973	93,167	(194)	
Cash	26,413	25,834	579	Additional Block payment received in April
Trade Debtors	5,486	3,591	1,895	
Inventory	150	150	0	
Non Current Asset Held for Sale	990	990	0	
Other Current Assets	820	2,441	(1,620)	
Current Assets	33,859	33,006	854	
Trade Creditors	3,756	5,231	(1,475)	
Accrued Liabilities	22,714	21,741	973	Additional Block payment received in April
Current Liabilities	26,470	26,972	(502)	
Net Current Assets	7,389	6,034	1,356	
Non-Current Payables	1,216	1,216	0	Local Government Pension Scheme Liability
Non-Current Borrowing	4,152	4,190	(38)	
Long Term Liabilities	5,368	5,406	(38)	
Revaluation Reserve	18,568	18,568	0	
PDC Reserve	62,382	61,170	1,212	
Retained Earnings incl. In Year	14,045	14,057	(12)	
Total Taxpayers Equity	94,994	93,795	1,200	



Agenda Item 11

Title & Date of Meeting:	Trust Board Public Meeting – 24 th June 2020			
Title of Report:	Finance and Investment Committee Assurance Report			
Author:	Name: Francis Patton Title: Non-Executive Director and Chair of Finance Committee			
Recommendation	To approve		To note	
	To discuss	√	To ratify	
	For information	√	To endorse	
Purpose of Paper:	<p>The Finance and Investment Committee is one of the sub committees of the Trust Board</p> <p>This paper provides an executive summary of discussions held at the meeting on 18th June 2020 and a summary of key points for the Board to note.</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) Assurance report	√
Any Issues for Escalation to the Board:	<p>The committee recommends that the Board: -</p> <ul style="list-style-type: none"> • Notes the month two performance and the focus on key areas particularly the need to apportion Covid-19 funding and the Primary Care recovery plan. • Notes the update on the Operational and Corporate Services Budget Reduction Strategy performance. 			

Executive Summary - Assurance Report:

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

A summary of the key areas discussed are that Month two performance showed that the Trust had recorded an in month operational breakeven position, after the BRS risk reserve has been included. After including donated asset depreciation in the position, the reported deficit for Month 2 Year to Date was £0.012m.

The Trust has a strong cash position and is controlling creditors and debtors well.

In terms of BRS whilst the Block funding will impact on major schemes there is confidence



that the overall financial plan target can be delivered, however further clarity is still sought in relation to Mental Health Investment Standards.

The committee also received risks appertaining to FIC and strategic goal 5, the Digital Delivery Progress Report, the Annual Non-Clinical Safety report (which it recommends to Board), updates on the Yorkshire and Humber Care Records project and the Whitby hospital project.

Key Issues:

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

- In terms of the Insight report the key issues raised were: -
 - From April 1 over £13 billion of NHS debt was scrapped as part of a wider package of NHS reforms announced by the Health Secretary. The debt to be written off at 31 March 2020 consists of a combination of interim revenue debt, which includes working capital loans and interim capital debt. The debt will be effectively written off by converting the loans to equity (Public Dividend Capital) and adjustments will be made to ensure providers' surplus/deficit positions are not negatively affected by debt write-off.
 - NHSE have confirmed that the Humber Coast and vale Lead Provider Collaborative will be able to operate in shadow from 1 October, with a go live date of April 2021
- In terms of the month two financial performance in month a break-even operational position was recorded to the 31st May 2020 inclusive of the BRS risk reserve, when including donated asset depreciation, the reported deficit for Month 2 Year to Date was £0.012m.

Within the reported position is year to date Covid expenditure and top up claim of £1.754m, Year to Date staff costs of £19.847m are £0.541m higher than budget. Capital Spend as at Month 2 was £0.704m, mainly related to the LHCRE (£0.326m) project and COVID 19 (£0.143m).

The Children's and LD Division has a year to date overspend of £0.124m relating to expenditure, the Community and Primary Care Division has a year to date overspend of £0.208m relating to expenditure, the Mental Health Division has a year to date underspend of £0.301m on expenditure, the Secure Services Division is showing a year to date overspend of £0.260m on expenditure and the Corporate Division has a year to date overspend of £0.250m.

All of these overspends are then offset by a finance technical underspend of £1.556m, the finance technical area contains trust wide income and expenditure, including the apprenticeship levy and CNST costs. The area also includes the trust wide Covid 19 costs and the reimbursement claim of £1.754m.

The committee discussed the issue that the Trust was now on a block contract with a top up process and the ability to claim Covid-19 costs. Top up and Covid cost total £1.754m year to date (all of month 1 has been reimbursed which totalled £0.539m). These block payments also impact on cash showing an inflated position at £26,413m (underlying position £15,034m).

Because of the Covid costs being held centrally it was difficult to assess divisional

performance, so the committee asked for work to be undertaken on apportioning the Covid monies to enable a better understanding of divisional performance. There is also the issue that the Block contract doesn't cover the Mental Health Investment Standard which needs addressing.

The committee also discussed staffing and agency spend which is a key driver of costs within the divisions and the potential issues arising from the need of staff to take holidays which will further compound the problem. The issue of retire and return recruitment was discussed in light of the increase in remote working. These issues will be taken to the recruitment and retention working group.

There was a detailed discussion around Primary Care, who were also suffering from the cost of locums, but are still operating at an overall loss and the committee asked for a detailed report for the next meeting.

Outstanding Trade Debtors totalled £5.486m at the end of the period and Trade Creditors stood at £3.756m. The committee discussed debtors over 120 days and received assurance that these were being addressed.

Performance against the better payment practice code for NHS and Non-NHS are currently 86.62% and 95.20% respectively.

- The committee received an update on BRS delivery which showed that the Major Schemes target saving position is £4.516m. This represents a reduction from the Original Target set prior to yearend of £4.789m.

The effect of the Covid 19 Block funding, which will be in place until October is likely to have a significant effect on the BRS Major Schemes. NHSI have indicated that Operational Planning guidance will be received by the end of June. The implications of this on the Major Schemes will be considered in detail at that stage and a review of the Rag Ratings and the profiling of the savings will be made.

The Divisional and Corporate Savings have been profiled at £0.651m for Month 2 and are showing savings achieved of £0.481m which is an underachievement against the profiled savings of £0.170m. £0.040m of this relates to the Gaps in savings that were carried forward and the Community and PC Division is required to develop schemes to offset this and within Mental Health there is an underachievement of £0.101m were the schemes have slipped.

- The committee received the latest Digital delivery Progress Report showing that all schemes are green. A more detailed report will come to the next meeting
- The committee received the 2019-20 Annual Non-Clinical Safety Report and commended the team on a detailed report. The committee did flag the need for information on gas and electrics to be included, for more detail on Covid-19 planning and for assurance to be obtained on actions highlighted being completed but do recommend the report to Board.
- The committee received the section of the Board Assurance Framework (BAF) for Quarter 1 2020/21 relating to Trust finances and sustainability and reviewed the 5 key risks and overall BAF. The committee agreed with the decision to change the overall assurance rating against Strategic Goal 5 - Maximising an efficient and sustainable organisation to 'yellow' for the Quarter 1 2020/21 position which is representative of the challenges and uncertainty linked to the national COVID-19 situation

- The committee received a verbal update on the Yorkshire and Humber Care Records project which was going well and an update on Whitby which highlighted that the CCG have confirmed their preferred way forward to enable the building works to commence and that the current financial plan assumes a net contribution of £0.746m in 2020/21 for the Whitby Contract, although current financial governance during COVID may have an impact on this
- The committee received assurance reports from Digital Delivery and Capital and Estates Group and a Policies Update where the one policy discussed was Waste Management. The Waste Management Policy requires reviewing/updating, this will be updated with minor amendments only (Names and Job Titles mainly), there have been no changes to legislation since the last policy was approved.

Agenda Item 12

Title & Date of Meeting:	Trust Board Public Meeting – 24 June 2020		
Title of Report:	Audit Committee Assurance Reports		
Author/s:	Name: Peter Baren Title: Non Executive Director, Chair of Audit Committee		
Recommendation:	To approve		To receive & note <input checked="" type="checkbox"/>
	For information		To ratify
Purpose of Paper:	<p>The Audit Committee is one of the sub committees of the Trust Board.</p> <p>This paper provides an executive summary of discussions held at the meetings held on 19 May 2020 and 17 June 2020 and a summary of key issues for the Board to note.</p>		
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date	Date
	Audit Committee	17.6.20	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 <input checked="" type="checkbox"/>
Key Issues within the report:	Identified in the report		

Monitoring and assurance framework summary:

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



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

Executive Summary - Assurance Report:

A meeting of the Audit Committee took place by Skype on 19 May 2020. It is a requirement of the Terms of Reference and the NHS Audit Handbook for an assurance report to be prepared for the Trust Board as soon as is practical after the meeting takes place, and presented at the next Trust Board meeting.

Key Issues:

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

- Internal Audit Progress Report and draft Head of Internal Audit Opinion
- Internal Audit Plan 20/21
- Counter Fraud Progress Report
- External Audit Progress Report
- Committee Effectiveness Review and Terms of Reference (ToR) annual review
- Tender Waiver Update
- Losses and Special Payments Report
- Register of Gifts and Hospitality Annual Report
- Accounting Update
- Draft Annual Report and Accounts

Risks and Major Items Discussed

Fourteen Internal Audit Assurance Reports were received and discussed:

Emergency Preparedness	Good Assurance
Payroll	Good Assurance
GDPR	Good Assurance
Medical Staff Revalidation	Good Assurance
Organisational Learning from SIs	Good Assurance
Network Devices Security	Good Assurance
Web Filtering Security, Config. And Monitoring	Good Assurance
Firewall Controls (Website pen test)	Good Assurance
Firewall Controls (Firewall pen test)	Good Assurance
Service Business Continuity Follow Up	Substantial Assurance
Data Security and Protection Toolkit	Substantial Assurance
Board Assurance Framework	Substantial Assurance
Cost Improvement Programme	Substantial Assurance
Performance Reporting (Workforce)	Substantial Assurance

The Committee were assured that nine Final Reports were issued with 'Good Assurance' and five with 'Substantial assurance'. One report is still at Draft Report stage (Good assurance) and a further two reports are in progress.

Four medium priority past actions are shown as overdue with appropriate discussion and challenge from both Executives and Committee members. Due to the current Covid 19 emergency, it was proposed and accepted that the ODG review all the outstanding completion dates for actions, with revisions as necessary to take into account the situation.

The draft Head of Audit Opinion for 2019/20 was appended to the report and is providing an overall rating of 'Good Assurance', which is the same as 18/19. There are no significant control issues that the auditors are recommending for inclusion in the Annual Governance Statement. It was noted that not all organisations had been able to complete this opinion, due to Covid 19, but with early planning then we were in a good position.

The Committee reviewed the 20/21 Annual Internal Audit Plan (previously circulated to Board) and while were satisfied that it currently covered the appropriate areas, some greater degree of flexibility will be required this year, and the Executive Management Team (EMT) are to review this ahead of the August Audit Committee, as well as the timing of some reports..

The Counter Fraud report contained an update on counter fraud activity and progress against the agreed work plan for 19/20, the annual report and self- review tool (noted as amber, as previously). This report gave updates on the proactive exercises and investigations, as well as work done highlighting fraud issues, including heightened awareness around the additional Covid 19 risks. The benchmarking exercise included in the Annual Report this year was noted as being particularly helpful

The external auditors, Mazars, updated the Committee on the audit progress, response to Covid 19, Quality Accounts and national publications. It was noted that work was on track to meet the new deadline (25 June) and report finding to the 17 June AC.

The final draft Effectiveness Review and ToR were discussed and some minor changes noted for the ToR. There was a broad discussion around how the Committee satisfied itself regards the fitness of purpose of the Board Assurance Framework and also engages with Chairs of other committees for assurance. It was agreed that the June meeting include a wider review of the BAF and all sub-committee workplans.

The annual reports on Losses/Special Payments and Gifts/Hospitality were discussed and noted.

The accounting update incorporated a report on yearend valuations. There was a lot of discussion around the uncertainty of property valuations in light of the current emergency, and the auditors highlighted the additional assurances that they would be seeking during the audit in relation to this uncertainty. It was agreed that Finance & Investment Committee (FIC) would review any interim revaluations after the half year.

The draft Annual Report was reviewed and various minor changes were recommended. Similarly, the draft Accounts were presented and a number of small matters noted. It was agreed that the team had done an excellent job in putting these reports together in such good time. As regards the Quality Account, it was noted that no external audit work was now required and also that submission would be made on 25 June, along with the Annual Report, subject to the appropriate finalisations and review. It was noted that final drafts would be presented on 17 June.

Agreed actions

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

Matters deferred for future consideration

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

Matters to be brought to the attention of the Trust Board

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

- The 'Good' assurance position in relation to the Annual Internal Audit opinion
- The approval of the 20/21 Internal Audit workplan (subject to Covid 19 review)
- The submission of the annual counter fraud toolkit – amber ranking
- An increased use of Single Tender waivers
- An upcoming review of the Board Assurance Framework
- The uncertainty around yearend property valuations due to Covid 19.

17 June Audit Committee Meeting

Executive Summary - Assurance Report:

A meeting of the Audit Committee took place by MS Teams on 17 June 2020. It is a requirement of the Terms of Reference and the NHS Audit Handbook for an assurance report to be prepared for the Trust Board as soon as is practical after the meeting takes place, and presented at the next Trust Board meeting.

Key Issues:

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

- Board Assurance Framework
- Trustwide Risk Register
- Board Committee Workplan review
- Final Head of Internal Audit Opinion Statement
- External Audit Completion Report
- Annual Governance Statement
- Annual Accounts and Financial Statements
- Annual Report
- Report on any changes to contracts/agreements
- Policy on use of External Auditors for non audit work
- Summary list of policies under remit of AC
- Review of previous yearend Audit recommendations
- Information Governance assurance report and minutes

Risks and Major Items Discussed

The Committee discussed and gained assurance that the procedures and controls concerning the operation of the BAF were continuing to work effectively despite the current pandemic and resultant home working. The recent updates to the BAF were noted, and assurance gained that each strategic goal category was being effectively managed at EMT and Board Committee level. Questions arose mainly in relation to the effect of the pandemic on the workforce, and possible impact of a second wave

The Trust Risk Register was discussed, and AC was brought up to date on five new risks that have been very recently added, all of a consequence of Covid 19. The risks had been through EMT and were supported by AC. The WF3 risk was noted as requiring a review at 30 June. The relevant new risks were on the agenda for the Quality Committee on 18 June.

The Internal Auditors Annual Opinion Statement, noting overall 'Good' assurance, was discussed and noted as being consistent with the various reports received during the year.

Mazars presented their first yearend completion report, and this was discussed and accepted, with the two non material audit misstatements noted. The AC noted that the Auditors anticipated issuing an unqualified opinion, without modification, and also noted the Representation Letter. The auditors highlighted the disclosure in note 16 to the accounts concerning uncertainty on property valuations in the current environment, which was a constant in all Trusts for 2020. A very small number of matters were outstanding, and the Auditors would update on these before the Board meeting. AC expressed their gratitude to both the accounts team and auditors for this work, especially bearing in mind the restrictions

The Auditors suggested an alternative concluding paragraph in relation to the Annual Governance Statement, and it was also agreed that the Risks noted therein should be brought up to date to include those added to the current date, as there had been such a considerable change (ie Covid 19 impact).

The Annual Accounts and Financial Statements were discussed, the year end reconciliations noted and, subject to a couple of very minor amendments, AC recommended that they be approved by the Board.

Similarly, the Annual Report was approved by the Committee, subject to the changes to the

Governance Statement and a couple of other minor points. The document was agreed as an excellent read.

The lack of clinical involvement in recent Information Governance Group meetings was noted as a concern, and a related note is to be sent out by AC concerning this. The policy list is to be reviewed to ensure it includes those related to IG.

Agreed Actions

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

Matters Deferred for Future Consideration

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

Matters to be brought to the attention of the Trust Board

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

- The five additional risks on the Trust Risk Register
- The anticipated unqualified External Audit Opinion on the yearend Accounts
- Recommendation from the Committee to the Board that the Annual Accounts and Annual Report are approved (subject to some minor alterations)

Agenda Item 13

Title & Date of Meeting:	Trust Board Public Meeting – 24 June 2020																											
Title of Report:	Infection Prevention and Control Board Assurance Framework																											
Author/s:	Hilary Gledhill, Executive Director of Nursing, Allied Health and Social Care Professionals Deborah Davies, Lead Nurse, Infection Prevention and Control																											
Recommendation:	To approve		To receive & note																									
	For information		To ratify	x																								
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. Where gaps have been identified that work is being taken promptly to address the gap.																											
Governance:	<table border="1" data-bbox="616 925 1425 1238"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Audit Committee</td> <td></td> <td>Remuneration & Nominations Committee</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td>18.6.20</td> <td>Workforce & Organisational Development Committee</td> <td></td> </tr> <tr> <td>Finance & Investment Committee</td> <td></td> <td>Executive Management Team</td> <td></td> </tr> <tr> <td>Mental Health Legislation Committee</td> <td></td> <td>Operational Delivery Group</td> <td></td> </tr> <tr> <td>Charitable Funds Committee</td> <td></td> <td>Other (please detail)</td> <td></td> </tr> </tbody> </table>					Date		Date	Audit Committee		Remuneration & Nominations Committee		Quality Committee	18.6.20	Workforce & Organisational Development Committee		Finance & Investment Committee		Executive Management Team		Mental Health Legislation Committee		Operational Delivery Group		Charitable Funds Committee		Other (please detail)	
	Date		Date																									
Audit Committee		Remuneration & Nominations Committee																										
Quality Committee	18.6.20	Workforce & Organisational Development Committee																										
Finance & Investment Committee		Executive Management Team																										
Mental Health Legislation Committee		Operational Delivery Group																										
Charitable Funds Committee		Other (please detail)																										
Key Issues within the report:	<p>The Infection Prevention and control team have undertaken completion of the nationally produced toolkit, the results of which demonstrates that the Trust is compliant with the majority of the areas outlined within the report.</p> <p>Further work however is needed to ensure that;</p> <ul style="list-style-type: none"> • The additional items of equipment ie tablets /desktops /mobile phones are added to the cleaning checklists • Electronic equipment in non-clinical areas is cleaned in line with the guidance. • The cleaning resources currently in place are reviewed to ensure the enhanced level of service required during a pandemic is sufficient in all areas. • The requirement for fit testing is embedded within the mandatory training requirements for all clinical staff. • All areas within the trust estate have been assessed to ensure staff can continue to work safely in the next phase of the pandemic • A review of the ventilation systems within the trust buildings is completed. • Guidance for teams to be produced ready for face to 																											



	<p>face appointments and the management of patients who present with symptoms.</p> <ul style="list-style-type: none"> An observational review of practice is required to measure staffs compliance with taking staggered breaks <p>All of the above actions are currently in progress as detailed within the report</p> <p>A verbal update will be provided at the meeting following discussion at the Quality Committee's June meeting.</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	

Infection Prevention and Control board assurance framework

Introduction

The following is a national document produced by NHS England and NHS Improvement to enable organisation's to assure themselves in respect of the measures they have in place in respect of infection prevention and control at this time of a pandemic. The Trust Infection Control Team have completed the framework

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
Systems and processes are in place to ensure:				
1.1	Infection risk is assessed at the front door and this is documented in patient notes	<p>The management and the assessment of infection risk is undertaken in accordance with the Trust approved SOPS</p> <ul style="list-style-type: none"> • The Management of A Patient With Suspected Or Confirmed Covid-19 In All Inpatient Mental/Learning Disability Units And Community Wards. • Procedure for the Cohorting Pathways for Mental Health and Learning Disability inpatients Including the COVID-19 Cohort Ward • The Trust approved management of a patient with suspected or confirmed covid-19 in the Primary Care setting <p>Which all include the requirement for the assessment of infection risk at the front door</p> <p>An infection control risk assessment is completed for each patient admitted within the Trust and this is recorded within the patient records. The documentation has been recently amended to include the potential risk of COVID and the</p>		

		<p>immediate actions required.</p> <p>The Infection Control Team are now notified of all hospital admissions on a daily basis. Lorenzo and Systemone records are checked to ensure that the assessment has been completed. If this has not occurred the unit is contacted to ensure completion.</p>		
1.2	<p>Patients with possible or confirmed COVID-19 are not moved unless this is essential to their care or reduces the risk of transmission</p>	<p>Designated cohort wards are in operation within the Trust as outlined within the Trust approved COVID -19 clinical pathways document.</p> <p>All patients who are not deemed to be appropriate for transfer are reviewed via MDT discussions. The infection control team have been included in all the decisions made. The outcome of the meetings are recorded within the patients records.</p>		
1.3	<p>Compliance with the national guidance around discharge or transfer of COVID-19 positive patients</p>	<p>All COVID-19 patients discharged from the trust to a nursing/ residential home/ hospice are swabbed in accordance with national guidance.</p> <p>A review of the records of all the COVID-19 positive patients discharged from the Trust has been completed by the IPCT and full compliance with the national guidance has been achieved</p>		
1.4	<p>All staff (clinical and non-clinical) are trained in putting on and removing PPE; know what PPE they should wear for each setting and context;</p>	<p>The correct use of PPE is included as part of the Trust induction and mandatory IPC training programme for all clinical and non-clinical staff and training compliance has remained at 91-94% throughout all months of Quarter 1 2020</p> <p>Additional training during this period has been provided to both clinical and non-clinical staff. This has included the Hotel services and the estates team.</p> <p>All in-patient units and primary centres have been visited by Both the Matron and or IPCT to discuss the additional PPE requirements and ensure the correct usage.</p> <p>Meetings have been with all community leads, estates and</p>		

		<p>domestic staff to provide support and guidance and cascade all information within the clinical teams</p> <p>All in-patient units and primary centres have been visited by Both the Matron and or IPCT to discuss the additional PPE requirements.</p> <p>Meetings have been with all community leads and staff to provide support and guidance and cascade all information within the clinical teams</p> <p>Additional PPE training and guidance has been provided by the COVID-19 response team in the designated COVID -19 areas (Mill View).</p> <p>The Primary Care Team have also provided additional support at the Humber Centre within Darley Unit.</p> <p>Videos and posters are available and easily accessible for all staff on the Trust intranet sites to access and highlight the safe and correct use as a reminder for all staff.</p> <p>Additional Infection control training sessions have been provided for the estates team, IT colleagues and the domestic supervisors to assist them in the support of their teams.</p> <p>An ongoing fit testing programme is in place and all staff who potentially may undertake aerosol generated procedures as defined by the Public Health England as part of their routine clinical role eg physiotherapists, respiratory nurses, have been fit tested. The correct use of PPE and donning and doffing techniques is also included as part of the programme.</p> <p>Resource and equipment issues were identified during the initial stages of the pandemic which affected rollout. The Trust had only 1 fit test trainer in the Trust (a member of the IPCT Team) and no ability to increase the level of trainings due to a national shortage of the solutions required and no accredited courses to complete for any further training.</p>		
--	--	---	--	--

		Both issues have now been resolved. Two further trainers have been identified and the programme continues as an ongoing HSE requirement		
1.5	All staff have access to the PPE that protects them for the appropriate setting and context as per national guidance	The Trust has developed and implemented a robust system to ensure that staff have access to the appropriate level of PPE at all times. The details of which are included within the Management of Supply and Access to Personal Protective Equipment (PPE) SOP. Up to date there are no identified safety incidences associated with the lack of available PPE		
1.6	National IPC guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way	The PHE guidance is checked on a daily basis by the IPCT (Monday –Friday). All changes are circulated Trust wide via the COVID-19 daily updates on the Trust intranet site and via the matron and charge nurse networks. All guidance is made available on the trust intranet site. Any significant changes are also cascaded via a direct visit to the clinical areas from the IPCT or via a Skype call.		
1.7	Changes to guidance are brought to the attention of boards and any risks and mitigating actions are highlighted	<p>Infection control related information is cascaded through the DIPC reporting structure below</p> <p>Executive Director of Nursing, Allied Health Care and Social Care professionals– Executive Board and Gold command member</p> <p>Deputy Director of Nursing , Allied Health & Social Care Professionals– Silver ops command</p> <p>All risks are placed on the risk register as an integral part of the governance processes.</p> <p>Any concerns are escalated to the Board via either exception reports, part of the bi-annual Infection report or the Executive Director of Nursing report.</p>		

1.8	Risks are reflected in risk registers and the board assurance framework where appropriate	<p>All IPC risks placed on the risk register as an integral part of the governance processes. Additions have included the</p> <ul style="list-style-type: none"> • The availability of PPE • The use of non- kite marked products • The undertaking of DMI/ PATS training during the pandemic • The requirement for additional resources for the Infection Prevention and Control Team. <p>A review occurs weekly by Silver Command with escalation to Gold Command as required</p>		
1.9	Robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens	<p>Trust Infection Prevention and Control Policies are in place and are audited in accordance with the requirements outlined in the Health and Social Care Act 2008; code of practice on the prevention and control of infections.</p> <p>An Infection Control Risk Assessment Tool is in place and is completed on all admissions. The IPCT are alerted by the units of any patients admitted who are suspected or confirmed to have an alert organism.</p> <p>Weekly Virtual ward surveillance reviews are also in place and continue for both Whitby and Malton.</p> <p>All patients identified are regularly reviewed by the IPCT and a record is made of any actions taken.</p> <p>Compliance is measured by the IPCT and link practitioners as part of the quarterly infection control audit programme. No major concerns have been identified for any patients identified during the previous quarter.</p>		

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
Systems and processes are in place to ensure:				
2.1	Designated teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort areas	<p>The COVID response team/IPCT have provided staff working within the COVID- 19 isolation areas with additional training which has included the initiation of an enhanced physical health training programme which has included the management of a deteriorating patient the undertaking of NEWS2.</p> <p>Fit testing, the donning and doffing of PPE and the technique for the completion of the COVID-19 swab has been completed for staff working within these area. The training programme continues increasing the staff competencies.</p>		
2.2	Designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas	Designated cleaning staff are currently allocated to the designated COVID-19 units.	The inability to complete the monitoring requirements for cleaning of clinical areas was identified as an issue due to sickness in the supervisor workforce since the commencement of the pandemic.	<p>To ensure cleaning is in line with guidance regular reviews have been completed by the Infection Control Team and the Matrons to address the gap.</p> <p>No major concerns with the cleaning identified.</p> <p>Additional resources made available to recruit a temporary supervisor As of W/C June 8th supervisor monitoring recommenced in full</p>

2.3	Decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE national guidance	<p>The decontamination and terminal cleaning of all COVID areas is undertaken in adherence to PHE guidance.</p> <p>Cleaning schedules in place in all areas.</p> <p>An enhanced level of cleaning is completed in any area undertaking aerosol generated procedures or experiencing an outbreak.</p> <p>An externally used Deep Clean and Specialist contractor is used for out of hours enhanced and terminal cleans when required.</p>		
2.4	<p>Increased frequency of cleaning (at least twice daily) in areas that have higher environmental contamination rates as set out in the PHE national guidance.</p> <p>As per guidance this includes frequently touched surfaces eg door /toilet handles, patients call bells should be decontaminated at least twice daily when known to be contaminated with secretions, excretions and body fluids</p>	<p>All areas within the trust areas are cleaned in accordance with the National Specifications for cleanliness in the NHS 2018.</p> <p>Frequently touched surfaces are also cleaned as a minimum of twice per day in the inpatient units and hospital areas in line with the currently updated PHE guidance.</p> <p>Additional cover has been provided within all the COVID-19 designated areas to ensure the enhanced level of cleaning required.</p> <p>Additional support for all clinical areas is provided by the Trust deep clean team or via an external specialist when required.</p>		
2.5	Cleaning is carried out with neutral detergent, a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine, as per national guidance. If an	<p>A chlorine releasing agent is utilised in all areas where patients with suspected or confirmed are managed. This is a standardised product which staff are familiar with. Training is provided as part of the regular domestic staffs induction programme.</p> <p>Posters are available within each clinical area illustrating how to make up the product safely.</p>		

	alternative disinfectant is used, the local infection prevention and control team (IPCT) should be consulted on this to ensure that this is effective against enveloped viruses			
2.6	Manufacturers' guidance and recommended product 'contact time' must be followed for all cleaning/ disinfectant solutions/products	<p>The cleaning products used during this pandemic are the standard products utilised within the trust.</p> <p>Training in the use is included as part of the regular domestic staffs induction programme.</p> <p>Posters are available also within each clinical area/site illustrating how to make up the product safely.</p>		
2.7	Electronic equipment, e.g mobile phones, desk phones tablets desktops and keyboards should be cleaned at least twice daily	<p>A Matrons weekly equipment cleaning check lists is currently in place and conducted within each clinical inpatient area. The check list currently includes a check on office keyboards/ screens/ mouse telephone/ walky-talkies. This is currently being amended to include the additional requirements highlighted within the amended IPC guidance 20 May 2020. ie tablets /desktops/mobile phones.</p>	Limited detail currently known around the office cleaning arrangements and checks in place.	<p>A standardised check list to be produced and circulated by the IPCT by the 15th June 2020.</p> <p>A review of all current equipment cleaning arrangements in non-clinical areas to be conducted by the IPCT by the end of June 2020.</p>
2.8	Rooms/areas where PPE is removed must be decontaminated, timed to coincide with periods immediately after PPE removal by groups of staff (at least twice daily)	<p>Since the introduction of this additional requirement in the national guidance document a full second clean has been introduced within the designated COVID-19 areas.</p> <p>All high risk areas in an inpatient setting currently receive one full clean and one check /second clean per day currently</p> <p>GP practices are cleaned by Hotel Services once per day</p>		

		Additional support for any area within the trust is provided by the Trust deep clean team and a contract with an external specialist when required		
2.9	Linen from possible and confirmed COVID-19 patients is managed in line with PHE national guidance and the appropriate precautions are taken	Linen is categorised as either used or infectious. All linen in COVID areas or used in the care of possible or confirmed COVID-19 IS classified as infectious linen. Practice is regularly reviewed by the IPCT via a spot check on their regular visits and as part of the infection control audit programme. No issues highlighted in any clinical area.		
2.10	single use items are used where possible and according to Single Use Policy	Any items purchased within the trust are considered and approved via the Physical Health and Medical Devices Group. Single use items are promoted when available. Staff are provided with information pertaining to the requirements and legalities of using more than once in the mandatory infection control sessions. Trust training records available.		
2.11	Reusable equipment is appropriately decontaminated in line with local and PHE national policy	The cleaning requirements of all reusable equipment is included in the Trust mandatory infection control sessions. Trust training records available. Cleaning schedules and checklist are in place in all clinical areas. The cleanliness of a random selection of all items is checked as part of the IPCT/ Matron/ link practitioner audit programme. No concerns have been highlighted with the cleaning of any items observed.		
2.12	Review and ensure good ventilation in admission and waiting areas to minimise opportunistic airborne transmission.	The Trust have a variety of waiting areas, most of which are naturally ventilated.	Detailed schedule of ventilation systems that are in place at all sites is not held centrally.	Working Safely with Covid 19 Assessments being undertaken in June 2020, include a review of ventilation in waiting areas/ meeting rooms etc.

3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance				
	Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
Systems and process are in place to ensure:				
3.1	Systems and processes are in place to ensure arrangements around antimicrobial stewardship are maintained	An antimicrobial audit programme is in place and is monitored as part of the Drugs and Therapeutic Committee. A review of any findings also presented and discussed at the HAIG meetings.		
3.2	Mandatory reporting requirements are adhered to and boards continue to maintain oversight	Meeting minutes of HAIG and the Drugs and Therapeutic Group are circulated and an overview provided at QPAS/ Quality Committee and the Trust Board meetings		
4. 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
Systems and processes are in place to ensure:				
4.1	Implementation of national guidance on visiting patients in a care setting	Visiting guidance is in place in all inpatients settings. These are available for reference on the Trust Intranet. A review of the measures in place is currently in the final stages of completion allowing some relaxation of the measures in place within the clinical group following risk assessment.		
4.2	Areas in which suspected or confirmed COVID-19 patients are being treated are clearly marked with appropriate signage and have restricted access	Signage and restricted access is displayed in all COVID-19 designated areas. Zoning posters in place where applicable (i.e within Whitby Hospital) to support staff identify COVID-19/ Non- COVID areas. The continuing presence and requirement for alert posters are checked on all IPCT visits to the areas. At the time of report full compliance is achieved.		

4.3	Information and guidance on COVID-19 is available on all Trust websites with easy read versions	A dedicated Trust wide COVID website implemented. A daily email providing information and guidance sent to all Trust staff. All national information is available on the trust intranet with a link to all national information sites.		
4.4	Information and guidance on COVID-19 is available on all trust websites with easy read versions	Information and guidance on COVID-19 is available on the trust websites. Browse Aloud software is used and users are able to personalise how they access the content and services and they can navigate in a way that suits them best. This includes voice, text and easy read options.		
4.5	Infection control status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved.	All patients who have been identified as COVID-19 positive are not currently being transferred unless being moved to a COVID-19 patient area or escalated for urgent escalation. It is expected that effective communication will take place between all parties involved. Up to the date of the report no untoward incidents have been recorded.		
5. 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
Systems and processes are in place to ensure:				
5.1	Front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms and to segregate them from non COVID-19 cases to minimise the risk of cross-infection, as per national guidance	As identified in 1.1 standard operating procedures are in place to assist staff in the management of suspected and confirmed patients in each clinical inpatient areas. All are available on the trust intranet. These are regularly updated to reflect current operational arrangements and latest guidance.		
5.2	Mask usage is	Mask usage is considered on an individual risk assessment		

	emphasized for suspected individuals	basis and continues to be dependent upon the individuals clinical presentation.		
5.3	Ideally segregation should be with separate spaces, but there is potential to use screens, eg to protect reception staff	This is a new inclusion as highlighted within the updated infection control guidance. The Trust have a variety of reception areas across the Trust estate Advice has been provided to all staff advising the maintenance of the 2 metres distance requirement and when this is not achievable due to the constraints of the building area the wearing of a surgical mask has been encouraged.	Further work is required to assess fully all areas within the trust estate to ensure staff can work safely in the next phase of the pandemic.	Working Safely with Covid 19 Assessments are being undertaken in June 2020, which includes the implementation of improved segregation and screens.
5.4	For patients with new-onset symptoms, it is important to achieve isolation and instigation of contact tracing as soon as possible.	No COVID-19 positive patients have been identified within the trust since the introduction of this requirement. The IPCT will review the pathway of any positive patient whilst within the inpatient setting where acquisition has occurred whilst within the Trust.	Further clarification is still required from the PHE on their involvement in individual cases when the patient's positive result is identified on admission.	
5.5	Patients with suspected COVID-19 are tested promptly	A review of all the patients records who have been identified as COVID-19 has been completed by the IPCT and the records indicate that all patients who have been found to be COVID -19 positive have been tested on the day that the symptoms have commenced.		
5.6	Patients that test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested	An IPC review of all the Trust COVID positive patients has been completed to identify all the individuals who had been in receipt of a negative specimen result prior to their positivity. All patients records indicate that full compliance had been achieved i.e. appropriate isolation and re-swabbing.		
5.7	Patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately	No patients within the trust are currently attending routine appointments. Plans are currently in development to resume attendance for appointments The infection control team will provide guidance for teams on the management of patients who are displaying symptoms of COVID 19.	Guidance for teams to be produced ready for face to face appointments and the management of patients who present with symptoms.	

6. 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
Systems and processes are in place to ensure:				
6.1	All staff (clinical and non-clinical) have appropriate training, in line with latest PHE guidance , to ensure their personal safety and working environment is safe	<p>All clinical and non-clinical staff are trained as part of the Trust induction and mandatory IPC training programme. Staff and training compliance has remained at 91-94% throughout all months of Quarter 1 2020</p> <p>Additional training during this period has been provided to both clinical and non-clinical staff in all clinical areas. This is an ongoing programme due to the constantly evolving picture and changes in the requirements.</p> <p>A Trust wide fit testing programme in place and training records available. Instructional videos and guidance also in place on the trust intranet to aid staff.</p>		
6.2	All staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely don and doff it	Instructional videos and guidance placed on the trust intranet. Trust wide fit testing programme in place and training records available.		
6.3	A record of staff training is maintained	Electronic records for infection control training and fit testing records in place.		
6.4	Appropriate arrangements are in place that any reuse of PPE in line with the CAS alert is properly monitored and managed	No untoward incidents reported up to date. All PPE currently being utilised in accordance with current PHE guidance		
6.5	Any incidents relating to the re-use of PPE are monitored and appropriate action taken	All incidents reported via the datix system are reviewed and actioned in accordance with the normal governance processes. No incidents currently reported		

6.6	Adherence to PHE national guidance on the use of PPE is regularly audited	The appropriate use of PPE is regularly audited by the IPCT and the link nurses in each area. Informal spot checks completed by the IPCT note a good level of compliance.		
6.7	Staff regularly undertake hand hygiene and observe standard infection control precautions	IPC Audit programme in place and the link practitioners have continued to audit throughout the period. Compliance figures are available on a quarterly basis and continue to be 90-100%. There has been a marked increase in staff compliance with the requirement for wearing a personal alcohol hand rub bottle in the areas where the access to sinks is limited.		
6.8	Hand dryers in toilets are associated with greater risk of droplet spread than paper towels. Hands should be dried with soft absorbent towels from a dispenser which is located close to the sink but beyond the risk of splash contamination as per national guidance	No hand dryers are in place within any Trust premises All dispensers in Trust owned premises are appropriately located.		
6.9	Staff understand the requirements for uniform laundering where this is not provided for on site	No facilities for the laundering of facilities on site. Guidance on the appropriate laundering of work wear produced and is available on the trust intranet Uniform policy amended and approved to reflect current national guidance and the wearing of scrubs in our services.		
6.10	All staff understand the symptoms of COVID-19 and take appropriate action in line with PHE national guidance if they or a member of their household display any of the symptoms.	All guidance produced and on the trust intranet. Any amendments are cascaded via the trust intranet site. Further advice is available from The Occupational Health Department.		

7. Provide or secure adequate isolation facilities				
	Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
Systems and processes are in place to ensure:				
7.1	Patients with suspected or confirmed COVID-19 are where possible isolated in appropriate facilities or designated areas where appropriate	All patients identified within the Trust have been moved promptly to a designated COVID ward when it has been deemed appropriate		
7.2	Areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance	<p>All measures within the COVID-19: infection prevention and control guidance have been applied within the constraints of the trust estate and the patient population that is being cared for as follows:</p> <ul style="list-style-type: none"> • all admissions are now screened/triaged on admission to • ensure the appropriate location within the area of admission. • separation measures adopted include the initiation of the COVID-19 designated units for the mental health learning and disability units in accordance with the Trust SOP. • the introduction of Zoning in the Whitby inpatient hospital. • a statement of access to visitors in place across all our areas and also provided on the intranet. <p>Auditing in place against the guidance.</p>		
7.3	Patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement	IPC call logs available demonstrating the appropriate management and location of the patients with a resistant organism.		

8. Secure adequate access to laboratory support as appropriate				
	Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
There are systems and processes in place to ensure:				
8.1	Testing is undertaken by competent and trained individuals	Contracts in place with 2 accredited laboratories HUTH and York		
8.2	Patient and staff COVID-19 testing is undertaken promptly and in line with PHE national guidance	<p>Staff and patients who require COVID-19 testing are swabbed promptly and in accordance with the trust SOPs.</p> <p>The majority of patients are swabbed on admission unless compliance or mental capacity results in non-concordance and inability to obtain a swab.</p>	<p>The turnaround time remains inconsistent at times and delays are incurred on occasion</p> <p>The details and actions taken to address non concordance are not always well documented within the patient's notes.</p>	<p>Discussions initiated with Silver Command colleagues across at HUTH.</p> <p>Any symptomatic patient is isolated until the results of the results are available.</p> <p>Where the patient is asymptomatic and isolation is not possible the patient is provided with advice on social distancing measures/ the wearing of a surgical mask. Close staff monitoring initiated.</p> <p>A review of all patient admissions initiated by the IPCT.</p> <p>Any areas identified emailed to the Matron and Charge Nurse</p>
8.3	Screening for other potential infections takes place	An assessment of the patient's infection risks is undertaken on all patients who are admitted. MRSA screening continues as part of the normal risk processes. Overall compliance remains satisfactory		

9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections				
	Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
Systems and processes are in place to ensure that:				
9.1	Staff are supported in adhering to all IPC policies, including those for other alert organisms	All practice is regularly audited in accordance with the IPC and matron audit programme. The IPCT Have commenced the formal audits programme for 2020 and compliance up to date is noted to be good.it is expected that all areas will have been completed by the end of June 2020		
9.2	Any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff	All changes to the guidance have been circulated via trust email (daily COVID briefs) / Trust intranet / IPC visit schedule in place.		
9.3	All clinical waste related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current PHE national guidance	All waste is disposed of in accordance with the NHSE/I Covid 19 Waste SOP issues 6th April 2020. Additional waste collections have been introduced in to clinical inpatients where required. Day to day operations remain in accordance with the guidance. Intermittent issues have however been identified with the tardiness of the waste being taken from the external compounds (Humber Centre). Liaison occurs between the Hotel Service and the contractors on a daily basis to address any concerns. Escalation of any unresolved issues areas are addressed as part of a regular meeting with the Yorkshire and North East Waste Consortium. The clinical management of the handling of waste is regularly audited in accordance with the IPC audit programme and no major concerns have been identified.		
9.4	PPE stock is appropriately stored and accessible to staff who require it	PPE stores in place in three sites in accordance with the Trust approved SOP		

10. 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:				
10.1	Staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and psychological wellbeing is supported	Trust processes in place to identify the staff in the at risk groups. The flow chart to complete this is available on the Trust intranet site together with the risk assessment. Self-referral to counselling is available to all staff and Psychology support is available in terms of 'stabilising conversations' 7 days a week. Apps to support relaxation and meditation have been made available on the internet and have been made freely available to all NHS staff.		
10.2	Staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained	Training records are in place V:\HMHTT\COVID-19 SITREP\IPPE STOCK SPREADSHEETS\FIT testing database.		
10.3	Consistency with staff allocation is maintained with reductions in the movement of staff between different areas and the crossover of care pathways between planned and urgent and emergency care pathways as per national guidance	Staff are allocated to dedicated COVID -19 areas and not encouraged to move across sites unless this is an essential patient safety issue. In areas where segregation and zoning occurs e.g. Whitby Memorial Unit staff are allocated to the separate areas for a full shift.		
10.4	All staff adhere to national guidance on social distancing (2 metres) wherever possible, particularly if not wearing a face mask	The back to basics campaign has been launched and the message is constantly reiterated by all senior staff / media communications posters and signage throughout the organisation. This highlights the continuing need for 2 metres requirement and the measures needed to be initiated if this distance cannot be maintained.		

	and in non- clinical areas.	All staff who are not currently not able to comply in all instances are regularly observed to be wearing PPE in accordance with the national guidance		
10.5	Consideration is given to staggering staff breaks to limit the density of healthcare workers in specific areas	All clinical areas have reviewed the current staff break arrangements. Information provided from the matrons reported that breaks are staggered to limit the density of health care workers to address patient acuity and engagement issues.	An observational review of practice is required to measure staffs compliance.	An observational audit to be completed by the Matrons/ IPCT by the 26.6.20
10.6	Staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing	Staff absence is monitored by managers and entered via ESR. A Covid-19 Gold/Silver Command daily report is produced that separates absence by way of COVID or non COVID and isolating /maternity.		
10.7	Staff that test positive have adequate information and support to aid their recovery and return to work. are effectively communicated to staff in a timely way	A SOP is in place for our 4 referral pathways that include HUTH, York and NLAG for any symptomatic staff or household members and Regional Testing Centres for any asymptomatic staff (poor capacity currently). The individual is notified by the testing centres directly and then inform managers and OH follow up with a duty of care call to offer support.		

Agenda Item 14

Title & Date of Meeting:	Trust Board Public Meeting – 24 th June 2020			
Title of Report:	Covid-19 Response – Update (June)			
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 and update on the planning in place to address the second phase of the NHS Response to Covid- 19 as set out in the letter to Chief Executive Officers from Sir Simon Stevens and Chief Operating Officer Amanda Pritchard from NHS England in April 2020 and the approach we are taking to address the requirements of phase 3 and 4 recovery planning.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly report	√
Key Issues within the report:	The report provides an update on the Trusts Emergency Preparedness, Resilience and Response (EPRR) and command arrangements in place to respond to the Covid- 19 emergency. It gives an overview of the key issues relating to patient and staff testing, personal protective equipment (PPE), staff health and wellbeing, service changes and the approach we are taking to plan for phase 2,3 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	√			
Legal	√			To be advised of any



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

Covid-19 Summary Update June 2020

1. Introduction

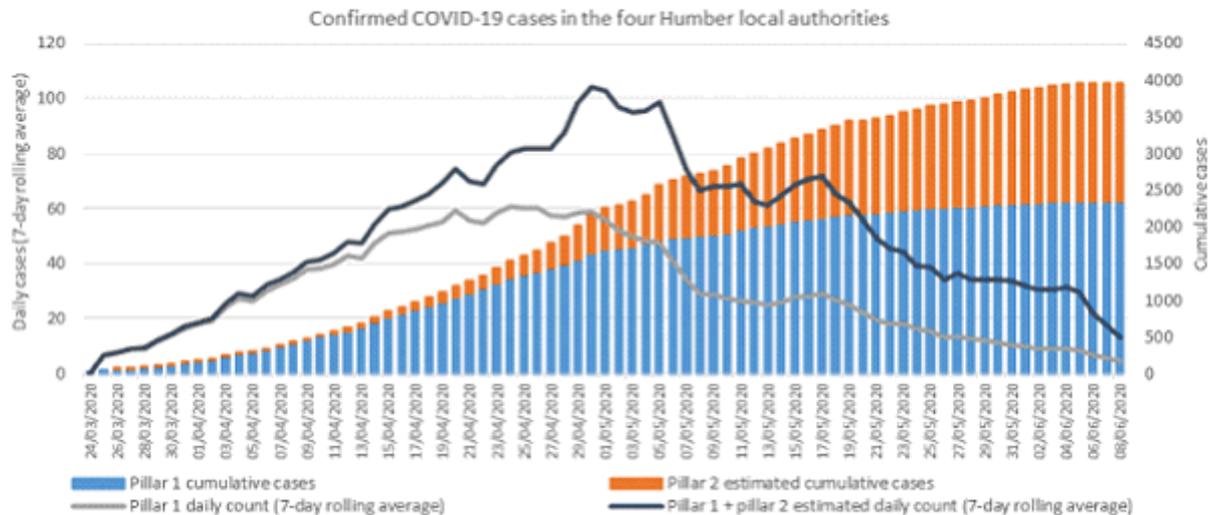
This report provides an overview of the ongoing arrangements and continuing work in place in the Trust and with partner organisations to manage the Covid-19 emergency. The paper also provides further updates on the work that we have now undertaken and planned to address the second and third phase of 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 on 29th April 2020 and in relation to additional national guidance that has been received since this letter. This letter explained that whilst the data describes that England is coming through the peak of hospitalisations from Covid-19, that also coronavirus is set to be with us for some time to come.

In summary this letter required that:

- Ongoing and consistent application of PHE (Public Health England)/NHS Infection Prevention and Control guidance in all NHS organisations, with appropriate cohorting of Covid/non-Covid patients needs to continue.
- Organisations should continue to assess staff who may be at increased risk - including older colleagues, pregnant women, returnees, and those with underlying health conditions - and make adjustments including working remotely or in a lower risk area. Specific attention needed to be paid to emerging UK and international data that people from Black, Asian and Minority Ethnic (BAME) backgrounds are being disproportionately affected by Covid- 19. Recommending employers should risk-assess staff at potentially greater risk and make appropriate arrangements accordingly.
- We plan for increased demand for Covid-19 aftercare and support in community health services, primary care, and mental health. Community health services need to support the increase in patients who have recovered from Covid-19 and who having been discharged from hospital and need ongoing health support.
- General practice will need to continue to stratify and proactively contact their high-risk patients with ongoing care needs, including those in the 'shielding' cohort to ensure they are accessing needed care and are receiving their medications.
- Further support to be provided to care homes. Continuing to ensure that all patients safely and appropriately being discharged from hospital to a care home are first tested for Covid-19 and to provide support with infection control training and PPE requirements.
- Each STP/ICS was asked build a plan for the service type and activity volumes that will be needed beyond the end of June. This needs to retain the demonstrated ability to quickly repurpose and 'surge' capacity locally and regionally, should it be needed again.
- To fully step up non-Covid-19 urgent services and to make judgements on whether there is further capacity for at least some routine non-urgent elective care.
- Take this opportunity to 'lock in' beneficial changes that have been achieved during the pandemic to date including enhanced local system working; strong clinical leadership; flexible and remote working where appropriate; and rapid scaling of new technology-enabled service delivery options such as digital consultations.

The Trusts response work since the last update report to the Board in May has continued to focus in these areas.

As of 13 June 2020, there were 14,883 confirmed Covid 19 cases across the Yorkshire and Humber area (271.6 per 100,000 resident population). In the Humber region there are now 2,402 confirmed cases of COVID-19.



As of 13 June 2020, there have been 314 hospital deaths due to COVID-19 across the Humber area. This includes 185 deaths registered by Hull University Teaching Hospitals (HUFT), 115 deaths registered by North Lincolnshire and Goole Hospitals NHS Foundation Trust (NLAG), 13 deaths registered by Community Health Care Partnership (CHCP) and 1 death registered by us. In North Yorkshire there have been 244 deaths over the same period.

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

We continue to be in a Level 4 National Incident due to the pandemic and as a consequence all NHS organisations need to fully retain their EPRR incident coordination functions given the uncertainty and ongoing need. The Trust therefore continues to maintain business continuity and EPRR command arrangements. 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, it includes:

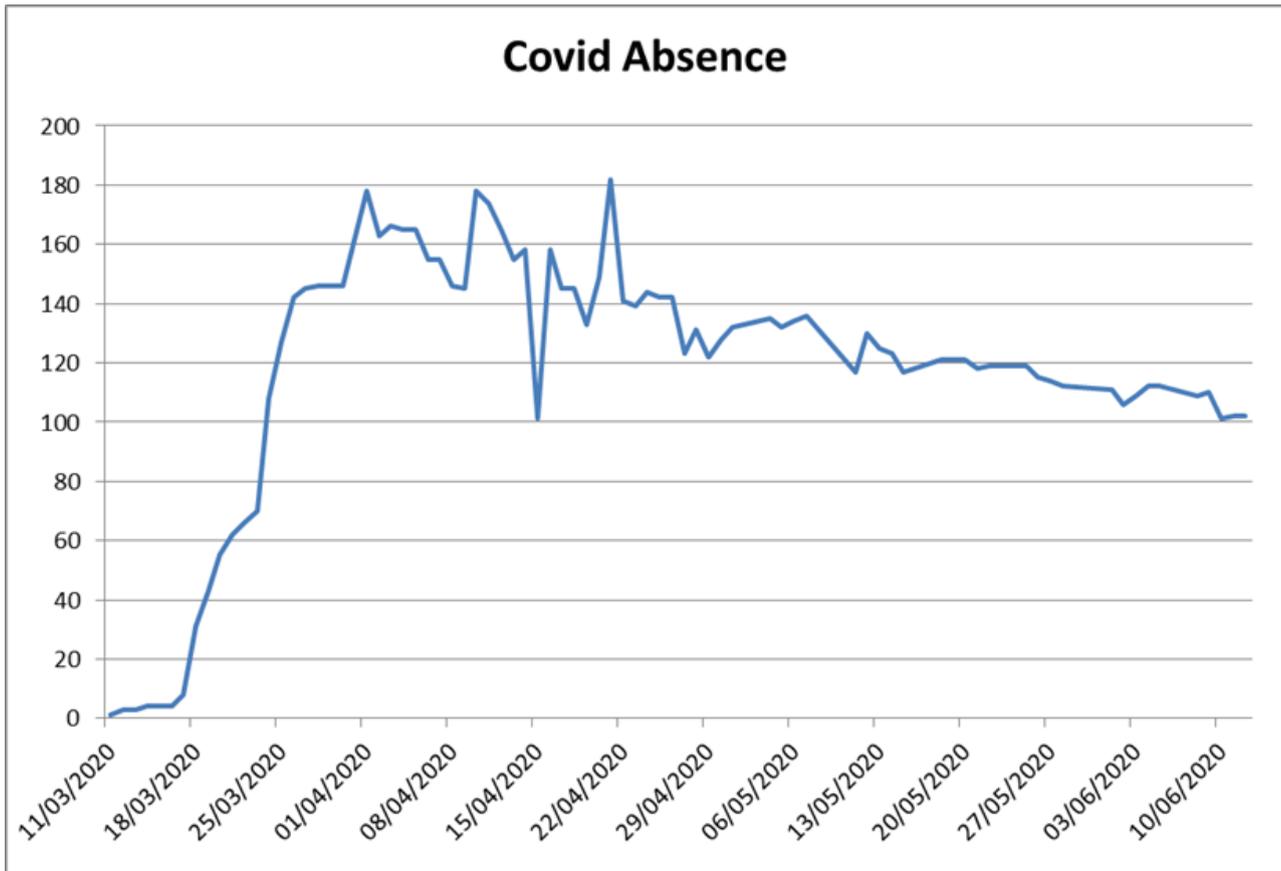
- All sickness absence, including a breakdown of Covid-19 related absence
- Position on staff testing
- Bed occupancy
- Operational Pressures Escalation Level for each division and overall Trust level
- Division sitrep
- Position of Covid-19 positive and symptomatic patients for inpatient and community services
- Covid-19 related deaths
- Status of implementation of business continuity plans

The actions within the Business Continuity Plans have continued to be tested throughout this pandemic and so far have been effective. A number of high level service changes have taken place to accommodate the requirement to keep both patients and staff safe during this pandemic. These changes have been achieved at pace and they remain under constant review and continue to be updated and refined as necessary. A high level summary of these changes is attached in (appendix 1). Throughout the pandemic we have maintained all of our inpatient services and the majority of our community and out of hospital provision.

Some of our services have seen changes in demand and activity levels however operational service pressures have remained manageable over the last month with the highest pressure seen in unplanned care within the mental health division due to a combination of staffing pressures and increased demand. Due to the need to accommodate the Public Health England Infection,

Prevention and Control guidance bed numbers have been reduced in some units, however our overall bed occupancy remains good and is 65-70%. We have not had any Covid 19 positive patients in our inpatient beds since 6th June 2020. Our surge plan remains in place and sets out how the Trust will respond to significant surges in service demand as a direct result of the Covid-19 outbreak, ensuring the best possible balance of service delivery to patients.

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, the reduction in the number correlates to staff testing becoming increasingly available and our overall position has stabilised and continues to reduce.



A process of “staggered debrief” has been put in place in order to review the effectiveness of our EPRR arrangements. Systemised feedback has been collected from each of our command levels and a first stage summary report has been received by gold command. This information will be used to inform our final debrief report which will be produced at the end of the emergency. Feedback at this stage is very positive, some areas for improvement have been identified and these either have already or are being addressed. Some staff still reported some lack of understanding of the differing remits between the command levels, this is being addressed through revised terms of reference. We have recently participated in a regional review of the effectiveness of the EPRR planning in the pandemic so far. This has highlighted the difference in Local Resilience Forum (LRF) arrangements whereby in Humber provider organisations are members and in North Yorkshire they are not. Having experienced both our view is that in Humber we receive information more quickly and are therefore able to respond in a more timely way.

3. Patient and Staff Testing

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. We recently stood down our Covid 19 Rapid Response Team who have been supporting our mental health and learning disability beds, the team had staff with physical health expertise and additional training to support the care needs of patients who are Covid-19 symptomatic/positive when we no longer had symptomatic patients, however we will resume the service again if that position changes. In line with national guidance testing is taking place for all patients on admission to an inpatient bed and on transfer between units.

The National Testing Programme is based on 5 strategic pillars of approaches to testing and these are:

- **Pillar 1** Virus/PCR testing to detect if the virus is present and is available to patients and staff in the NHS
- **Pillar 2** Virus/PCR testing provided by commercial partners across a range of sites e.g. the Humber Bridge car park and is supported by some mobile testing arrangements
- **Pillar 3** Antibody testing to detect what proportion of the population has had the virus is available to our staff and patients.
- **Pillar 4** Surveillance Testing/ Test, Track and Trace
- **Pillar 5** Building a new national diagnostic industry at scale

Coronavirus tests for all of our symptomatic staff or symptomatic members of their household has continued via our pillar 1 and pillar 2 testing arrangements. The purpose of testing is to support the return to work of frontline workers and help the NHS and other employers to maximise the workforce capacity and prevent outbreaks. Testing is available to all of our sites seven days per week. Demand for staff testing has been reducing over the last month due to having fewer staff with symptoms.

Antibody Testing (Pillar 3)

Following Public Health England Guidance we have begun a programme that offers antibody testing to all of our staff and patients. The purpose of this test is to establish the number in the population that either test positive or negative for having antigens to Covid 19 in order to support public health data collection and research. Current medical advice however is that receipt of a positive result cannot be taken as having immunity to the virus. The Trust has received confirmation of available laboratory testing capacity via HUFT which enables 600 tests to be taken per week (we are awaiting confirmation of capacity from York Teaching Hospitals Foundation Trust). This test requires a blood sample to be taken and we have a programme in place supported by our occupational health department and phlebotomists across all service areas to be able to have offered the test to all staff and our inpatients by the beginning of July (we will accelerate this if more laboratory capacity becomes available). Currently there is no guidance about the frequency that this test should be repeated.

Surveillance Testing/ Test, Track and Trace (Pillar 4)

The Government has now launched the NHS Test and Trace service aimed to minimise community transmission of Covid 19. It is designed to ensure that anyone who develops symptoms can quickly be tested to find out if they have the virus and, if they do, to trace close recent contacts who will be notified that they should self-isolate at home for 14 days.

If a member of staff develops symptoms of Covid 19 they continue to follow the stay at home guidance and get tested as soon as possible. If the result is negative they can return to work when they are medically fit to do so, following discussion with their line manager and appropriate local risk assessment. It has been advised to interpret negative results with caution due to the evidence

of false negative results. If they test positive, they can return to work after seven days, unless they still have symptoms other than a cough or loss of sense of smell/taste, in which case they must continue to self-isolate until they are fit to return.

Where a member of NHS staff tests positive for coronavirus, the Test and Trace self-isolation rules apply and close contacts must self-isolate if the NHS Test and Trace service requires them to. However close contact does exclude circumstances where Personal Protective Equipment (PPE) is being worn in accordance with the current guidance on infection, prevention and control. In other circumstances, i.e. where a member of staff has come into contact outside work with someone who has subsequently tested positive for coronavirus, NHS staff are subject to the same test and trace protocols as all other members of the public and will be advised to self-isolate for 14 days. Where the Trust has tested staff and the result is positive, the guidance requires that we undertake the contact tracking and tracing, therefore this is being undertaken by our occupational health department supported by our infection control team. We have put in place arrangements to respond to this seven days a week.

Concern has been raised across NHS providers about the potential impact of tracking and tracing on staff absence and service continuity. Whilst it has been acknowledged by NHS England that this may be challenging, it has been confirmed that it is essential that NHS organisations follow the guidance in order to reduce spread of infection and prevent outbreaks. Evidence from the national surveillance testing pilot sites demonstrated the prevalence of covid 19 positive results amongst health care workers and evidence of nosocomial infection. Trusts have been asked to review their business continuity plans in order to prepare for the potential increase in sickness absence and take action as necessary. Through our command arrangements we have considered the impact on our services and our business continuity plans are robust. We continue to monitor sickness absence daily across all of our service areas. As this arrangement has only recently been introduced it has been added to our risk register which will be reviewed when we have the evidence of the impact on our staff availability.

To mitigate this risk of healthcare associated infections the key action that we have taken and continue to do is to reiterate and monitor the ongoing and consistent implementation of national infection prevention and control guidance including in all staff areas such as offices and staff rooms. This includes all staff adhering to social distancing (2 metres) wherever possible in non-clinical areas. We had already launched our “back to basics” and our “stop, think socially distance” infection control campaigns supported by a range of materials and communications to aid this. We have highlighted these to staff in a range of ways but have specifically tasked our matrons to take a leadership role to maintain vigilance in all areas that this is being adhered to. The Chief Operating Officer and Director of Nursing, Allied Health and Social Care meet weekly with the Matrons to support and ensure that focus is maintained in this area.

In June NHS England issued new guidance on the use of face masks and the recommendations applied to everyone working or visiting in a hospital/clinical setting. This required the use of a surgical face mask for all staff when not in patient-facing clinical settings (where appropriate personal protective equipment (PPE) should be used in line with published guidance), including:

- clinical (medical, nursing, allied health, diagnostics etc.) and
- non-clinical staff (administration, porters, volunteers, cleaning, estates staff, contactors working on NHS sites, etc.).

The use of face coverings is now applied to all members of the public when in hospital/clinical settings, including those visiting patients or attending outpatient appointments. Arrangements have therefore been put in place to ensure that surgical masks are available for our staff and visitors who don't bring their own face covering are supplied with one.

We continue to maintain the government advice that where possible, staff that can work from home and remotely continue to do so in order to reduce the risk of infection and outbreak.

4. Personal Protective Equipment (PPE) and Infection Control

Our established robust systems to ensure that staff have access to the appropriate Personal Protective Equipment (PPE) remain in place and we have a new logistical manager in post whose role is dedicated to managing our supply and delivery to our services. Stock continues to be received via a PUSH delivery system from the NHS Supply chain and daily SITREPS are used to determine the content and frequency of deliveries. Currently, the supplies of PPE are at good levels and we have not had any shortages of equipment during the last month.

The 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. We have reviewed and updated our arrangements in accordance with PHE requirements to ensure that all patients, those who are symptomatic and those that are not, are cohorted correctly in all of our clinical areas.

5. Safe Working in our Environments

In May the Government published a suite of 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. This guidance was subsequently updated further later in May. The Estates Safety Team reviewed the guidance and developed an aligned assessment for Trust premises which was agreed at the Clinical Environment Risk Group (CERG). Site visits and assessments commenced at Trust HQ with the rolling programme across all sites scheduled to conclude by the end of June 2020. The prioritisation of assessments has been developed with Divisional General Managers and Clinical Leads via Operational Silver Command to ensure that key sites are attended in a timely manner. Key areas of the risk assessment and adaptations that are being put in place are:

- Signage; one way where applicable and social distancing (2 metres apart), which are overlaid onto the Back to Basics campaign.
- Social distanced workstations.
- Appropriate use of screens.
- Hand sanitiser, hand washing and face mask locations.

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 have been identified to facilitate the provision on a longer term basis. The impact of this work has been reflected in our risk register due to the potential that we do not have sufficient accommodation that meets the requirement for our services to enable us to deliver them adequately.

Our Clinical Risk Environment Group (CERG) is 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. This group now oversees are PPE supply arrangements and reports to tactical silver command.

6. Covid-19 Risk Register

The operational risk register developed to support the Trust's business continuity arrangements during the Covid-19 emergency situation remains in place. The risk register is maintained by the Corporate Risk Manager and is reported to the Trust Silver Command meetings (Operational and

Tactical) at each command meeting 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 Risk Register (current risk rating 15+)

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score
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.	16	16
Command Risk 46	As a result of the COVID-19 national emergency and isolation measures implemented, there a risk of a post-COVID Mental Health surge and increased demand on Trust services.	16	16
Command Risk 49	As a result of the COVID-19 national emergency there is increased demand on the Infection Prevention and Control team. Demand on their service is currently exceeding capacity. If this is sustained this may impact upon the safety of patients and members of staff as this specialist knowledge may not be available when needed.	16	16
Command Risk 52	Potential impact on staffing as a result of the introduction of the 'track and trace' application and associated arrangements.	15	15
Command Risk 53	As a result of social distancing requirements and national guidance around safe working there is a risk that we do not have suitable accommodation to deliver Trust services safely.	16	16

7. Staff Health and Wellbeing

We continue to recognise that for all of our staff, this is a unique and challenging time. Since the start of our response to this pandemic help and resources have been shared and built on through the Trusts Health and Wellbeing Hub on our intranet. This includes emotional health and wellbeing support such as the Shiny Minds App, our ongoing access for staff to our psychologists, to support with remote working, travel and accommodation. Feedback from our staff continues to be positive and they value the support that has been provided.

Whilst our covid related sickness absence is reducing and our non-covid related absence is below 4%, during June some of our staff are telling us that they are feeling fatigued. This is due to the ongoing and impressive efforts that have been made to sustain our services since the pandemic surge commenced in March, the length of time that the emergency has now lasted for, the continuing adaptations that they are making such as wearing PPE for the foreseeable future (particularly when some lockdown restrictions are being reduced in the wider community and yet

new requirements such as the wearing of surgical face masks are needed in their workplace) and the return of some business as usual activity. The executive management team and our senior managers and clinical leaders are well sited on this issue and taking 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. The staff Health, Wellbeing and Engagement Group has met this month and has identified further action to take to support our staff, this includes utilising the offer of our Health Trainers service and Recovery College to increase the support and materials available.

Further work has been undertaken to support those staff who are continuing to working from home. Some staff are reporting that they prefer this way of working as it supports a better work life balance, others have raised the issue of feeling isolated. Our home working policy has been reviewed and includes a risk assessment that is being offered to all staff who are working from home. Arrangements are already in place for staff to be supported with equipment if they need it and the importance of contact with managers and other team members is vital.

Focus has been maintained on those groups of staff that are more vulnerable to Covid-19, such as those with underlying health conditions, older staff, shielded staff, pregnant women and, people from Black, Asian and Minority Ethnic (BAME) backgrounds. Guidance is in place, supported by our occupational health team, to ensure that managers are following a risk assessment process to address the needs of any staff in these groups. This guidance requires managers to liaise frequently with staff in any of the increased risk groups in order to support them and with them to consider adaptations to their roles by taking into account the following:

- Where the role and equipment permit, follow national guidance to work from home.
- If the individual's role does not permit them to work from home to consider if there is an alternative task that they can carry out working from home for their substantive area of work.
- Where tasks for their substantive area of work cannot be carried out at home, consider if there is a role available to support another area whilst working from home.
- If working from home cannot be facilitated consider if the individual can be redeployed to a lower risk area.

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 is being monitored closely to ensure that it has been offered to all vulnerable staff. Any staff that wish to can ask for the risk assessment to be undertaken.

8. Covid-19 Clinical Advisory Group

The Covid-19 clinical advisory group has been established and meets weekly to consider and address any clinical implications of the impact of the pandemic on our services. Each of the divisions is represented by their clinical leads and the group is chaired by Dr Kwame Fofie in his clinical director role. The group reviews new national clinical guidelines that have been received and developed and revises our standard operating procedures as necessary. In May and June the group has revised our visiting guidelines in line with the new national guidance which now means that visiting can be supported with the use of appropriate PPE. Patient cohorting arrangements have been reviewed and our standard operating procedure has been revised. This group reports to tactical silver command and items are escalated to gold command as necessary.

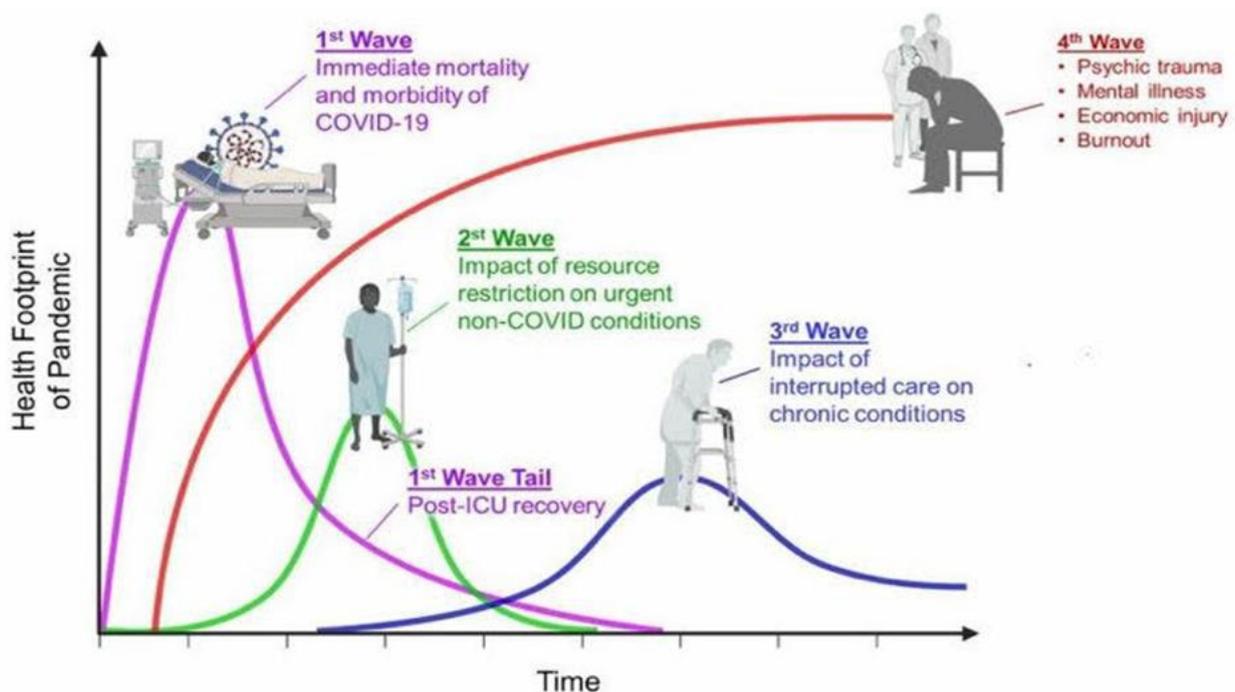
9. Phase 2 and 3 Planning - Recovery and Restore

Since the start of the current Covid 19 emergency, the Trust has rapidly adapted how it is working and has brought some future planned transformations to the fore front more quickly than

expected. Significantly the Trust has embraced the use of digital technology to support its response and during May and June further work has been undertaken to make these changes sustainable e.g. the majority of services are now using Microsoft Teams instead of skype as their main digital platform because it has increased functionality. Our Covid 19 Continuity of Service and Sustainability Plan has been 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

Public Health England has identified there will be 4 waves of recovery and response from the COVID-19 pandemic. The fourth wave of high demand on services will include mental illness which includes emotional wellbeing for the whole population and whilst services are responding rapidly to imminent crisis. Services should be planning for a peak in demand as the lock down measures are reduced and people feel confident in accessing local services.



The Trust's Covid 19 Surge Plan initially covered the first 2 phases of the NHSE/I plan and made reference to the expected impact in later phases of the plan. This plan now covers the third phase of the plan in detail and begins to outline the Trust's response to phase four. Each of our divisions and corporate area plans were submitted, reviewed and approved by gold command. These plans are being supported by a programme management and delivery framework and time is now dedicated within our command arrangements each week to oversee and monitor progress. Quality improvement methodology is being utilised to underpin service changes where this is applicable. Capacity and demand analyses and workforce planning is integral to our approach and additional expertise and capability is being procured to support with this. Analysis of our service activity and changes in levels through the Covid 19 period has continued to take place. This data demonstrates that most of the services that saw a reduction in referrals when the surge commenced have now seen a recovery. One area that specifically continues to be a concern however is the sustained reduction in referrals to our Child and Adolescent Mental Health Service (CAMHS). This is consistent with the national picture and impacted by school closures. Therefore there has been much clinical focus within the Trust, with our system partners and by the Humber Coast and Vale (HCV) Mental Health Partnership Programme to anticipate and address the impact of this. Additional support has been put in place via our new crisis telephone support line which is available 24 hours per day. The HCV Mental Health Partnership Programme implemented Kooth, an online counselling and support service for children and young people at the beginning of the outbreak and the uptake for this has been good. Measures are being put in place to manage the expected ongoing demand for autism diagnosis and the increase in referrals once schools have re-opened.

The Trust continues to work closely with our system partners across a wide range of forums and the work is now focusing generally in the following areas,

- working to understand the impacts of the Covid-19 response on all parts of the health and care system
- Development and implementation of plans to resume urgent and planned activity
- Immediate and short-term capacity plans in place across system partners
- Revised governance structures developed to deliver phase two, three and four plans

Specific system recovery workshops and planning sessions have been held at HCV Partnership and subsystem levels, the Trust has participated and shaped the plans that have been developed to date.

Each local authority area has now produced a care home resilience plan to address and reduce the impact of Covid-19 across the care home sector, this includes contingency in the case of provider failure. Our services contributed to these plans and we have now enhanced our service offer:

- In Scarborough, Ryedale and Whitby we have provided additional multidisciplinary clinical support from our community services to care homes and infection, prevention and control expertise.
- In Hull and East Riding we have enhanced our mental health care home liaison service. We have worked closely with Hull City Council to provide support to care home staff.
- Our learning disability service has increased its support to residential homes.

Recently the Department of Health and Social Care asked areas to produce 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, Gold command and other local arrangements to put in place a new strategic structure recognising the significant role local

government has to play in the identification and management of infection. The purpose of these plans is to coordinate efforts between local and national government, the NHS, private and community sectors and the general public.

10. Conclusion

The Trust continues to manage effectively the impact of Covid-19 within its ongoing EPPR and command arrangements. The next 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 for our own services and the system requirements. 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 have made 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.

Changes we have made to services

Our COVID-19 Response

- Developed COVID-19 clinical pathway supported by Hull University Teaching Hospitals Trust (HUTH) to support our mental health and learning disability inpatients with symptoms.
- Clinical staff trained by acute hospital staff (HUTH) to support the COVID-19 clinical pathway.
- Designated isolation areas at CAMHS unit for under 18s and in our Secure Services.
- Created COVID-19 Rapid Response Service with staff that have physical health expertise to support care needs of mental health and learning disability symptomatic/COVID-19 positive patients.
- 24/7 Emergency Department Streaming Service developed to divert mental health patients including children and young people away from acute Trust.
- Additional 30-bed ward created at Whitby Hospital to support acute Trust services.
- Our social prescribing service is working with the local authority Community Hubs in East Riding, along with the Smile Foundation to support the most vulnerable residents.



Supporting Anxiety

- Rapidly expanding use of 'SilverCloud' digital cognitive behaviour therapy in IAPT Services.
- Working with third-sector partners to expand the provision of telephone support to those with less complex mental health needs.
- 24/7 information and advice line launched with Mind Hull and East Yorkshire to provide increased support and signposting.



Community Care

- New hospital discharge pathways developed and operating in line with national guidance to support rapid acute hospital discharge in Scarborough, Ryedale and Whitby.
- Seven day therapies service operating to support new pathways.
- Staff redeployed to establish 24/7 CAMHS Crisis Team.
- Increased the frequency of multi-agency reviews in our learning disability services of complex cases from once to three times per week, due to vulnerability of patient group.



Embracing Digital Technology

- All teams equipped to work remotely through telephone/digital triage and intervention.
- Skype for Business and Microsoft Teams rolled out to support all teams and utilised for multidisciplinary team meetings (MDT), business meetings and clinical supervision.
- GP Practices using telephone and digital triage services.



Mental Health and Wellbeing Support for Staff

- Health and wellbeing hub created on intranet including Trust, local and national resources in one place.
- Psychological support service is available over the phone, 7 days-a-week.
- Working with Trust charity to provide food for staff at work and 'refuelling stations' for inpatient and community locations.
- Coordination of donated items to support staff wellbeing such as Easter eggs and toiletries, etc.

Recover and Restore

Depression, Anxiety, PTSD, Complex Grief and Suicide



- Evidence from China leads us to expect a 'heightened public mental health crisis'.
- We expect an upswing of depression and anxiety for both new and existing service users.
- New phenomenon of 'double bereavement' in families and PTSD (including ITU patients).
- Anecdotally, suicide attempts are also rising.

Older Age



- There is a risk that the health of older people with mental health needs deteriorates due to isolation.
- Diagnosis rates (e.g., of dementia) could be effected.
- People in care homes represent a particularly high risk group.

Serious Mental Illness



- This group is currently presenting to our services less often.
- However, there is a risk their care (including physical health) is not managed pro-actively during this period, which could lead to requiring crisis or primary care services later on.
- Increase in emotional disorders due to the impact of increased trauma.

Substance Misuse



- Unavailability of street drugs causing an increase of acute withdrawal and people turning to synthetic opioid.
- This group is more likely to be immunosuppressed, making them vulnerable to COVID-19.
- Many people in this group also suffer from serious mental illness.
- Alcohol use appears to be increasing.

The wider impact of the pandemic (e.g., poverty, loneliness and domestic abuse) will have a significant effect on mental health. This will impact primary care and the wider systems, as well as secondary care mental health services, and this pressure will likely have a profound effect upon staff.

Agenda Item 15

Title & Date of Meeting:	Trust Board Public Meeting - 24 June 2020																											
Title of Report:	Patient and Carer Experience Annual Report (2019/2020) including Complaints and Patient Advice Liaison Service (PALS)																											
Author/s:	Name: Mandy Dawley Title: Head of Patient & Carer Experience & Engagement Name: Susan Cameron Title: Complaints and PALS Manager																											
Recommendation:	To approve	√	To receive & note																									
	For information		To ratify																									
Purpose of Paper:	To ask the Board to approve the Patient and Carer Experience Annual Report (2019/2020) including Complaints and Patient Advice Liaison Service (PALS).																											
Governance: <i>Please indicate which group or committee 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>Audit Committee</td> <td></td> <td>Remuneration & Nominations Committee</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td>18.6.20</td> <td>Workforce & Organisational Development Committee</td> <td></td> </tr> <tr> <td>Finance & Investment Committee</td> <td></td> <td>Executive Management Team</td> <td>11.5.20</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) QPAS</td> <td>5.3.20</td> </tr> </tbody> </table>					Date		Date	Audit Committee		Remuneration & Nominations Committee		Quality Committee	18.6.20	Workforce & Organisational Development Committee		Finance & Investment Committee		Executive Management Team	11.5.20	Mental Health Legislation Committee		Operational Delivery Group		Charitable Funds Committee		Other (please detail) QPAS	5.3.20
	Date		Date																									
Audit Committee		Remuneration & Nominations Committee																										
Quality Committee	18.6.20	Workforce & Organisational Development Committee																										
Finance & Investment Committee		Executive Management Team	11.5.20																									
Mental Health Legislation Committee		Operational Delivery Group																										
Charitable Funds Committee		Other (please detail) QPAS	5.3.20																									
Key Issues within the report:	<ul style="list-style-type: none"> Over the past year we have seen considerable growth in membership at our forums. The Staff Champions of Patient Experience forum now has 122 champions; all teams now have an identified champion. We have 56 organisations supporting the Humber Co-Production network and we have 86 Patient and Carer experience forum members across our three Patient and Carer Experience forums. The Trust is very proud to be recognised by NHS Improvement to participate in a series of films to showcase our work in engaging patients and carers. We have also been given a number of opportunities to present our approach to patient experience and quality improvement at national and regional events including the prestigious annual NHS Providers conference at The Kings Fund in London. Spring 2019 the Trust implemented the Interpreter on 																											



	<p>Wheels initiative in mental health inpatient units, the Mental Health Response Service and West Hull and East Hull Community Mental Health Teams. Interpreter on Wheels provides one-touch access to trained professional video interpreters on a PC, tablet or smartphone thus providing spoken and visual communication. This digital solution aids communication for our patients, service users and carers who speak English as their second language or require a British Sign Language interpreter</p> <ul style="list-style-type: none"> • More teams are using the Friends and Family Test dashboard to discuss feedback at team meetings; this is encouraging the sharing of best practice and is enabling discussions around areas for improvement (refer to appendix 2). • For the period 1 April 2019 to 31 March 2020 the Trust received 235 formal complaints which compares to 221 for the same period in 2018/2019. • The Trust responded to 243 formal complaints for the period 1 April 2019 to 31 March 2020 which compares to 218 for the same period in 2018/2019. • For the period 1 April 2019 to 31 March 2020, the Trust received 332 compliments which compares to 351 for the same period in 2018/2019. • Priorities for the next year (2020/2021) include: <ul style="list-style-type: none"> ○ To implementation the framework to involve patients, service users and carers in recruitment ○ To implement the revised Friends and Family Test survey form ○ To develop a Patient and Carer Experience training programme for patients, service users, carers and staff ○ To enhance systems and processes to better understand patient experience to inform Quality Improvement by increasing the number of teams engaging with the Always Events programme and the Patient Experience Toolkit ○ To further strengthen processes to identify carers and offer support where needed ○ To identify even more patients, service users and carers to get involved in Trust activities ○ To build even stronger relationships with everyone to ensure that we are actively engaging, listening, learning and acting upon everything we hear ○ To act upon the valuable information provided in the 2019 Staff Survey to help inform the Patient and Carer Experience agenda
--	---

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	

Patient and Carer Experience Annual Report (2019/2020)

**Including Complaints and
Patient Advice Liaison Service (PALS)**



Caring, Learning and Growing

Contents

Executive Summary.....	6
Staff Survey Results (2019).....	8
Achievements over the Past Year.....	10
Trust Goal One: Innovating Quality and Patient Safety.....	10
Mental Health Community Service User Survey (2019).....	14
Mental Health Inpatient Survey (2019).....	14
Annual GP Patient Survey (2019).....	15
Trust Goal Two: Enhancing Prevention, Wellbeing and Recovery.....	17
Trust Goal Three: Fostering Integration, Partnership and Alliances.....	18
Trust Goal Four: Developing an Effective and Empowered Workforce.....	20
Trust Goal Five: Maximising an Efficient and Sustainable Organisation.....	21
Trust Goal Six: Promoting People, Communities and Social Values.....	22
Complaints and Patient Advice Liaison Service (PALS).....	24
Healthwatch Report “Shifting the mind set: A closer look at hospital complaints January 2020”.....	27
Priorities for 2020/21.....	28
Appendix 1: Equality, Diversity and Inclusion (EDI) Priorities 2019/20.....	31
Appendix 2: Friends and Family Test Dashboard Overview Mid-Year (September 2019) ...	32
Appendix 3: Survey for Patients on our Waiting Lists.....	33
Appendix 4: Relatives Stress Scale.....	34
Appendix 5: Involvement in Trust Activities Poster.....	35
Appendix 6: Supporting the LGBT+ Community.....	36
Appendix 7: Patient and Carer Experience Strategy 2018-2023 (Plan on a Page).....	37

Executive Summary

The Patient and Carer Experience Annual Report (Apr 2019 to March 2020) including the Complaints and Patient Advice Liaison Service (PALS) provides an overview of the work carried out across the organisation over the twelve month period to support the patient and carer experience and engagement agenda.

Putting patients, service users and carers first is our priority at Humber Teaching NHS Foundation Trust (HTFT). Involving patients, service users their carers and our partners in all that we do has become an integral part of our culture and everyday thinking. In order to embrace a broad perspective, we actively listen to people from all parts of the community with equality and diversity as the golden thread woven throughout the patient and carer experience agenda. Due to the vast range of diverse services we provide, we believe there is an immense wealth of knowledge that we can access from our patients, service users and carers to help us with our improvement journey and transformation plans.

Patient and Carer Experience

The best way to improve quality in an organisation is by finding out what our patients, service users and carers are saying through their lived experiences. The Trust is now well placed to ensure that patients, service users and carers are getting involved in Trust activities. We offer many opportunities for individuals to get involved including; attending Patient and Carer Experience forums, sharing their story at a Trust board meeting, getting involved with research and development, being part of an interview panel for a post within the organisation, involvement with our Recovery College, volunteering, supporting our Trust charity Health Stars or by becoming a Trust member.

We want to listen to people from all parts of the community and this is happening through our Patient and Carer Experience forums in Hull & East Riding, Whitby & District and Scarborough & Ryedale. We also attend a variety of external forums and groups so that we can all understand what each other is doing and achieving. Over the past year we have seen considerable growth in membership at our forums. The Staff Champions of Patient Experience forum now has 122 champions. We have 56 organisations supporting the Humber Co-Production network and 86 Patient and Carer Experience forum members across our three Patient and Carer Experience forums.

We are seeing an increase in teams using the Friends and Family Test dashboard to discuss feedback at team meetings; this is encouraging the sharing of best practice and is enabling discussions around areas for improvement.

We are very proud to be recognised for our Patient and Carer Experience model we have developed across the Trust. September 2019 saw the launch of a series of five films showcasing the work of our Trust in engaging patient and carers. The films were commissioned by NHS England/Improvement titled 'Patient Experience to Inform Quality Improvement' at St George's Centre in Leeds. The launch was the first of five events across the country where the Trust's work has been shared to inspire other provider Trusts and to help attendees consider how they can embed patient experience at the heart of leadership and quality improvement. The videos, were commissioned by NHS Improvement (now NHS England and NHS Improvement) and were filmed in April 2019 with the themes of 'Culture', 'Leadership', 'Using Patient Experience Data' and finally 'Our Top Tips' as a way to share the Trust's journey with Provider Trusts across the country. The films highlight the positive impact of involvement in Trust activities for our patients, service users and carers and how

the development of our co-produced Patient and Carer Experience Strategy has provided the direction and focus for the work achieved by the team and champions. Lesley Goodburn, Senior Improvement Manager Patient Experience at NHS England/NHS Improvement said “Improving patient experience is not simple, it requires a whole systems approach to collect, analyse, use and learn from patient feedback for quality improvement. I was delighted to hear about the fantastic work of Mandy and her team at Humber and it is great to be able to bring it to life through the videos so we can share it with NHS colleagues across the country”.

Following the ‘Building our Priorities for 2019/20’ in 25th January 2019 the Trust continues to work towards implementation of the four patient, service user and carer Equality and Diversity objectives identified at the event (refer to appendix 1). Spring 2019 the Trust implemented the Interpreter on Wheels initiative in mental health inpatient units, the Mental Health Response Service and West Hull and East Hull Community Mental Health Teams. Interpreter on Wheels provides one-touch access to trained professional video interpreters on a PC, tablet or smartphone thus providing spoken and visual communication. This digital solution aids communication for our patients, service users and carers who speak English as their second language or require a British Sign Language interpreter. The Trust continues to support the Lesbian, Gay, Bisexual, Trans (LGBT) community and participated in the 2019 Hull Pride event by participating in the Pride march and manned two information stands.

Complaints and PALS

The report provides an overview of the Complaints and Patient Advice and Liaison Service (PALS) activity for the twelve month period. Analysis of the themes from complaints and concerns is used to identify areas for learning to improve patient experience. In addition the information gathered is compared with other patient experience feedback. All feedback from complaints is shared with the relevant service area to enable teams to share positive feedback and consider suggestions for improvements made by patients, service users and carers.

Patient and Carer Experience Strategy (2018 to 2023)

The strategy includes twelve priorities (all of which underpin the Trust’s six organisational goals) and are the focus for the Trust’s five year Patient and Carer Experience action plan. These include:

Patient and Carer Experience Priorities		Humber Teaching NHS Foundation Trust Goals
<p>Priority One: Actively listening to patient, service user and carer feedback so we can learn from, act and improve</p>	<p> Goal 1 Innovating quality and patient safety</p>	
<p>Priority Two: Continuing to engage patient and carer champions across the organisation to make real change happen</p>		
<p>Priority Three: Continue to strengthen our involvement with patients, service users and carers in decisions about their care</p>	<p> Goal 2 Enhancing prevention, wellbeing and</p>	

<p>Priority Four: Further involvement with patients, service users and carers in Trust activities and influencing the organisation</p>	recovery
<p>Priority Five: Ensuring that at all times we provide information that is accessible</p>	 <p>Goal 3 Fostering integration, partnership and alliances</p>
<p>Priority Six: Working and collaborating with other organisations to share learning and best practice</p>	
<p>Priority Seven: To expand our staff knowledge and understanding of patient, service user and carer experience and how that influences their practice</p>	 <p>Goal 4 Developing an effective and empowered workforce</p>
<p>Priority Eight: Making patient and carer experience the business of all Trust staff</p>	
<p>Priority Nine: Hold an annual patient and carer experience event to share achievements and future aspirations</p>	 <p>Goal 5 Maximising an efficient and sustainable organisation</p>
<p>Priority Ten: Patients, service users and carers will be at the centre of all our quality improvement and transformation work</p>	
<p>Priority Eleven: Continue to collaborate and work in partnership with other organisations to benefit our patients, service users and carers</p>	 <p>Goal 6 Promoting people, communities and social values</p>
<p>Priority Twelve: Raising the profile of patient and carer experience whenever we can</p>	

Staff Survey Results (2019)

In September 2019 the NHS National Staff Survey was undertaken to collect the views of staff about their work and the healthcare organisation they work for. The overall aim of the survey was to gather information that would help improve the working lives of NHS staff and so provide better care for patients. A few questions directly relate to staff views of patient experience. Capita Surveys and Research processed and validated 1,051 completed survey questionnaires from the Trust's employees; giving a response rate of 40% based on 2,610 staff invited to participate.

On analysing the survey results, the following feedback directly correlating to patient experience were reported:

Positive Perceptions from Staff

- 81% felt that patients/services user safety is a priority for staff in the organisation
- 81% felt that patients/service users are given enough privacy when being examined or treated by staff in the organisation
- 78% felt that patients/service users always have access to clean toilets and bathrooms

- 77% felt that when patients/service users ask a nurse an important question, they get answers that can be clearly understood
- 75% felt that when patients/service users ask an Allied Health Professional an important question, they get answers that can be clearly understood
- *75% felt that patient/service user experience feedback is collected within their directorate/department (e.g. Friends and Family Test, patient surveys etc.)
*Please note: *this is question 22A*

Least Positive Perceptions from Staff

- 25% felt that in their experience in this organisation there are enough staff available to meet patient/service user needs
- 46% felt that they receive regular updates on patient/service user experience feedback in their directorate/department (e.g. via line managers or communications teams) (this response was based on individuals answering *question 22A
- 39% felt that feedback from patients/service users is used to make informed decisions within my directorate / department (based on respondents answering 'Yes' to *question 22A.

What the data is telling us

- **Directorates**
Directorates scoring patient experience the most positive include the following directorates; Chief Executive, Children's and Learning Disabilities, Mental Health Planned Care, Mental Health Urgent and Unplanned, Nursing and Quality and Primary Care and Community. Those falling mid-way include; Chief Operating Officer, Medical and Secure Services. Directorates scoring patient experience the lowest include; Estates, Informatics and BI, Finance, Hotel Services, Human Resources and Secure Services.
- **Staff Groups**
Staff scoring patient experience the most positive include; nursing and midwifery registered, medical and dental, allied health professionals, additional clinical services. Those falling mid-way include; additional professional scientific and technical. Staff groups scoring patient experience the lowest include; administrative and clerical, estates and ancillary.

Next Steps

- Patient Experience Team to share the data with the Trusts Staff Champions of Patient Experience
- To identify Staff Champions of Patient Experience (SCOPE) in Corporate Services teams
- To roll out the Patient and Carer Experience Development Plan in all teams where each SCOPE will identify their team's top three patient and carer experience priorities to implement during 2020/21
- Head of Patient Experience and Engagement to work closely with the Trust's Organisational Development Specialist to further develop pathways to align patient and carer experience to staff experience

Achievements over the Past Year

This report includes achievements made across the organisation to support the patient and carer experience and engagement agenda over the past twelve months. The achievements have been aligned to the Trust's six strategic goals.

Trust Goal One: Innovating Quality and Patient Safety

Priority One: By actively listening to patient, service user and carer views we can learn and act upon them to help improve the quality and safety of the services we provide

and

Priority Two: Continuing to engage patient and carer champions across the organisation to make real change happen

Local Surveys/Feedback

Trust Forums

Five forums continue to meet on a regular basis to give our patients, carers, staff and partner organisations a voice and the chance to be involved in Trust business, including;

- Hull & East Riding Patient and Carer Experience Forum (PACE)
- Hull & East Riding Staff Champions of Patient Experience (SCOPE)
- Whitby & District Patient and Carer Experience Forum
- Scarborough & Ryedale Patient and Carer Experience Forum
- Humber Co-Production Network

Friends and Family Test (FFT) Survey Dashboard

Staff across the Trust continue to access the Friends and Family Test (FFT) data dashboard to share good practice and learn lessons. An increased number of corporate teams are also using the dashboard to look at the qualitative feedback to support them in their roles. For example, the Business Intelligence team are using the data to provide valuable qualitative feedback when completing tender applications. Refer to appendix 2 which provides a snapshot of the FFT results for the full Trust for the month of September 2019.

Friends and Family Test (FFT) National Guidance Changes

In September 2019 NHS England and NHS Improvement issued new guidance which sets out how Trusts must use the Friends and Family Test (FFT) to improve patient experience. The changes must be implemented by no later than 1st April 2020. Key changes relevant to our Trust include:

- A new standard question for all settings "Thinking about the service we provide.....Overall, how was your experience of our service?" (The previous mandatory question was "How likely are you to recommend our service to friends and family if they needed similar care or treatment?")

- A new response scale: Very good, good, neither good nor poor, poor, very poor, don't know. (The previous response scale was: extremely likely, likely, neither likely nor unlikely, unlikely, extremely unlikely, don't know).
- The guidance is encouraging commissioners to move away from a narrow focus on how many responses are being collected and what the score is and will move towards a quality improvement culture
- The guidance promotes a culture where staff are engaged in the process of deciding what questions to ask, how to collect it, how to use it to make improvements
- It is recommended that providers use a combination of methodologies to collect the information to support making the opportunity to give feedback accessible to all.

During the year a working group was formed to support development of two refreshed FFT survey forms; a generic form and an accessible form (in easy read) which will be used by all services with effect from 1st April 2020.

Waiting List Survey

A survey was carried out from 14 October 2019 for a two week period to better understand the experiences and feelings of our patients and service users who are currently on our waiting lists. The teams identified were from the Mental Health Services care group; Bridlington CMHT, Bridlington Memory Service, Chronic Fatigue Service, General Liaison, Haltemprice OPMHCT, Holderness OPMHCT, Hull East CMHT, Hull Integrated Care Team (HICTOP) and Specialist Psychotherapy. Bridlington CMHT and the Chronic Fatigue Service did not participate in the survey because they advised they did not have any long waiters. The other care groups did not have long waiters therefore were excluded from the survey. However, it must be noted that the Children's and Learning Disability services have put a number of systems in place to ensure these services do not have long waiters.

From the 7 teams participating in the survey, the Business Intelligence team identified an average of 10 patients per team (with a waiting list) and the patients were telephoned and asked a number of questions (refer to appendix 3 for the survey). There were 71 surveys completed in total (5 teams returned 10 survey forms, one team returned 9 forms and another team returned 12 forms). The following data highlights feedback from the survey.

Question 1

Do you have the contact details for the team you are waiting for?

Yes	No	Unsure/Other Answer
45 (63%)	24 (34%)	2 (3%)

An additional 4 comments were made relating to this question, 3 of those confirmed they had received a letter and the contact details were included, with 1 confirming they were unsure.

Question 2

Do you know who to contact for out of hours help should you require it?

Yes	No	Unsure/Other Answer
37 (52%)	33 (47%)	1 (1%)

There were 11 comments in total returned relating to this question, including:

"Got a red button"	"Carers are going in"	"I have a Lifeline"
"I could probably find it"	"No, would struggle"	"I would call the Crisis team"

Question 3

Have you been contacted by the service to discuss how you are feeling and to update you?

Yes	No	Unsure/Other Answer
16 (22%)	51 (72%)	4 (6%)

The third question related to follow up contact; this provided the most additional comments, 14 in total. Comments included:

"Yes, they are very good"	"Yes monthly"	"Yes, by letter"
No, nothing since my letter"	"No, thought someone would have been in touch"	I had to ring to find out if I was on the waiting list"

Overall Waiting Time

Up to 1 month	1 to 3 months	3 to 6 months	6 to 12 months	12+ months	Unsure/Other
6 (9%)	22 (31%)	8 (11%)	8 (11%)	1 (1%)	26 (37%)

Refer to the data above highlighting the overall figures for the length of time people are waiting to be seen. Based on the 71 surveys received, of those who did know how long they had been waiting 28 (40%) are 3 months or less, 16 people (22%) were split evenly, 8 each, between 3 to 6 months and 6 to 12 months. With only one person advising they had been waiting over 12 months.

The data shows that 26 service users, (37%) were unsure how long they had been waiting.

The above waiting list data has been shared with the mental health services clinical lead who confirmed that the raw data is being analysed to identify the areas of challenge and further work that needs to be undertaken to support adherence to the Standard Operating Procedure (SOP).

Bereavement Survey Package

The bereavement survey package has been refreshed to include a consistent theme for all materials including; an A5 folder, A5 information booklet, bereavement card and bespoke information leaflet (local area information). The folders, information booklets and bereavement cards have been funded by our Trust charity Health Stars. The Whitby & District and Scarborough & Ryedale community services bespoke leaflets have been funded by Scarborough & Ryedale Carers Resource. The launch of the new materials took place in November 2019.

All physical health teams participate in the bereavement programme survey.



Patient and Carer Stories at Trust Board Meetings

Stories can help build a picture of what it is like to be in receipt of our services and how care can be improved or best practice shared. Every month a patient, service user or carer attends a Trust Board supported by a clinician to share their story. By listening to lived experiences of those in receipt of our services or caring for a loved one in receipt of our services provides a valuable contribution to our Board meeting.

Child and Adolescent Mental Health Service (CAMHS)

As part of the development of the CAMHS Inpatient services 'Young Minds' were commissioned by NHS England North to engage with young people about the kind of services they wanted to see. From that engagement it was clear that the location, access and building design were key issues for young people. As a result of listening to the feedback the Trust identified a site for the new service which is situated within a socially

inclusive and mutually supportive neighbourhood. The location is within easy walking distance of Hull city centre, with outstanding transport links and amenities as well as in close proximity to the local acute hospital.

Self Mediation and Self Help (SMASH) Service

The SMASH service has been delivering a number of different aspects of coproduction. From adapting and developing the core sessions of the therapeutic group work element, to the co-delivery of the celebration events that happen at the end of the 12 week programme. Also the young people provide feedback to help identify gaps in service delivery.

The service has a strong focus on getting the right people for the job and continues to facilitate a co-delivered young person led recruitment process. At a recent set of interviews the team were able to test out new ways of delivering team recruitment activities, and saw very successful results from the young people's ideas. And during this process they adapted the co-delivered interview process further. Not only have they got a complete young person led process but following the young person led group and interview panel they now co-deliver with a parent on the professional's panel.

National Surveys/Feedback

Mental Health Community Service User Survey (2019)

The Trust participated in the survey between February and June 2019. The report captures patient views and perceptions of the care they received whilst receiving community mental health services. The Trust scored in the top 20% of organisations surveyed for three questions. The majority of scores were in the mid 60% range and six questions in the bottom 20% range.

The full report has been shared with Trust staff at various forums and the findings have been discussed and actions identified to make improvements where appropriate. An action plan has been developed and responsible leads identified to deliver on the actions and quarterly progress updates are in place to provide assurance. These updates will be delivered through the Mental Health Services division planned care management team structure. If you would like to see more details about this survey, please visit our website at <https://www.humber.nhs.uk/patient-and-carer-feedback.htm>

Mental Health Inpatient Survey (2019)

The Trust participated in the survey between August and November 2019. The report captures patient views and perceptions of the care they received whilst receiving inpatient mental health services. The Trust scored in the top 20% of organisations surveyed for four questions including; hospital food very good/good, purposes of medications explained completely, definitely involved as much as wanted in decisions about care and treatment and discharge not delayed for any reason. The remaining questions were scored in the mid 60% range of organisations. No questions were in the bottom 20% range.

The initial high level data was received in the Trust mid- December. This was immediately shared with the Mental Health Services division who subsequently shared the data at the Acute Care Forum and Charge Nurses meeting for discussion. The division is looking at implementing Quality Improvement initiatives to support areas for improvement of which will support the division's 20/21 Quality Improvement Plan. If you would like to see more details

about this survey, please visit our website at <https://www.humber.nhs.uk/patient-and-carer-feedback.htm>

Annual GP Patient Survey (2019)

The survey was carried out in July 2019. The table below highlights key themes taken from the overall survey which includes eighteen questions. Where GP surgery scores are above the national average there is bold text within a shaded cell.

Surgeries	Experience of making an appointment (National Average 67%)	Involved (National Average 93%)	Listened to (National Average 89%)	Care and Concern (National Average 89%)	Overall Experience (National Average 83%)
Chestnuts	81%	97%	95%	95%	90%
Fieldhouse	55%	86%	79%	79%	70%
Hallgate	76%	100%	92%	92%	89%
Manor House	61%	99%	91%	91%	91%
Market Weighton	42%	92%	86%	83%	70%
Northpoint	56%	90%	89%	86%	84%
Peeler House	76%	90%	84%	83%	86%
Princes Medical Centre	68%	95%	90%	88%	87%

On comparing national to local feedback, Chestnuts and Hallgate surgeries are above national average for all five questions in the table above. Manor House surgery and Princes Medical Centre both score over the national average for four out of five questions. However, Fieldhouse and Market Weighton surgeries both fall below the national average for all five question areas. The remaining two practices (Northpoint and Peeler House) both score above the national average for two questions. It must be noted that six out of eight practices describe their overall experience of their GP practice as good.

Experience of making an appointment is our area of most concern. On triangulating Friends and Family Test (FFT) feedback from summer 2019, appointments has also been a key theme pulled through from the FFT dashboard. Practices have implemented the following actions to help address concerns:

- Changing skill sets in Primary Care – have introduced MSK clinicians, Advanced Prescribers and Pharmacists.
- Promotion of NHS App – for advice and guidance. Benefits include ordering repeat prescriptions and viewing personal medical records.
- Hull and East Riding practices have improved access to appointments – patients can go to other GP practices for late night and weekend appointments.
- Every GP practice owned by Humber Teaching NHS FT has improved access to appointments – they open at 7.30am for practice nurse and Health Care Assistant appointments.

- Push Doctor has been introduced in Fieldhouse Surgery, Bridlington – this is a skype GP facility, if a patient is struggling to get a same day appointment.

Positive feedback has already been received from patients using the Push Doctor facility. In December 2019 a patient said “I liked the skype doctors”.

On a monthly basis all eight practices discuss patient feedback in team meetings and the clinical network. Seven out of the eight practices have Practice Participation Groups (PPGs) where feedback is discussed and shared with the public on ‘you said, we did’ notice boards in the surgeries.

If you would like to see more feedback from the GP Patient survey, please visit the website at <https://gp-patient.co.uk/>

Champions of Patient Experience

Patient and Carer Experience (PACE) Champions

Patient and Carer Experience Champion volunteers attend quarterly forums and are recognised through purple lanyards and identity badges. Individuals actively engaged in each of our forums are as follows:

Forum	Number of Members
Hull & East Riding Patient and Carer Experience Forum	44
Whitby & District Patient and Carer Experience Forum	15
Scarborough & Ryedale Patient and Carer Experience Forum	28



Staff Champions of Patient and Carer Experience (SCOPE)

The Trust currently has 122 Staff Champions of Patient Experience; all teams now have at least one identified champion. Our champions attend bi-monthly meetings to share best practice around all aspects of patient and carer experience and are recognised through purple inserts in their lanyards.



Spotlight on the Humber Centre

The involvement lead at the Humber Centre has recruited 16 Staff Champions of Patient Experience over the past few months. Every ward and department within the service now has at least one SCOPE. The service hosts a monthly meeting to support the champions and discuss both the Trust wide and service's patient and carer experience agendas.

Trust Goal Two: Enhancing Prevention, Wellbeing and Recovery

Priority Three: Continue to strengthen our involvement with patients, service users and carers in decisions about their care and

Priority Four: Further involvement with patients, service users and carers in Trust activities and influencing the organisation

Identification of Carers and Carers Assessments

Work is continuing to ensure staff are identifying and signposting carers for assessments as appropriate. When a clinician comes into contact with a patient, service user or their carer, they must identify whether there is a carer and then complete the relevant documentation.

Identification of Caregivers in Stress

A tool is now available to support clinicians when identifying if a care giver is in stress called the "Relatives Stress Scale". The tool asks the caregiver fifteen questions and identifies their level of personal stress and domestic upset (refer to appendix 4). The tool helps clinicians to make the decision to refer the carer to carers support services for a carer's assessment. The carer's assessment will then determine what level of support is needed.

Involvement in Trust Activities

There are a number of ways in which patients, service users and carers can get involved in Trust activities. Please refer to appendix 5 for the Involvement in Trust activities information poster.

Events

Patients, service users and carers have been invited to attend meetings, forums, workshops and events to provide their lived experiences to influence Trust decisions, a few high level examples include:

- Patient and Carer Experience strategy action planning event to identify actions for years 2 and 3 of the strategy (April 2019)

- Patient and Carer Experience Strategy meetings/workshops (every 2 months)
- Annual Members Meeting (August 2019)
- Service Transformation workshops and meetings (throughout the year)
- Framework to Involve Patients, Service Users and Carers in Recruitment (working group)

Involving Patients, Service Users and Carers in Recruitment

A framework called “Involving Patients, Service Users and Carers in Recruitment” has been developed. The purpose of this framework is to initiate and implement a consistent approach for patient, service user and carer involvement in the recruitment process for public facing roles across the Trust. The involvement of patients, service users and carers in the recruitment and selection process benefits both patients and the Trust; their perspective positively influences recruitment and selection decisions, which is crucial to the delivery of high quality services. Whilst qualifications, experiences, knowledge and professional skills are imperative to effective care and treatment, of equal importance is the demonstration of how the candidate possesses the values, positive behaviours and personal qualities that would enhance the patient experience. Patient involvement in recruitment and selection activity offers an invaluable perspective on this.

Veterans

The Trust is progressing its application for Veteran Aware Hospital Status. “Veteran Aware Hospitals” are exemplars of the best care for veterans in the NHS. They are accredited by the Veterans Covenant Hospital Alliance (VCHA), a group of over 25 NHS acute hospitals that have volunteered to drive improvements in NHS care for people who serve or have served in the UK Armed Forces and their families, in line with the Armed Forces Covenant. Our Trust would be the first Foundation Trust and mental health service leader to apply for the status following an amendment to the award process to allow application from a non-acute hospital.

A project group has been formed including veterans with lived experiences and staff who have an interest in veterans (they may have serving family members, be a veteran themselves or have a particular interest in supporting veterans). Three priorities have been identified to move forwards:

- To look after our staff who are veterans or who have family members serving or who are veterans
- To raise awareness of extra support services available to veterans by training our staff
- To be an employer who supports veterans getting an NHS role

Trust Goal Three: Fostering Integration, Partnership and Alliances

Priority Five: Ensuring that at all times we provide information that is accessible and

Priority Six: Working and collaborating with other organisations to share learning and best practice

Equality, Diversity and Inclusion Priorities for Patients, Carers Service Users 2019/20

As a result of last year's event called 'Building our Priorities for 2019/20' the following priorities have been progressed over the year:

- To improve communication with our young people with a protected characteristic.
- To co-produce relevant training packages with people from a diverse background so that it is representative of the protected characteristics.
- To raise awareness of the Interpretation and Translation services available to staff.
- To better understand the preferred channel of communication for individuals accessing our services.

A workshop will take place in the Spring to identify EDI priorities for the coming year.

Accessible Information

The Patient and Carer Experience forums and East Riding Healthwatch (Read Right project) provide feedback on new patient information materials to ensure information is in plain English and understandable.

Browsealoud

The Trust installed Browsealoud software onto the website in December 2018. Browsealoud is a solution for making information accessible to patients, service users and carers with learning difficulties, dyslexia, mild visual impairments and those with English as a second language.

Interpreter on Wheels

Interpreter on Wheels is a video interpretation service providing one touch, on demand, secure access to the largest global resource of experienced, security-vetted interpreters via electronic devices.

Following the success of a pilot during spring 2019 including the Trust's Mental Health Crisis Service and Avondale Unit, approval was given to those teams who have the highest referral rates to interpretation services to use the interpreter on wheels service as a mainstream addition to their existing interpretation services. The teams include; Mental Health Response Service, all Mental Health inpatient units, Hull East and Hull West Community Mental Health teams.

Hull Pride 2019



The Trust supported the Hull Pride event and parade in July 2019. Many teams supported the Trust's two information stands on the day and participated in the Pride march with our Humber banner.

Lesbian, Gay, Bisexual and Transgender (LGBT) + Community Poster

Patients, service users, carers and staff co-produced a LGBT+ poster helping to signpost individuals to support available (refer to appendix 6).

Partnership Working

The Trust continues to strengthen relationships with partner organisations by working with local communities including hard to reach groups. Partner organisations are invited to Trust forums and the Trust attends external forums including:

- Healthwatch organisations
- Carers Advisory Group (CAG)
- Hull Engagers Network
- Hull and East Riding Lesbian, Gay, Bisexual and Transgender forum (LGBT+ forum)
- Ashiana
- Provider Trusts (local, regional and national networks)
- Hull University
- Hull University Teaching Hospitals NHS Trust
- East Riding and Hull Clinical Commissioning Groups
- Leadership Academy
- NHS England/Improvement
- Patient Experience Network (PEN)
- Head of Patient Experience Network (HOPE)

Trust Goal Four: Developing an Effective and Empowered Workforce

Priority Seven: To expand our staff knowledge and understanding of patient, service user and carer experience and how that influences their practice and

Priority Eight: Making patient and carer experience the business of all Trust staff

Team Visits

The Patient Experience Team (including Complaints and PALS) continue to visit teams to raise the profile of the work plan and update staff on activities taking place and how to get involved.

Patient Participation Groups

Where Patient Participation Groups have been established in GP surgeries, the Patient Experience team attends meetings to update the groups on the patient and carer experience strategic direction for the Trust.

Global communications

Communications are cascaded to all staff on a regular basis to provide updates on the patient and carer experience agenda; this includes a regular update in the Quality newsletter.

Organisational Events

The Patient Experience Team attends regular events across the Trust to raise the profile of the team and its agenda.

Development of the Patient and Carer Experience Strategy (2018-2023)

The strategy highlights how patients, service users, carers and staff can actively get involved in patient and carer experience activities and sets out key milestones for the agenda for the next five years. Please refer to appendix 7 for an illustration of the strategy 'plan on a page'.

Internal Communications

Refer to Priority Seven.

Service Visits

The Patient Experience Team including Complaints and PALS attend regular team meetings to provide an update to staff on the Patient Experience Team agenda.

Staff Champions of Patient Experience Forum

Refer to Priority Two

Trust Goal Five: Maximising an Efficient and Sustainable Organisation

**Priority Nine: Hold an annual patient and carer experience event to share achievements and future aspirations
and**

Priority Ten: Patients, service users and carers will be at the centre of all our quality improvement and transformation work

Annual Members Meeting

The Patient Experience Team attended the Trust's Annual Members Meeting (AMM) to showcase all of the work achieved across the Trust on the patient and carer experience agenda. A patient story was shared with the audience as part of the AMM's agenda.

Always Events Framework

We are improving our Quality Improvement process by participating in the national Always Events programme. An Always Event involves patients, families and health professionals working together to decide what matters most to them. Teams involved in the programme include, Learning Disabilities Inpatient Team, Townend Court, PSYPHER, Fieldhouse Surgery, Bridlington and the Humber Centre.

Spotlight on PSYPHER

Over the past year the service has been working to maintain the outcomes they achieved in their first always event which was “all clients of PSYPHER will have a personalised discharge plan and will work towards this with their support network”. As of June 2019 the changes that they achieved have been maintained at a 70% rate. All of the service users who were surveyed following the new discharge pilot gave positive feedback. Staff have continued to co-produce wherever they can with service users at the centre of their work. Following the success of the first always event, the service have started to prepare for their second event. They held a service user meeting with the support of the team’s Staff Champion of Patient Experience, to create word clouds about what service users find useful and what they want more of at PSYPHER. They are now in the process of using feedback to create feedback postcards to develop their final change idea.

Quality Improvement including Always Events Forum

June 2019 saw the launch of our Quality Improvement (QI) including Always Events forum. The forums showcase and celebrate the great QI work going on across the Trust. Teams interested in knowing more about QI and Always Events programmes are invited to hear patients, service users, carers and staff sharing experiences and the benefits of involvement in the various programmes.

A Quality Improvement Consultancy meets on a monthly basis where patient and carer experience is a regular agenda item.

Trust Goal Six: Promoting People, Communities and Social Values

Priority Eleven: Continue to collaborate and work in partnership with other organisations to benefit our patients, service users and carers and

Priority Twelve: Raising the profile of patient and carer experience whenever we can

NHS Improvement Films

NHS Improvement chose the Trust to produce three short films (learning, leadership and culture) to showcase how we have developed our approach to integrating quality improvement and patient experience. This was a great opportunity for us to be a national exemplar of patient experience and share our journey with fellow Provider Trusts across the country. There were a number of film launches across the country and our regional launch in Leeds was attended by the Trust’s patient and carer experience champions, Chief Executive, Chairman, Head of Patient and Carer Experience and Engagement, Communications and Marketing Manager and staff champions of patient experience.

National, Regional and Local Events

The Trust has delivered presentations across the country to talk about the Trust's patient and carer experience agenda to share our approach and journey to date including the annual NHS Providers conference at The Kings Fund in London.

Humber Co-production Network

The Humber Co-production network meets every six months to help to build stronger relationships. At present we have 56 organisations signed up to the network. Each meeting includes either a presentation or workshop from a partner organisation and an update or workshop from a service within the Trust.

Complaints and Patient Advice Liaison Service (PALS)

Formal complaints

Formal complaints received 1 April 2019 to 31 March 2020

For the period 1 April 2019 to 31 March 2020, the Trust received 235 formal complaints which compares to 221 for the period 1 April 2018 to 31 March 2019.

Formal complaints responded to 1 April 2019 to 31 March 2020

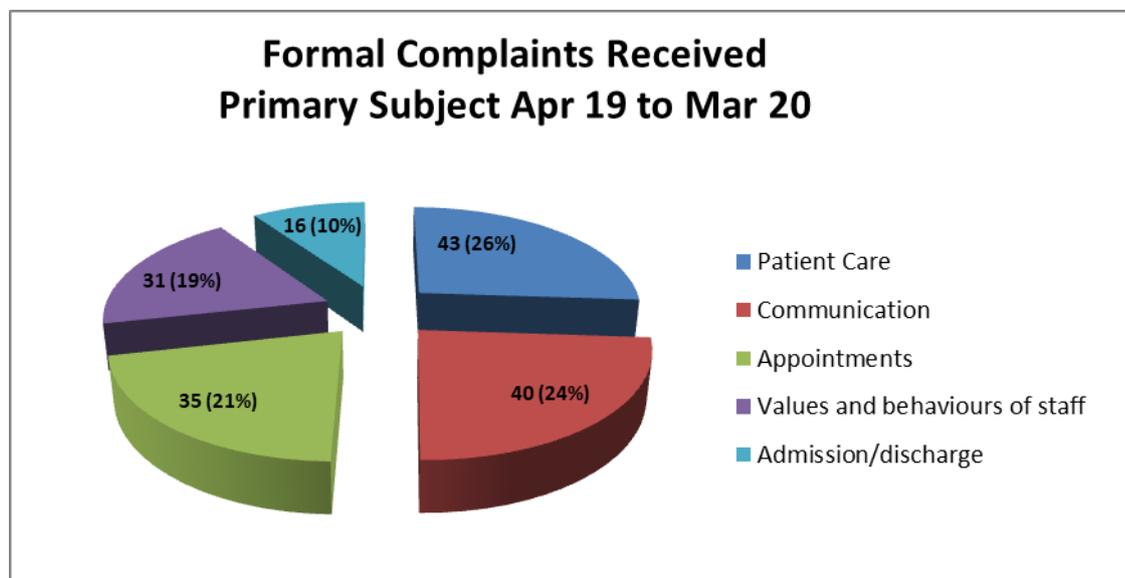
The Trust responded to 243 formal complaints for the period 1 April 2019 to 31 March 2020 which compares to 218 for 1 April 2018 to 31 March 2019.

The number of formal complaints received and the number of formal complaints responded to figures differ due to the investigation period (30, 40, or 60 working days) for each complaint. Therefore some formal complaints received prior to 1 April 2019 will have been responded to in this period and some received towards the end of this period will still be under investigation.

It should also be noted that due to the Covid-19 challenge, a number of formal complaints that were under investigation as at 23 March 2020 were placed on hold and the new complaints received from that time until 31 March 2020 were also placed on hold. All complainants were informed of the action taken by the Trust.

Top primary subject for formal complaints received for 1 April 2019 to 31 March 2020

Of the 235 formal complaints received during this period, the top 5 subject areas were as follows:



Subjects are recorded on the issues raised within the formal complaint and do not necessarily reflect the findings from the investigation.

The top five primary subjects show that patient care, communication, appointments, values and behaviours of staff and admission/discharge continue to be the main subjects raised within formal complaints.

Patient care is primarily where the patient has a different expectation to the care and treatment that has been offered/provided and them feeling their needs have not been met.

Communication continues to be a key reason why people raise formal complaints eg patients/carers not feeling listened to; calls not being returned and letters not being sent as agreed.

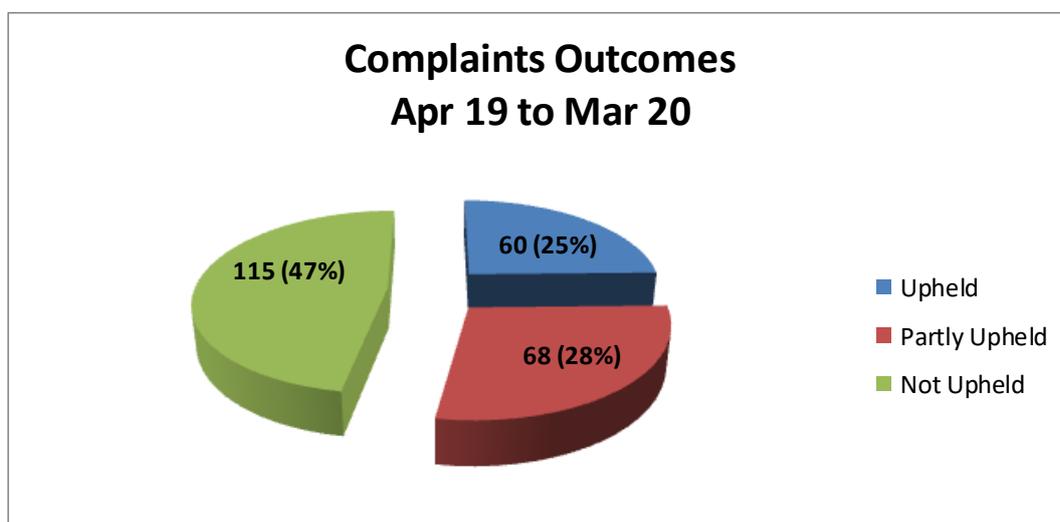
Appointments are primarily when the patient has been waiting for an appointment and there has been a delay.

Values and behaviours of staff include complaints about how patients/carers feel they were spoken to during telephone conversations/appointments and/or comments allegedly made by staff.

Admission/discharge is primarily when the patient considers they have been discharged too early both from community and inpatient mental health services.

Formal Complaint Outcomes from 1 April 2019 to 31 March 2020

Of the 243 responded to, 60 were upheld (25%), 68 were partly upheld (28%) and 115 were not upheld (47%). For the previous year, the Trust responded to 218 formal complaints, of these 52 (24%) were upheld, 50 (23%) were partly upheld and 116 (53%) were not upheld.



Upheld complaints are those that when investigated, it is found that all of the issues raised were well founded. Partly upheld complaints are where some of the issues raised were well founded. Not upheld complaints are where the issues raised could not be substantiated through investigation.

Actions Taken by Care Groups as a Result of Formal Complaints Responded to

All actions identified from formal complaints are monitored by the Complaints department and for each action; confirmation/evidence is requested from the lead person identified for that action that the action has been completed by the specified time. Where the action plan has been developed at the time of the response, these actions are included in the letter of

response to the complainant. A tracker for all actions from formal complaints has been developed and is continually monitored/checked and has been shared with the Divisions.

The following are some examples of actions/learning from complaints responded to this year. Patient specific actions have been excluded:

- GP practice – Patients are to be offered appointments at an alternative Trust GP practice to avoid delays if they are willing to travel.
- Community Hospital – All registered nurses to attend ward based training session depicting a patient journey from admission to discharge. Clinical care planning training scenarios to be part of this training.
- Complaints and PALS - Complainants are now offered the opportunity to have their response/information emailed securely to them. This will involve the complainant registering once to allow this to happen and all future correspondence to them will be secure.
- Mental Health Response Service – To ensure all staff are aware of the recent updated practice to give time windows of 2 -3 hours when agreeing to call a patient back.
- Adult Inpatient Unit – Works to be completed on perimeter to try to prevent patients from being able to leave the unit via the walls.
- Adult Mental Health, Community – To review the CMHT brochure and update information to appropriately reflect the availability of traumatic stress service.
- Older People’s Mental Health, Community - No patient will be diagnosed with Dementia without a face to face contact. Change to Administrative procedure; no letter will be sent out directly to a patient without having being seen by the author or a nominated person and signed before sending.
- Emotional Wellbeing Service - Error on referral portal as a referral from an out of area GP surgery entered the service – staff to double check GP details before accepting a patient into the service.

Compliments

For the period 1 April 2019 to 31 March 2020, the Trust received 332 compliments in comparison to 351 for the same period during the previous year.

The Trust continues to look at ways to strengthen the process for capturing compliments.

Parliamentary and Health Service Ombudsman

Of the formal complaints responded to from 1 April 2019 to 31 March 2020, none of the complainant’s took their cases to the Parliamentary and Health Service Ombudsman. There are currently two cases being considered by the PHSO however, these formal complaints were responded to some time ago. We are currently awaiting the final outcomes.

Patient Advice and Liaison Service (PALS)

For the period 1 April 2019 to 31 March 2020, the Trust responded to 347 PALS contacts which compares to 289 for the previous year. In addition, we received 137 contacts which were referrals to other Trusts which compares to 177 for the same period last year.

The top 5 primary subjects for PALS contacts are as follows:-

- All aspects of clinical treatment: 86 (25% of the total)
- Advice and information (general): 54 (16% of the total)
- Appointments delay/cancellation: outpatient : 44 (13% of the total)
- Medication concerns: 22 (6% of the total)
- Advice and information (clinical): 21 (6% of the total)

Healthwatch Report “Shifting the mind set: A closer look at hospital complaints January 2020”

January 2020 saw the publication of the report where Healthwatch researched 149 NHS acute trusts in England to look for substantive reporting on complaints. It must be noted that we provide all services excluding acute trust services. Key findings include:

- Hospitals are talking about the complaints process in terms of numbers of complaints they are dealing with, but the learning and changes they are making as a result are less prevalent.
- Four in five people told Healthwatch that seeing where other people’s complaints have made a difference would encourage them to make their own voice heard.
- 74% of hospitals reported on the number of complaints but only 38% provided any information on the action taken to improve services as a result.
- National data on hospital complaints tells us little on who complains.

Recommendations suggest:

- All hospital Trusts should publish regular complaints reports and ensure these include details on learning and improvement taken as a result
- To improve public confidence in the complaints systems, Trusts should work to communicate learning from complaints with the public in more accessible ways (e.g. you said, we did on notice boards in public areas)
- All Trusts should collect demographic data, including information on all protected characteristics, as part of their complaints processes
- More should be done to empower complaints managers and staff (including communications teams) in hospitals to be proactive in demonstrating learning from complaints and transparency in reporting
- The national NHS Complaints Managers Forum should be formally resourced and supported by NSE/I
- NHS E/I should work with Trust boards to embed the Good Governance Institute’s guidance on transparency around complaints
- A single organisation should be empowered to act as a national complaints standards authority
- While arrangements for a national complaints standards authority are being developed, the Department of Health and Social Care should consider commissioning an independent body to conduct a holistic review of the complaints system
- National organisations like NHS E/I and PHSO should lead by example in publishing detailed thematic analysis and learning from their own complaints processes
- National oversight of the complaints system should be linked to regional and local learning

What Humber Teaching NHS Foundation Trust Currently Does

- The Trust publishes monthly complaints data in the Quality Dashboard which is shared at Trust board, Council of Governors, Quality and Patient Safety Committee and Quality Committee.
- The Trust publishes a Patient and Carer Experience (including Complaints and PALS) from bi-annually. This report includes information as set out in the *Local Authority Social Services and National Health Service Complaints (England) Regulations 2009*. The annual report goes to Quality and Patient Safety Committee, Quality Committee and Trust Board and is available on the Trust's Intranet and Internet.
- Learning and improvement taken as a result of complaints including thematic analysis is shared in the bi-annual reports and is also discussed in team meetings.
- The Complaints and PALS team have an action planning tracker for both the current year and 18/19, which is kept up to date. There is a robust process for chasing actions with clinical teams. The Complaints and PALS team are responsible for ensuring the action planning tracker is maintained.

What Humber Teaching NHS Foundation Trust Should Do as a Result of this Report

Many of the recommendations are national and outside the remit of the Trust. However, as a result of the report the Trust may wish to consider the following:

- You Said/We Did board on the Trust intranet and internet sites – non patient specific actions to be included on both platforms in order for staff, patients, service users and carers to see what the Trust has learnt from formal complaints. This would be updated on a quarterly basis subject to thematic analysis and subsequently reported in the bi-annual reports.
- Demographical data – we are in the process of developing a complaints response feedback form which includes demographical data.

Priorities for 2020/21

We realise that the best way to improve quality in an organisation is by finding out what patients, service users and carers say through their lived experiences. Therefore, over the next twelve months we will continue to deliver on the priorities set out in our coproduced five year PACE strategy (2018 to 2023) and will pay particular attention to the following key priorities:

- To embed an approach to recruitment across all clinical services and senior clinical roles that will involve patients, service users and carers in the recruitment process. A framework has been approved and during the coming year the Trust will implement the framework across services.
- To implement the revised Friends and Family Test survey form; the form will be available in all of our teams from the 1st April 2020 and we expect to see an improved process in all of our teams to ensure we are asking for feedback at every opportunity.
- To develop a coproduced Patient and Carer Experience (PACE) training programme to ensure that everyone involved in the PACE agenda has an increased awareness of the priorities and associated knowledge and skills. Patients, service users and carers will be equipped with technical skills and knowledge to support them when getting involved in various Trust activities. Staff will be able to attend awareness

sessions to inform them of the PACE work programme and involvement opportunities for both themselves and the individuals they care for.

- To enhance systems and processes to better understand patient experience to inform Quality Improvement (QI) by increasing the number of teams engaging with the Always Events programme and the Patient Experience Toolkit; by working in collaboration with the QI team to ensure that the patient, service user and carer voice is actively listened to and acted upon to help identify future QI initiatives.
- To further strengthen processes to identify carers and offer support where needed; (a) to strengthen internal processes where care professionals identify carers (somebody who the patient, service user, child or young person relies on for emotional support and/or support with daily activities) and (b) to work closely with carers support services to ensure a seamless pathway to carers assessments and feedback is given to referrers advising on care plans identified.
- To identify even more patients, service users and carers to get involved in Trust activities; to work closely with the Trust's Staff Champions of Patient Experience who are best placed to identify Patient and Carer Experience Champions to support the PACE agenda.
- To recognise and act upon the valuable information provided in the 2019 Staff Survey to help drive improvements within the Patient and Carer Experience agenda paying particular attention to what our staff are saying about the collection of patient/service user feedback within teams.
- To build even stronger relationships with everyone to ensure that we are actively engaging, listening, learning and acting upon everything we hear.
- To continue to manage and respond to complaints, concerns, comments and compliments for all of our services; we will ensure that staff listen carefully to the information raised with them and aim to resolve issues as they arise as close to the delivery of the service as possible, however, if a formal complaint is raised, we will ensure staff are aware of the importance of a professional, open, honest and informative response to patients and carers when they raise a concern or complaint.
- To deliver more training to those staff directly involved in investigating formal complaints and those staff involved in resolving concerns and queries via the Patient Advice Liaison Service (PALS) or directly with patients/carers/families; it is important that services/teams review the themes/issues arising from their formal complaints and PALS contacts to ensure that learning is embedded in their delivery of care and treatment and will be included in the training.

To conclude, we have had another successful year working together in partnership with our patients, service users, carers, staff and partner organisations to help patient and carer experience to become an integral part of our culture and everyday thinking.

This annual report is available in alternative languages and other formats *including Braille, audio disc and large print*. Or, if you would like any further information relating to this annual report, please contact the Patient Experience Team as follows:

Humber Teaching NHS Foundation Trust
Trust Headquarters
Willerby Hill
Beverley Road
Willerby
East Riding of Yorkshire
HU10 6ED

Tel: 01482 301700

Email: hnf-tr.contactus@nhs.net

Twitter: @humbernhsft

Facebook: @humbernhsft

Tel: 01482 389167

Email: hnf-tr.patientandcarerexperience@nhs.net

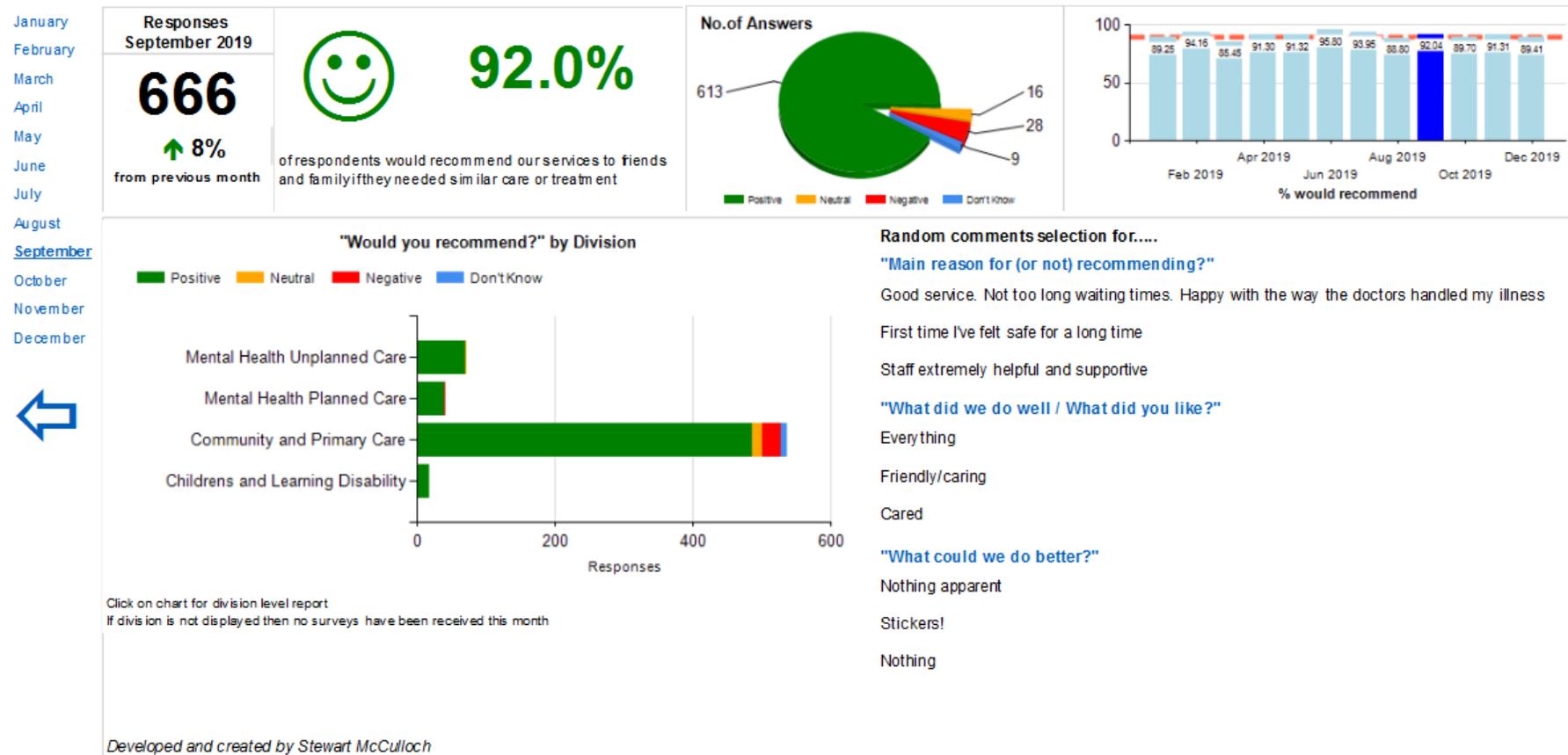
Appendix 1: Equality, Diversity and Inclusion (EDI) Priorities 2019/20

	Trust Strategic Goals						
	Innovating Quality	Enhancing Prevention	Fostering Integration	Developing workforce	Maximising Organisation	Promoting People	
Objective							Outcome
1. To improve communication with our young people with a protected characteristic.	✓	✓					Young people with a protected characteristic will be actively engaged in the EDI agenda and their voices will be heard to help inform the provision and development of our services.
2. To co-produce relevant training packages with people from a diverse background so that it is representative of the protected characteristics.	✓	✓		✓			A culturally competent workforce to demonstrate empathy, care and compassion from an EDI perspective which will lead to improved patient, service user, carer and staff experience.
3. To raise awareness of the Interpretation and Translation services available to staff.	✓		✓	✓			An informed workforce where the Trust will have assurance that individuals who speak English as their second language will have their needs understood and met in a structured manner.
4. To better understand the preferred channel of communication for individuals accessing our services.	✓	✓					Individuals accessing our services will receive communication relating to their health needs in the format they require.

Appendix 2: Friends and Family Test Dashboard Overview Mid-Year (September 2019)



Friends and Family Test



Appendix 3: Survey for Patients on our Waiting Lists

Survey for Patients on our Waiting Lists

Team: _____

How long have you been on the waiting list?

.....

Do you have the contact details for the team you are waiting for?

Yes No

Comments:

.....

.....

Do you know who to contact for out of hours help should you require it?

Yes No

Comments:

.....

.....

Have you been contacted by the service to discuss how you are feeling and to update you?

Yes No

Comments:

.....

.....



Appendix 4: Relatives Stress Scale

Relatives Stress Scale (Green at al, 1982)

			Please Tick				
			0	1	2	3	4
			Never	Rarely	Sometimes	Frequently	Always
PD	1	Do you ever feel that you can no longer cope with the situation?					
PD	2	Do you ever feel that you need a break?					
PD	3	Do you ever get depressed by the situation?					
PD	4	Has your own health suffered at all?					
PD	5	Do you worry about accidents happening to your relative?					
PD	6	Do you ever feel that there will be no end to the problem?					
DU	7	Do you find it difficult to get away on holiday?					
DU	8	How much has your social life been affected?					
DU	9	How much has the household routine been upset?					
DU	10	Is your sleep interrupted by your relative?					
DU	11	Has your standard of living been reduced?					
PD	12	Do you feel embarrassed by your relative?					
DU	13	Are you prevented from having visitors?					
PD	14	Do you ever get cross and angry with your relative?					
PD	15	Do you ever feel frustrated at times with your relative?					

Total Score = (max 60)

PD (Personal Distress) Score = (max 36)

DU (Domestic Upset) = (max 24)

Appendix 5: Involvement in Trust Activities Poster



Involvement in Trust Activities

Patient & Carer Experience Forums

Opportunities for involvement

- Help raise the profile of patient and carer experience in our services
- Have the opportunity to make positive and constructive suggestions about our services
- Participate in improving and developing services within the Trust

Email: hnf-tr.patientandcarerexperience@nhs.net
Tel: 01482 389167

For Quality Improvement initiatives, please contact:
hnf-tr.qimprove@nhs.net Twitter: @HumberQI

Sharing my Story

Opportunities for involvement

- Your story is a very valuable learning tool for staff
- Share positive or negative experiences to help drive improvement in the organisation
- Your story could prove a good support tool for others in similar situations

Email: hnf-tr.patientandcarerexperience@nhs.net
Tel: 01482 389167

Research

Opportunities for involvement

- You, and/or those close to you, could help us try out new treatments, complete questionnaires or provide samples for genetic testing. (Just some examples)
- Become a Research Ambassador and help us promote research across our Trust and community
- There may be opportunities to help guide new research ideas

Email: hnf-tr.researchteam@nhs.net
Tel: 01482 301726

Recruitment

Opportunities for involvement

- You could meet the applicants as part of a patient and carer panel
- Be part of the interview panel
- Take part in an activity such as a group discussion with the applicants

The way you want to be involved will be determined by you.

Email: hnf-tr.patientandcarerexperience@nhs.net
Tel: 01482 389167

Recovery College

Opportunities for involvement

- Get hands-on by becoming a member of our team – you could utilise your lived experience in a supportive peer volunteer role
- Share knowledge, skills and lived experience as a volunteer guest tutor by developing and delivering a course
- Take control your own mental wellbeing and develop new skills by enrolling onto our workshops and courses yourself!

Email: hnf-tr.recoverycollege@nhs.net
Tel: 01482 389124

Volunteering

Opportunities for involvement

- Use your valuable skills, knowledge and life experience to enhance our services
- Improve your own health and wellbeing through helping others
- Receive training and develop new skills

Email: hnf-tr.voluntaryservices@nhs.net
Tel: 01482 477862

Health Stars

Health Stars contributes to a thriving healthcare environment for NHS teams and their patients, by embracing generosity and investing in innovation. We promote the development of exceptional healthcare, which goes above and beyond NHS core services, through the investment in people; environments; resources; training and research.

The Circle of Wishes is the place where you can tell us about the things you feel would make a real difference to Humber Teaching NHS Foundation Trust services. The things that would bring real "sparkle" to our services our patients and the wider community.

Website: <http://healthstars.org.uk/>
Tel: 01482 389103

Trust Member: What does being a Member mean?

Being a member of our Trust gives you the opportunity to become involved and have a say in how our services are developed. Membership is free and you can be involved as much or as little as you would like. If you are interested in knowing more about being a Trust member please contact the membership office.

Email: hnf-tr.members@nhs.net
Tel: 01482 389132.

Appendix 6: Supporting the LGBT+ Community

NHS
Humber Teaching
NHS Foundation Trust

Supporting the LGBT+ Community

Hull & East Riding LGBT Forum
www.lightsonorthern.org.uk

Scarborough Older LGBT (OLGA)
T: 01529 463044
E: olga@olgaoffice.co.uk
www.olga.uk.com

Yorkshire MESMAC
www.yesmac.co.uk

STEP OUT (12 to 16 years)
The Women
T: 01482 225416
E: stepout@thewomen.org
www.thewomen.org

The SHOUT Group (16 to 25 years)
The Women
T: 01482 225416
E: stepout@thewomen.org
www.thewomen.org

Emotional Wellbeing Service
Text: TALK to 60162
Online: www.talkportal.co.uk/ewb.html
T: 01482 225451
www.humbernhs.co.uk

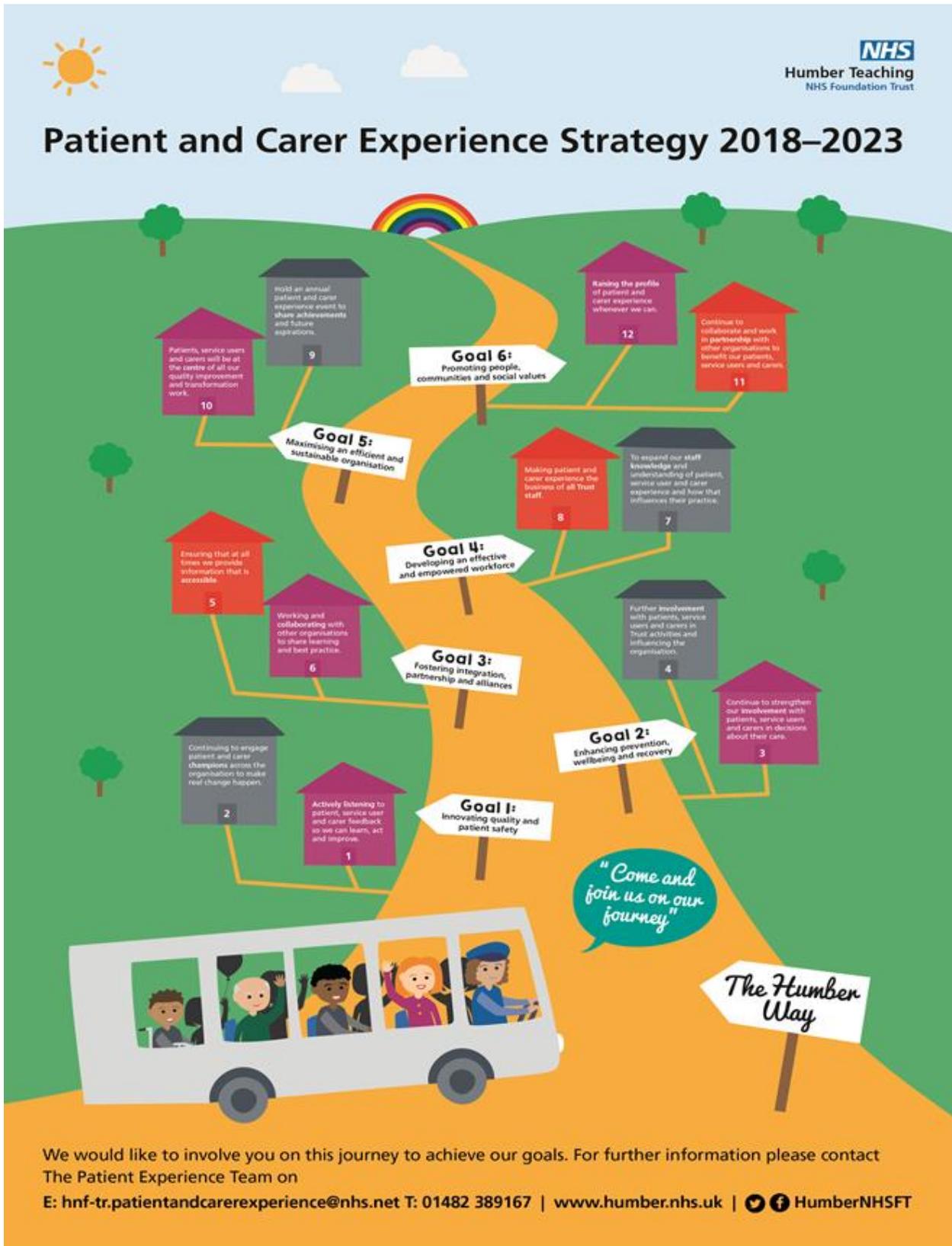
Mind Out Online Support
www.mindout.org.uk

The Humber Way

ME PRIDE GAY FREE SAFE RESPECT HONEST HAPPY HEARD OPEN FAMILY LOVED ACCEPTANCE EQUALITY FRIENDSHIP UNDERSTOOD CHERISHED TRUE WELCOME COMMUNITY SUPPORTED HOPE INCLUDED UNIQUE TRANS CONFIDENT PAN FOCUSING KNOWING INDIVIDUAL QUESTIONING REAL EMBRACING DIFFERENT SHARING QUEER DISCOVERY EXPERIMENTATION CLEAR REALISING CURIOUS LOST JOURNEY PERSONAL BLINDED TARGETED PERSECUTED STARED AT INVISIBLE SCARED JUDGED TALKED ABOUT STIGMATISED FRIGHTENED TRAPPED WORRIED CONFUSED OVERTHINKING DISEMPOWERED ISOLATED FEARFUL DARK EXCLUDED VULNERABLE VICTIMISED

For further information please contact the Patient Experience Team on E: hnf-tr.patientandcarerexperience@nhs.net
T: 01482 389167 | www.humber.nhs.uk | HumberNHSFT

Appendix 7: Patient and Carer Experience Strategy 2018-2023 (Plan on a Page)



If you would like the full strategy please contact the Patient Experience Team as above.

Agenda Item 16

Title & Date of Meeting:	Trust Board Public Meeting – 24 June 2020			
Title of Report:	Fit and Proper Persons Regulation (FPRR) and Trust Compliance 2019/2020			
Author/s:	Sharon Mays Chair			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires all trusts to ensure that all executive and non-executive director posts (or anyone performing similar or equivalent functions) are filled by people that meet the requirements of the FPRR. The definition of directors includes those in permanent, interim or associate roles, irrespective of their voting rights at Board meetings.			
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) Appointments, Terms & Conditions Governor Group	
Key Issues within the report:	The Board is asked to note the Trust's compliance with the Fit and Proper Person Regulation and the continuation of the process in place.			

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	

Fit and Proper Persons Regulation (FPPR) and Trust Compliance 2019/2020

Introduction

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires all trusts to ensure that all executive and non-executive director posts (or anyone performing similar or equivalent functions) are filled by people that meet the requirements of the FPPR. The definition of directors includes those in permanent, interim or associate roles, irrespective of their voting rights at Board meetings. These regulations were introduced in November 2014 and the fundamental standards came into force in April 2015.

The regulations (Section 1, Paragraph 5, or 'Regulation 5' as CQC refers to them in its guidance) place a duty on trusts to ensure that their directors, as defined above, are compliant with the FPPR. The regulations stipulate that trusts must not appoint or have in place an executive or a non-executive director unless they meet the standards set out in this chapter. While it is the trust's duty to ensure that they have fit and proper directors in post, CQC has the power to take enforcement action against the trust if it considers that the trust has not complied with the requirements of the FPPR. This may come about if concerns are raised to CQC about an individual or during the annual well-led review of the appropriate procedures

According to the regulations trusts must not appoint a person to an executive or non-executive director level post unless, as stated in Paragraph 5 (3), they meet the following criteria:

- are of good character
- have the necessary qualifications, competence, skills and experience
- are able to perform the work that they are employed for after reasonable adjustments are made
- have not been responsible for, privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity
- can supply information as set out in Schedule 3 of the Regulations

In January 2018, the Care Quality Commission (CQC) published updated guidance in relation to the Fit and Proper Person Regulation. The guidance places ultimate responsibility on the Chair to discharge the requirements placed on the Trust. The Chair must assure themselves that new applicants and post holders meet the fitness checks and do not meet any of the unfit criteria. The Chair will be notified by the CQC of any non-compliance with FPPR and holds responsibility for making any decisions regarding action that needs to be taken. In response to the review guidance from NHS Providers was published for providers with suggestions and the Trust's process reviewed.

Trust Position

The Trust has a robust system, managed by the Trust Secretary, to ensure the FPPR declarations are made and any identified issues are escalated.

For new appointments, this is an essential component of the recruitment process managed by workforce and organisational development as part of employment checks and declarations. As part of the appointments process and the governors role in that, there is an action to consider the most recent Fit and Proper Person declaration”

Reports which outlined how the Trust would meet the requirements of the Fit and Proper Persons standard have been provided to the Board/Council of Governors previously. A process and flow chart was developed in relation to the checks that the Trust must carry out and has been reviewed.

There are likely to be changes following recommendations from the Kark Review - a review of the FPPR to examine the standards set for the redeployment and re-employment of senior managers in the health and adult social care sectors. However details on implementation are yet to be published. Two of the seven recommendations have already been accepted and will be incorporated into Trust processes with any other recommendations as updated guidance is issued. These are in relation to:-

- All Directors should meet specified standards of competence to sit on the Board of any health providing organisation
- A central database should be created holding relevant information about qualifications and history about each Director (including Non Executive Directors)

Compliance

Annual declarations were requested and provided by all Board members for 2019/20 and there was an annual declaration of ongoing compliance. A review of the disqualified directors and the insolvency service register was undertaken. There is a documented process for the fit and proper person's requirement that includes clear procedures and checks for new applicants.

The current process has worked well during the appointments of several executive and non-executive appointments and there have been no issues with any aspect of the fit and proper persons regulation. An additional check of the Removed Charity Trustees Register was undertaken with no anomalies found. Following the publication of new guidance last year from the Kark Review it is anticipated that further changes may be required to the process and guidance is awaited.

Recommendation

The Board is asked to note the Trust's compliance with the Fit and Proper Person Regulation and the continuation of the process in place.

Agenda Item: 17

Title & Date of Meeting:	Trust Board Public Meeting - 24 th June 2020			
Title of Report:	Q1 2020/21 Board Assurance Framework			
Author/s:	Oliver Sims Corporate Risk Manager			
Recommendation:	To approve		To receive & note	
	For information	√	To ratify	
Purpose of Paper:	The report provides the Trust Board with the Q1 2019/20 version of the Board Assurance Framework (BAF) allowing for the monitoring of progress against the Trust's six strategic goals.			
Governance:		Date		Date
	Audit Committee	17.06 2020	Remuneration & Nominations Committee	
	Quality Committee	18.06 2020	Workforce & Organisational Development Committee	
	Finance & Investment Committee	18.06 2020	Executive Management Team	08/06/2020
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Trust Board	
Key Issues within the report:	<ul style="list-style-type: none"> - Progress against the aligned risks is reflected within the framework to highlight the movement of current risk ratings from the previous position at Quarter 4 2019/20. The format allows for consideration to be given to the risks, controls and assurances which enables focused review and discussion of the challenges to the delivery of the organisational objectives. - Each of the Board Assurance Framework sections continue to be reviewed by the assigned assuring committee alongside the recorded risks, to provide further assurance around the management of risks to achievement of the Trust's strategic goals. <p>Main changes to the Board Assurance Framework from Quarter 4 2019-20 to Quarter 1 2020-21.</p> <p>Strategic Goal 1 – Innovating Quality and Patient Safety</p> <ul style="list-style-type: none"> - Overall rating reduced to Yellow for Quarter 1 2020/21 position to reflect positive assurance and completion of CQC must-do actions. 			



	<p>Strategic Goal 2 – Enhancing prevention, wellbeing and recovery</p> <ul style="list-style-type: none"> - Overall rating increased to amber for Quarter 1 2020/21 position. Risks identified through Trust COVID-19 business continuity arrangements have been aligned to this section of the BAF and the assurance rating is reflective of the impact of COVID-19 on Trust services. <p>Strategic Goal 5 – Maximising an efficient and sustainable organisation</p> <ul style="list-style-type: none"> - Overall rating increased to Yellow for Quarter 1 2020/21 position. Risk linked to COVID-19 identified and the assurance rating is reflective of the impact of COVID-19 on Trust services/ potential impact to Trust financial position.
--	---

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	

BOARD ASSURANCE FRAMEWORK				Trust Board							
ASSURANCE OVERVIEW				24 th June 2020							
Strategic Goal	Assurance Level	Reason for Assurance Level	Executive Lead	Assuring Committee	Risk Appetite	Assurance Rating					Highest current risk
						Q 1	Q 2	Q 3	Q 4	Q 1	
Innovating Quality and Patient Safety	Y	Overall rating of 'good' from 2019 CQC Inspection Report. 'Requires Improvement' rating for Safe domain in CQC report. 'Must do' actions completed within Trust including safer staffing and supervision. Positive audit of Trust significant event investigation process.	Director of Nursing	Quality Committee	OPEN	A	A	A	A	Y	16
Enhancing prevention, wellbeing and recovery	A	Robust monitoring arrangements developed through monthly operational delivery group to monitor waiting times. Areas of long waits reviewed and monitored through ODG and Quality Committee. COVID-19 command structure established and regular situation reporting detailing operational management and business continuity arrangements. Impact to Trust services and waiting list targets impacted as a result of COVID-19 national situation. Significant impact to children and young people's services due to significant reduction in referrals which may lead to peak in demand as schools reopen.	Chief Operating Officer	Quality Committee	SEEK	A	A	A	Y	A	16
Fostering integration, partnership and alliances	G	Active engagement continues across all stakeholder groups with demonstrable benefits. Trust taking active role in partnership work. Chief Executive involvement in core HCV planning group alongside the North Yorkshire and York (NYY) and Humber system work, as well as participating in a small national working group on Mental Health recovery. Ongoing work will influence and feed into the wider system. HCV has been successful in the application to become an Integrated Care System (ICS) which indicates confidence in the area and its leaders.	Chief Executive	Audit Committee	MATURE	G	G	G	G	G	6
Developing an effective and empowered workforce	Y	Statutory and mandatory training performance remains above target (88.1% at March 2020 against target of 85%). Rolling 12 month sickness performance has marginally increased compared to 12 months ago. Staff survey response rate at 40% which was 5% lower than the Trust response rate for 2018. Overall turnover remains reduced compared to 12 months previous. Appraisal completion has increased but remains slightly below target. 110.7 total registered nursing and 14.6 total consultant vacancies at March 2020.	Director of Workforce and OD	Workforce and OD Committee	SEEK	Y	A	Y	Y	Y	16
Maximising an efficient and sustainable organisation	Y	Trust financial position Month 1 2020/21 reported year-to-date break even. The Covid-19 Block Payments to the Trust are based on previous year's figures and confirmation of funding for Mental Health Investment Standards and Transformation funding is required. Cash position has stabilised and the Trust has maintained BPPC above 90% throughout 19/20 for non-NHS invoices. The Trust has identified surplus estate and has a strategy to maximise disposal value.	Director of Finance	Finance and Investment Committee	SEEK	Y	Y	Y	G	Y	16
Promoting people, communities and social values	G	Place plans and Patient Engagement Strategy implemented and positive service user surveys received. Social Values Report launched and a section has been incorporated into the annual report. More work is to be undertaken to promote service users/ care groups. NHSI videos launched. Co-production work continues with regular meetings. Involvement with local groups.	Chief Executive	Quality Committee	SEEK	A	A	G	G	G	9

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

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

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

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

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

Objective	Key Risk(s)	Q4 19-20 Rating	Q1 20-21 Rating	Target	Movement from prev. Quarter
Embed the characteristics needed to be recognised as a High Reliability Organisation	NQ37 – Inability to meet Regulation 18 HSCA (RA) Regulations 2014 regarding Safer Staffing.	12	8	4	↓
	NQ38 – Inability to achieve a future rating of 'good' in the safe domain at CQC inspection.	9	9	6	↔
	NQ48 – Staff not maintaining the quality of clinical supervision which may impact effective delivery of Trust services.	-	12	3	New Risk
Understanding of our local population's health needs to inform service planning, design and transformation	Command Risk 49 – As a result of the COVID-19 national emergency there is increased demand on the Infection Prevention and Control team. Demand on their service is currently exceeding capacity. If this is sustained this may impact upon the safety of patients and members of staff as this specialist knowledge may not be available when needed.	-	16	4	New Risk
Provide evidence based, innovative models of care that function as part of the integrated care system, developed in collaboration with patients, carers and commissioners that is clearly understood by the teams and improves the safety of patients within the local and wider system	No risks identified.				
Our research approach will be maximised through education and teaching initiatives and will support local priorities and influence our service user priorities					

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

Gaps in Control	Actions
(NQ37) Focus on safer staffing from a multidisciplinary team approach.	Development of work plan with focus on safer staffing from a multidisciplinary team approach to ensure the Trust has robust systems and processes in place in relation to safer staffing (30/06/2020)
(NQ37) Safer staffing dashboards for teams/ services	Generation of safer staffing dashboards for Trust teams/ services (30/06/2020)
(NQ38) Trust identified as requires improvement under 'safe' domain for 2018/19 CQC inspection.	Recovery plans to be implemented to ensure that all staff have been trained in the use of SystemOne care plan (30/06/2020)
(Command Risk 49) Small IPC team and significant level of demand as a result of COVID-19 situation. Cover needed for leave and any possible sickness.	Continue to provide HCAI guidance in line with any changes (30/06/2020)
	Recruit additional capacity to the team (31/07/2020)
	IC to audit practice against latest COVID IC guidance (30/06/2020)

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

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

Objective	Key Risk(s)	Q4 19-20 Rating	Q1 20-21 Rating	Target	Movement from prev. Quarter
Work in partnership with our service users, carers and families to optimise their health and wellbeing Optimise peoples recovery and build resilience for those affected by Long Term Conditions	OPS08 – Failure to equip patients and carers with skills and knowledge need via the wider recovery model.	9	9	3	↔
Prevention and Making Every Contact Count will be at the core of our strategy to optimise expertise for physical and mental health across our teams and the people they care for	OPS05 – Inability to meet early intervention targets (national – IAPT,EIP, Dementia)	9	6	3	↓
	OPS06 – Inability to meet early intervention targets (local – CAHMS , ASD, CYP)	12	12	3	↔
	OPS04 – Patients don't have the right level of physical healthcare support and there is not a cohesive alignment of mental health and physical health services to get parity of esteem.	9	9	6	↔
	LDC32 – As a result of increased demand for ADHD assessment and limited capacity within the service, there is a significant waiting list which may lead to increased safety risk for patients and others, impacting on the wellbeing of staff as well as reputational harm to the Trust.	12	12	4	↔
	LDC34 – Demand for access to Speech and Language Therapy services for children and young people in Hull exceeds capacity and funding, which may result in patients being unable to access timely diagnostic specific intervention and support services as well as potential reputational harm to the Trust.	12	12	4	↔
	Command Risk 46 –As a result of the COVID-19 national emergency and isolation measures implemented there a risk of a post-COVID Mental Health surge and increased demand on Trust services.	-	16	4	New Risk
Bridlington Health Town to be used as an exemplar to demonstrate model, associated benefits and opportunity for a community-based model of care	No risk identified				
Enhance prevention of illness and improve health and wellbeing of our staff, both physically and emotionally	Command Risk 1 – As a result of the development and spread of the COVID-19 outbreak there is a risk that Trust services may be affected if the virus is detected within the Trust's geographical service area and that it may impact on the safety of patients and staff.	12	12	4	↔
	Command Risk 2 – Risk to availability of personal protection equipment across the Trust which could impact on the safety of patients and staff as well lead to increased staff anxiety.	-	12	4	New Risk
	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	4	New Risk

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

Gaps in Control	Actions
(OPS08) Service configuration feeding in to wider recovery approach.	Review of overall recovery strategy and alignment with service changes (30/06/2020)
(OPS08) Issues around service configuration feeding in to wider recovery approach.	
(OPS06) Impact of COVID-19 on children's and young people services.	Contract variations to be agreed in relation to ADHD and Autism services - progressed (non-recurrent funding) (30/06/2020)
(Command Risk 46) Ongoing review of Trust demand and surges of activity within mental health services.	Trust plans will be reviewed continuously through the command arrangements and operational sitreps.

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

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

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

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

Objective	Key Risk(s)	Q4 19-20 Rating	Q1 20-21 Rating	Target	Movement from prev. Quarter
Be a leader in delivering Sustainability and Transformation Partnership plans We will be clear about what we offer, who we offer it to and how we work with others	FI1174 - Lack of Trust involvement or influence in work-stream activity associated with Sustainability and Transformation Programmes (STPs), will in turn impact on our ability to influence and shape local commissioning plans. This may result in a failure to deliver strategic priorities, with an associated risk of developing a poor reputation and reduced business/income opportunities that may challenge future sustainability.	6	6	3	↔
Continue to provide opportunities for all service users, patients, carers, families, staff and communities to influence service planning and design	FI1180 - There is a risk to future sustainability and reputation, arising from a failure to compete effectively because we have not maintained and developed strategic alliances and partnerships and not increased our commercial/market understanding.	6	6	3	↔
Demonstrate increased collaboration with system partners to maximise efficiency and effective use of resources available across health and social care services.	FI1185 - Failure to utilise evidence based practice to inform and influence business decisions, resulting in the delivery of outdated service models, an inability to effectively compete with other providers and a subsequent loss of business/ income and reputation.	6	6	3	↔
Host partner organisations' staff and vice versa, to enable system workforce resilience	No risks identified.				

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

Gaps in Control	Actions
(FI1174) Feedback arrangements with STPs representing Whitby are currently limited.	Identify Governance Structure within the STP representing Whitby and seek representation at relevant group level (30/06/2020)
(FI1185) Limited internal mechanism in place to support delivery of different models	Develop skills training to support operational and corporate teams (30/06/2020)
(FI1180) Trust Communications team not automatically included in external groups	Organisational review required of internal mechanisms to support the delivery of different models of care (30/06/2020) Improve Communications sections of Service Plans to ensure opportunities are exploited to showcase/market our services (30/06/2020)

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

Positive Assurance	
Assurance	Source
- Rolling 12 month sickness has reduced compared to 12 months ago.	Trust Board
- Overall turnover remains reduced compared to 12 months previous.	Workforce and OD Committee
- Statutory and mandatory training performance remains above target (88.1% at March 2020 against target of 85%).	Workforce Insight Report
- Workforce Recruitment and Retention Steering Group.	Audit Committee
- Nursing Recruitment Manager in post.	
- Outstanding workforce risk actions to be reviewed by Workforce Recruitment and Retention Steering Group end of June 2020.	

Negative Assurance	
Assurance	Source
- Sickness levels above Trust target and national median at 5.1% (March 2020)	Trust Board
- Increased vacancy levels for Registered Nurse, Consultant and GP roles.	Workforce and OD Committee
- Rolling turnover remains above Trust target and national median.	Workforce Insight Report
- 110.7 total registered nursing and 14,6 total consultant vacancies at March 2020.	
- Staff survey response rate at 40% which was 5% lower than the Trust response rate for 2018.	

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

Objective	Key Risk(s)	Q4 19-20 Rating	Q1 20-21 Rating	Target	Movement from prev. Quarter
Development of a health and engages organisational culture, clinical and support services working together as "One Team" to free up time for patient care.	WF07 – The quality of leaders and managers across the Trust is not at the required level which may impact on ability to deliver safe and effective services.	9	9	6	↔
Enable transformation and organisational development through shared leadership.					
Optimise the staffing profile to ensure delivery of high quality care. Demonstrate that we are a diverse and inclusive organisation.	WF03 – Current qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	15	15	10	↔
	WF04 – With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	15	15	10	↔
	WF05 – Current Consultant and GP vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	15	15	10	↔
	WF10 – With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	15	15	10	↔
	Command Risk 7 – As a result of COVID-19 related absences included sickness and staff being in isolation, there may be staffing level shortfalls which could impact on patient and staff safety and continued delivery of services.	-	12	4	New risk
	Command Risk 52 – Potential impact on staffing as a result of the introduction of the 'track and trace' application and associated arrangements.		15	5	New risk
	WF09 – Staff Survey scores for staff with protected characteristics are worse than for staff not declaring a protected characteristics (particularly staff declaring themselves as not heterosexual and/or disabled)		9	9	6
Increase our service offer to support work in partnerships with the STP/ICS and PCNs to optimise the workforce within the system.	No risks identified				
Ensure a well-trained digital ready workforce.	No risks identified				

Key Controls	Sources of Assurance
(WF03) Hard to recruit task and finish group (Nursing, GPs and Consultant - vacancies down to 10%)	Trust Board Workforce and OD Committee ODG Task and Finish Group (hard to recruit posts)
(WF03) Glide path to recruit 122.66 registered nurses by March 2021 headed up by Deputy Director of Nursing	
(WF04) Glide path developed as part of the recruitment task and finish group – GP/ Consultant vacancies	
(WF04) PROUD programme.	
(WF10) Leadership and management development programmes	

Gaps in Control	Actions
(WF03) Refreshed Nurse Preceptorship programme.	Review and refresh of current Nurse Preceptorship programme taking account of previous feedback from newly qualified nurse who have previously undertaken the course (30.06.2020)
(WF03) Nurse Preceptorship programme for Nurse Associates.	Development of Nurse Preceptorship programme for Nurse Associates (30.06.2020)
(WF04) Lack of career development opportunities	To identify opportunities for career pathways/development opportunities (30.06.2020)
(WF05) Different ways of working linked to GP roles.	Review of GP practice skill mix and different ways of working (30.06.2020)

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

Positive Assurance	
Assurance	Source
- Financial position Month 2 2020/21 – Trust reported a break even position.	Trust Board
- Trust cash position has stabilised – underlying GBS bank balance was 15.0.34m at Month 2 and is expected to end the year at £15.000m.	Finance and Investment Committee
- Trust has maintained BPPC above 90% throughout 19/20 for non-NHS invoices.	
- Budget Reduction Strategy to deliver 5.778mof savings.	
- The Trust has identified surplus estate and has a strategy to maximise disposal value.	
- Embraced use of Digital Technology during respond to COVID-19.	

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

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

Objective	Key Risk(s)	Q4 19-20 Rating	Q1 20-21 Rating	Target	Movement from prev. Quarter
Optimise business opportunities to develop integrated services	FII180 – There is a risk to future sustainability and reputation, arising from a failure to compete effectively because we have not maintained and develop strategic alliances and partnerships and not increased our commercial/market understanding.	6	6	3	↔
Effective marketing plan that ensures clear and effective communication pathways and celebrates our successes jointly with our partners					
Embrace new technologies to enhance patient care across the health and social care system	FII177– Adverse impact of inadequate IT systems, failing to effectively support management decisions, performance management or contract compliance	8	8	4	↔
Optimise our IT system to improve access for staff and free up time for patient care	FII186 – Trust IT systems are compromised due to a Cyber Security attack/incident - this could be a malicious attack from an external third party or an accidental attack from inside the trust network due to inappropriate actions taken by staff, patients or visitors that comprise the IT systems security.	12	12	8	↔
Reduce our reliance on sustainability funding to achieve long term financial balance	FII205 – Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover AFC pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff.	15	15	10	↔
	FII216 – Risk of fraud, bribery and corruption.	12	9	3	↓
	FII218 – If the Trust cannot achieve its Budget Reduction Strategy for 2020-21, it may affect the Trust's ability to achieve its control total which could lead to a significant impact on finances resulting in loss of funding and reputational harm.	-	9	3	New risk
	FII219 – Failure to achieve the NHS Improvement Use of Resources Score for 2020/21 may result in reputational harm for the Trust and significant reduction in financial independence.	-	9	3	New risk
	FII220 – The financial effect of COVID-19 and the risks that the full costs will not be recovered.	-	12	4	New risk
Have an efficient estate that provides a safe and cost effective environment that is conducive to operational delivery	FII58 – Inability to address all risks identified as part of the capital application process due to lack of capital resource.	8	8	4	↔
	FII181 – Inability to improve the overall condition and efficiency of our estate.	8	8	4	↔
	Command Risk 53 – As a result of social distancing requirements and national guidance around safe working there is a risk that we do not have suitable accommodation to deliver Trust services safely.	-	16	4	New risk

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

Gaps in Control	Actions
(FII218) Full year BRS plan	Continued work to find further savings to mitigate any potential failure of the approved BRS (31/03/2021)
	Ongoing maintenance of relationships with Commissioners (31/03/2021)
	Ongoing Accountability review process (31/03/2021)
	Continue to work with Commissioners to highlight the requirement for funding through MHIS (31/03/2021)
(FII220) NHSI dis-allowing additional expenditure incurred by the Trust in relation to COVID-19.	Regular contact with NHSI regarding the funding - including agreement of COVID-19 Guidance issued (30/06/2020)

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

Positive Assurance	
Assurance	Source
<ul style="list-style-type: none"> - Continual development of the Recovery College. - Health Stars developing - Wider community engagement developing through changes to constitution and more work with Governors. - More internal Trust focus on promoting wellness and recovery. - Positive service user survey results. - Trust developed in year social values reporting arrangements - Hull Health and Wellbeing Board - Project Group established to develop wider wellbeing and recovery approach bringing in a focus on both mental and physical elements of recovery. - 'Making Every Contact Count' being led by Trust across ERY - Launch of Social Values Report - NHSI scheme launched 	Board of Directors

Negative Assurance	
Assurance	Source
<ul style="list-style-type: none"> - Negative media outweighs positive media regarding promotion of communities. - Trust membership base is not fully operational and negative assurance around membership involvement. - Limited feedback on how local communities are influencing our Trust Strategy. 	Board of Directors

Gaps in Assurance
What do we not have
Patient outcome measures. Detailed Community engagement strategy or Relationship strategy.

Objective	Key Risk(s)	Q4 19-20 Rating	Q1 20-21 Rating	Target	Movement from prev. Quarter
We will work with our partners to develop voluntary sector led, multi-specialty community hubs that focus on prevention, wellbeing and recovery	OPS08 – Failure to equip patients and carers with skills and knowledge needed via the wider recovery model.	9	9	3	↔
	MD05 - Inability to implement the Trust's Equality and Diversity strategy may impact on the Trust's ability to have a workforce trained and engaged with the equality and diversity agenda, limit accessibility to services and prevent achievement of the Trust's E&D aims.	6	6	3	↔
	MD06 - Reduction in patients likely to recommend Trust services to friends and family may impact on Trust's reputation and stakeholder confidence in services provided.	8	8	4	↔
Increase the utilisation and spread of our charity, Health Stars	No risks identified.				
Embrace and expand our use of volunteers					

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

Gaps in Control	Actions
(OPS08) Secured funding for Recovery College	Ongoing communication with commissioners regarding funding (30/06/2020)
(OPS08) Service configuration feeding in to wider recovery approach.	Review of overall recovery strategy and alignment with service changes (30/06/2020)
(OPS08) Issues around service configuration feeding in to wider recovery approach.	
(OPS08) Recovery focussed practice still to be fully embedded across the Trust	Development of internal EIA training (30/06/2020)
(MD05) Awareness of equality and diversity issues within the Trust.	
(MD05) Robust approach to Equality Impact Assessments	
	Implementation of EIA approval process (30/06/2020)

RISK SCORING MATRIX

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

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

Agenda Item: 18

Title & Date of Meeting:	Trust Board Public Meeting - 24 th June 2020														
Title of Report:	Risk Register Update														
Author/s:	Oliver Sims Corporate Risk Manager														
Recommendation:	To approve	To receive & note	√												
	For information	To ratify													
Purpose of Paper:	The report provides the Board with an update on the Trust-wide risk register (15+ risks) including the detail of any additional or closed risks since last reported to Trust Board in March 2020.														
Governance:		Date													
	Audit Committee	17/06/2020	Remuneration & Nominations Committee												
	Quality Committee	18/06/2020	Workforce & Organisational Development Committee												
	Finance & Investment Committee	18/06/2020	Executive Management Team												
	Mental Health Legislation Committee		Operational Delivery Group												
	Charitable Funds Committee		Other (please detail)												
			Silver Command Tactical 12/06/2020												
Key Issues within the report:	<ul style="list-style-type: none"> The Trust-wide risk register details the risks facing the organisation scored at a current rating of 15 or higher (significant risks) and agreed by Executive Management Team. There are currently 10 risks held on the Trust-wide Risk Register which was last reviewed by the Executive Management Team on 08 June 2020. The current risks held on the Trust-wide risk register are summarised below: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #d9e1f2;">Risk Description</th> <th style="background-color: #d9e1f2;">Initial Rating</th> <th style="background-color: #d9e1f2;">Current Rating</th> </tr> </thead> <tbody> <tr> <td>WF03 – Current qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.</td> <td style="background-color: #ff0000; color: white; text-align: center;">20</td> <td style="background-color: #ff0000; color: white; text-align: center;">15</td> </tr> <tr> <td>WF04 – With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.</td> <td style="background-color: #ff0000; color: white; text-align: center;">20</td> <td style="background-color: #ff0000; color: white; text-align: center;">15</td> </tr> <tr> <th style="background-color: #d9e1f2;">Risk Description</th> <th style="background-color: #d9e1f2;">Initial</th> <th style="background-color: #d9e1f2;">Current</th> </tr> </tbody> </table>			Risk Description	Initial Rating	Current Rating	WF03 – Current qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	20	15	WF04 – With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	20	15	Risk Description	Initial	Current
Risk Description	Initial Rating	Current Rating													
WF03 – Current qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	20	15													
WF04 – With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	20	15													
Risk Description	Initial	Current													



		Rating	Rating
	WF05 – Current Consultant/ GP vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	20	15
	WF10 – With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	20	15
	FII205 – Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover a/c pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff.	25	15
	Command Risk 34 – Increased levels of anxiety, fatigue and potential mental health impact to staff working across Trust staff as a result of the COVID-19 national emergency and the implemented changes / different ways of working adopted by the organisation which could impact on the quality and sustainability of services.	16	16
	Command Risk 46 – As a result of the COVID-19 national emergency and isolation measures implemented, there is a risk of a post-COVID Mental Health surge and increased demand on Trust services.	16	16
	Command Risk 49 – As a result of the COVID-19 national emergency there is increased demand on the Infection Prevention and Control team. Demand on their service is currently exceeding capacity. If this is sustained this may impact upon the safety of patients and members of staff as this specialist knowledge may not be available when needed.	16	16
	Command Risk 52 – Potential impact on staffing as a result of the introduction of the 'track and trace' application and associated arrangements.	15	15
	Command Risk 53 – As a result of social distancing requirements and national guidance around safe working there is a risk that we do not have suitable accommodation to deliver Trust services safely.	16	16
	<ul style="list-style-type: none"> • 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. • The highest rated risks (15+) captured on the COVID-19 risk register have been incorporated into the Trust-wide risk register for ongoing management and are included in the risk register extract that accompanies this report. 		

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	

Risk Register Update

1. Trust-wide Risk Register

There are currently **10** risks reflected on the Trust-wide risk register which records all risks currently scored at a rating of 15 or above and is reflected in **Table 1** below:

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

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
WF03	Current qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	20	15	10
WF04	With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	20	15	10
WF05	Current Consultant/ GP vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	20	15	10
WF10	With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	20	15	10
FII205	Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover a/c pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff.	25	15	10
Command Risk 34	Increased levels of anxiety, fatigue and potential mental health impact to staff working across Trust staff as a result of the COVID-19 national emergency and the implemented changes / different ways of working adopted by the organisation which could impact on the quality and sustainability of services.	16	16	4
Command Risk 46	As a result of the COVID-19 national emergency and isolation measures implemented, there is a risk of a post-COVID Mental Health surge and increased demand on Trust services.	16	16	4
Command Risk 49	As a result of the COVID-19 national emergency there is increased demand on the Infection Prevention and Control team. Demand on their service is currently exceeding capacity. If this is sustained this may impact upon the safety of patients and members of staff as this specialist knowledge may not be available when needed.	16	16	4
Command Risk 52	Potential impact on staffing as a result of the introduction of the 'track and trace' application and associated arrangements.	15	15	5

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
Command Risk 53	As a result of social distancing requirements and national guidance around safe working there is a risk that we do not have suitable accommodation to deliver Trust services safely.	16	16	4

4. COVID-19 Risk Register

As part of the Trust's business continuity arrangements implemented as a result of the COVID-19 pandemic, a command risk register was established to monitor and effectively manage operational and tactical risk facing the Trust at this time. The COVID-19 risk register is reviewed by the Trust's Silver Command operational and tactical meetings and by Gold Command on a weekly basis, with risks being escalated through the command structure as required. There are currently **5** risks identified through the command arrangements which have also been reflected on the Trust-wide risk register which records all risks currently scored at a rating of 15 or above.

2. Closed/ De-escalated Trust-wide Risks

There have been two risks closed/ de-escalated that were previously held on the Trust-wide risk register since last reported to Trust Board in March 2020.

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

Risk ID	Description of Risk	Reason for closure	Initial Risk Score	Current Risk Score
LDC44	Unviable CAMHS on-call rota which may impact the quality of service delivery and the safety of patients.	Risk reduced to target risk rating and closed to reflect the completed actions and controls now in place.	16	4

3. Wider Risk Register

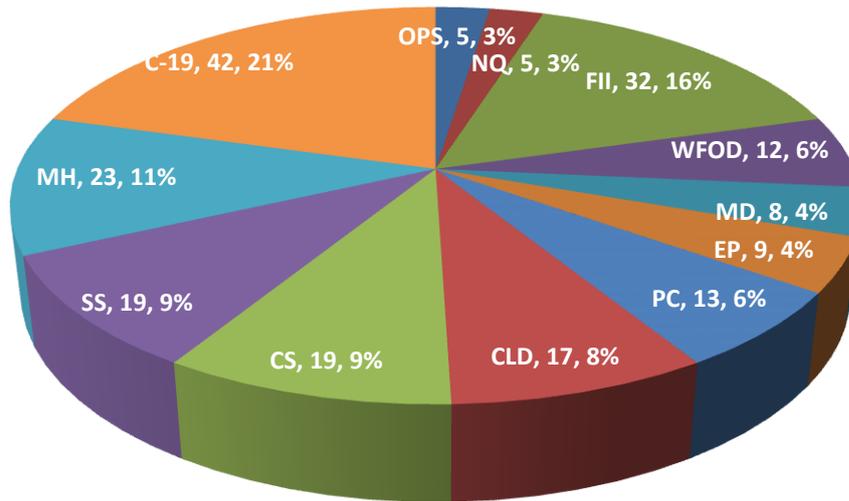
There are currently **204** risks held across the Trust's Division, Directorate and project risk registers. This total also included the COVID-19 risk register managed through the Trust's Silver and Gold Command arrangements. The current represents an overall increase of **23** risks from the **181** reported to Trust Board in March 2020. The table below shows the current number of risks at each risk rating in comparison to the position presented to the March 2020 Board.

Table 4 - Total Risks by Current Risk level

Current Risk Level	Number of Risks – March 2020	Number of Risks – June 2020
20	0	0
16	1	4
15	5	6
12	44	47
10	4	3
9	55	57
8	25	39
6	39	40

Current Risk Level	Number of Risks – March 2020	Number of Risks – June 2020
5	4	3
4	3	2
3	1	3
2	0	0
Total Risks	181	204

Chart 1 – Total Risks by Division/ Directorate



Key:

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

Trust-wide Risk Register

Row	Risk ID	Description of Risk	Impact/Consequence Type				Key Controls	Sources of Assurance	Gaps in Controls/ Controls currently failing	Gaps in Assurance	Likelihood (Current)				What additional actions need to be completed?	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk			
			Likelihood (Initial)	Impact (Initial)	Initial Risk Score	Initial Risk Rating					Likely	Catastrophic	15	Significant												
1	WF03	Current qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	Objectives	Likely	Catastrophic	20	Significant	<ol style="list-style-type: none"> Recruitment strategy. Issues discussed at STP level around place-based recruitment strategies for hard-to-fill roles across the health sector. Streamlining proposal at STP level reducing time to recruit. Recruitment and retention initiatives. Skill-mix reviews within Trust services. Paper to EMT in relation to utilising funds around healthcare, clinical posts, nursing and nursing associate with proposal to take forwards posts and to utilise levy to develop foundations to 'grow our own' staff. Recruitment and Retention Summit. Leadership and management programme dates for 2020. Workforce planning and alternative ways of working. Hard to recruit task and finish group (Nursing, GPs and Consultant - vacancies down to 10%). Glide path to recruit 122.66 registered nurses by March 2021 headed up by Deputy Director of Nursing (standard recruitment / international recruitments / advancing staff through apprentice schemes and nursing degree). 	<ol style="list-style-type: none"> Workforce and OD Committee. Divisional ODG Meetings. EMT. Trust Board ODG. 	<ol style="list-style-type: none"> New roles for Associate Practitioners. Expansion of Advanced Clinical Practitioner roles. Refreshed Nurse Preceptorship programme. Nurse Preceptorship programme for Nurse Associates. Trainee Nurse Associates support programme. Band 5 Nurse recruitment bespoke career development package. 	1. 110.7 total registered nursing vacancies at March 2020.	Possible	Catastrophic	15	Significant	<ol style="list-style-type: none"> Development of new roles for Associate Practitioners (30.06.2020) Expansion of the number of Advanced Clinical Practitioner roles (30.06.2020) Review and refresh of Preceptorship programme taking account of previous feedback from newly qualified nurse who have previously undertaken the course (30.06.2020) Development of Nurse Preceptorship programme for Nurse Associates (30.06.2020) Implementation of programme to support Trainee Nurse Associates through courses with aim to reduce likelihood of attrition (30.06.2020) 	Helen Lambert	Steve McGowan	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	10	High		
2	WF04	With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	Objectives	Likely	Catastrophic	20	Significant	<ol style="list-style-type: none"> Organisational Development (OD) and Workforce Strategy Implementation Plan. Appraisal process. Leadership and management development programmes Staff engagement though TCNC (Trust Consultation and Negotiation Committee), Staff Health & Wellbeing Group and action plan. Trust retention plan as agreed with NHSI. PROUD programme launched. Recruitment and Retention Summit Trust-wide workforce plan. Divisional Accountability Reviews. Health and Social Care Professional Strategy. 	<ol style="list-style-type: none"> Trust Board monthly performance report on turnover and on rolling 12 month basis. Staff surveys. Local Stress Survey. Staff Family and Friends Test. Workforce and OD Committee. EMT Workforce and OD Insight Report 	<ol style="list-style-type: none"> Trust-wide workforce plan delivery. Formalised Band 5 Nurse career development provision. 	<ol style="list-style-type: none"> Current annual turnover 12.05% as at March 2020 Lack of career development opportunities indicated through employee exit interviews/questionnaires. Overall position worsened from previous year. 	Possible	Catastrophic	15	Significant	<ol style="list-style-type: none"> HR Business Partners to review exit questionnaire results and identify any hot spots (30.06.2020) To identify opportunities for career pathways/development opportunities (30.06.2020) Working Group to be established to develop recruitment and retention packages linked to qualified nurse development (30.06.2020) New starter survey to help understand when new members of staff commence in post (30.06.2020) 	Helen Lambert	Steve McGowan	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	10	High		

Trust-wide Risk Register

Row	Risk ID	Description of Risk	Impact/Consequence Type	Likelihood (Initial)	Impact (Initial)	Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls/ Controls currently failing	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
3	WF05	Current Consultant/ GP vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	Objectives	Likely	Catastrophic	20	Significant	1. Consultant roles advertised at NHS jobs 2. Medical Workforce attendance at recruitment fairs. 3. Arrangement in place with recruitment head-hunter partner to identify consultant resource. 4. Attendance at recruitment fairs. 5. Recruitment and retention initiative. 6. Recruitment Plan. 7. Contract in place for consultant roles to be advertised through the BMJ. 8. Primary Care Divisional plan around GP recruitment 9. Recruitment and Retention Summit. 10. Primary Care Recovery Plan. 11. Reviewing where we recruit (wider than NHS jobs) Looking at skill-mix proactively ECP / Flexible working for GPs. 10. Hard to recruit to task and finish group (Nursing, GPs and Consultant - vacancies down to 10%). 11. Glide path developed as part of the recruitment task and finish group - looking at offer available / alternative recruitment tools for	1. Agency spend considered at Finance and Investment Committee 2. ODG. 3. EMT. 4. Workforce and OD Committee	1. National workforce shortages. 2. Trust-wide workforce plan. 3. Different ways of working linked to GP roles.	1. 14.6 consultant vacancies March 2020.	Possible	Catastrophic	15	Significant	1. Primary Care Division to review current GP recruitment opportunities and way that Trust recruits with HR Directorate (30.06.2020) 2. Review of GP practice skill mix and different ways of working (30.06.2020)	Helen Lambert	Steve McGowan	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	10	High
4	WF10	With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	Objectives	Likely	Catastrophic	20	Significant	1. Organisational Development (OD) and Workforce Strategy Implementation Plan. 2. Trust appraisal process 3. Leadership and management development programmes 4. Staff engagement though TCNC (Trust Consultation and Negotiation Committee), 5. Staff Health & Wellbeing Group and action plan. 6. Trust retention plan as agreed with NHSI. 7. PROUD programme. 8. Recruitment and retention incentives 9. LMC - Positive staff engagement with medical workforce.	1. Trust Board monthly performance report on turnover and on rolling 12 month basis. 2. Staff surveys. 3. Local Stress Survey. 4. Staff Family and Friends Test. 5. Workforce and OD Committee. 6. EMT 7. Workforce and OD Insight Report	1. Trust-wide workforce plan. 2. Lack of career development opportunities indicated through employee exit interviews/questionnaires.	1. Current annual turnover 26.20% as at March 2020. 2. Workforce and OD Committee newly established and developing governance processes around workforce. 3. Lack of career development opportunities indicated through employee exit interviews/questionnaires.	Possible	Catastrophic	15	Significant	1. HR Business Partners to review exit questionnaire results and identify any hot spots.(30.06.2020) 2. Completion of PROUD programme implementation plan (30.06.2020)	Helen Lambert	Steve McGowan	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	10	High
5	FI205	Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover AFC pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff.	Objectives	Almost Certain	Catastrophic	25	Significant	1. Budgets agreed. 2. Monthly reporting, monitoring and discussion with budget holders. 3. Small contingency / risk cover provided in plan. 5. MTFP developed to inform plans. 6. Service plans. 7. Regular reviews with NHSE/I and relevant Commissioners 8. Budget Reduction Strategy established with MTFP. 9. Non-recurrent savings. 10. BRS reporting to FIC 11. Trust Control Total agreed 12. Financial plan agreed	1. Monthly reporting to Board and Bi monthly to FIC. 2. Monthly & Quarterly reporting to NHS I and NHS I feedback 3. ODG monitoring progress of BRS plans. 5. Budget Reduction Strategy policy and procedure agreed by Finance and Investment Committee and Trust Board. 6. External / Internal Audit position. 7. Regular input through Humber Coast and Vale ICS	None Identified.	1. Interim Planning Guidance and longer term plan guidance is awaited	Possible	Catastrophic	15	Significant	1. Budget Reduction Strategy implementation 2020-21 (31/03/2021).	Iain Omand	Peter Beckwith	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	10	High

Trust-wide Risk Register

Row	Risk ID	Description of Risk	Impact/Consequence Type				Key Controls	Sources of Assurance	Gaps in Controls/ Controls currently failing	Gaps in Assurance	Likelihood (Current)				Current Risk Score	Current risk	What additional actions need to be completed?	Target risk						
			Likelihood (Initial)	Impact (Initial)	Initial Risk Score	Initial Risk Rating					Likely	Severe	16	Significant				Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score
6	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.	Safety	Likely	Severe	16	Significant	1. Trust occupational health support arrangements in place. 2. Trust Clinical Group established 3. Health and Wellbeing Group 4. Fast track access to Trust Psychologists (self-referral) 5. 'Shiny Minds' self-help app procured and available for all staff.	1. Silver Command 2. Gold Command	1. Increased negative feeling / anxiety amongst frontline staff within services.	None identified.	Likely	Severe	16	Significant	1. Divisions to determine what additional support can be offered the staff (30/06/2020)	Clive Brookes	Lynn Parkinson	Silver Command	Gold Command	Rare	Severe	4	Moderate
7	Command Risk 46	As a result of the COVID-19 national emergency and isolation measures implemented, there is a risk of a post-COVID Mental Health surge and increased demand on Trust services.	Objectives	Likely	Severe	16	Significant	1. Trust tactical surge plan developed. 2. Surge Plan in place and approved by Gold command	1. Silver Command 2. Gold Command	1. Ongoing review of Trust demand and surges of activity within mental health services.	None identified.	Likely	Severe	16	Significant	1. Trust plans will be reviewed continuously through the command arrangements and operational sitreps (30/06/2020)	Clive Brookes	Lynn Parkinson	Silver Command	Gold Command	Rare	Severe	4	Moderate
8	Command Risk 49	As a result of the COVID-19 national emergency there is increased demand on the Infection Prevention and Control team. Demand on their service is currently exceeding capacity. If this is sustained this may impact upon the safety of patients and members of staff as this specialist knowledge may not be available when needed.	Safety	Likely	Severe	16	Significant	1. Monitoring of team capacity vs demand through NQ Directorate command meetings x 3 a week. 2. Matrons and infection control link nurses supporting the team and undertaking audits. 3. IC guidance produced and disseminated to guide practice. 4. Trust completion of national HCAI board assurance document.	1. NQ directorate silver meetings. 2. Silver Command 3. HCAI Group meeting 6 weekly. 4. HCAI Team observing IC practice in clinical teams. 5. Gold Command.	1. Small IPC team and significant level of demand as a result of COVID-19 situation. Cover needed for leave and any possible sickness.	None identified.	Likely	Severe	16	Significant	1. Continue to provide HCAI guidance in line with any changes (30/06/2020) 2. Recruit additional capacity to the team (31/07/2020) 3. IC to audit practice against latest COVID IC guidance (30/06/2020)	Tracy Flanagan	Hilary Gledhill	Silver Command	Gold Command	Rare	Severe	4	Moderate
9	Command Risk 52	Potential impact on staffing as a result of the introduction of the 'track and trace' application and associated arrangements.	Workforce	Possible	Catastrophic	15	Significant	1. Guidance issued around the management of the track and trace application for health and care staff. 2. Isolation of staff members exposed to colleagues with positive test results not required is appropriate PPE has been worn during interaction and social distancing measure observed.	1. Silver Command 2. Gold Command	1. Monitoring of impact of track and trace testing arrangements on Trust staffing levels. 2. Trust guidance around use of Track and Trace application.	None identified.	Possible	Catastrophic	15	Significant	1. Ongoing monitoring of staffing levels and COVID-19 related absences (30/06/2020)	Clive Brookes	Lynn Parkinson	Silver Command	Gold Command	Rare	Catastrophic	5	Moderate
10	Command Risk 53	As a result of social distancing requirements and national guidance around safe working there is a risk that we do not have suitable accommodation to deliver Trust services safely.	Safety	Likely	Severe	16	Significant	1. Reverted to essential maintenance work only. 2. Reactive maintenance call are being maintained 3. Requests for estates work via Estates help desk being reviewed to prioritise essential work. 4. Workplace risk assessment programme.	1. Silver Command 2. CERG 3. Gold Command.	1. Schedule to log essential maintenance works. 2. Completion of essential works to ensure safety of staff and patients as services resume.	None identified.	Possible	Catastrophic	15	Significant	1. Schedule being developed to undertake all required Estates works in line with national safety requirements (30/06/2020)	Rob Atkinson	Peter Beckwith	Silver Command	Gold Command	Rare	Severe	4	Moderate

Agenda Item 19

Title & Date of Meeting:	Trust Board Public Meeting– 24 June 2020			
Title of Report:	2019-20 Annual Non Clinical Safety Report			
Author/s:	Peter Beckwith Director of Finance			
Recommendation:	To approve		To receive & note <input checked="" type="checkbox"/>	
	For information		To ratify	
Purpose of Paper:	The purpose of the report is to provide assurance to the Trust Board on the ongoing management of Health and Fire Safety within the Trust.			
Governance: <i>Please indicate which group or committee this paper has previously been presented to:</i>		Date		
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee	18/6/2020	Executive Management Team	8/6/2020
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report:	The annual report provides analysis of the Trust's Health and Safety, Fire Safety and Security Inspections activity during 2019-20, outlining key developments and work that has been undertaken during the reporting period.			

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
Quality Impact	√		√	
Risk	√		√	
Legal	√		√	
Compliance	√		√	
Communication	√		√	



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

Annual Non Clinical Safety Report 2019 – 2020



Contents

Subject	Page
1. Executive Summary	3
2. Introduction and Purpose	4
3. Reporting Structure and Governance 3.1 <i>Water Safety Group</i> 3.2 <i>Asbestos Management Group</i>	4
4. Legal Compliance Overview 4.1 <i>Health and Safety</i> 4.2 <i>Fire Safety of Occupied and Maintained Properties</i> 4.3 <i>Fire Nominated Officers</i>	6
5. Safety Related Policies	8
6. Incident Reporting 6.1 <i>Reporting Industrial & Dangerous Diseases Occurrences Regulations</i> 6.2 <i>Fire and False Alarm Incidents</i> 6.2.1 <i>Fire Incidents</i> 6.2.2 <i>False Fire Alarm Signals</i> 6.2.3 <i>Unwanted Fire Alarm Signals</i> 6.2.4 <i>Call Filter Systems</i> 6.2.5 <i>Emergency Fire Procedures Plans</i> 6.3 <i>Security incidents</i>	8
7. Safety Assessments 7.1 <i>Health and Safety Risk Assessments</i> 7.1.1 <i>Themes arising from assessment reviews in 2019/20</i> 7.1.2 <i>Template Health and Safety Risk Assessments</i> 7.2 <i>Fire Risk Assessments</i> 7.3 <i>Security Assessments</i> 7.3.1 <i>Themes arising from the assessment reviews 2019/20</i> 7.4 <i>Planned Actions for 2020/2021</i>	12
8. Health and Safety Premises Inspections 8.1 <i>Services joining the Trust</i>	15
9. Safety Training 9.1 <i>Fire Training Plans for 2020/2021</i> 9.2 <i>Fire Warden Training</i> 9.3 <i>Security related training</i> 9.4 <i>Regulatory Reform Fire Safety Order 2005</i>	15
10. E Cigarettes	17
11. Liaison with Fire Service 11.1 <i>Liaison with Humberside Police Force</i>	17
12. Fire Plans	18
13. Summary of Action for 2020/2021	18
14. Conclusion	18

1. Executive Summary

- This report provides information relating to key activities undertaken by the Safety Team, with respect to policies, workplace activity safety management reviews, premises Health & Safety, Fire Safety and Security inspections and Safety training provision.
- The report provides information on incidents which meet the reporting requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) and which have been reported to the Health and Safety Executive (HSE).
- In the reference period, a total of 5 reportable incidents occurred compared to 10 in the previous 12 month period. Of these incidents, 3 incidents related to violence and aggression, 1 as a consequence of restraining a patient and 1 accident occurring using ladders.
- During the reporting period, the Trust did not receive any enforcement notices from the Health and Safety Executive.
- Throughout the reference period Health & Safety inspections and Health & Safety management reviews have been undertaken to assess compliance with Trust Health and Safety Policies and applicable Health and Safety legislation.
- The Trust board has the primary responsibility and accountability for security management, with day-to-day functions/advice provided by the Local Security Management Specialists (LSMS).
- Trust managed premises have been risk assessed and audited during the year to ensure continuing compliance with Fire Safety provisions. Standardised methods of fire safety risk assessment have been adopted across the Trust area.
- In order to complement the Regulatory Reform Fire Safety Order 2005 (RRFSO 2005), 'Firecode' a suite of documents, underpins a move away from prescriptive fire safety measures and towards a risk based approach of the Fire Safety Order.
- Trust premises conform above the minimum standards required by the Department of Health and a maintenance/improvement programme is in place to maintain standards in accordance with HSC 1999/191 'Achieving Statutory Fire Safety Provisions'.
- Security and lockdown profiles within Trust managed buildings and sites where staff are located, along with the GP surgeries are undertaken to ensure continued safety provisions are suitable and achievable.
- During the reporting period 2 fire incidences occurred within the Trust. The causation factor for both of the incidents was malicious ignition of HTFT property.
- All fire, false alarm and unwanted fire signals which took place during 2019/20 have been entered onto the Estates database. This information is used to look at trends and develop and implement initiatives to reduce the causation factors of fire alarm signals.

- There has been a rise in reporting incidents to the police compared to the previous year, Absconding/AWOL and Violence & Aggressive incidents have been the major incidents reported, with a slight decrease in V&A incidents.
- Emergency procedures are continually evolving to ensure protective and preventative measures employed protect all patrons of buildings should a fire occur and evacuation be necessary.
- Management have been made aware that they have a duty to ensure staff under their managerial control are aware of their roles and responsibilities as detailed within Articles 8 – 23 of the RRFSO 2005. Failure to comply with this requirement is an offence under criminal law.
- The Risk Assessments of premises are dynamic, and because more emphasis is being placed by inspecting authorities on the management of fire safety, continued support for managers and supervisors has been given during the year 2019/2020.

2. Introduction and Purpose

The purpose of this report is to provide the Humber Teaching NHS Foundation Trust Board with assurance regarding the ongoing management of Health & Safety, Fire Safety and Security within the Trust. It is a requirement that the Board receive annual Safety report to assure the Board that sufficient safety arrangements are in place and those Safety measures being employed is being effectively managed across the Trust.

This report provides analysis of the Trust's Safety performance for 2019/20 and outlines key developments and work that has been undertaken during the reporting period.

The current programme of work, aims to achieve further improvements in Health and Safety, Fire and Security management, whilst also highlighting and mitigating associated risks. An important focus of current activity is to encourage and support a risk based culture towards managing safety hazards, in which a positive and proactive approach to safety management is developed and maintained.

The fire and false alarm statistics in this report cover only premises owned and occupied by Humber Teaching NHS Foundation Trust (HTFT).

3. Reporting Structure and Governance

This report details Trust wide safety performance throughout 2019/20, in order to comply with the Health & Safety at Work Act 1974 and the Regulatory Reform Fire Safety Order 2005 and associated statutory regulations.

The Chief Executive has overall responsibility and accountability for all Health & Safety and Fire Safety matters. The Director of Finance is the designated Executive Director responsible Health & Safety, Fire Safety and Security.

Health and Safety is managed within the Trust's Health & Safety, Fire Safety and Security Team. The Safety Manager reports directly to the Head of Estates.

The Trust's Safety Manager manages all 'non-clinical' aspects of Health and Safety within the Trust. Patient safety risks regarding patient clinical care is overseen by the Clinical Risk Management Group.

The governance structure for Health & Safety, Fire Safety and Security is via the Health and Safety Group, which reports in to the Executive Management Team and provides quarterly reports to the Finance Committee with issues escalated to the Trust Board when appropriate.

The Health and Safety Group has the following responsibilities:

- Receive and review Health & Safety, Fire and Security related policies and recommend where these policies will go next in terms of ratification.
- Review information on Trust Health & Safety, Fire and Security incident reports, collate actions for the action tracker and monitor accordingly.
- Review, monitor and challenge where relevant, reports and action plans received.
- Invite relevant Managers to provide information on incidents or to respond to inspection reports.
- Review the outcomes of external or internal Health & Safety, Fire and Security inspections and make recommendations and representations to others as required.
- Encourage and support the principles of Occupational Health and Infection Control throughout the Trust and any related health surveillance programmes.
- Review upcoming new and amended Health & Safety, Fire and Security related legislation for its impact on Trust's activities.
- Review Health and Safety related civil law cases and relevant Health and Safety Executive prosecutions for their impact on Trust activities.
- Review Health and Safety key performance indicators and findings of Health and Safety audits against Trust Policies and CQC outcomes 10 and 11, collate actions for the action tracker and monitor accordingly.
- Keep records of all proceedings, decisions and activities of the H&S Group.
- Receive and review the quarterly Safety Board update report and recommend ratification to EMT prior to submission to the Board.
- Regular Health & Safety, Fire and Security reports are provided to the Board to ensure they are cited on all statistics and issues relating to safety matters.

There are 2 sub-groups of the Health and Safety Group

3.1 Water Safety Group

Humber Teaching NHS Foundation Trust accepts its responsibility under the Health and Safety at Work etc. Act 1974 and the Control of Substances Hazardous to Health Regulation 2002 (as amended), to take all reasonable precautions to prevent or control the harmful effects of contaminated water to residents, patients, visitors, staff and other persons working at or using its premises.

To discharge this duty, a Water Safety Management Group, under the direction of the Trust's Estates Directorate, meets regularly to co-ordinate the water safety management activities.

Issues arising from the above meetings are escalated to the Trust's Health and Safety Group.

During the 2019/20 period, in conjunction with the Trust's externally appointed Authorising Engineer, a Trust Water Safety Plan was formally reviewed, adopted and implemented.

Legionella awareness refresher training, for key Trust staff, will be undertaken in 2020.

3.2 Asbestos Management Group

Humber Teaching NHS Foundation Trust accepts its responsibility under the Health and Safety at Work etc. Act 1974 and the Control of Asbestos Regulations 2012, to take all reasonable

precautions to prevent or control the harmful effects of asbestos containing materials (ACMs) to clients, visitors, staff and other persons working at or using its premises.

To discharge this duty, an Asbestos Management Group, under the direction of the Trust's Estates Directorate, meets regularly to co-ordinate asbestos management activities.

During the 2019/2020 reference period, in conjunction with the Trust's Asbestos advisors Lucian Services undertook a re-inspection of the Trust's premises to re-confirm the location and condition of ACMs. This information will form the basis of the Asbestos Management Plans for 2019/20.

Asbestos awareness refresher training for key Trust staff was undertaken in January/February 2020.

4. Legal Compliance Overview

4.1 Health and Safety

The foundation of the current management of Health and Safety in the United Kingdom was established by the Health and Safety at Work etc. Act 1974, which remains the principal Health and Safety legislation. The Act and its associated regulations, address the way in which Health and Safety is managed within all organisations.

The Trust fulfils its legal responsibility for Health and Safety by:

Legislation	Description of Actions/Compliance
<p>Health and Safety at Work etc. Act 1974</p>	<p>Maintaining a team of professionals to provide advice and support to managers and staff.</p> <p>Undertaking reviews of local Health and Safety Management processes during Health & Safety review/support visits at Unit/Team level.</p> <p>Undertaking premises Health and Safety inspections to assess the level of safe working conditions and promoting improvements.</p> <p>Continuing to develop a library of template work activity Risk assessments and substances hazardous to health assessments for Units/Teams to access.</p> <p>Monitoring Health and Safety incident reports on DATIX, carrying out incident investigations as required and sharing the lessons learned.</p> <p>Facilitating a range of classroom based Health and Safety Training courses, in addition to the e-learning training modules.</p>
<p>Management of Health and Safety at Work Regulations 1999</p>	<p>Undertaking reviews of Teams/Units work activity risk assessments.</p> <p>Continuing to develop a library of template work activity Risk assessments for Teams/Units to access.</p>

Legislation	Description of Actions/Compliance
Health and Safety (Sharp Instruments in Healthcare) Regulations 2013	Maintaining Sharps devices activity assessments. Restricting purchasing of sharps devices to approved makes and models only.
Control of Substances Hazardous to Health (COSHH) 2005	Undertaking reviews of Teams/Units COSHH assessments.
Personal Protective Equipment at Work Regulations 1992	Undertaking reviews of Teams/Units Personal Protective Equipment risk assessments
Display Screen Equipment Regulations 1992	Undertaking reviews of Teams/Units Display Screen Equipment assessments where applicable.
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013	Reporting incidents to the Enforcement Authority which meet the RIDDOR reporting requirements. Carrying out incident investigations as required and sharing the lessons learned.
Health and Safety Information for Employees Regulations (Amendment) 2009	Displaying Health and Safety information posters in Trust buildings.
Health and Consultation with Employees Regulations 1996	Having in place a number of employee Health and Safety representatives for improved consulting and communication of Health and Safety.
Safety Representatives and Safety Committees Regulations 1977	Liaising with Union appointed Health and Safety representatives for improved consulting and communication of Health and Safety.
Ionising Radiation Regulations 2017 (IRR17)	Notification, registration and consent of use.

4.2 Fire Safety of Humber Teaching NHS Foundation Trust Occupied and Maintained Properties

The following table summarises the schedule of directives and state of compliance in relation to fire safety

DIRECTIVE	REQUIREMENT	COMPLIANCE	COMMENTS
POLICY AND PRINCIPLES	Clearly Defined Fire Safety Policies	YES	Organisational fire policy in line with requirements as detailed in the HTM suite of documents and the RRFSSO 2005.
	Director Appointed Re Fire Safety	YES	Director of Finance
	Fire Safety Manager	YES	Paul Dent
	Fire code Compliance Confirmation	YES	Certificate dated 30.01.2020
	Fire Safety	YES	See page 15

DIRECTIVE	REQUIREMENT	COMPLIANCE	COMMENTS
	Improvement Programme Instigated		
	Annual Fire Report To Board	YES	May 2020
	Fire Reporting Procedure	YES	All Fire & False incidents reported through DATIX
	Liaison with Fire Service	YES	Contact maintained through Fire Safety Manager.
	Emergency Fire Procedure Plans	YES	See page 18

4.3 Fire Nominated Officers

The Department of Health requires under FIRECODE Policy & Principals – Fire Safety in the NHS Health Technical Memorandum 05-01: Managing Healthcare Fire Safety, that a Fire Safety Manager be appointed to ensure day-to-day activities in relation to fire safety.

This responsibility has been delegated to the Safety and Information Manager.

In 1997, the Fire Precaution (Workplace) Regulations placed responsibility on every person who has, 'in any extent, control of a workplace to ensure that, so far as it relates to matters within their control', the workplace complies with any applicable requirement of the Regulations.

Non-compliance could, in serious cases, render the responsible person liable to an unlimited fine and/or a custodial sentence.

Such persons who have 'in any extent Control of a Workplace so far as it relates to matters within their control', must be made aware of their responsibilities and of the legal implications if those responsibilities are not carried out. This responsibility has been continued and extended by the RRF50 2005.

The above requirements are being disseminated through clear distinct training routes, these being the Fire Safety Awareness courses, Fire Warden/Responsible Person Training courses and Management courses.

Evacuation Plans for individual premises are continually reviewed, with Responsible Persons being named and designated duties listed in order to promote a clear understanding of fire safety roles and responsibilities.

The training of Nominated Fire Officer/Fire Wardens has been on-going with both fire refresher and fire warden courses being provided to HTFT staff.

5. Safety Related Policies

Safety policies are regularly reviewed and updated to reflect changes in legislation, service improvements or external agencies' requirements.

The Trust's overarching Health and Safety policy was reviewed in July 2019 and is due for review in June 2022.

The Fire Safety policy was reviewed in October 2018 and was placed on the Intranet as a live document in December 2018; the policy has a manual of procedures to ensure total compliance with RRF50 2005. The Policy is due for renewal December 2021.

The Physical Security of Premises and other Assets policy was reviewed in June 2019 and is due for review in June 2022.

All Safety related policies are available to staff via the Trust's Intranet site.

6. Incident Reporting

The reporting of incidents across the Trust is key to establishing trends and identifying specific areas where improvements are required.

6.1 Reporting Industrial & Dangerous Diseases Occurrences Regulations (RIDDOR) Incidents

RIDDOR require employers and other people in charge of work premises to report and keep records of:

- Work related accidents which cause deaths;
- Work related accidents which cause certain serious injuries (Reportable injuries);
- Diagnosed causes of certain industrial diseases, and;
- Certain dangerous occurrences (incidents with potential to cause harm).

There have been 5 RIDDOR reportable incidents during the 2019 -2020 period, brief details of the incidents are summarised in the table below.

Table 6.1: Comparison of all RIDDOR reportable incidents

Reporting Period	2017/18	2018/19	2019/20
1 April to 31 March	9	10	5

Incident	Action Taken
Humber Centre July 2019: Individual injured their right thumb during a restraint (Hand was caught on the wall and the door frame during a restraint).	An ice pack was placed on thumb.
Estates November 2019: Individual was working on a set of step ladders at ERCH to change a valve in the ceiling. As individual was coming down the step ladders it appeared that they misplaced their foot or lost balance. The ladders fell away from the individual and they landed on top of the step ladders, resulting in bruising on their calf, ribs and twisted ankle.	Step ladders taken out of action, individual assessed by Urgent Treatment Centre staff and paramedics.
PICU December 2019: An incident took place in which an individual was assaulted to their head and then placed in a headlock. where there pallor was turning dark purple.	Restraint technique used to free individual who attended MIU for assessment of injuries, supervision of individuals involved and referral made to Occupational Health.
Humber Centre February 2020: Individual physically assaulted to the face.	1-1 support provided to individual assaulted.

<p>Humber Centre March 2020: Incident occurred where 1 individual was physically assaulted to the head resulting in a split lip. Another individual suffered a bite during the incident (restraint) whilst others involved suffered verbal threatening.</p>	<p>Injured individuals were taken to A&E at Hull Royal Infirmary, stiches to the lip and bloods were taken. Occupational Health contacted and appointment made for individuals affected.</p>
---	--

6.2 Fire and False Alarm Incidents

In order to monitor and control false alarms and satisfy the Department of Health Estates & Facilities requirement for submission of fire incident details, there is an internal reporting system within the Trust. Two fire related incidents were reported with 89 unwanted fire signals and 39 false alarm activations occurring over the last reporting period.

There has been an increase in unwanted fire alarm signals being reported and this is primarily due to patient interventions by deliberately starting fires in accommodation areas and the use of smoking materials and e-cigarettes or physically damaging the fire detection systems employed.

The reported incidents were as follows:-

6.2.1 Fire Incidents 2019/2020

Over the past reporting period two fire incidences have occurred, both incidents were due to malicious ignition with all ignition sources identified as being lighters. Details of each incident have been reported to the Health and Safety Group with appropriate escalation within the Trust.

There remains an ongoing challenge with lighters and smoking paraphernalia being introduced into Humber buildings. Management and staff are 'policing' the issue but in some instances as soon as the lighters have been confiscated, family, friends and other patients returning from leave are resupplying patients.

For all of the above incidents if it had not been for their prompt intervention actions the above incidents would have developed.

All fire incidents have been investigated and management and staff debriefed as to their individual actions. Staff have been asked to be more vigilant and policy and procedures reinforced after each incident.

6.2.2 False Fire Alarm Signals 2019/2020

False alarm activations have reduced from 43 on last year's figures to 39 this year, a decrease of 16.77%.

False alarm activations have been as a of predominantly patient interactions whereby fire alarms have been activated by aerosols being sprayed directly into fire detectors, unattended food and the increase in e-cigarettes and smoking paraphernalia being used within buildings.

Management and staff have been reminded through various communication routes to be more vigilant with patients when these products are being used. Management have also been asked to ensure that smoking materials and ignition sources are surrendered by patients on leave and to reinforce the no smoking policy for visitors to Humber buildings.

6.2.3 Unwanted Fire Alarm Signals 2019/2020

Unwanted fire signals have increased from 65 from last year's figures to 86 this year, an increase of 55.9%. The majority of unwanted fire alarm activations over the past reporting period have been down to patient intervention, some contractor issues whereby dust has entered fire detectors and staff testing the fire alarms without the appropriate communications taking place between site and the alarm receiving centre (SCAMP Security).

Staff and management have been reminded to be more vigilant whilst contractual work and alarm testing is taking place. This has been reinforced through all fire related training courses. A monthly report is received regarding alarm activations and causation factors from the alarm receiving company and the report where applicable is sent to managers for them to action accordingly.

Staff are also reminded of their responsibilities under the Regulatory Reform Fire Safety order 2005 through the fire training course that are provided as part of the mandatory training programme.

The percentage of fires to false alarms & unwanted fire signals was 2% actual fires and 98% false alarms/unwanted fire signals. As previously advised, there is significant national concern at the high levels of unwanted fire signal incidents within the Healthcare Industry.

Systems are now in place whereby the Fire and Rescue Service will require Alarm Receiving Centres (ARC's) to confirm that a building has a confirmed report of a fire before they attend. The introduction of the call filter system has proved advantageous in reducing the number of fire service attendances and the 'down time' of the premises whilst the reason for the alarm activation is confirmed.

A reporting system with the Alarm Receiving Centre (ARC) SCAMP security now produces a monthly return of not only the alarm activations but also when the fire service were informed and if they attended HFT buildings.

6.2.4 Call Filter System

The introduction of the call filter system has proved beneficial in reducing the number of fire service attendances due to spurious alarm activations. Staff have embraced the system and are comfortable with the operating parameters of the 3 minute investigatory timeframe. Humberside Fire & Rescue Service have cited HTFT as using best practice in line with the National Fire Chiefs Council (NFCC) and the HTM guides for the reduction of unwanted fire signals for NHS premises.

6.2.5 Emergency Fire Procedure Plans

The arrangements for transmitting emergency calls to the fire service across the Trust has been rationalised for all HTFT premises implementing the call filter procedure. The new procedure is contact between the premises and the ARC to confirm the nature of the alarm activation before contact is made with HF&RS, should this be required (confirmed fire incidents only).

The attendance of HF&RS to premises on the call filter system has been reduced to the minimum amount with attendances being made to life risk premises after normal office hours only, as per the out of hours protocol.

Regular fire drills/exercises to enhance staff awareness of procedures are a statutory requirement and must be arranged by managers to ensure the suitability of the Evacuation Plan for the premises. The approach now is that drills/evacuation exercise should take place twice a year, this approach being deemed best practice from the Department of Communities and Local Government.

All organisational premises have completed at least two evacuation exercises within the last reporting period and a database is held with the Safety Manager to ensure that all premises are complying with the requirements of the RRFSO 2005 in relation to this matter.

Procedures are in place for fire evacuation of all organisational premises. Such plans detail how the evacuation will be carried out, who will carry it out and where the patients will be evacuated to. These protocols are in place for all trust premises and as the risk/client base changes then plans are amended accordingly.

All HTFT premises now hold an evacuation strategy in the event of the premises having to completely 'decant' from site to an alternate premises/location. This alternative evacuation plan dovetails in with the resilience measures outlined in the Major Incident Plan as detailed in the Civil Contingencies Act 2004.

6.3 Security incidents

The LSMS has a duty to investigate all criminal allegations relating to any security incident in a timely and proportionate manner reporting the findings to the appropriate management tier and liaising with the police.

Advice and support is provided to management while localised investigations are carried out, which contributed to appropriate action plans.

There has been an increase in reported incidents to the police compared to the previous year. Absconding/AWOL and Violence & Aggressive incidents have been the major incidents reported, with a decrease in V&A incidents. The increase in reported incidents is due to improved awareness of reporting incidents via DATIX and direct to the appropriate police force. This has been communicated through training, newsletters and the LSMS attending a wide range of meetings and visiting units. Staff are informed that assaults are neither acceptable nor "part of the job" and that reporting incidents is essential.

A total of 19 Unacceptable Behaviour letters were sent to service users, visitors and/or family members who were verbally abusive towards a wide range of staff whilst undertaking their duties, this was a 37% decrease from the previous year. A service user received 2 letters due to their behaviour, whilst a mother and daughter received their second letter over a 9 month period with the first letter issued in the previous year.

7. Safety Assessments

7.1 Health and Safety Risk Assessments

Health and Safety risk assessments are a key tool in ensuring that Health and Safety standards are monitored and managed correctly by Trust staff and/or where Trust services are delivered. The following are completed on an annual or risk based frequency:

- Workplace/activity risk assessments for compliance with the Management of Health and Safety at Work Regulations.
- Control of Substances Hazardous to Health (COSHH) assessments for compliance with the Trust's COSHH Policy.
- Display Screen Equipment (DSE) assessments for compliance with the Trust's DSE Policy.
- Driving at Work assessments for compliance with the Trust's Driving at Work Policy.

- Moving and Handling assessments for compliance with the Trust's Moving and Handling Policy.

As part of the process, line managers are requested to review their Unit/Team's Health and Safety risk assessments against a checklist, to ensure the required assessments are in place and have been communicated to staff.

Where risk assessment reviews identify any non-conformances, e.g. missing activity assessment, assessments requiring review, the relevant line manager is required to take action to rectify the non-conformance.

7.1.1 Themes arising from the assessment reviews in 2019/20

Themes arising from risk assessment completed were;

- Office space and accommodation.
- Height of shrubbery causing obstructions for manoeuvring vehicles.
- Lighting in car parking areas.

The shrubbery issues have been dealt with by reducing the heights of shrubs to give a clear view of 'other' traffic on vehicle access roads. Additional lighting in car parks has been installed at sites where the lighting levels were reduced. A further survey has been completed at Willerby Hill to replace the existing lighting around the site with LED lighting units to car parks and pedestrian walkway areas.

Trailing cables have been either re-routed, new sockets have been fitted or office layouts have been changed to accommodate the office users and reduce the amount of trailing cables.

Office space and accommodation plans/layouts are confirmed by the Estates Project Team who plan working spaces on a figure of 5sqm per person floor area.

NOTE: With COVID 19 procedures required to be put in place before reoccupation of premises can begin this will be reviewed to ensure we are compliant with latest published guidance.

7.1.2 Template Health and Safety Risk Assessments

The continued rollout of template Health and Safety Assessments over the last 12 months has reduced the length of time needed to undertake the reviews and provides a more consistent approach to the assessment process across services.

Feedback on the template assessments continues to be positive and the introduction and implementation of new template assessments is on-going, with greater co-operation and sharing of assessments actively encouraged across the service areas,

Thirty four Health and Safety activity template assessments are now available for adoption by the Units/Wards.

Sixteen Health and Safety activity template assessments are now available for adoption by Community based Teams.

Twenty one Health and Safety activity template assessments are now available for adoption by the GP Practices.

A new Safety Folder based on the 'Perfect Ward' electronic reporting system has been developed to ensure each Humber premises has a generic safety folder for each building covering Fire, Security

and H&S systems and assessment forms available for both internal and external audit purposes. This new system will eradicate the duplication of records and allow staff more time to facilitate clinical service delivery.

The physical condition of some premises has been brought to the attention of the Safety & Estates Teams and where possible remedial works have been and are being programmed in.

All aspects of safety systems within the organisation continue to improve. The new safety team are assessing which areas require addressing to evolve to the next level for audit purposes as it has been identified that staff on site are duplicating recordings.

A new risk assessment pro forma will be developed in line with GOV.UK Department for Business, Energy and Industrial Strategy (Working safely during Coronavirus COVID 19) to ensure that the organisation conforms to helping the organisation, employers, employees, contractors and visitors to ensure workplaces are as safe as possible.

7.2 Fire Risk Assessments/Audits

The RRFSO 2005 requires an annual fire risk assessment to be carried out in all premises in which people are employed to work.

Within the healthcare industry the risk assessment identifies deficiencies against the mandatory provision of Firecode and details appropriate measures to achieve an acceptable standard.

The purpose of the audit is to monitor compliance with Firecode and statutory requirements, to identify areas of non-compliance and set up remedial programmes.

The risk assessment and audit process are the principal elements of the Firecode Compliance Certificate and the Annual Statement of Fire Safety which has to be submitted annually to the Department of Health Estates and Facilities.

All premises managed by the Trust have a fire risk assessment completed annually but because of its very nature, it is dynamic and fluid and section/departmental heads need to be aware of the implications of the fire risk assessment.

As part of the fire risk assessment all premises have an arson risk assessment completed to ensure the premises are inspected both internally and externally and any arson issues are identified and removed.

A new fire risk assessment template has been introduced to address lone working, personal evacuation plans, sub-compartmentation and an overall evaluation of the risk of a fire occurring.

Interim fire safety inspections are being implemented to enhance the annual inspection and ensure continued compliancy is being maintained.

7.3 Security Assessments/Audits

The assessment identifies any risks within the building and/or to staff, where appropriate, to make recommendations to ensure compliance with safety legislation. The assessment sets out the recommendations it is considered necessary for management to take to satisfy the safety of the building, staff and patients.

All wards/ departments are subject to an assessment followed by annual audits, which are an integral part/addendum to the original assessment document. It is the responsibility of managers to advise the LSMS of any changes that may affect the validity and contents of this document and subsequent audit reports.

7.3.1 Themes arising from the assessment reviews in 2019/20

Themes arising from risk assessment completed were;

- Broken windows.
- Differing of CCTV systems or facilities – recording functions, no systems, limited cameras.
- No separate ID badges for contractors on the in-patient units.
- Non-compliance with Lone Working procedures

All broken windows/door or equipment identified are reported to the Estates Helpdesk for a contractor to repair or replace.

A project relating to the Trust wide CCTV systems had been undertaken and recommendations proposed to upgrade all in-patient units to recordable systems to be approved by the Director of Finance.

Separate ID badges and lanyards were issued to all in-patient units to provide to contractors when on site, so staff and patients can identify who they are.

Lone Working procedures reiterated to staff when they are working in a building on their own or are visiting a patient within the community or escorting a patient on Section 17 leave. They need to be in contact with a colleague about their working movements during their shift.

7.4 Planned Actions for 2020/21

- **Safety Folder**
Embed new safety folder which includes reporting measures for Fire, H&S and Security for both internal and external audit purposes.
- **Contractors Safety Folder**
New contractor's induction folder which will incorporate an induction template to be completed and on site procedures to be followed when visiting premises.
- **Safety Inspections**
To ensure all premises have annual safety inspections diarised for the period 2020/21 to ensure compliance is being achieved with regulatory requirements and to confirm assurance for the organisation when audited externally.
- **Building Plans & Risk Assessments**
Risk assessments continue to be programmed in to upgrade and increase the information compiled in relation to all Trust properties. As information is collated a final plan will be issued to each property identifying protective and preventative measures that are inherent to the building.
- **COVID 19 Risk Assessments**
Complete building risk assessments to ensure parameters as identified in GOV.UK Coronavirus guidance (Guide 4 Offices and Contact Centres & Guide 8 Vehicles) and associated risk assessments that have been completed by building management are in place for inspection by both internal and external auditors. The completed assessments will be kept in a master properties file as a back up to assessments located at site.

- **Raise awareness**
Regarding new legislations and guidance nationally, regionally and locally to all staff within the Trust regarding Health & Safety, Fire and Security related issues, through attending regular meetings/forums, newsletters, training sessions and visiting staff within their work settings/buildings.
- **Investigations**
Continue to investigate all criminal allegations relating to Health & Safety, Fire and Security incidents in a timely and proportionate manner reporting the findings to the appropriate management tier and external organisations where appropriate.

8. Safety Premises Inspections

Safety inspections of Trust buildings and buildings where Trust staff are based are undertaken as part of the incident prevention work and to seek compliance with the Workplace (Health, Safety and Welfare) Regulations. (See Appendix A)

8.1 Services Joining the Trust

The actions outstanding from premises inspections highlights that as services join the Trust and their buildings become the responsibility of the Trust, substantial work is often required to bring the condition of the buildings up to the required Trust standards.

Estates are working closely with the Safety Team to review new services prior to joining the Trust and to ensure that due diligence is completed, so issues with building standards and compliance are addressed prior to the new service buildings becoming the Trust's responsibility.

9. Safety Training

As part of the Trust's mandatory training policy, all staff are required to complete safety training aligned to their role. The Trust monitors compliance on a regular basis.

The table below shows the overall compliance rates for the following Health and Safety related training as of the 31st March 2020. The Trust's target compliance rate for each of the listed training is 85%, the training compliance rates were all above the baseline target at Trust Level.

Table 9: Safety Related Training Rates 2019/20

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Display Screen Equipment Awareness	93.7%	93.9%	94%	93.5%	93.6%	92.7%	94.2%	94.4%	93.8%	94.4%	95%	95%
H&S Awareness	88.6%	89.1%	88.6%	89.2%	89.5%	88.5%	90.5%	90.5%	90.6%	90.7%	91.3%	91.3%
COSHH Awareness	89.7%	90.8%	91.21%	91.6%	91.7%	91.3%	92.8%	93.8%	93.5%	94.1%	94.8%	95.3%
Moving & Handling	86.6%	87.1%	86.6%	87.4%	87.6%	89%	89.7%	90.5%	90.6%	90.7%	91.3%	91.3%
Fire Refresher	91.6%	92%	90.8%	90.4%	90.1%	90.2%	90.7%	90.6%	90.2%	90.3%	89.5%	89%

9.1 Fire Training Plans for 2020/21

All Fire refresher training will be completed online as stated above however when required bespoke site specific fire training will be given on request. There will be a cost saving in employing on line training as staff will not be travelling to training venues, in essence they will be able to complete mandatory training in their workplace. This approach is in line with the Department of Health guidelines and the UK Core Skills Training Framework.

Arson and scene preservation for all fires started maliciously within HTFT buildings forms part of the fire warden training programme.

9.2 Fire Warden Training

This training has been enhanced to cover scene preservation, arson reduction, actions post fire and to consider Personal Emergency Evacuation Plans (PEEP's). Also forming part of the course is radio communication procedures. Some HTFT premises are employing hand held radios as part of their evacuation strategy/protocols.

Radios have been used in exercise conditions, live fires and unwanted fire signal incidents and have proven invaluable in speeding up the communication and response times.

Practical training is now completed 'in-house' and at site which is aiding in the ethos of more a bespoke training regime in relation to a local need.

9.3 Security Related Training

The Trusts corporate induction session for all new starters includes a presentation relating to Security awareness.

Prevent training was delivered to staff via e learning and Level 3 Safeguarding, the Safeguarding Department have Prevent Champions that regularly updated and provided information to services across the Trust, this ensured staff had up to date knowledge on the changing scope of Prevent. De-escalation Management Intervention (DMI) Training replaced MAPA training in July 2019 and will be fully transitioned by August 2020. DMI is currently being reviewed for registration under the new BILD (British Institute of Learning Disabilities standards).

In July 2019 two Band 3 Healthcare Assistants working within the Humber Centre were trained as associate DMI trainers resulting in being licenced to deliver internal training only. These staff members supported DMI delivery two days per month.

The Positive Engagement Trainers (PET) have support the Humber Centre staff deliver Search training on their security refresher courses and have continued to support within ward areas regarding the management of complex patients to reduce restrictive interventions.

The PET provided Personal and Teams Safety courses (PATS) and specialist two day courses to various external organisations, under the licence from DMI. They also supported a DMI trainer's course to Autism Plus staff which was an income generating opportunity for the Trust. All external training was delivered to generate income and to promote the Trust as a leading provider of quality care and training.

The PET team provided further training to reduce prone restraint with many units not utilising prone restraint during 2019/20 by encouraging wards to take a "never event" stance.

9.4 Regulatory Reform Fire Safety Order 2005

Managers at every level will be encouraged to accept their responsibilities under the RRFSO 2005 and be pro-active in the discharge of those duties. This must include ensuring that all staff members receive fire training as this is an area where the Trust may be deemed to be vulnerable. This is done by face to face training on request or by direct liaison with site when required.

10. E Cigarettes

E-cigarettes were approved to be used within unit type premises. The type of e-cigarette being employed is the Generation 2, the chambered types are not allowed. The e-cigarettes will be

charged for patients via a six port docking station located within the nurse station. The replacement liquid is also kept in the nurse's station but due to some liquids being identified as flammable they are stored in a flame and waterproof storage box.

Within the forensic unit disposable e-cigarettes are available through a vending machine.

During the Coronavirus pandemic additional amounts of disposable e-cigarettes as used in Forensic Services were purchased to issue to patients in assessment units. It was recommended that additional safety protocols and fire protected rooms be employed during this period due to the increased risk posed to the organisation by the use of such items.

11. Liaison with the Fire Service

Humberside Fire & Rescue Service (HF&RS) continues to focus on local health care premises for audits under their own inspection programme. Contact is maintained via the Premises Managers and the Trust Fire Safety Manager.

A new site specific risk register for fire risk has been implemented in liaison with HF&RS to ensure that the fire service and organisational on-call managers have the most up to date plans and information available. The fire service now have an after the fire team who enter premises to conduct a thorough audit of procedures.

Joint liaison regarding fire investigation with HF&RS and the Police has been completed for fire incidents to ensure a more cohesive approach to fire investigation is conducted and outcomes for internal investigations are prepared.

11.1 Liaison with Humberside Police Force

Working relationships continue with various departments with the local Police force, Dog Training Section, Fire Arms Department with regards to using any unoccupied buildings to support their training needs and the physical Police presence as a deterrent in empty premises, offering awareness sessions to new recruits around Mental Health, sharing intelligence and information. The Trust thanked the Police Officer for their support in May 2019 with a potentially disastrous situation within the Humber Centre. The swift response and the way the incident was handled prevented serious harm being caused.

The Prevent Lead attended all Channel panel meetings, liaised and shared appropriate information to the Channel Panel and to the Police Prevent Lead. The Channel Panel moved to a new model, in which Hull and East Riding held separate meetings as opposed to a joint one. Attendance at the Silver meetings and the Prevent forum led by the Clinical Commissioning Group (CCG) was also a regular part of the Prevent process for the safeguarding team. A Safeguarding representative attended the local and regional Prevent meetings/forums to discuss relevant guidance from NHS England, they also contributed to developing a multi-agency approach to building community cohesion and delivering the Prevent duty for individuals who have been identified as vulnerable to becoming radicalised.

Since the introduction of the Assaults on Emergency Workers Act 2018, the Chief Inspector of Humberside Police chairs a group with attendance from a variety of other professions (Prison Service, Fire Brigade, NHS organisations) to discuss further joint working, best practice ideas and training.

12. Fire Plans

Firecode requires that an up to date set of drawings is maintained which show alarm and detection systems, means of escape, emergency lighting, containment, first aid firefighting equipment and fire service access. Copies of the fire plans are held in the Estates Department.

Fire plans are displayed at each premises adjacent to the fire alarm panel. These plans will aid staff gain an appreciation of fire safety provisions and also ensures the organisation is compliant with Fire Regulations. New fire and zone plans are being issued to all HTFT premises, both plans being overlaid into one master plan which identifies the fire strategy elements for the building.

13. Summary of Action for 2020/21

Initiatives will continue to reduce fires, false alarms and unwanted fire signals during the next year.

The initiatives will combine training, awareness, advice and investigations of incidents relating to Health & Safety, Fire and Security.

14. Conclusion

The Trust seeks to ensure that it provides a safe working environment for staff, clients and visitors through risk assessments, inspections, staff engagement, training and advice and guidance and will continue to improve on this.

The 2019/20 period saw a decrease in the number of RIDDOR reportable incidents compared to the previous two years and this is a trend we wish to see reduce during the next reporting period.

Changes to the Trust structures and more flexible methods of working will present fresh challenges for the Safety Team and the management tiers within the Trust. However, with continued streamlining of the review and risk assessment process, increased staff Health and Safety representation and more focused training, the Trust will seek to meet these new challenges.

Risk assessments have reduced due to the COVID 19 pandemic but a decision was made to reintroduce site visits as soon as practical to ensure Trust buildings continue to achieve full compliance with regulatory responsibilities as required by the enforcing authorities.

P Dent
Safety & Information Manager

Appendix A

PROPERTY NAME	Site Code	PROPERTY ADDRESS	POST CODE	Fire RA	AF	Security RA	AF	H&S RA	AF
Alfred Bean Hospital	AB	Bridlington Road, Driffield	YO25 5JR	01/05/2019		01/10/2019		01/10/2019	
Anlaby Clinic	AC	First Lane, Anlaby	HU10 6UE	22/01/2020		22/01/2020		22/01/2020	
Ayton and Snaiton Surgery		Pickering Road, Scarborough	YO13 9JF	28/10/2019		28/10/2019		28/10/2019	
Baker Street	MC	7 Baker Street, Hull	HU2 8HP	31/01/2020		31/01/2020		31/01/2020	
Bartholomew House	GB	161 Boothferry Road, Goole	DN14 6AL	24/01/2020		24/01/2020		24/01/2020	
Becca House	BE	27 St John's Avenue, Bridlington	YO16 4ND	08/05/2019		23/01/2020		23/01/2020	
Belgrave Surgery/Falsgrave		Lawrence House Medical Centre, 1 Belgrave Crescent, Scarborough, North Yorkshire	YO11 1UB	21/10/2019		21/10/2019		21/10/2019	
Beverley CMHT	BD	Manor Road, Beverley	HU17 7BZ	06/03/2019		05/09/2019		21/08/2019	
Beverley Health Centre	BB	Manor Road, Beverley	HU17 7BZ	04/03/2019		23/11/2019		23/11/2019	
Bransholme Northpoint GP	BT	Part 3rd Floor, Bransholme Health Centre, Goodhart Road	HU7 4DW	05/06/2019		16/09/2019		05/06/2019	
Bridlington Medical Centre (1st Floor)	BM	Station Road, Bridlington	YO16 4LZ	18/06/2019		20/01/2020		20/01/2020	
Brook Square Surgery		Trafalgar Square Surgery, 41-44 Trafalgar Street West, Scarborough, North Yorkshire	YO12 7AS	21/10/2019		21/10/2019		21/10/2019	
Castle Health Practice		3-4 York Place, Scarborough, North Yorkshire	YO11 2NP	21/10/2019		21/10/2019		21/10/2019	
Chestnuts Surgery	CC	45 Thwaite Street, Cottingham	HU16 4QX	18/09/2019		11/06/2019		11/06/2019	
Childrens Centre	CD	70 Walker Street, Hull	HU3 2HE	pre occ6/9/19		pre occ6/9/19		pre occ6/9/19	
Clarendon Health Centre	VC	Park Street, Hull	HU2 8TD	09/01/2020		09/01/2020		09/01/2020	
Coltman Avenue	CA	Coltman Avenue, Beverley	HU17 9LP	22/05/2019		29/01/2020		29/01/2020	
Coltman Street	CS	Coltman Street, Hull	HU3 2SG	28/01/2020		28/01/2020		28/01/2020	
Cottingham Clinic (HALLGATE)	CT	King Street, Cottingham	HU16 5QJ	31/10/2019		23/08/2019		23/08/2019	
Crystal Villas		15 St John's Avenue, Bridlington	YO16 4ND	20/09/2019		23/01/2020		23/01/2020	
Danes Dyke Surgery		463a Scalby Road, Scarborough, North Yorkshire	YO12 6UB	21/10/2019		21/10/2019		21/10/2019	
Driffield 8 Market Place (CMHT,DAC,RIVENDELL)	DP	8 Market Place, Driffield	YO25 6AP	19/08/2019		20/06/2019		20/06/2019	
East House	ES	38 St John's Avenue, Bridlington	YO16 4NG	20/09/2019		20/01/2020		20/01/2020	
East Riding Community Hospital	BV	Swinemoor Lane, Beverley	HU17 0FA	26/07/2019		15/11/2019		15/11/2019	
Eastfield Medical Centre		14 High Street, Scarborough, North Yorkshire	YO11 3LJ	28/10/2019		28/10/2019		28/10/2019	
Falsgrave Surgery		Lawrence House Medical Centre, 1 Belgrave Crescent, Scarborough, North Yorkshire	YO11 1UB	21/10/2019		21/10/2019		21/10/2019	
Field House Surgery	FS	18 Victoria Road, Bridlington	YO15 2AT	03/01/2020		28/11/2019		28/11/2019	
Filey Surgery		Station Avenue, Filey, North Yorkshire	YO14 9AE	28/10/2019		28/10/2019		28/10/2019	
Flamborough Surgery		Chapel Street, Flamborough	YO15 1LQ	15/03/2019		15/03/2019		15/03/2019	
Goole Substance Misuses Service	GH	100 Boothferry Road, Goole	DN14 6AE	19/02/2020		19/02/2020		19/02/2020	
Granville court	GC	4 Granville Court, Hornsea, East Yorkshire	HU18 1NQ	17/02/2020		17/02/2020		17/02/2020	
Pine View	GT	Beverley Road, Willerby	HU10 6AW	21/02/2020		21/02/2020		unoccupied	
Pine View -South West Lodge	GT	Beverley Road, Willerby	HU10 6AW	unoccupied		unoccupied		unoccupied	
Hallgate Surgery	HG	123 Hallgate, Cottingham	HU16 4DA	27/09/2018		23/08/2019		23/08/2019	
Hawthorne Court	HW	St Mary's Lane, Manor Road, Beverley	HU17 1BT	09/09/2019		23/11/2019		23/11/2019	
Health Trainers, Bridlington	QA	19 Quay Road, Bridlington	YO15 2AP	27/08/2019		13/01/2020		13/01/2020	
Health Trainers, Goole		67 Boothferry Road, Goole	DN14 6BB	26/07/2019		29/08/2019		29/08/2019	
Hessle Health Centre		11 Hull Road hessle	HU13 9LZ	13/02/2020		13/02/2020		13/02/2020	
Hornsea Cottage Hospital	HC	Eastgate, Hornsea	HU18 1LP	11/11/2019		14/10/2019		14/10/2019	
Hornsea Kingfisher Lodge	HC	as per Hornsea Cottage Hospital	HU18 1LP	11/11/2019		14/10/2019		14/10/2019	
Humber Centre	XX	Willerby Hill, Beverley Road, Willerby	HU10 6XB	15/04/2019		05/03/2018 (DK)		15/04/2019	
INSPIRE		Walker Street	HU3 2HE	18/12/2019		18/12/2019		18/12/2019	
Maister Lodge	ML	Hauxwell Grove, Middlesex Road, Hull	HU8 0RB	22/08/2019		05/11/2019		05/11/2019	
Malton Community Hospital		Middlecave Road, Malton, North Yorkshire	YO17 7NG	28/10/2019		28/10/2019		28/10/2019	
Manor House Surgery	MH	Providence Place, Bridlington	YO15 2QW	15/03/2019		15/03/2019		15/03/2019	
Market Weighton GP Practice	MW	10 Medforth Street, Market Weighton	YO43 3FF	22/07/2019		10/09/2019		03/07/2019	
Millview	MV	Castle Hill Hospital, Castle Road, Cottingham	HU16 5JQ	20/08/2019		22/01/2020		22/01/2020	
Miranda House	DG	Gladstone Street, Anlaby Road, Hull	HU3 2RT	25/09/2019		11/02/2020		11/02/2020	
Newbridges	NB	Birkdale Way, Newbridge Road, Hull	HU9 2BH	04/09/2019		14/06/2019		14/06/2019	
Peeler House GP Practice	PE	1 Ferryby Road, Hessle, East Yorkshire	HU13 0RG	28/11/2019		02/10/2019		02/10/2019	
Pocklington Beckside GP Practice	PB	1 Amos Drive, West Green, Pocklington	YO42 2BS	12/02/2019		28/06/2019		28/06/2019	
Pocklington Health Centre	PC	8 -10 George Street, Pocklington	YO42 2DF	21/11/2019		10/09/2019		04/06/2019	
Princes Medical Centre	PM	Princes Court, Princes Avenue, Hull	HU5 3QA	24/04/2019		20/06/2019		20/06/2019	
Prospect Road Surgery		174 Prospect Road, Scarborough, North Yorkshire	YO12 7LB	17/10/2019		17/10/2019		17/10/2019	
Rank House		Park Street, Hull	HU2 8TD	09/01/2020		09/01/2020		09/01/2020	
Rosedale	RD	Preston Road, Hedon	HU12 8JU	12/08/2019		15/07/2019		15/07/2019	
Scarborough RUFC	S&R	Silver Royd, 569 Scalby Road, Scarborough, North Yorkshire	YO11 1UB	12/02/2019		12/02/2019		12/02/2019	
Springhill House	S&R	19 Springhill Close, Scarborough, North Yorkshire	YO12 4AD	12/02/2019		12/02/2019		12/02/2019	
St Andrews	GS	271 St Georges Road, Hull	HU3 3SW	30/07/2019		07/03/2019		07/03/2019	
Sunshine House	SJ	70 Walker Street, Hull	HU3 2HB	23/05/2019		30/08/2019		30/08/2019	
Tennyson Avenue	TA	109 Tennyson Avenue, Scarborough, North Yorkshire	YO12 7RF	12/02/2019		12/02/2019		12/02/2019	
The Grange	CE	Hauxwell Grove, Middlesex Road, Hull	HU8 0RB	25/02/2020		25/02/2020		25/02/2020	
Townend Court (PSYPHER,CTLD,OPCMHT)	TC	298 Cottingham Road, Hull	HU6 8QG	23/04/2019		30/09/2019		30/09/2019	
Townend LD Unit	NA	296 Cottingham Road, Hull	HU6 8QA	03/09/2019		04/07/2019		04/07/2019	
Victoria House	VC	Park Street, Hull	HU2 8TD	09/01/2020		09/01/2020		09/01/2020	
Waterloo Centre	WC	Brunswick Avenue, Hull	HU2 9AY	29/11/2019		09/05/2019		09/05/2019	
West End	WE	2062-2068 Hessle Road, Hull	HU13 9NW	18/02/2020		18/02/2020		18/02/2020	
Westlands	WA	Wheeler Street, Hull	HU3 5QE	22/09/2019		06/06/2019		06/06/2019	
Whitby Community Hospital	WCH	Springhill, Whitby, North Yorkshire	YO21 1EE	21/10/2019		24/01/2019		24/01/2019	
Willerby Hill - College House	CL	Willerby Hill, Beverley Road, Willerby	HU10 6NS	13/05/2019		10/09/2019		10/09/2019	
Willerby Hill - Learning Centre	XC	Willerby Hill	HU10 6ED	13/05/2019		03/09/2019		03/09/2019	
Willerby Hill - Lecture Theatre (Ex Tech Centre)	XD	Willerby Hill	HU10 6ED	02/08/2019		21/05/2019		21/05/2019	
Willerby Hill - Mary Seacole	XB	Willerby Hill	HU10 6ED	14/03/2019		24/04/2019		24/04/2019	
Willerby Hill - PABX	XH	Willerby Hill	HU10 6ED	23/09/2019		23/09/2019		23/09/2019	
Willerby Hill - Sledmere House	HR	Willerby Hill	HU10 6ED	25/01/2019		08/05/2019		08/05/2019	
Willerby Hill - Trust HQ	XA	Willerby Hill, Beverley Road, Willerby	HU10 6ED	11/06/2019		26/09/2019		21/05/2019	
Willerby Hill - Skidby House	XE	Willerby Hill	HU10 6ED	23/07/2019		11/02/2019		11/02/2019	

Agenda Item 20

Title & Date of Meeting:	Trust Board Public Meeting – 24 th June 2020																								
Title of Report:	Annual Declarations 2019/20																								
Author/s:	Peter Beckwith Director of Finance																								
Recommendation:	<table border="1" data-bbox="628 488 1422 562"> <tr> <td>To approve</td> <td></td> <td>To receive & note</td> <td></td> </tr> <tr> <td>For information</td> <td><input checked="" type="checkbox"/></td> <td>To ratify</td> <td><input checked="" type="checkbox"/></td> </tr> </table> <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"> • 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. 	To approve		To receive & note		For information	<input checked="" type="checkbox"/>	To ratify	<input checked="" type="checkbox"/>																
To approve		To receive & note																							
For information	<input checked="" type="checkbox"/>	To ratify	<input checked="" type="checkbox"/>																						
Governance: Please indicate which group or committee this paper has previously been presented to:	<table border="1" data-bbox="628 1184 1441 1552"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Audit Committee</td> <td></td> <td>Remuneration & Nominations Committee</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td></td> <td>Workforce & Organisational Development Committee</td> <td></td> </tr> <tr> <td>Finance & 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) Trust Board Council of Governors</td> <td>Nov 19 Jan 20</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) Trust Board Council of Governors	Nov 19 Jan 20
	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) Trust Board Council of Governors	Nov 19 Jan 20																						
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:	The Trust is required to make annual declarations after the financial year end. Details of declaration and comments/evidence are included within the report.																								



Monitoring and assurance framework summary:

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

Trust Board (June 2020) Annual Declarations 2019/20

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 two declarations:

Declaration	Details
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 1st 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. 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
General licence conditions (G)		
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"> • 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. • The Trust has robust data collection and validation processes. • Accurate, complete and timely information is produced and submitted to third parties to meet specific requirements. • The Trust makes monthly submissions to NHS Improvement
G2. Publication of information	Obligation to publish such information as NHS Improvement/Monitor may require.	<ul style="list-style-type: none"> • The Trust Board of Directors meets in public. • Agendas, minutes and papers are published on the Trust's website. • Monthly board meetings include updates on operational performance quality and finance. • The Trust's website contains a variety of information and referral point information should the public require further information. • Published Quality Accounts and Annual Report. • The Trust responds to Freedom of Information requests • The Board Assurance Framework and Trust Wide Risk Register are reported to the board quarterly. • The Council of Governors receives regular communication about the work of the Trust. • The Trust complies with its obligations under Duty of Candor.
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"> • There are currently no plans to charge a fee to Licence holders. • The Trust's financial systems enable it to comply with this requirement in the future.
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"> • 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.



Condition	Explanation	Comments
G5. NHS Improvement/Monitor guidance	Requires licensees to have regard to NHS Improvement/Monitor guidance.	<ul style="list-style-type: none"> • The Trust responds to guidance issued by NHS Improvement/Monitor. • Submissions and information provided to NHS Improvement/Monitor are approved through relevant and appropriate authorisation processes. • The Trust has regard to Monitor guidance and submits self-certifications as required by Monitor
G6. Systems for compliance with licence conditions and related obligations	Requires providers to take reasonable precautions against risk of failure to comply with the licence.	<ul style="list-style-type: none"> • The Trust's Internal Auditors considered the Board Assurance Framework as part of the 2019/20 audit work programme; the outcome provided 'substantial' assurance. • Previously governance arrangements (Board & Committee Effectiveness) were reviewed as part of the 2018/19 internal audit programme, providing 'good' assurance. • 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. • Annual Governance Statement • The 2019/20 Annual Head of Internal Audit Opinion provides 'Good' Assurance <p>* This is a declaration on behalf of the Trust as part of the annual submissions</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"> • The Trust is registered with the Care Quality Commission (CQC). • The Trust's last CQC inspection was in 2019 and assessed the Trust as 'Good' • The Quality Committee has reviewed all evidence to support submissions made to the CQC • The Trust Board and Quality Committee has oversight of CQC Action Plans
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"> • Details of Services the Trust provides are published on the Trust's website • Patients referred to the Trust are not selected on any eligibility grounds. • Eligibility is defined through commissioner contracts and patient choice • Treatment decisions are made on clinical grounds and treatment options (risks and benefit) are discussed with the patient through the consent to treatment process.
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"> • CRS are defined in the Trusts contracts with Clinical Commissioning Groups • The Trust makes a declaration under CoS7
Pricing conditions (P)		

Condition	Explanation	Comments
P1. Recording of information	Obligation of licensees to record information, particularly about costs.	<ul style="list-style-type: none"> The Trust has well established systems for coding, collection, retention and analysis of activity and cost information.
P2. Provision of information	Obligation to submit the above to NHS Improvement/Monitor.	<ul style="list-style-type: none"> The Trust responds to guidance and requests from NHS Improvement/Monitor.
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"> The Finance and Investment Committee have signed off the process in relation to National Cost Collection (April 2019).
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"> All Trust contracts are agreed annually and are in line with the national tariff where applicable. The Trust continues to work with its commissioners on the requirement to develop a local tariff within the terms of national guidance.
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"> The Trust has positive working relationships with commissioners. The Trust adopted a new collaborative commissioning approach to contracting in 2018/19 2020/21 contracts with the commissioners were all but agreed, however the national response to COVID-19 suspended operational planning for 2020/21.
Choice and competition (C)		
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"> The Trust has in place a service directory setting out the services available. Commissioners monitor the Trust's compliance with the legal right of choice as part of contract monitoring in line with NHS Standard Contract requirements.

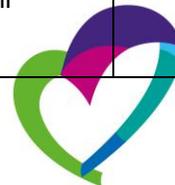
Condition	Explanation	Comments
C2. Competition oversight	Prevents providers from entering into or maintaining agreements that have the effect of preventing, restricting or distorting competition to the extent that it is against the interests of health care users.	<ul style="list-style-type: none"> The 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.
Integrated care condition (IC)		
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"> The Trust actively works with its partners, through formal and informal mechanisms to foster and enable integrated care, including lead provider arrangements where appropriate. A number of services provided are done so through partnership working with other local stakeholders.
Continuity of service (CoS)		
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"> The Current Contracts with commissioners requires agreement with commissioners on the ways CRS services are provided.
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"> The Trust maintains a full capital asset register.

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"> • The Trust has Standing Orders, Standing Financial Instructions and a Scheme of Delegation in place, refreshed November 2019. • The Board of Directors receives monthly performance reports aligned to the Trust Strategic Goals. • The Trust has a Board Assurance Framework and Risk Register • The Trust's Internal Auditors review risk management processes as part of the strategic audit plan. • The Trust has agreed not to undertake a Well Led Review following the CQC rating of 'Good' for Well Led
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"> • The Trust does not operate and is not governed by an Ultimate Controller arrangement so this License Condition does not apply.
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"> • The Trust currently contributes to the NHS Litigation Authority (NHS Protect) risk pool for clinical negligence and public liability schemes.
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"> • The Trust has not received any such notices from regulators • The Trust would full comply with this condition if required.
CoS7. Availability of resources*	Requires licenses to act in a way that secures resources to operate commissioner requested services (CRS).	<ul style="list-style-type: none"> • The Trust has an approved operational plan • The Trust's final Financial Use of Resource score for 2019/20 was a 2 consistent with its approved NHSI Plan • The Trust has approved completing its annual accounts on a going concern basis • The Trust has an underlying bank balance of circa £15m <p>* This is a declaration on behalf of the Trust as part of the annual submissions</p>
Foundation Trust conditions (FT)		
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"> • The Trust has provided NHS Improvement with a copy of its NHS Foundation Trust Constitution • The Trust will; be providing NHS Improvement a copy of its Annual Report and Accounts once approved by the board (this is within the national timeframe).

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"> • If NHS Improvement required fees to be paid by the Trust, the Trust would comply with this condition.
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"> • The Trust would comply with this as required through the provision of any requested information.
FT4. NHS Foundation Trust governance arrangements	Gives NHS Improvement/Monitor continued oversight of the governance of foundation trusts.	<p>* 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.</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 2019 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 now 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 2019/20 Use of Resource Score of 2 Trust draft plan agreed to its financial targets for 2020/21 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"> • Performance Report • Finance • Chief Executive Update including <ul style="list-style-type: none"> ○ Nursing Update ○ Operations Update ○ Medical Update ○ HR Update <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 – 24 June 2020			
Title of Report:	Freedom to Speak Up Guardian Annual Report			
Author:	Executive Lead – Michele Moran, Chief Executive Alison Flack Freedom to Speak Up Guardian			
Recommendation:	To approve		To note	X
	To discuss		To ratify	
	For information		To endorse	
Purpose of Paper:	The Freedom to Speak Up Guardian to provide the Trust Board with the Annual Report of work that has taken place throughout 2019/20 and to update on the work programme actions.			
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) Annual report	✓
Key Issues within the report:	<p>The number and types of concerns that are being raised with the Guardian and Deputy.</p> <p>The appointment of two new Deputy Speak Up Guardians and the resources to support the work programme for 20/21.</p> <p>A review of the work programme completed in 2019/20.</p> <p>The completion by the Trust Board of the self- assessment tool developed by NHSI.</p> <p><u>Recommendation</u></p> <p>The Board are asked to note the annual report for 2019/20.</p>			

Monitoring and assurance framework summary:

Links to Strategic Goals	
YES	Innovating Quality and Patient Safety
YES	Enhancing prevention, wellbeing and recovery
YES	Fostering integration, partnership and alliances
YES	Developing an effective and empowered workforce



YES	Maximising an efficient and sustainable organisation			
YES	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 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	

Freedom to Speak up Guardian's Annual Report 2019/20

Effective speaking up arrangements help to protect patients and improve the experience of NHS workers. A healthy speaking up culture is an indication of a well led Trust. Freedom to Speak Up Guardians are a trusted pillar for NHS workers. They provide a route through which staff can speak up about any matter that could get in the way of delivering high quality patient care or prevents the workplace being the supportive, caring environment that NHS staff should expect.

The following is an overview of the work that has been undertaken to continue to develop the speak up culture across the Trust during the last 12 months and to provide an update on the number of speak up cases received.

National Guardian's Office (NGO)

The NGO has recently published its Annual Report and also priorities and next steps for 20/21 and these are currently being reviewed to inform our workplan for 20/21. The National Guardian's Office continue to support the work of the Freedom to Speak Up Guardians and are now working more closely with NHSI and CQC.

Both the Guardian and Deputy have completed the national FTSU training course and attend regular updates and webinar sessions on various areas of speaking up.

The Trust's Guardian is required to submit data on the number and type of speak up concerns to the National Guardian's Office on a quarterly basis and we receive the overall activity by size and type of trust. During the first quarter of 2020 reporting has been stood down due to COVID 19.

Yorkshire and Humber Regional Guardian's Network

The Regional Guardian's Network meetings are held on a bi-monthly basis, we are regularly attending the network meetings which provide an opportunity for peer support and wider learning.

NHSI Board Self-Assessment

The National Guardian's Office and NHSI have developed a guide for Trust Boards and a self-assessment which sets out the expectations and individual responsibilities in relation to Freedom to Speak Up. During 2019/20 two board development sessions have been held to complete and review the self-assessment. and further develop actions around speaking up.

Freedom to Speak Up Vision and Strategy

During 2019/20 the Trust Board agreed our Speak Up Vision and Strategy that has been developed in partnership with our staff.

Our Speak Up Strategy

We will prioritise the following actions to deliver our vision:-

- Ensure that all staff are aware of their obligations as advocated by Freedom to Speak up.
- Provide regular and diverse communication to ensure that everyone is aware of how they can speak up.
- Ensure managers are clear about their roles and responsibilities when handling concerns and are supported to do so effectively.
- Ensure monitoring and evaluation of the number and nature of concerns is timely and supported by appropriate governance.
- Ensure that key learning related to concerns are articulated to all in an open and transparent manner, while respecting confidentiality.
- Ensure feedback is obtained concerning staff's speak up experience to enable continuous improvement.
- Provide regular monitoring and review of policies relating to speaking up.
- Ensure we fully meet and can evidence the expectations outlined in the National Guardians Office and NHS Improvement self review tool.
- Regularly review the national case reviews to ensure that any recommendations and learning are implemented, where appropriate.

We will continue to review our strategy to influence our work programme for 20/21.

Humber Teaching NHS Foundation Trust – Number and type of Speak Up concerns received

We have seen a small reduction in the number of staff contacting the Guardian and Deputy to speak up and raise concerns during 2019/20.. Since 1st April, 2019 to 31st March, 2020 there have been 44 speak up concerns received. It is important to note that if more than one staff member raises the same concern this is counted by the number of staff raising the concern.

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

- Patient safety and quality of care
- Human resource processes i.e. grievances/signposting
- Bullying and harassment
- Equality and Diversity – concerns re discrimination
- Staffing levels to provide safe care to patients

The areas where speak up concerns have been raised are Adult Mental Health, CAMHS, Whitby, Malton Hospital, Townend Court, Westlands, Humber Centre

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

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

We are continuing to develop and improve the speak up service by asking staff for more feedback and will shortly be circulating a short survey for all staff to provide feedback that they know who the Guardian is and how to raise concerns.

During this period, no staff member reported feeling detriment to themselves as a result of speaking up through the Guardian route. A number of staff noted that their speak up concerns had been resolved and that they would use the speak up route again. In some instances where the staff member speaking up was not satisfied with the outcome, they still fed back that they would use the Guardian route again.

Resources and support for the Speak Up Guardian

Our Deputy Freedom to Speak Up Guardian, Helen Young has recently left the role to take up a full time role in the Safeguarding Team. We have now completed an internal appointment process with a panel consisting of the Guardian, Chief Executive in her role as the Executive Lead for speak up, Senior Independent Director and a Staff Governor. We have appointed two new Deputy Freedom to Speak Up Guardians, Alec Saxby who has a HR background and Nicki Titchener who has a clinical and operational management background. Alec and Nicki will commence in post during June 2020 and will have a full induction programme and complete the national guardian training. Both will have half a day ringfenced time and will have allocated areas to ensure the wide and diverse nature of the Trust is covered.

We have also been able to offer a development opportunity to one of the other interested candidates.

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

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

We have also had the opportunity to meet with staff governors, the health and wellbeing group and also the occupational health team.

Through our visits to teams across the Trust and also speaking at each monthly Trust induction, we have shared information on the role of the Guardian.

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

Regular communications about the role of the Guardian and the continued importance of speaking up during this time have been published in the COVID 19 staff communications and also the regular staff communications across the Trust. The survey monkey will also be communicated through these channels.

Review of Work Programme for 2019/20

We will continue to promote and raise awareness of the Guardian role across the organisation and work with the Trust Board to develop an open and transparent culture where staff feel safe to speak up when they have concerns. These actions link closely to the Trust's strategic goals with particular reference to innovating quality and patient safety, and developing an effective and empowered workforce.

Action	Complete by
Review of Speak Up Policy to align with our Speak Up Strategy and to include best practice from the NGO's office.	February 2019 Completed
Identify actions arising from staff survey results and develop plan.	March 2019 Completed
Consultation of the draft Speak Up Vision and Strategy with our staff and staff governors. Approval of the Vision and Strategy by the Trust Board	March 2019 Completed
Continued work to ensure expectations and actions from the NHSI/CQC self assessment tool are implemented.	April 2019 Completed
Review of recommendations from the National Speak Up Survey (2018).	February 2019 Completed
Complete review of recommendations from the 5 NGO reviews and case studies	February 2019 Completed
Continue with awareness raising and communication to staff.	March 2020 Ongoing
Review of self-assessment by Trust Board.	December 2019 Completed
Continue to share learning from concerns and communicate on a regular basis across the Trust.	March 2020 Ongoing
Continue to participate in national and regional events.	

Work Programme 2020/21

The work programme for 2020/21 is currently being developed with the Guardian and the new Deputies in line with the National Guardian's Office priorities and integration plan and also our strategy. This will be finalised with the Executive lead and Senior Independent Director during July 2020.

Agenda Item: 22

Title & Date of Meeting:	Trust Board Public Meeting - 24 th June 2020			
Title of Report:	Equality, Diversity and Inclusion Annual Report 2019/20			
Author:	Name: John Duncan / Mandy Dawley Title: Workforce EDI lead / Head of Patient and Carer Experience and Engagement			
Recommendation	To approve	✓	To note	
	To discuss		To ratify	
	For information		To endorse	
Purpose of Paper:	To present for approval the 2019/20 EDI Annual report.			
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	18.6.20	Workforce & Organisational Development Committee	13.5.20
	Finance & Investment Committee		Executive Management Team	8.6.20
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report:	<p>Key issues to note within the report:</p> <ul style="list-style-type: none"> • Governance and regulations of EDI; • Statutory and Mandatory Duties; • Impact of staff survey; • Engagement from (and with) underrepresented groups; • EDI data quality particularly regarding differences in staff survey and ESR reporting; • 2020/21 objectives. <p>Please note all photos in the report were taken pre COVID, hence staff are not social distancing.</p>			

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	N/A in	Comment



		report		
		Any Action Required?		
Risk	√			To be advised of any
Legal	√			To be advised of any future implications reports as and when future implications by Lead Directors through Board required
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	



Humber Teaching
NHS Foundation Trust

Equality, Diversity & Inclusion Annual Report | 2019-2020



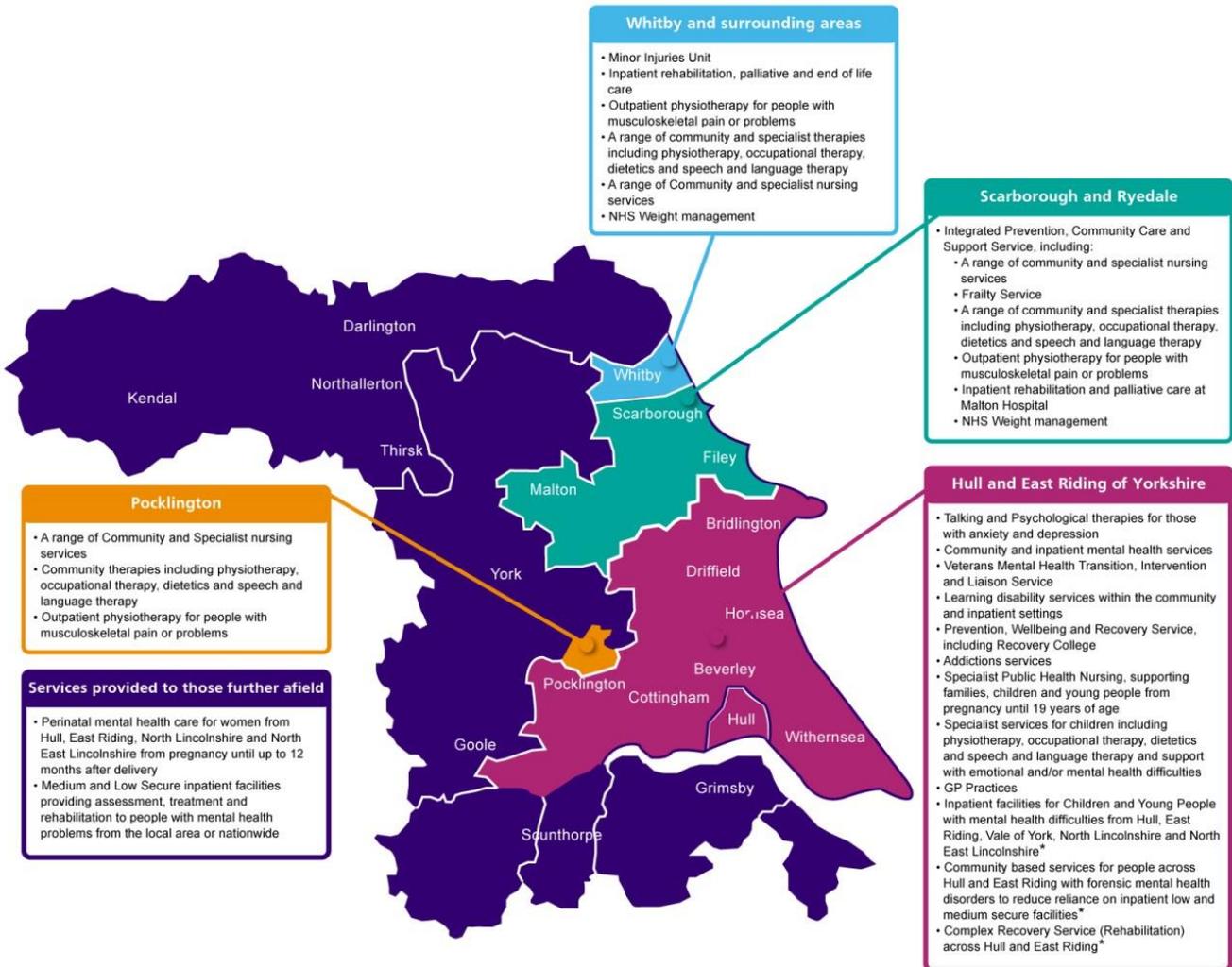
Caring, Learning and Growing

1. Introduction
2. Governance and Regulations of Equality, Diversity and Inclusion
 - 2.1 Patients, Service Users and Carers
 - 2.2 Staff
 - 2.3 Community Consultation Through Networks
 - 2.4 Mandatory Equality, Diversity and Inclusion Training for all Trust Staff
 - 2.5 Freedom to Speak up
3. Statutory Duties – Equality Act 2010 and Public Sector Equality Duty (PSED)
 - 3.1 Publication of an equality, diversity and inclusion annual report
 - 3.2 Equality Impact Assessment
 - 3.3 Gender Pay Gap Reporting
 - 3.4 Hard to Reach Groups
4. Mandatory Duties – NHS Standard Contract
 - 4.1 Impact of Covid-19 Pandemic on NHS reporting
 - 4.2 Implementation of the NHS Equality Delivery System (EDS2)
 - 4.3 Implementation of the NHS Workforce Race Equality Standard (WRES)
 - 4.4 Implementation of the NHS Workforce Disability Equality Standard (WDES)
 - 4.5 NHS Accessible Information Standard (AIS)
 - 4.6 Provision of a System for Delivery of Interpretation and Translation Services
5. The NHS Staff Survey 2019
 - 5.1 Areas of Strength
 - 5.2 Areas for Improvement
6. Equality Objectives – Collaboration, Co-production and Engagement
 - 6.1 Equality Objectives – What we did last year
 - 6.2 Patients, Service Users and Carers Objectives 2019/20 - Outcomes
 - 6.3 Proposed Patient, Service Users and Carer Equality Objectives 2020/21
 - 6.4 Patient, Service Users and Carer Equality Objectives 2020/21 Road Map
 - 6.5 Staff Objectives 2019/20 - Outcomes
 - 6.6 Proposed Staff Equality Objectives 2020/21
7. Appendix
 - 7.1 Appendix 1 - Staff Survey Infographics – new ways to deliver information
 - 7.2 Appendix 2 - PROUD – Investing in You, Valuing You
 - 7.3 Appendix 3 – EDI Best Practice - Mill View Lodge
 - 7.4 Appendix 4 - Gender Pay Gap Report 2019/20
 - 7.5 Appendix 5 - Workforce Race Equality Standard (WRES) Action Plan 20/21
 - 7.6 Appendix 6 - Workforce Disability Equality Standard (WDES) Action Plan 20/21

* Please note all photos were taken pre COVID

1. Introduction

Humber Teaching NHS Foundation Trust provides a broad range of services across a wide geographical area.



Services marked with an asterisk * are new services for 2020/2021

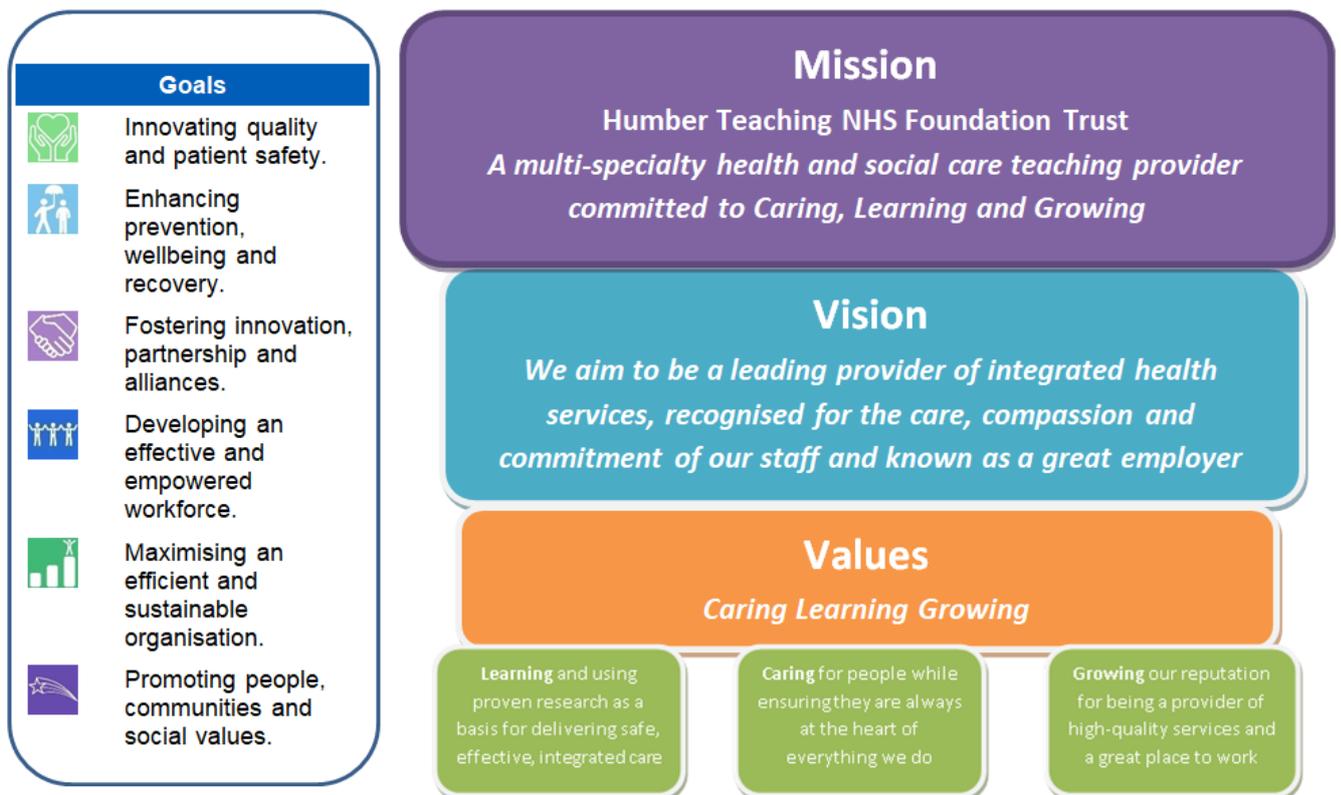
We employ approximately 2,800 staff across more than 79 sites at locations throughout five geographical areas; Hull, the East Riding of Yorkshire, Whitby, Scarborough and Ryedale. We provide care to a population of 765 thousand people of all ages who live within an area of more than 4,700 square kilometres, which contains some areas of isolated rurality, dispersed major settlements and pockets of significant deprivation.

As a teaching Trust, we work closely with our major academic partners; Hull York Medical School and University of Hull and other educational establishments. This close working relationship enables us to nurture the future generation of doctors, nurses and other health care professionals.

Our workforce is paramount to delivering high quality care for our patients and this workforce plan sets out our ambitions and also the key priorities during the next twelve months using the NHS Interim People Plan priorities as a reference point. We recognise that these are likely to change and additional or different challenges may evolve over the duration of the year. The organisation strives to be an employer of choice locally and one which offers long term employment opportunities combined with structured personal and professional development.

This Equality Diversity and Inclusion Plan has been approved by the Trust Board and will be reviewed regularly to ensure it evolves and adapts to the changing environment in which we operate. All data in the report is as at 31st March 2020 unless explicitly stated otherwise.

The Patient and Carer Experience strategy defines how Humber Teaching NHS Foundation Trust will engage with people, listen and respond to their experiences so that we can improve patient and carer experience and satisfaction within our services. *The Humber Way* is about continuing to engage and involve patients, service users, carers and staff in the design and delivery of our services. The strategy has been designed to support delivery of the Trust vision and values, as shown below. The ‘Operational Plan on a Page’ for 20/21 is currently under development but will provide further detail on our Strategic Goals.





Patient and Carer Experience Strategy 2018–2023



2. Governance and Regulations of Equality, Diversity and Inclusion

The Trust has governance mechanisms in place to ensure assurances are provided in relation to our equality duties.

2.1 Patients, Service Users and Carers

Equality and Diversity (E&D) is a standard agenda item at our Patient and Carer Experience forums and Staff Champions of Patient Experience forum. A six monthly update is presented to the Quality and Patient Safety group and Quality Committee within the Patient and Carer Experience report. An annual update is presented to the Quality and Patient Safety group, Quality Committee and Trust board within the Patient and Carer Experience annual report.

2.2 Staff

In line with its public sector duty to improving Equality and Diversity, the Trust measures its staff EDI data and annually actions improvements through the Equality Delivery Standard (EDS2), the Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard (WDES) as well as Gender Pay Gap reporting. From November 2019, Equality and Diversity initiatives will be driven through an EDI Working Group, with representation from across the Trust and inclusive of all protected characteristics. This group will report into the Workforce and OD Committee.

2.3 Community Consultation through Networks

The Trust ensures decision making regarding Equality, Diversity and Inclusion is in consultation with the community through a range of local and regional networks, these include:

- Local groups such as the Equality, Diversity and Inclusion Partnership
- Regional groups such as the Yorkshire and Humber Regional E&D leads network
- East Riding Disability Advisory Group
- Hull and East Riding Lesbian, Gay, Bisexual and Transgender (LGBT) forum
- East Riding Carers Advisory Group (CAG)
- Humber All Nations Alliance (HANA)

2.4 Mandatory Equality, Diversity and Inclusion training for all Trust Staff

All staff new to the Trust undertook mandatory Equality, Diversity and Inclusion training in 2019/20 via classroom learning through the Learning and Development Team and the online ESR system. In March 2020 the Trust rolled out ESR self-enrolment which has enabled staff to undertake their statutory and mandatory training from any device and also book onto classroom learning. This has helped reduce administration and improve access. Existing staff are required to undertake the same training every three years to ensure compliance with regulations.

In 2019 -2020 – Humber Teaching NHS Foundation Trust staff completed EDI online training ensuring 89.64% compliance, an improvement of 3% on 18/19, and the Trust target is upwards of 85%.

The training covers the following Equality, Diversity and Inclusion criteria:

- Explaining the terms Equality, Diversity and Human Rights and why they are important
- Explain how policies and the law can help us create a more inclusive workplace
- Explain what we mean by health inequalities and how they can be reduced
- Explain why we need to know about peoples different backgrounds and why it is important not to make assumptions about individuals
- Describe what you can do to challenge prejudice and discrimination

2.5 Freedom to Speak Up

As a Trust we believe that speaking up about any concern staff have at work is really important. The Trust has responsibility to have they systems and processes in place to ensure that the staff feel ‘free to speak up’. It is the responsibility of the Trust Board of Directors to engender an open culture which invites and encourages both the positive and negative feedback from all who use and work with our services. Patient safety is the prime concern and our staff are often best placed to identify where care may be falling below the standard of our patients deserve.

The Trust has a dedicated Freedom to Speak Up Guardian and also a deputy which is a required role for the Trust which was identified in the Freedom to Speak Up review to act as an independent and impartial source of advice to staff at any stage of raising a concern, with access to anyone in the organisation, including the Chief Executive, or if necessary, outside the organisation. This Guardian has been trained in receiving concerns and will give staff information about where they can go for further support. The National Guardian’s Office collects data from guardians on a quarterly basis.

During 2019/2020 the Trust received a total of 44 speak up contacts. This is a slight reduction in the numbers recorded during 2019/20. The Freedom to Speak Up Guardian has noted this reduction in contacts and plans are in place to embark on a Trust wide road show which will reinforce the role of Freedom to Speak Up Guardian and the support that can be provided. Some of the concerns that were received during this period required onward signposting to other services within the Trust and a significant number of them were able to be resolved via Trust policy and procedures. The Trust Freedom to Speak Up Vision and Strategy are due for review in the coming months and this will take into account some of the learning from the past year. In addition, in order to reach out to staff in the North Yorkshire area, it is has been agreed that an additional Deputy Freedom to Speak Up Guardian will be appointed to serve that area.

3. Statutory Duties – Equality Act 2010 and Public Sector Equality Duty (PSED)



When the Equality Act 2010 came into statute, it brought together and replaced all previous equalities legislation. The Equality Act 2010 is the primary piece of legislation around equalities.

The Public Sector Equality Duty (PSED) forms part of the Equality Act 2010 (section 149) and is applicable to NHS, and other public sector, bodies. The PSED came into force in 2011. The Trust is fully committed to caring for all patients, service users, their families and carers, and staff in a manner which embraces, respects, promotes and celebrates inclusion and cultural diversity.

The Equality Act 2010 requires specific provision is made to consider the impact of services and activity for people who identify with one or more of the nine protected characteristics, and for public sector bodies to take proactive steps to:

- Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it and
- Foster good relations between people who share a protected characteristic and people who do not share it

These are referred to as the three aims of the General Equality Duty.

The protected characteristics and other groups

The Equality Act 2010 brought together previous gender, race and disability duties and extended the protection from discrimination to nine protected characteristics.

Over and above the nine equality groups protected from discrimination under the Equality Act 2010, we also have a duty of care to all our service users and staff, which may be vulnerable to potential discrimination for a range of reasons.

Protected characteristic groups	Other potentially disadvantaged groups, people living with / in
Age	Carer responsibilities
Disability	Military service
Gender reassignment	Homelessness
Marriage and civil partnership	Poverty
Pregnancy and maternity	Geographical isolation
Race	Long-term unemployment
Religion or belief	Stigmatised occupations (for example men and women involved in prostitution)
Sex	Drug use
Sexual orientation	Limited family or social network

The Trust has a duty to engage with the communities it serves and to work with NHS partner organisations to understand, mitigate and remove any potential discrimination and demonstrate its commitment to improving health equalities and removing health inequalities, as articulated in the Health and Social Care Act 2012.

3.1 Publication of an equality, diversity and inclusion annual report

As part of the public sector equality duty the Trust publishes this annual report in relation to equality, diversity and inclusion. The equality, diversity and inclusion annual report includes a wide range of information, including the Trusts work with the Workforce Disability Equality Standard (WDES), Workforce Race Equality Standard (WRES) and the Equality Delivery System (EDS2).

Once approved the annual report is published on the Trust's website (<https://intranet.humber.nhs.uk/Downloads/Patient%20and%20Carer%20Exp%20docs/Equality%20Diversity%20%20Inclusion%20Annual%20Report%202018-19.pdf>)

3.2 Equality Impact Assessment

Equality Impact Assessment is the mechanism through which the Trust is able to demonstrate 'due regard' to the Equality Act 2010 and the meeting of its equality duties in relation to all Trust business and activity. Equality Impact Assessment ensures that all protected characteristics and other groups at potential risk of health inequality are proactively considered in the Trust's services and business.

The Trust has a system of Equality Impact Assessment in place and from 2018 all significant papers and documents going to the Trust Board are underpinned by an equality impact analysis, through which the potential equality related impacts are identified, mitigated and removed.

3.3 Gender Pay Gap Reporting

From March 2018 a new statutory requirement in relation to gender pay gap reporting was introduced. Information about the Trust's gender pay gap can be found on the government website at <https://gender-pay-gap.service.gov.uk/Employer/MR7rAEq0/2019>.

The associated report and proposed actions can be located on the Trust's website at <https://www.humber.nhs.uk/Documents/Trust%20Gender%20Pay%20Gap%20Report%202019.pdf>

The full Trust Gender Pay Gap Report can be found in Appendix **7.2 Gender Pay Gap Report 19/20** with a summary of the key information below as at the reporting period during 2019/20:

- The Trust's mean gender pay gap is 12.64%
- The Trust's median gender pay gap is 0.77%
- The Trust's mean bonus gender pay gap is -0.88%
- The Trust's median bonus gender pay gap is 50.00%
- The proportion of males receiving a bonus payment is 1.36%
- The proportion of females receiving a bonus payment is 0.29%

Whilst the Trust has a Gender Pay Gap of 12.64%, which is significantly lower than the National average of 17.9%, it is worth remembering that the gender pay gap is not the same as unequal pay. At Humber Teaching NHS Foundation Trust, the gender pay gap is not because people doing the same jobs are being paid differently according to their gender - which would also be unlawful - instead, it is because there are more men than women in higher paid roles. Nationally, NHS consultants, for example, are predominately male with only 36% of NHS Consultants being female.

The Trust as a whole has a proportion of 78.28% Females and 21.72% Male and whilst the Trust has a high proportion of Female staff overall this is generally in line with National NHS Figures (77%). There are proportionately more female staff than male staff working at lower bands and adversely proportionately more male staff working at higher bands however the numbers involved in the Trusts data are relatively small but make a significant difference to the percentages. Nevertheless, this is in line with National NHS Figures where men make up 20% of Band 1 - 4, 18% of Band 5 – 7 and 31% of band 8a – 9.

The number of staff being paid bonuses is very low with a total of 16 people receiving additional benefits and these include Clinical Excellence Awards for Medical Staff and Trust Board bonuses.

3.4 Hard to Reach Groups

The EDI leads for staff, patients, service users and carers attend regular forums across the local area to engage with partnership organisations and community members where a range of protected characteristics are represented.

The forums include; Hull and East Riding Lesbian, Gay, Bisexual and Transgender (LGBT) forum, East Riding Disability Advisory Group, East Riding Carers Advisory Group (CAG), Equality, Diversity and Inclusion local network and Cross Sector Engagement Group. Partnerships are strengthening with local Black, Minority Ethnic (BME) groups in particular the Humber All Nations Alliance (HANA) and Ashiana.

We have representation from the majority of these groups on our Patient and Carer Experience forum.

The Trust's Chaplain provides a range of Spiritual and Pastoral care needs and has knowledge of a range of religious faiths and practices and supports individuals on a variety of issues, often complex and multi-cultural.

In addition, the Trust has established a staff LGBT+ network to ensure the LGBT+ community have access and support from colleagues and allies as well as being able to have a voice which feeds directly into the Equality, Diversity and Inclusion Working Group which will help drive improvements for our hard to reach groups. For example, the group have already had a direct input on our new Transitioning at work policy as well as our refreshed Equality, Diversity and Inclusion policy which ensures these policies are fully inclusive of the stakeholders they will impact upon.

Transitioning is a challenging period in a person's life and our new Transitioning at work policy will contribute to improving the experience of trans staff when working at the Trust as well as guide managers and the organisation on how to better support trans colleagues going through transition.

To ensure inclusion and collaboration with hard to reach groups the Trust is looking to expand upon its staff networks, to develop further networks which include disability, BAME, all faiths as well as an aspirational career development group for women.

4. Mandatory Duties – NHS Standard Contract



4.1 Impact of Covid-19 Pandemic on NHS reporting

In March 2020, as a response to the international Coronavirus pandemic, the UK Government introduced strict measures to curtail the spread of the virus which saw people's day-to-day lives drastically altered. As a consequence of these measures NHS England delayed the need for Trusts to report the WDES, WRES as well as the Government delaying the need for organisations to report on their gender pay gap.

The Trusts analysis and gathering of WDES, WRES and gender pay gap information was completed before the delay was announced and are reported in this report and when restrictions are lifted will be formally reported through the NHS and Government reporting channels.

4.2 Implementation of the NHS Equality Delivery System (EDS2)

Implementation of EDS2 is mandated for all NHS organisations in the NHS Standard Contract.

EDS2 is a toolkit designed around four primary goals:

- Goal 1 – Better health outcomes
- Goal 2 – Improved patient access and experience
- Goal 3 – A representative and supported workforce

- Goal 4 – Inclusive leadership

The EDS2 is implemented in a three-staged process:

- Self-assessment
- Peer reviewed assessment
- Stakeholder Reviewed assessment

Due to the Covid-19 pandemic the EDS2 self-assessment has not been completed and will be completed and published separately in due course.

4.3 Implementation of the NHS Workforce Race Equality Standard (WRES)

The WRES is designed to help NHS organisations understand and actively address differences in the experience between Black, Asian and Minority Ethnic (BAME) and white staff. Built around nine indicators, the WRES provides a robust reporting framework and supports NHS organisations to address and close any gaps through the development and implementation of action plans for improvement.

In the 2019 staff survey - only 4.7% of staff (an increase of 1.7% on the 2018 figure of 3%) are of a non-white origin this compares to our geographical area, as shown in the table below.

Data Observatory	Population (ONS 2016)	Ethnicity (Census 2011)
East Riding	337,696	3.8% non-White,
Humber	260,200	5.1% non-White
North Yorkshire	604,900 (Whitby 13,213)	2.6% non-White

Information about the Trust’s WRES work can be located on the Trust website:

<https://www.humber.nhs.uk/Downloads/Equality%20and%20Diversity/WRES%20workplan%202018.pdf>

The 2020 Workforce Race Equality Standard submission process will commence from 1 July 2020 with a final submission deadline of 1 August 2020 for the last financial year (2019/20).

Summary analysis of the Trust’s Workforce Race Equality Standard (WRES) data for 2019/20:

- 20% of BME staff experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, this compares with 26.1% for white colleagues. However, 20% is a significant drop of 19.5% on 2018 where 39.5% of BME staff reported experiencing harassment, bullying or abuse from patients, relatives or the

public in the last 12 months. This demonstrates the positive impact of initiatives to reduce harassment, bullying or abuse for BME staff.

- 28.6% of BME staff experienced harassment, bullying or abuse from staff in the last 12 months, this compares with 21.4% for white colleagues. However, 28.6% is a slight decrease of 1.1% on 2018 where 29.7% of BME staff reported experiencing harassment, bullying or abuse from staff in the last 12 months.
- 81.8% of BME staff believe that the organisation provides equal opportunities for career progression or promotion, this compares with 83% for white colleagues. However, 81.8% demonstrates a decline of 5.4% on 2018 89.3% of BME staff believing that the organisation provides equal opportunities for career progression or promotion.
- 11.4% of BME staff have experienced discrimination at work from manager/team leader or other colleagues in the last 12 months, this compares with 5.9% for white colleagues. However, 11.4% demonstrates a small rise of 0.9% on 2018 10.5% where BME staff have experienced discrimination at work from manager/team leader or other colleagues in the last 12 months.

The Trust will continue to review the experiences of our BME employees and establish objectives and action plans to support our staff. The information will be provided to our Equality, Diversity and Inclusion Group.

4.4 Implementation of the NHS Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) that will enable NHS organisations to compare the experiences of Disabled and non-disabled staff. This information will then be used by the relevant NHS organisation to develop a local action plan, and enable them to demonstrate progress against the indicators of disability equality.

By 1st August 2020 NHS Trusts and Foundation Trusts must:

- Complete the pre-populated WDES spreadsheet and submit data to NHS England via the Strategic Data Collection Service.
- Complete and submit the WDES online reporting form.

Summary analysis of the Trust's Workforce Disability Equality Standard (WDES) data for 2019/20:

- 34% of disabled staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months, this compares to 22.6% of non-disabled staff. However, 34% represents a small increase of 1.2% on 2018 33.7% of disabled staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.
- 20% of disabled staff reported experiencing harassment, bullying or abuse from a manager in the last 12 months, this compares to 10% of non-disabled staff. However, 20% is a decrease of 4.1% on 2018 24.1% of disabled staff reported experiencing harassment, bullying or abuse from a manager in the last 12 months.

- 18.3% of disabled staff reported experiencing harassment, bullying or abuse from other colleagues in the last 12 months, this compares to 13.3% of non-disabled staff. However, 18.3% demonstrates a decrease of 5.3% on 2018 23.6% of disabled staff reported experiencing harassment, bullying or abuse from other colleague in the last 12 months.
- 57% of disabled staff reported the last time they experienced harassment, bullying or abuse at work they or a colleague reported it, this compares 52.5% of non-disabled staff. However, 57% demonstrates 0.9% increase on 2018 56.1% of disabled staff reporting the last time they experienced harassment, bullying or abuse at work they or a colleague reported it.
- 79.5% of disabled staff believe that their organisation provides equal opportunity for career progression or promotion, this compares with 84.5% of non-disabled staff. However, 79.5% represents a decline of 5.3% on 2018 84.8% of disabled staff believe that their organisation provides equal opportunity for career progression or promotion.
- 25.2% of disabled staff have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, this compares to 17.1% of non-disabled staff. However, 25.2% represents a decline of 3.2% on 2018 28.4% of disabled staff have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
- 36.4% of disabled staff were satisfied with the extent to which their organisation values their work, this compares to 45.7% of non-disabled staff. However, 36.4% represents a slight increase of 0.7% on 2018 35.7% of disabled staff reporting they were satisfied with the extent to which their organisation values their work.
- 79.4% of disabled staff say their employer has made adequate adjustments to enable them to carry out their work, this compares with 80.3% in 2018.

The Trust will continue to review the experiences of our Disabled employees and establish objectives and action plans to support our staff. This information will be provided to our Equality, Diversity and Inclusion Group.

4.5 NHS Accessible Information Standard (AIS)

The AIS came into effect for all NHS organisations in July 2016. In order to ensure that the Trust complies with the standard clinicians identify if a patient or service user has additional communication needs during the initial assessment. The information is captured within the patient record to inform teams of any communication needs. An alert is placed on the patient's record and is visible for clinicians to see.

In December 2018 the Trust purchased software called Browsealoud for the website. Browsealoud is a solution for making information accessible to patients, service users and carers with learning difficulties, dyslexia, mild visual impairments and those with English as a second language. The website can now be translated into 99 languages and read aloud in 40 of the most commonly spoken languages in the world. Any of the website content can be converted into an audio file and listened to offline. Also, distractions can be blocked or removed from the page allowing the individual to focus on the most important parts. In 2019/20 the Browsesaloud software was accessed 411 times.

Our Communication's team produce information to ensure it is written in simple, plain English and is easy to understand and produce information in larger font sizes for the visually impaired. Patients who have a difficulty in hearing or seeing, or there is a difficulty in understanding each other's language can access our interpreter and translation services. The Trust has access to a Healthwatch Read Right panel (East Riding Healthwatch) who provides feedback on our patient information.

Our Learning Disability (LD) Service has access to an information sheet including hints and tips for making information accessible and the service has a subscription to Widgit. The community and inpatient LD staff have access to Speech and Language Therapy Services who can advise on specific accessible information for a patient centred approach.

4.6 Provision of a System for Delivery of Interpretation and Translation Services

The Trust has three organisations that provide interpreter and translation services support to individuals accessing our services who have a difficulty in hearing or seeing, or there is a difficulty in understanding each other's language. Hull City Council provides these services to our patients in the Hull and East Riding area and The Big Word for individuals living in the Whitby, Scarborough and Ryedale region. Language Line provides video interpreters to the teams who have the highest volume of patients who speak English as their second language.

Hull City Council meet 90% of our patient's requirements, if Hull City Council cannot meet the needs then they go to a different provider (including out of area); British Sign Language, Global Accent, AA Global Languages, DA Languages, Leeds City Council and Kirklees Council and book interpreters from them. Hull City Council provides interpreters in over 60 languages.

The Trust continues to utilise the Interpreter on Wheels initiative in mental health inpatient units, the Mental Health Response Service and West Hull and East Hull Community Mental Health Teams. This digital solution aids communication for our patients, service users and carers who speak English as their second language or require a British Sign Language interpreter.

5. The NHS Staff Survey 2019 – Equality, Diversity and Inclusion



In 2019 the Trust provided all staff members with the opportunity to participate in the nationally led NHS Staff Survey. The response rate was 40% which is a decline on the previous year of 45% in 2018 but still up on 38% in 2017. However, our response rate of 40% means the Trust was below the average national response rate of 49%.

5.1 Areas of Strength for Equality, Diversity and Inclusion:

- 85% of BME staff say there are enthusiastic about their job which is +14% higher than is reported by their white peers and higher than the average of 71% for the benchmarking of the Trusts staff;
- 91% of BME staff say that they are satisfied with the quality of care I give to patients / service which is +13% higher than is reported by their white peers and considerably higher than the average 79%;
- 47% of BME Staff believe that senior manager's act on staff feedback, which was +18% higher than white colleges and substantially higher than the average of 30%;
- 65% of BME staff reported in the last three months they have **not** come to work when not feeling well enough to perform their duties, which is +22% higher than their white peers and is considerable higher than the average of 43%;
- 100% of staff over the age of 66 reported in the last 12 months they have not experienced musculoskeletal problems (MSK) as a result of work activities, this is +17% higher than younger age groups and considerably higher than the average which is 77%.
- 63% of LGBT+ staff reported in the last 12 months they have had a conversation with their manager about fulfilling their potential at work, which is +11% higher than non-LGBT+ staff and higher than the average which is 52%;

- 100% of staff with a religion other than Christian reported that they believe the organisation encourages them to report errors, near misses or incidents, which is +16% higher than the average;
- 80% of staff who have been working less than a year believe that care of patients / service users is my organisation's top priority, this is +27% higher than staff who have been working at the Trust for between 11 and 15 years and considerably higher than the average which is 66%.

5.2 Areas for Improvement for Equality, Diversity and Inclusion:

- There is still a disparity in declaration rates between ESR 4.55 and 4.12% and the NHS Staff Survey 20.5% in relation to disability; however, this is reported nationally where figures are 3% for ESR and 18% for NHS Staff Survey. However, this year, we have seen an improvement to the ESR number of +0.43% and an decline to the NHS Staff Survey figure by – 0.5%;
- 38% of BME staff believe they have a choice in deciding how to do their work, this is lower than the incidence reported by white staff which is 63%;
- 28.6% of BME staff experienced harassment, bullying or abuse from staff in the last 12 months, this compares with 21.4% for white colleagues;
- 11.4% of BME staff have experienced discrimination at work from manager/team leader or other colleagues in the last 12 months, this compares with 5.5% for white colleagues
- 34% of disabled staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months, this compares to 22.6% of non-disabled staff;
- 25.2% of disabled staff have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, this compares to 17.1% of non-disabled staff;
- 36.4% of disabled staff were satisfied with the extent to which their organisation values their work, this compares to 45.7% of non-disabled staff;
- 71% of LGBT+ staff believe the organisation take positive action on health and well-being, this is -16% lower than non-LGBT+ staff. However, the numbers involved are very low and statistically one staff member can significantly impact the percentage;
- 77% of LGBT+ staff reported in the last 12 months they have **not** personally experienced discrimination at work from patients / service users, their relatives or other members of the public, this is -19% lower than non-LGBT+ staff. As before, the numbers involved are very low and statistically one staff member can significantly impact the percentage;
- 51% of LGBT+ staff felt safe and secure in their working environment, which is -27% lower than non-LGBT+ staff. Again, the numbers involved are very low and statistically one staff member can significantly impact the percentage;
- 46% of staff over the age of 66 believe care of patients / service users is the organisation's top priority, which is -20% lower than the average;
- 53% of staff with a religion other than Christian reported in the last month they have not seen any errors, near misses, or incidents that could have hurt patients / service users, which is -28% lower than reported by staff with no religion.

6. Equality Objectives – Collaboration, Co-production and Engagement

This year to identify equality objectives for the next 12 months the Trust took an innovative approach where stakeholder engagement was the driving force behind the equality agenda for the year ahead.

The Trust held a workshop to identify its equality, diversity and inclusion (EDI) priorities for patients, service users, carers and staff for 2020/21.

We invited a wide range of stakeholders from across the area including; patients, carers, service users, staff and partner organisations so that we could have conversations about what our equality, diversity and inclusion priorities should look like for the next year.

This produced a wealth of information from our patients, service users, carers and staff which was collected and from it the Trust can produce a range of equality, diversity and inclusion priorities confident in the knowledge that these have not been produced in isolation. In doing so, the Trust can ensure that our equality agenda is truly co-produced in collaboration with our primary stakeholders and that our key drivers for improvement are the experiences of our valued patients, service users, carers and staff.



6.1 Equality Objectives – What we did last year



During the year 2019/2020 the Trust undertook a wide range of initiatives to meet with Trust equality objectives and ensure the Trust works toward the Public Sector Equality Duty, these included:

- Partnered with Stonewall, the Leading LGBT Rights Organisation, as Diversity Champion to support inclusive working culture and acceptance without exception;
- Established a staff LGBT+ Staff Network;
- Established an EDI Working Group;
- Joined the Rainbow Badge Scheme;
- Co-facilitated Setting Equality Priorities for 20/21 workshop with staff, patients, carers and service users;
- Produced a new Transitioning at Work policy to support Trans staff;
- Refreshed the Equality, Diversity & Inclusion Policy to ensure inclusion for all staff;
- Developed new guidance - Supporting Staff with Dyslexia or other SpLD to provide practical strategies for managers to support staff;
- Produced WDES and WRES action plans and published on Trust Website;
- Produced Gender Pay Gap Report for the Trust and published on Trust Website;
- Supported NHS Trusts in Yorkshire & Humberside with their Transitioning at Work policies;
- Produced Equality Impact Assessment for Covid – 19 impact measures

- Developed and held LGBT+ and Trans Awareness training with Workforce and OD staff;
- Developed a range of communications for staff to support diversity such as LGBT+ History Month, Ramadan, Trans Visibility Day, Black History Month and Gypsy, Romany and Traveller History Month;
- Developed podcasts for Trans Awareness, Gender pay gap and Stonewall Diversity Champions;
- Refreshed intranet EDI pages and developed new resources;
- Supported Menopause for Managers and Staff workshop with resources and intranet update;
- Supported Hull Pride Working Group;
- Supported better use of gender neutral language through communications;
- Improved use of terms 'gender expression' and 'gender identity' throughout policy and procedure to ensure better inclusivity for the LGBT+ community;
- Co-produced poster developed with SMASH kids, Hull LGBT forum members and staff;
- SMASH kids supported the Trust at the 2019 Hull Pride by marching with our staff, patients, carers and service users and they all carried the banner to lead our section of the march;
- Ten young people from Cottingham High School attended the Trust's EDI workshop in March 2020 to help identify EDI priorities for patients, carers and service users for the coming year (2020/21);
- Young people supported the recruitment process for our CAMHS health care professionals;
- A training session was held in September 2019 led by an external LGBT+ organisation (Mesmac) to pilot LGBT+ training packages;
- The Trust is developing a co-produced Patient and Carer Experience training package
- The Trust's translation and interpretation offer is available on the intranet for all staff and the website for the public;
- The Trust installed Browsealoud software in 2018 making information accessible to patients, service users and carers who speak English as a second language which has been accessed 411 times in 2019/20;
- For teams who have the highest referral rates to interpretation they now have access to 'interpreter on wheels';
- The Browsaloud website solution now includes a tool to support people with a Learning Disability;
- Work is ongoing to include as much patient information as possible on the Trust's website where the Browsealoud tool can make information more accessible to patients, service users and carers with learning difficulties, dyslexia, mild visual impairments and those with English as a second language;
- The Trust continues to implement the Always Events programme;
- The Trust continues to work with a patient and carer experience champion, staff and partner organisations to identify how best we can support deaf people who are in crisis.

6.2 Patients, Service Users and Carers Objectives 2019/20 - Outcomes

	Objective	Key Achievements or Outcomes
1.	To improve communication with our young people with a protected characteristic.	<ul style="list-style-type: none"> • Co-produced poster developed with SMASH kids, Hull LGBT forum members and staff. The poster has been distributed across all Trust services in Hull, East Riding and North Yorkshire and provides information on signposting to support services for the LGBT community. • SMASH kids supported the Trust at the 2019 Hull Pride by marching with our staff, patients, carers and service users and they all carried the banner to lead our section of the march. • Ten young people from Cottingham High School attended the Trust's EDI workshop in March 2020 to help identify EDI priorities for patients, carers and service users for the coming year (2020/21). • Young people support the recruitment process for our CAMHS health care professionals. They participate in the interview process and have an active part in the decision making for the recruitment of staff in this service area.
2.	To co-produce relevant training packages with people from a diverse background so that it is representative of the protected characteristics.	<ul style="list-style-type: none"> • A training session was held in September 2019 led by an external LGBT+ organisation (Mesmac) to pilot LGBT+ training packages. The training was attended by a range of staff (including community members) to identify if it met the expectations of the Trust's workforce. It was a success and the Trust is looking to roll the training out across services. • The Trust is developing a co-produced Patient and Carer Experience training package (and supporting this process are members of public from different backgrounds).
3.	To raise awareness of the Interpretation and Translation services available to staff.	<ul style="list-style-type: none"> • A structure is in place to ensure that patients, service users, carers and staff are familiar with the Trust's translation and interpretation offer – information is available on the intranet for all staff and the website for the public. • The Trust has software installed on its website. Browsealoud is a solution for making information accessible to patients, service users and carers who speak English as a second language by converting the text into 99 different languages. • For teams who have the highest referral rates to

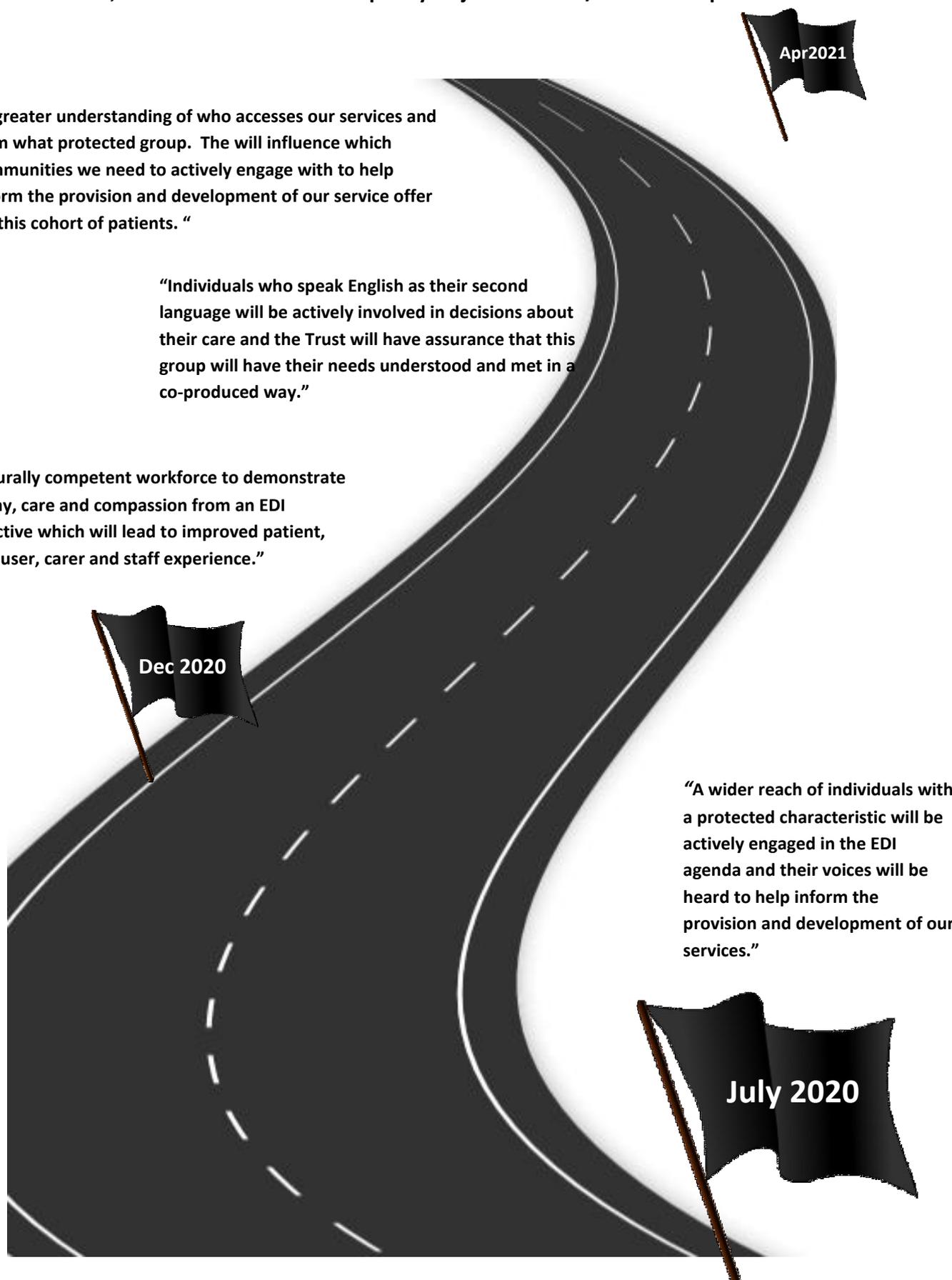
	Objective	Key Achievements or Outcomes
		<p>interpretation they now have access to 'interpreter on wheels'. This is a virtual interpretation facility whereby clinicians use an app to contact an interpreter via a tablet or computer. The interpreter is in the room during the consultation via face to face computer technology. The teams using this service include; Mental Health Response Service, all Mental Health inpatient units, Hull East and Hull West Community Mental Health teams.</p>
4.	<p>To better understand the preferred channel of communication for individuals accessing our services.</p>	<ul style="list-style-type: none"> • The Browsaloud website solution now includes a tool to support people with a Learning Disability. • Work is ongoing to include as much patient information as possible on the Trust's website where the Browsealoud tool can make information more accessible to patients, service users and carers with learning difficulties, dyslexia, mild visual impairments and those with English as a second language. • The Trust continues to implement the Always Events programme. Always Events are defined as "those aspects of the patient and family experience that should always occur when patients interact with healthcare professionals and the delivery system". An Always Event is about patients, families and health professionals working together to decide what matters most to them. As a result of the Learning Disabilities inpatient team at Townend Court asking their patients what matters most to them, it is now business as usual for their patients to "always be able to contact people who are important to us 24hrs a day". • The Trust continues to work with a patient and carer experience champion, staff and partner organisations to identify how best we can support deaf people who are in crisis.

6.3 Proposed Patient, Service Users and Carer Equality Objectives 2020/21

As described previously, the Trust held its 'Identification of Equality, Diversity and Inclusion Priorities 2020/21 Workshop' on Monday 9th March 2020. The purpose of the event was to work together with patients, service users, carers, staff and partner organisations to gather their views for the patient, service user and carer Equality and Diversity objectives for the coming year. From this workshop the following objectives have been identified for 2020/21.

Trust Strategic Goals							
	Innovating Quality & Patient Safety	Enhancing prevention, wellbeing and recovery.	Fostering innovation, partnership and alliances.	Developing an effective and empowered workforce	Maximising an efficient and sustainable organisation.	Promoting people, communities and social values	
Objective							Outcome
To improve access to digital technology in particular for hard to reach groups.	✓	✓			✓	✓	A wider reach of individuals with a protected characteristic will be actively engaged in the EDI agenda and their voices will be heard to help inform the provision and development of our services.
To co-produce a variety of training packages with people from a diverse background so that it is representative of the protected characteristics.	✓	✓		✓			A culturally competent workforce to demonstrate empathy, care and compassion from an EDI perspective which will lead to improved patient, service user, carer and staff experience.
To continue to develop interpretation and translation services for people who speak English as their second language.	✓		✓	✓		✓	Individuals who speak English as their second language will be actively involved in decisions about their care and the Trust will have assurance that this group will have their needs understood and met in a co-produced way.
To further develop systems and processes to better understand our data on people accessing our services with a protected characteristic.	✓	✓				✓	A greater understanding of who accesses our services and from what protected group. This will influence which communities we need to actively engage with to help inform the provision and development of our service offer for this cohort of patients.

6.4 Patient, Service Users and Carer Equality Objectives 2020/21 Road Map



Apr 2021

“A greater understanding of who accesses our services and from what protected group. This will influence which communities we need to actively engage with to help inform the provision and development of our service offer for this cohort of patients.”

“Individuals who speak English as their second language will be actively involved in decisions about their care and the Trust will have assurance that this group will have their needs understood and met in a co-produced way.”

“A culturally competent workforce to demonstrate empathy, care and compassion from an EDI perspective which will lead to improved patient, service user, carer and staff experience.”

Dec 2020

“A wider reach of individuals with a protected characteristic will be actively engaged in the EDI agenda and their voices will be heard to help inform the provision and development of our services.”

July 2020

6.5 Staff Objectives 2019/20 - Outcomes

	Objective	Outcome
1	Develop an effective Equality, Diversity and Inclusion Strategy for 2020 and beyond.	This work is put on hold pending the NHS People Strategy.
2	Advance equality of opportunity in recruitment between people who share a protected characteristic and people who do not share it.	<p>The 2019 staff survey results would suggest this hasn't improved, in fact it has declined, although overall staff survey results for ED&I are positive and above the average of our benchmark trusts.</p> <p>Action is needed in 2020/21 to address this.</p> <p>Plans are in place to move to TRAC which is a recruitment management tool to support recruitment into the Trust.</p> <p>There are also plans to implement values based recruitment and deliver recruitment and selection training to managers.</p>
3	Improve engagement with underrepresented staff groups to ensure inclusion and improved participation with equality, diversity and wellbeing initiatives.	<p>An LGBT+ staff network has been established with a strong early commitment from staff. The group meets on a bi-monthly basis with the agenda to focus on how the Trust can be more inclusive to the LGBT Community.</p> <p>Already, the group has been instrumental in co-producing the Trusts new Transitioning at Work Policy as well as the refreshed Equality, Diversity and Inclusion policy. In addition, members of the group were in the early stages of supporting the Hull Pride event (delayed due to Covid -19 pandemic).</p> <p>Similarly, the Trust has initiated a disability staff network called Humber Ability. Currently, this group have only met via skype due to the large geographical area the Trust represents. However, the group have been able to collaborate on new guidance for reasonable adjustments at the Trust.</p> <p>Additionally, plans have been put in place for a Woman's Career Development Group where</p>

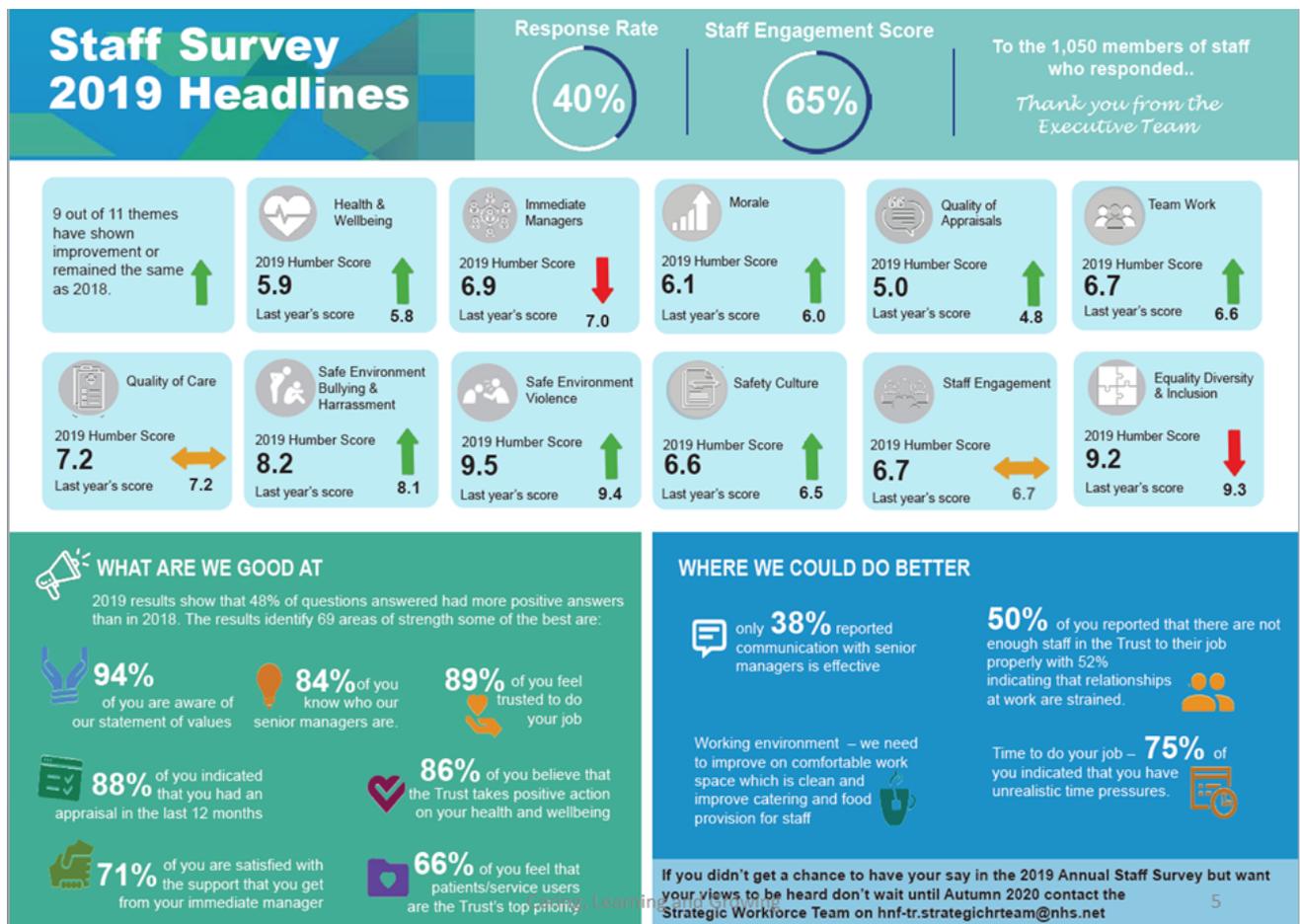
	Objective	Outcome
		female staff who are looking for advancement can receive peer coaching by experienced senior female staff to help develop a new generation of senior female staff.
4	Develop equality of opportunity for leadership roles between people who share a protected characteristic and people who do not share it.	<p>Through the PROUD programme, a Leadership and Senior Leadership development programme has been established and is available for all managers, across the Trust, to support their development as a leader. The first cohorts started in January 2020. (Put on hold due to Covid-19).</p> <p>Furthermore, the Trust has refreshed its Senior Leadership Forum (for manager's band 8a and above) to ensure it is fully inclusive.</p> <p>Additionally, the Trust developed a new a Leadership Forum (for manager's band 3 – 7) designed to develop the Trusts junior managers, regardless of protected characteristics and the first forum delivered in January.</p> <p>In partnership with North East Partners, the Trust was able to offer places on the regional 'Stepping Up' Programme designed to support BME staff to develop leadership skills for promotion opportunities.</p>
5	Improve the working experience of Trust staff with protected characteristics in relation to bullying and (or) harassment in their place of work.	<p>An independent review of bullying and harassment across the Trust was carried out.</p> <p>One of the outcomes of this work will be to review the bullying and harassment policy to include updated procedures and guidance.</p> <p>Additionally, training is under development for managers to raise awareness of bullying and harassment (delivery delayed due to Covid-19).</p>

6.6 Proposed Staff Equality Objectives 2020/21

Objective	Trust Strategic Goals					
	Innovating Quality & Patient Safety	Enhancing prevention, wellbeing and recovery.	Fostering innovation, partnership and alliances.	Developing an effective and empowered workforce	Maximising an efficient and sustainable organisation.	Promoting people, communities and social values
The introduction of a Disability Staff Group.	✓	✓	✓	✓	✓	✓
Deliver bullying and harassment awareness training for managers (postponed until September 2020 due to COVID).	✓	✓	✓	✓	✓	✓
Review and revise the Bullying and Harassment Policy and procedure.	✓	✓	✓	✓	✓	✓
Disability Awareness training for managers will help support managers dealing with sickness related to disability and ensure staff only attend work when well enough to do so.	✓	✓	✓	✓	✓	✓
Produce a Reasonable Adjustments guidance document.				✓	✓	✓
Reduce the number of 'unspecified' in staff records when reporting disability, religion and sexual orientation.				✓	✓	✓
Provide support to BME staff with preparing applications for regional 'Stepping Up Programmes' to develop career progression opportunities.				✓	✓	✓
Set up a Multi-Faith Staff Group.				✓	✓	✓
Establish a Women's Career Development Group to provide peer support for ambitious female staff.	✓	✓		✓	✓	✓
Implement value based recruitment across the Trust				✓	✓	✓
Deliver recruitment and selection training for managers				✓	✓	✓

7. Appendix

7.1 Appendix 1 - Staff Survey Infographic



7.2 Appendix 2 - PROUD – Investing in You, Valuing You



PROUD is our internal programme of Organisational Development with U at the heart of it. This programme was developed following feedback from the National Staff Survey, which told us what was important to you and how it feels working at Humber Teaching NHS Foundation Trust.

We are committed to **investing in you** and **valuing you** and during 2019/20 we have:

- Re-branded our Workforce and OD Directorate and increased the guidance on how to apply new policies
- Created a new operating model of behavioural standards
- Introduced a Humber way to carry out quality improvement, providing training and support to over 400 people
- Started a development pathway for the Board and our Executives
- Designed a Leadership and Senior Leadership Development Programme available for all managers, with the first cohorts starting in January 2020
- Refreshed our Senior Leadership Forum (for managers band 8a and above).
- Started a Leadership Forum (for managers band 3 – 7)
- Set up a Workforce and OD committee Chaired by a Non-Executive Director
- Reviewed and revitalised our Staff Health, Wellbeing and Engagement Group
- Secured £150,000 to improve our estate and £25,000 to be spent on staff engagement facilities
- Increased the Trust training budget allocation by £150,000
- Established an EDI working group
- Developed our Behavioural standards
- Provided bespoke support to departments to improve working relationships
- Updated our appraisal policy and linked this to our behavioural standards

7.3 Appendix 3 - EDI Best Practice –Mill View Lodge

The Equality, Diversity and Inclusion team hold regular workshops to discover the great work being done at the Trust and how services can be improved over time. These workshops include table top discussions from various departments across the Trust. This month, our Mill View Lodge team explained the work they are currently doing to support patients and meet increasingly diverse cultural and religious needs.

To illustrate these best practices, the team presented two case studies, as follows:

Case A – Elderly Female Patient from Kenya

This patient was psychotically unwell when she travelled to the UK to stay with her daughter. She was very suspicious and paranoid, and mixed with this, English Language was not her first language. She did not find it easy to explain her needs or get them met, declined engagement, lacked facial expressions and body language and presented extremely flat in mood. In addition to this, the patient refused to go into her bedroom.

As a result, the team worked tirelessly to minimise the patient's distress. They allowed her to have food brought in by her daughter to improve comfort and also, after an initial reception meeting, we worked to gather as much information as we could to build rapport and improve her wellbeing.

The patient's daughter was subsequently invited to all Clinical Reviews and the outcome was that the patient would prefer to sleep on the floor of the communal areas. Despite encouragement, she refused a mattress and so staff purchased camping mats, which were eventually accepted and this appeared to settle the patient. She grew fond of her mats as she spent her days eating, relaxing and sleeping on them, and would only move to use the bathroom or prepare her own food in the kitchen.

Despite her daughter explaining that the food we prepared was safe to eat, the patient preferred her own food and we respected her wishes. Staff worked hard to try understand the patient's emotions and wellbeing, despite a lack of communication where both language and facial expressions are concerned. Staff used reassuring nods, smiles and empathetic body language to convey a caring approach and also used some symbols and signs on laminated sheets to try to communicate.

Eventually, the patient began to trust our staff and built a relationship strong enough to enable recovery. Once the patient was deemed well enough, she returned home to Kenya and left the team with a huge appreciation for their efforts. Smiles became the normal form of communication between the parties and a few English words were remembered when the patient became well. This would not have been possible without the determination and commitment of our team and we are proud of them for going that extra mile.

Case B – Elderly Male Patient from Syria

This patient was psychotically unwell on his journey to the UK when fleeing civil war in Syria. He had seen many traumatic events in his home country and his safety was severely at risk.

When in the UK, he had been doing some structural refurbishing at his family home. This was reported by his neighbours as being disruptive and not complying with building regulations.

The patient could not speak any English when he came to our services, therefore an interpreter was arranged to come in daily and support him, his wife and extended family. The patient also liked to continue to practice his faith and to ensure this could be done appropriately, staff ensured they had a timetable of his Prayer Times so he would not be disrupted. This also meant that his wife could attend the unit at times which were not the usual visiting hours.

The man requested that his own 'Imam' was invited to the unit regularly and this was approved, meaning he would spend time on the ward with the patient and support his recovery whilst also engaging well with all staff. Eventually, the patient began to trust our team and began to be friendly with us. He even gave some therapeutic massages to male members of staff, which were apparently amazing! His wife brought cultural foods to the ward and he was also approved to order Halal foods from our Hotel Services.

If this does not already show the great lengths the team go to on a daily basis for patients, then it's also worth noting that one of our Domestic Team members, Darren, was placed on the Flexible Work Team as HCA 3, as he grew up in Turkey and could communicate well with the patient. He was offered shifts regularly to help assist with meeting this patient's needs.

Laminated print-outs of various keywords and phrases - such as Food, Drink, Toilet, Clothes, Family – were made to build rapport that was essential for this man's recovery and improve engagement and communication. The patient's family were also invited to his Clinical Reviews.

This case also required a high level of understanding of different cultural attitudes. For example, Sarah Shepherdson RMN 5, recalls how the patient would kiss her and other female members of staff on the cheek. This would not usually be accepted and would be deemed as inappropriate or sexual behaviour; however, it was clear to the team that, in this circumstance, this was a rare instance of this patient showing his gratitude and appreciation for the work they were doing.

As a ward, the Mill View Lodge team have Link Roles. The topic of one of these roles was Spirituality, Faith and Worship. This means that the unit has a selection of various Faith materials, including books, which can be accessed by all service users. Staff also actively use the internet to support Patients with multicultural backgrounds.

These cases give insight into how our teams, and in this case, our Mill View Lodge team, work tirelessly to improve understanding and inclusion across our Trust workforce. We seek to provide everyone with a voice and continue to improve 'Needs Led Care' to the best of our ability.

Thank you to staff from Mill View Lodge for sharing their lived experiences on the unit and providing the information to create the case studies:

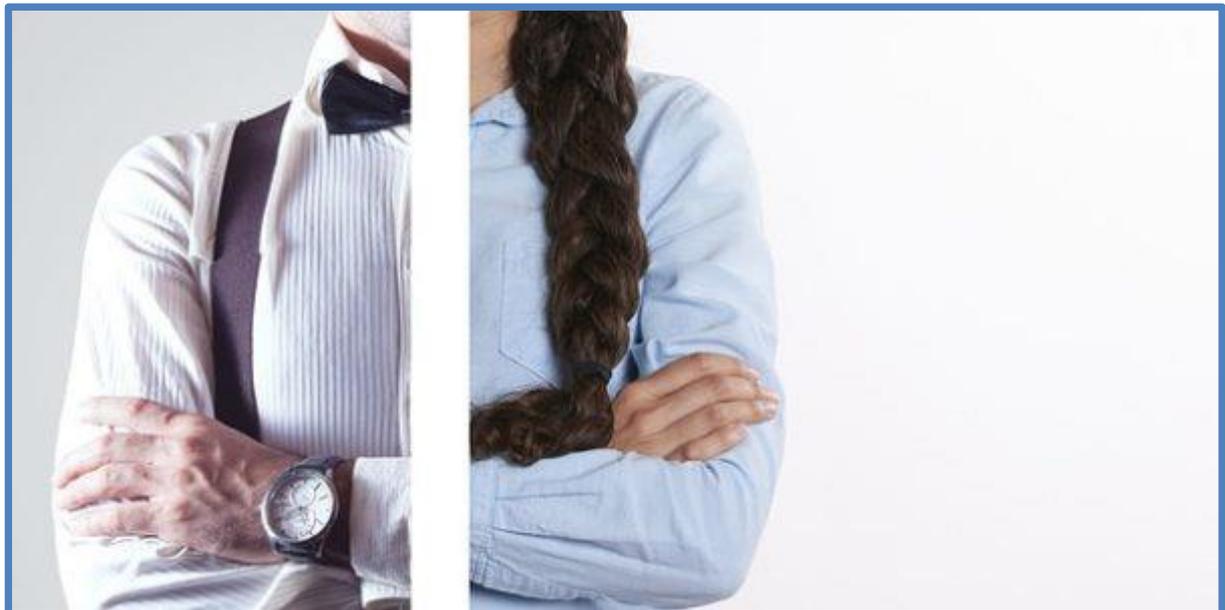
- Kim Morton
- Margaret Milbank



Humber Teaching
NHS Foundation Trust

Gender Pay Gap Report

2019/20



- 1. Introduction**
- 2. What is the Gender Pay Gap?**
- 3. Gender Profile across the Humber Teaching NHS Foundation Trust**
- 4. Humber Teaching NHS Foundation Trust - Gender Pay Gap Report 2019**
 - 4.1 Mean Gender Pay Gap**
 - 4.2 Median Gender Pay Gap**
 - 4.3 Mean Bonus Gender Pay Gap**
 - 4.4 Median Bonus Gender Pay Gap**
 - 4.5 The proportion of males and females receiving a bonus payment**
 - 4.6 The proportion of males and females in each quartile pay band**
- 5. Conclusion**
- 6. PROUD – Investing in You, Valuing You**
- 7. Action Plan**

1. Introduction

Humber Teaching NHS Foundation Trust – Gender Pay Gap Report

The Humber Teaching NHS Foundation Trust has three core values which are Caring, Learning and Growing. We have a Workforce and Organisational Development Strategy which has 4 strategic priorities:

1. Healthy Organisational Culture
2. Capable & Sustainable Workforce
3. Effective Leadership & Management
4. Enabling Transformation & Organisational Development

Our first priority: Healthy Organisational Culture includes promoting equality and valuing diversity. As an organisation we score higher than the national average in the staff survey for the percentage of staff believing that the organisation provides equal opportunities for career progression or promotion and lower than the national average for the percentage of staff experiencing discrimination at work.

Although we have achieved much in creating an environment where people feel we provide equal opportunities and take action against any discrimination we are not complacent and set annual priorities around our Public Sector Equality Duties.

We can use the results of this Gender Pay Gap report to assess:

- the levels of gender equality in our workplace
- the balance of male and female employees at different levels
- how effectively talent is being maximised and rewarded

Through analysis of the report's findings the challenge in our organisation and across Great Britain is to eliminate any gender pay gap. However, the gender pay gap should not be confused with equal pay.

Equal pay deals with the pay differences between male and females who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because of their gender. Humber Teaching NHS Foundation Trust supports the fair treatment and reward of all staff irrespective of gender or any other protected characteristic.

In producing this report we recognise that we have more to do to reduce the gender pay gap and we remain committed to a workplace that respects and harnesses equality and diversity. We will work to improve the gender pay gap by undertaking the actions set out at the end of this report.

2. What is the Gender Pay Gap?

The gender pay gap shows the difference between the average (mean or median) earnings of men and women. This is expressed as a percentage of men's earnings e.g. women earn 15% less than men. Used to its full potential, gender pay gap reporting is a valuable tool for assessing levels of equality in the workplace, female and male participation, and how effectively talent is being maximised.

What is the difference between the gender pay gap and equal pay?

The gender pay gap differs from equal pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman.

The gender pay gap shows the differences in the average pay between men and women. If a workplace has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with, and the individual calculations may help to identify what those issues are. In some cases, the gender pay gap may include unlawful inequality in pay but this is not necessarily the case.

Guidance: Managing Gender Pay Reporting. ACAS

It is a legal requirement for all relevant employers to publish their gender pay report within one year of the 'snapshot' date: this year's date being 31st March 2019. All employers must comply with the reporting regulations for any year where they had a headcount of 250 or more employees on the 'snapshot' date.

Relevant employers must follow the rules in the regulations to calculate the following information:

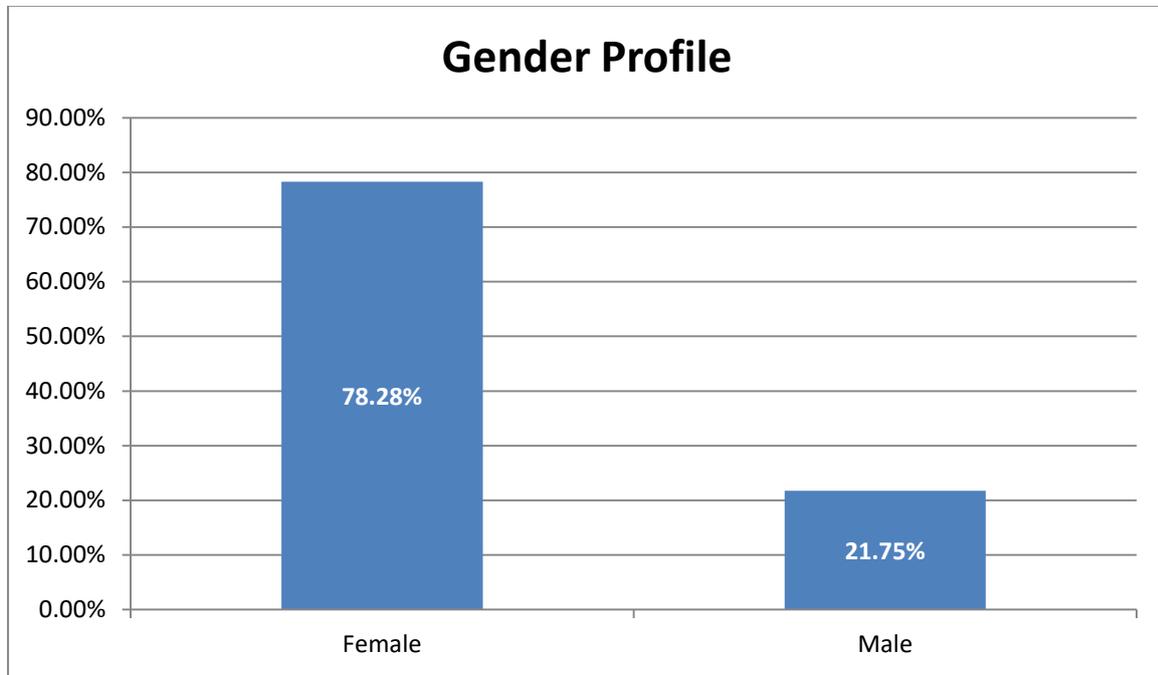
- Their mean gender pay gap
- Their median gender pay gap
- Their mean bonus gender pay gap
- Their median bonus gender pay gap
- Their proportion of males receiving a bonus payment
- Their proportion of females receiving a bonus payment
- Their proportion of males and females in each quartile pay band
- A written statement, authorised by an appropriate senior person, which confirms the accuracy of their calculations. However, this requirement only applies to employers subject to the Equality Act 2010 (gender Pay Gap Information) Regulations 2017.

Most NHS trusts will fall into the above category and thus must comply. With this in mind, IBM suppliers of the 'Electronic Staff Record' have developed a report which uses the required calculations to produce the gender pay gap data.

3. Gender Profile across the Humber Teaching NHS Foundation Trust

78.28% of the Trust's staff are female, with 21.75% being male. This is largely in line with the national NHS figures where 77% of employees are female.

This is shown graphically below:



4. Humber NHS Foundation Trust - Gender Pay Gap Report 2019

Below are 4 tables outlining the Trust's Gender pay Gap, in summary:

- The Trust's mean gender pay gap is 12.64%
- The Trust's median gender pay gap is 0.77%
- The Trust's mean bonus gender pay gap is -0.88%
- The Trust's median bonus gender pay gap is 50.00%
- The proportion of males receiving a bonus payment is 1.36%
- The proportion of females receiving a bonus payment is 0.29%

The proportion of males and females in each quartile pay band is:

- Quartile 1: 81.18% Female and 18.82% Male
- Quartile 2: 74.96% Female and 25.04% Male
- Quartile 3: 81.64% Female and 18.36% Male
- Quartile 4: 74.07% Female and 25.93% Male

Gender Pay Gap Data

Average & Median Hourly Rates

Number of employees | Q1 = Low, Q4 = High

Gender ▲ ▼	Avg. Hourly Rate	Median Hourly Rate
Male	17.2356	13.4648
Female	15.0557	13.3606
Difference	2.1799	0.1042
Pay Gap %	12.6474	0.7735

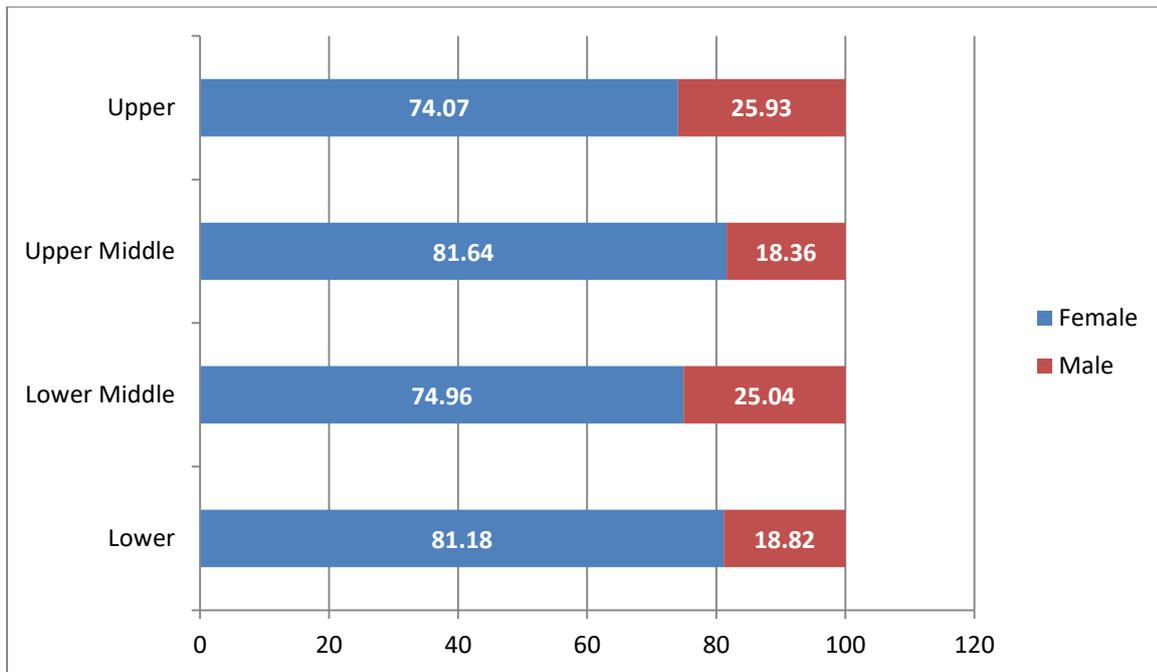
Quartile	Female	Male	Female %	Male %
1	565.00	131.00	81.18	18.82
2	524.00	175.00	74.96	25.04
3	569.00	128.00	81.64	18.36
4	517.00	181.00	74.07	25.93

Gender Pay Gap Bonus Data

Gender ▲ ▼	Avg. Pay	Median Pay
Male	8,433.63	6,032.04
Female	8,508.10	3,015.96
Difference	-74.48	3,016.08
Pay Gap %	-0.88	50.00

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	7.00	2409.00	0.29
Male	9.00	662.00	1.36

Proportions of Genders in each Quartile



4.1 Mean Gender Pay Gap:

The calculation shows the difference between the mean average hourly rate of pay that male and female full-pay relevant employees receive. For all calculations full pay does not mean full time, it means that a person has received their full pay therefore people on maternity leave with half pay and those on sick leave with half pay are excluded.

The calculation is undertaken by subtracting the mean average hourly rate of pay of all female full-pay employees from the mean average hourly rate of pay of all male full-pay employees and dividing the result by the mean average hourly rate of pay of all male full-pay employees and multiplying it by 100.

- The Trust's mean gender pay gap is 12.64%

4.2 Median Gender Pay Gap:

The calculation shows the difference between the median hourly rate of pay that male and female full-pay relevant employees receive.

The calculation is undertaken by subtracting the median hourly rate of pay of pay of all female full-pay employees from the median average hourly rate of pay of all male full-pay employees and dividing the result by the median average hourly rate of pay of all male full-pay employees and multiplying it by 100.

- The Trust's median gender pay gap is 0.77%

4.3 Mean Bonus Gender Pay Gap:

The calculation shows the difference between the mean average bonus pay that male and female full-pay relevant employees receive.

The calculation is undertaken by subtracting the mean average bonus pay of all female full-pay employees (who were paid bonus pay during the 12 month period ending with the snap shot date) from the mean average hourly rate of pay of all Caring Learning Growing male full-pay employees (who were paid bonus pay during the 12 month period ending with the snap shot date) and dividing the result by the mean average bonus pay of all male full-pay employees and multiplying it by 100.

- The Trust's mean bonus gender pay gap is - 0.88%

The negative figure shows that females are paid a higher rate of bonus pay than males.

The only people reported to have received bonus pay are Medical Staff who have received Clinical Excellence Awards. There are 16 people who received bonus pay (9 Males and 7 Females). Despite being less in number due to their seniority, longevity of service and experience the female's awards were higher than the males.

4.4 Median Bonus Gender Pay Gap:

The calculation shows the difference between the median bonus pay that male and female full-pay relevant employees receive.

The calculation is undertaken by subtracting the median bonus pay of all female full-pay employees from the median average bonus pay of all male full-pay employees and dividing the result by the median average bonus pay of all male full-pay employees and multiplying it by 100.

- The Trust's median bonus gender pay gap is 50.00%

4.5 The proportion of males and females receiving a bonus payment:

These two calculations show the proportion of male employees who were paid bonus pay and the proportion of female employees who were paid bonus pay.

Male-This calculation is undertaken by dividing the number of males who were paid bonus pay in the qualifying period by the total number of male employees and multiplying by 100.

Female- This calculation is undertaken by dividing the number of females who were paid bonus pay in the qualifying period by the total number of female employees and multiplying by 100.

- The proportion of males receiving a bonus payment is 1.36%
- The proportion of females receiving a bonus payment is 0.29%

The difference in the figures can be explained by the high proportion of females in the organisation, however the numbers of staff receiving bonuses is still very low.

4.6 The proportion of males and females in each quartile pay band:

This calculation shows the proportions of male and females in four quartile pay bands.

The calculation is undertaken by dividing the workforce into four equal parts;

- firstly, all relevant employees are ranked from lowest hourly rate of pay to the highest hourly rate of pay
- Secondly, the list is divided into four sections called quartiles with an equal number of employees in each section

The proportion of males and females in each quartile pay band is:

- Quartile 1: 81.18% Female and 18.82% Male
- Quartile 2: 74.96% Female and 25.04% Male
- Quartile 3: 81.64% Female and 18.36% Male
- Quartile 4: 74.07% Female and 25.93% Male

The highest proportion of male employees per quartile is in the highest bracket whilst the lowest proportion is in the lowest bracket which results in the gender pay gap of 12.64%.

5. Conclusion

Whilst the Trust has a Gender Pay Gap of 12.64%, which is significantly lower than the National average of 17.9%, it is worth remembering that the gender pay gap is not the same as unequal pay. At Humber Teaching NHS Foundation Trust, the gender pay gap is not because people doing the same jobs are being paid differently according to their gender - which would also be unlawful - instead, it is because there are more men than women in higher paid roles. Nationally, NHS consultants, for example, are predominately male with only 36% of NHS Consultants being female.

The Trust as a whole has a proportion of 78.28% Females and 21.72% Male and whilst the Trust has a high proportion of Female staff overall this is generally in line with National NHS Figures (77%). There are proportionately more female staff than male staff working at lower bands and adversely proportionately more male staff working at higher bands however the numbers involved in the Trusts data are relatively small but make a significant difference to the percentages. Nevertheless, this is in line with National NHS Figures where men make up 20% of Band 1 - 4, 18% of Band 5 – 7 and 31% of band 8a – 9. The number of staff being paid bonuses is very low with a total of 16 people receiving additional benefits and these are all Clinical Excellence Awards to Medical Staff.

6. - PROUD – Investing in You, Valuing You



Our **PR**ogramme of **O**rganisational **D**evelopment with **U** at the heart of it ensures we continue to invest and value our workforce. Incorporating the views from the 2017 and 2018 staff survey, the PROUD work will enhance leadership and management development, improve the quality of appraisals and establish ways to recognise and harness the talent here at Humber.

The aim of PROUD is to:

- recognise and enhance the skills of staff
- celebrate our strengths as individuals and teams
- work collaboratively
- be solution focussed

PROUD initiatives that will support gender equality across the Trust include: The Talent Pool, Enhanced Coaching, the Leadership Programme and the Health and Well-being Committee.

7. Action Plan – What is Humber Teaching NHS Trust Going to Do?

Actions to improve the Trust’s Gender Pay Gap align with the Trust’s wider organisational strategic goals, in particular Goal 04 - Developing an effective and empowered workforce.

To meet this goal the Trust has committed to:

- Develop a healthy organisational culture;
- Invest in teams to deliver clinically excellent and responsive services;
- Enable transformation and organisational development through shared leadership.

N°	Action	When	Review
1	Monitor and review gender pay gaps	Annually	Jan 2020
2	Use Equality Impact Assessments to monitor and review recruitment and promotion policies and processes to ensure any barriers to recruitment or promotion are identified and removed	Annually	March 2020
3	Implement “Positive Action” measures where necessary and appropriate, particularly in senior appointments, to advance gender equality in senior roles	As required	Monthly
4	Continue to develop flexible working options and workforce strategies to improve recruitment and retention of staff, including supporting female staff to return to work following maternity or adoption leave	Ongoing	Monthly
5	Share Gender Pay Gap data with the Trust’s Equality & Diversity Steering Group, which will consider any further actions	Annually	March 2020
6	Implement PROUD organisational development initiatives including Talent Pool, Enhanced Coaching, Leadership Programme and the Health and Well-being Committee	As per PROUD timetable	March 2020

7.5 Appendix 5 - Workforce Race Equality Standard (WRES) Action Plan 20/21

N ^o	WRES Outcome	Concern	12 Month Trend	Actions
1	20% of BME staff experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, this compares with 26.1% for white colleagues.	Non-BME staff are less likely to experience harassment, bullying or abuse from patients, relatives or the public in the last 12 months than BME staff	Improving – +6.1% gap 2019 compared to -13.4% gap in 2018	Bullying and Harassment Awareness training has been made available from March 2020 via the Learning and Development Team and self-enrolment through ESR. Full review of Bullying and Harassment took place in 2019 resulting in a Bullying and Harassment working group, a new Bullying and Harassment Policy is to be put in place in 2020 with subsequent guidance and tool kits for managers.
2	28.6% of BME staff experienced harassment, bullying or abuse from staff in the last 12 months, this compares with 21.4% for white colleagues.	BME staff are more likely to experience harassment, bullying or abuse from staff in the last 12 months than non-BME staff	Getting worse – 7.2 % gap 2019 compared to 6.3% gap in 2018	
3	11.4% of BME staff have experienced discrimination at work from manager/team leader or other colleagues in the last 12 months, this compares with 5.9% for white colleagues.	BME staff are more likely to have experienced discrimination at work from manager/team leader or other colleagues in the last 12 months than non-BME staff	Getting worse – 9.3 % gap 2019 compared to 6.2% gap in 2018	
4	81.8% of BME staff believe that the organisation provides equal opportunities for career progression or promotion, this compares with 83% for white colleagues.	BME staff are less likely believe that the organisation provides equal opportunities for career progression or promotion than non-BME staff	Marginally improving – 1.2 % gap 2019 compared to 1.6% gap in 2018	Ensure opportunities such as regional 'Stepping up Programme' for aspirational BME leaders is more widely promoted and support provided for applications.

7.6 Appendix 6 - Workforce Disability Equality Standard (WDES) Action Plan 20/21

N°	WDES Outcome	Concern	12 Month Trend	Actions
1	20% of disabled staff reported experiencing harassment, bullying or abuse from a manager in the last 12 months, this compares to 10% of non-disabled staff.	Disabled staff are more likely to experience harassment, bullying or abuse from a manager in the last 12 months than non-disabled staff	Improving – 10% gap 2019 compared to 13% gap in 2018	Bullying and Harassment Awareness training has been made available from March 2020 via the Learning and Development Team and self-enrolment through ESR.
2	18.3% of disabled staff reported experiencing harassment, bullying or abuse from other colleagues in the last 12 months, this compares to 13.3% of non-disabled staff.	Disabled staff are more likely to experience harassment, bullying or abuse from colleagues in the last 12 months than non-disabled staff	Improving – 5.3 % gap 2019 compared to 9.9% gap in 2018	Full review of Bullying and Harassment took place in 2019 resulting in a Bullying and Harassment working group, a new Bullying and Harassment Policy is to be put in place in 2020 with subsequent guidance and tool kits for managers.
3	25.2% of disabled staff have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, this compares to 17.1% of non-disabled staff.	Disabled staff are more likely to feel pressure from their manager to come to work, despite not feeling well enough to perform their duties than non-disabled staff	Improving – 8.1 % gap 2019 compared to 12% gap in 2018	Disability Awareness training for managers to be provided in 2020.
4	36.4% of disabled staff were satisfied with the extent to which their organisation values their work, this compares to 45.7% of non-disabled staff.	Disabled staff are less likely to be satisfied with the extent to which their organisation values their work than non-disabled staff	Getting worse – 9.3 % gap 2019 compared to 6.2% gap in 2018	Occupational Health resources and guidance for managers dealing with sickness available on staff intranet.

