

Trust Board Meeting 31 March 2021
Agenda - Public Meeting

For a meeting to be held at 9.30am Wednesday 31 March 2021, via 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 24 February 2021	SM	To receive & approve	√
4.	Action Log and Matters Arising	SM	To receive & discuss	√
5.	2020 NHS Staff Survey Presentation	SMcG	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.	Sub Committee Chairs Report	SM	To receive & ratify	√
12.	Quality Committee Assurance Report & 9 December 2020 Minutes	MC`	To receive & note	√
13.	Workforce & Organisational Development Committee & 20 January 2021 Minutes	DR	To receive & note	√
14.	Humber Coast and Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative Commissioning Committee Assurance Report	PB	To receive & note	√
Quality and Clinical Governance				
15.	Covid 19 Report	LP	To receive & note	√
Strategy				
16.	Strategy Refresh	MM/ PBec/ LP	To receive & note	√
17.	Operational and Service Planning 2021/2022	PBec	To receive & note	√
Corporate				
18.	Board Assurance Framework – Oliver Sims, Corporate Risk and Compliance Manager attending	MM	To receive & note	√
19.	Risk Register - Oliver Sims, Corporate Risk and Compliance Manager	HG	To receive & note	√

	attending			
20.	Disciplinary Case Reviews	SMcG	To receive & note	√
21.	Items for Escalation	All	To note	verbal
22.	Any Other Business			
23.	Exclusion of Members of the Public from the Part II Meeting			
24.	Date, Time and Venue of Next Meeting Wednesday 28 April 2021, 9.30am via Microsoft Teams			



Agenda Item 2

Title & Date of Meeting:	Trust Board Public Meeting – 31 March 2021			
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:	<ul style="list-style-type: none"> Contained 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	

Directors' Declaration of Interests

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

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

Item 3

Trust Board Meeting
Minutes of the virtual Public Trust Board Meeting held on Wednesday 24 February 2021
by Microsoft Teams

- Present:**
- Mrs Sharon Mays, Chair
 - Mrs Michele Moran, Chief Executive
 - Mr Peter Baren, Non Executive Director
 - Prof Mike Cooke, Non Executive Director
 - Mr Francis Patton, Non Executive Director
 - Mr Dean Royles, Non Executive Director
 - Mr Mike Smith, Non Executive Director
 - Mr Peter Beckwith, Director of Finance
 - Dr John Byrne, Medical Director
 - Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
 - Mr Steve McGowan, Director of Workforce and Organisational Development
 - Mrs Lynn Parkinson, Chief Operating Officer
- In Attendance:**
- Mrs Michelle Hughes, Interim Head of Corporate Affairs
 - Mrs Jenny Jones, Trust Secretary
 - Mr Adam Dennis, Communications Officer
 - Jean, (for item 28/21)
 - Mrs Mandy Dawley, Head of Patient and Carer Experience and Engagement (for item 28/21)
 - Mr Oliver Sims, Corporate Risk Manager (for item 39/21)
- Apologies:** None

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

- 25/21 **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.
- 26/21 **Minutes of the Meeting held 27 January 2021**
The minutes of the meeting held on 27 January 2021 were agreed as a correct record
- 27/21 **Matters Arising and Actions Log**
The actions list was discussed and noted.
- 28/21 **Patient Story – My Involvement Journey**
Jean attended the meeting supported by Mrs Dawley to share her story with the Board. Jean is involved with the Trust through various routes including Research and Development and the Patient and Carer Engagement groups. Jean has recently been elected as a Service

User and Carer Governor on the Council of Governors.

Jean's story began in 2006 when she retired due to medical issues. It was then she started to care with her sister for her father who had Dementia. Her father was admitted to a residential care home a few years later as his health deteriorated. Jean started to create a scrap book to help the home manage his care. Her father had a number of hospital admissions and sadly passed away in 2010.

Jean has continued to update the scrap book which helped with the healing process. Jean described to the Board what her working life had been like working with disengaged teenagers and teaching effective listening. Since retiring Jean has been involved as a City of Culture volunteer and in research studies with the University helping to identify 200 people in Hull and East Riding to take part in a careGivers Pro study.

Jean is heavily involved in many volunteering activities including being on stakeholder panels for interviews and more recently with the Covid 19 vaccination hub.

The Chief Executive thanked Jean for sharing her story. In terms of research she asked how the organisation could link in with the vast experience of people and families and communities into research with the Trust and other groups especially with regards to Dementia. Jean explained that engaging with people and the Patient and Carer forums is a good route. Webinars have also been hosted by people with Dementia including Wendy Mitchell who does work with the organisation.

Mrs Parkinson asked if there was anything that Jean thought more could be done within the organisation. Jean's view was that it is important to talk and listen to people and taking up opportunity to pursue this where possible. Jean is joining a community group North Bank Forum discussion as she freely admitted she loves to talk!

Dr Byrne thanked Jean for her support for the vaccination programme as the success of the programme would not have been possible without volunteers like her. Jean had featured in a video for the vaccination which had led to two other people coming forward as volunteers and being recognised by senior nurses.

The Chair thanked Jean for sharing her story with the Board. She acknowledged the contribution and time that Jean gives to the organisation which is very much appreciated.

29/21

Chair's Report

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

- Attending a Staff Health & Wellbeing Guardian event for an introduction to the role. National guidance is awaited on the role. Mr Royles has agreed to be the deputy Guardian
- Lots of work is going on in the system including consultation on the new legislation and potential changes to the system. The Chair has attended meetings of the Humber Advisory Board, the Chairs Advisory group which is looking at health inequalities and will be attending the East Riding Health and Wellbeing workshop tomorrow with the Chief Executive.
- The Chair continues to meet with external representatives including Cllr Gwen Lunn, Alison Barker and local Chairs, Tom Hunter and Terry Moran.
- The Chair annually attends the Sub Committee meetings of the Board and was pleased to see the strong links between the various Committees
- New Governors started with the Trust on 1 February 2021 and an introductory session was held. The Chief Executive hosted a Mental Health & Learning Disability and Autism session with Governors and a further session on Community services is taking place next month.

Resolved: The verbal updates were noted

30/21

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:-

- The annual Slavery and Human Trafficking Annual Policy Statement has been published and was included in the report.
- The Chief Executive has signed the annual fire statement and an update was provided to the Board on the work that has been undertaken. The Chief Executive extended her thanks to everyone in the organisation for all the work they do and continue to do.
- An update on the redesigning of the adult inpatient mental health services was provided. A national update is awaited on funding and what will be on the priority list.
- The Trust had a really positive meeting with the Care Quality Commission (CQC). No formal report is issued and the Chief Executive has raised this with the national and regional teams as it would be good practice to receive a formal report. The Chief Executive thanked everyone involved in the process for their work. The Trust could have deferred the meeting, but it was seen as a positive way to review the work that has been done over the last few years.

Mrs Gledhill reported that very positive feedback was received from the CQC on the 23 Key Lines of Enquiry (KLOE) including partnership working, safeguarding and inpatient and carers. There is still work to do to develop around equality and diversity and recognition given of the work that is ongoing. The CQC will, be using this style of reviews going forward to look at KLOEs where they cannot get information from other sources. It was a very positive and enjoyable meeting. Mrs Gledhill and Mrs Parkinson were impressed with the teams and staff and the work that they have been doing which is a credit to them especially during a pandemic.

- The report included detail of the work of the Academic Health Science Network which the Chief Executive thought would be of interest to the Board. She is working closely with the clinical representatives to see how links can be improved and an innovation hub developed within Humber Coast and Vale (HCV). Mr Patton asked if the tools available for IT are being used by the organisation. The Chief Executive explained that work is progressing to review the use of tools.
- Positive feedback has been received around the new branding for the organisation which has been designed by the Communications team. The patient portal is showing positive benefits for the organisation and the development of the website and intranet continues. A video for the Whitby development has been circulated to Board members and it will be added to the website. It was good to see Mrs Pollard, the Whitby Governor in a starring role! The appeal through the Charitable Funds has started to raise funds to provide additional things for the service and its users.

Mrs Hughes reported that due to the fantastic amount of content for Mental Health Nurses Day which was on 21 February, the campaign has been extended for the rest of this week. The focal point is the intranet pages where staff can find profiles and a useful resource list including books and podcasts, research studies and professional practice notes.

Following the success of the updated website work is taking place to update the intranet platform which should be completed by the end of May.

- The CEO stated staff continue to provide excellent patient care however they are tired and are being encouraged to take their annual leave. An additional day's leave has been given to staff to be taken around staff member's birthdays.

Professor Cooke commented on the CQC meeting and the work that has taken place to continue the day to day work and also the extraordinary achievements whilst providing a response to Covid 19, an outstanding approach to infection control and the roll out of a vaccination programme. Well done to all involved!

In relation to community nursing in Scarborough, Professor Cooke was pleased to see the evolution of the service. This was supported by Mr Patton who was impressed with the work undertaken.

Professor Cooke commended the progress made with Medical Education that Dr Morris supported by Dr Byrne which has been fantastic and can be built on going forward.

Dr Byrne thanked everyone involved in the flu and Covid 19 vaccination programmes. At 76% the flu achievement is the highest that has been achieved and in half of the time and at a time of remote working. He thanked the peer vaccinators without whom the programmes could not have been done. Mr Royles commented that the organisation continues to operate whilst contributing to the wider system which is quite an achievement given that it has been done virtually and in addition to the challenges of Covid 19.

It was clarified that the White Ribbon campaign includes of all forms of abuse and recognised that 90% of abuse is by men.

The Board ratified the Blanket Restrictions and Immunisation and Vaccination Screening of Staff Policies.

Resolved: The report was noted and ratified the policies identified in the report

31/21 **Publications and Highlights Report**

The report provided an update on recent publications and policy with updates provided by the Lead Executives. The Board's attention was drawn to the Covid 19 recovery and resilience report, the details of which are being discussed by the Executive team.

Resolved: The report was noted.

32/21 **Performance Report**

Mr Beckwith, Director of Finance, presented the report which informed the Board on the current levels of performance as at the end of January 2021. Indicators that have fallen outside of the normal variation range included Cash in the Bank, Incident Data, Out of Area Placements and 52 Week Waiting Times. A revised Safer Staffing dashboard was circulated as an error was identified in the violence and aggression incident data.

Mr Beckwith reported that the cash position has improved in the month due to capital drawn down and non recurrent funding. A dip will be expected in March due to the block income payment which will offset additional capital draw down.

Mrs Gledhill explained that concern was raised in relation to the number of PICU violence and aggression incidents as there was a considerable increase from 12 months ago by 75 incidents. Overall there have been 137 more incidents in inpatient units. Orion ward was not opened until December and accounted for 20 of the incidents. A piece of work has been commissioned to look at violence and aggression incidents including the numbers, level of harm, restraint use, Covid 19 related themes, and smoking. Professor Cooke noted there were a number of trends and he wondered if any were due to fatigue or tiredness.

Mrs Parkinson provided an update on waiting times for the Board. Referral to Treatment (RTT) for incomplete and complete figures are going in the right direction. Detailed work undertaken by the external consultants has been useful and identified areas to focus on based on what the data is suggesting. A key area of focus is understanding any new

opportunities coming through and building on the work that needs to be done to align resources. Other services across the Integrated Care Services (ICS) patch who have done better with the Autism diagnosis pathway, have been contacted to see how they are managing to do this. A lot of areas have been using more virtual pathways and digital interventions. There is a growing evidence base for the use of technology and a plan going forward to use more digital opportunities to resolve the waiting times issue. The Deputy Chief Operating Office is working closely with these services to progress this work and there is confidence that the work undertaken will result in improvements in the coming months.

The Chief Executive said that from a system point of view children's and young people is an issue at a regional and national level and work is taking place with the system and local authorities across the patch. Some issues are around the tier 4 in patient and work is ongoing to look at how the £500m coming into mental health services in England can be used in this area. Mutual support is being provided to Tees, Esk and Wear Valley (TEWV) for Forensics and this is being asked for children's and young people for a partnership approach to be used.

A surge in demand for core Child and Adolescent Mental Health Services (CAMHS) is being seen which a national picture, particularly for eating disorders in the East Riding. Significant work is being undertaken with partners and some winter pressures funding is being used to establish a home treatment service which will off set some of the pressures around tier 4 beds.

It was noted that for Autism the process starts at the referral and stops at a diagnosis, however there is a lot of clinical contact between the two points. Work is taking place with commissioners and system partners and there is a suggestion that partners could take a role in keeping contact with patients enabling Trust staff to use their expertise to reach a diagnosis. An escalation process and safety measures would also be in place. Community Mental Health Teams (CMHT) waiting times of four weeks is nearly achieved. Board members thanked Mrs Parkinson for the update noting the work undertaken.

Mr Baren asked about Townend Court which was showing as 50% occupancy, but low figures for clinical supervision and mandatory training. Good rates for clinical hours per day per patient were also noted. Mrs Parkinson explained that the unit is seeing high levels of acuity from patients since before Christmas. The intensity of staff needed to manage the complexities is high at the moment. Secure services are supporting the unit and the delayed discharges have been escalated appropriately to specialist commissioners. The level of acuity is impacting on training however Mrs Parkinson will review to see if any other measures can be taken.

Mr Patton congratulated the Executive Team on the vacancies position and for the work done on the nursing establishment which is improving month on month. Mr McGowan commended the Nursing Directorate team around the work that has been done on nursing vacancies as there has been a real shift in the numbers. Twenty international nurses have also been recruited in the Trust for next year. The Chair asked about the differing figures in the dashboard and the registered nursing table. Mr Beckwith will provide confirmation, but felt that this was due to the dashboard relating to inpatient units and the other table was for all Trust services. A post meeting note will be included to confirm the position.

The Chair noted the high sickness levels on the dashboard. Mrs Gledhill said this was due to the impact of Covid 19 and staff having to isolate. However the figures are reducing. Mr Baren noted the time difference between the dashboard data and asked whether it would be possible to have a more up to date position in the report rather than being two months behind. The timelag was explained as being due to validation of the data, Mr Beckwith and Mrs Gledhill will review to consider if a more up to date position can be included in future reports with any appropriate cautionary note.

Post Meeting Note

There are 2 reasons that explain the difference between the reported nurse vacancies figures in the report

- 1 – We are looking at different time periods between the overall vacancies page and the safer staffing dashboard
- 2 – The Safer Staffing dashboard is only reporting nurse vacancies for inpatient services

Mr Patton noted that with RTT complete pathways were looking better than the incomplete referrals data. Mrs Parkinson said that the service did see suppressed demand and then a rise in the number of referrals for some of the other services. In the second surge staff were redeployed from community services to support in patient services which impacted on some areas waiting lists. This has been an area of focus for the work the external consultants have been undertaking. The level of detail they have provided is helpful and looked at upskilling operational managers understanding of capacity and demand and what this means for their services. This work is being taken forward by the Deputy Chief Operating Officer.

Resolved: The report and verbal updates were noted

Post meeting note to be included in the minutes to explain the different data in the dashboard and registered nursing tables Action PBec

Review of the safer staffing dashboard to be undertaken with a view to including more up to date information in the report Action PBec/HG

33/21

Finance Report

Mr Beckwith presented the report which showed the financial position for the Trust as at 31 January 2021 with the main points being:-

- A break even operational position was recorded to the 31 January 2021
- Within the reported position is year to date covid expenditure of £12.130m
- Cash balance at the end of January was £35.801m, which is inclusive of an additional block payment of £9.8m.

Mr Smith referred to paragraph 2.4 and the financial technical issues. Mr Beckwith explained that this is a combination of the Budget Reduction Strategy (BRS) projects for major schemes and Covid 19 claims. Mr Smith suggested that as this was a public document that the wording could be amended.

Resolved: The report was noted.

Wording for financial technical items to be amended for future reports Action PBec

34/21

Finance & Investment Committee Assurance Report

The report following the meeting on 21 February was presented by Mr Patton. He drew out the following items for the Board's attention:-

- Detailed analysis of major scheme provided
- Planning advice – a good report was received and gave assurance on the plan.
- The key dates for the annual submissions were noted with the accounts due at the June Board meeting.

Mr Beckwith informed the Board that the Integrated Care Service (ICS) position has improved, but excluded personal protective equipment and track and trace costs which are funded separately.

Resolved: The report was noted noted

35/21

Mental Health Legislation Committee Assurance Report

Mr Smith reported that the Committee received two excellent presentations on the re-audit of

seclusion medical reviews and assessing the use of section 136. The Mental Health Steering Group was reported to be working effectively under the current leadership. Other areas the Board's attention was drawn to were:-

- The Mental Health White paper where a piece of work has been undertaken to agree the methodology for reviewing the details of the Paper.
- Equality and diversity annual report was received and an acknowledgement that there is more work to be done
- Work that is being undertaken around Section 136 with the Police led by the Chief Executive was noted.

Dr Byrne thanked Mr Smith for his help in discussions of issues for the Steering Group allowing the Committee to look at other elements.

The Chief Executive thanked the Committee for the report. She asked for future reports that details of diversity and detention data be included for example in relation to some of the detail of how many people and ages, ethnicity and how it compares to a similar demography. Dr Byrne and Mr Smith will discuss and identify the timing for when this can be completed. Dr Byrne agreed with the information being shared wider as there is a large focus particularly around the diversity element.

Resolved: The report and minutes were noted.

Data around detention and diversity to be included in future reports. Timing to be discussed for when this can come to the Board via the assurance report Action JB/MS

36/21

Audit Committee Assurance Report

Mr Baren presented the report from the February meeting. This was the second meeting attended by Audit Yorkshire the internal auditors who contributed well to the meeting. The 20/21 audit plan is behind and the completion date has been extended to 30 April which will still allow the sign off of the end of the year assurance report.

Excellent progress has been made on the 19/20 recommendations. Some timescales had been delayed and alternative dates suggested. Previously EMT had requested that no timescales were amended without their agreement and further discussion will take place around this.

It was disappointing not to see the 21/22 internal audit plan at the meeting. Agreement was reached that this will be circulated by the end of March to members.

External auditors, Mazars updated on the changes to the submission dates for this year. As a consequence the second May meeting has been changed to 22 June.

The Committee received reports on risk register including good representation from the Mental Health Division, the Board Assurance Framework, tender waivers and procurement. The Committee particularly noted the purchase of Docusign which is a more efficient way of signing off documents. An increase in the premium for the Clinical Negligence Scheme for Trusts (CNST) insurance was noted.

Mr Beckwith explained that this was a good meeting with good assurance provided. Internal audit are meeting with all Executives to discuss the internal audit plan which will go to EMT in March. Dr Byrne found this process helpful to help bring quality to the focus of internal audit plan and how audits can be identified to be of the most help. Mr Royles asked if the internal audit plan would be shared with Committees. Mr Baren explained that had it been available it would have been shared with the Board through this report. It will be shared with Committees when it is available. Mr McGowan reported that it is on the agenda for the Workforce Committee's next meeting. The Chair felt a consistent approach across all of the Committees would be useful and asked Mrs Hughes to liaise with Committee chairs and Executive leads to ensure this happened.

Resolved: The report was noted.

A consistent approach across all of the Committees to be taken. Mrs Hughes to liaise with Committee chairs and Executive leads to ensure this happened **Action MH**

37/21

Commissioning Committee Assurance Report

Mr Baren, Mr Beckwith and the Chief Executive drew attention to their role as Chair and attendees respectively in HFTs Lead Provider Collaborative Commissioning Committee acting as a commissioner for Inpatient CAMHS, Adult Secure and Adult Eating Disorders services for any matter being discussed at this meeting.

This is the second meeting of the Committee. Financial due diligence has progressed but there is more work to be done to ensure the gap is filled. The Partnership Agreement is being drafted but the Committee has yet to see it.

The Chief Executive explained that nationally there is an expectation that go live will happen on 1 April 2021. Issues will need to be worked through at pace.

Mr Royles raised the issue of conflicts of interest given the scope of the roles and responsibilities and the organisations that may be affected by decision making. He asked when it would be appropriate for declarations to be made and excusing from items. Mr Beckwith said it is a good point and at the moment it is business as usual, but consideration did need to be given to this. The Chief Executive said that work has been undertaken and Mrs Hughes is on the committee for this reason. It is important that this is moved on cautiously from individual organisations point of view and from a relationship and partners view. These are being worked through as part of the Partnership agreement which is being produced in conjunction with Hill Dickinson. Mrs Hughes added that declarations are made and the chair and members are cognisant throughout the meeting of potential conflicts. This is an area that remains under consideration but that at the moment the only members of the Committee are the Trust representatives and any others attend to present their agenda items only. It is expected that the Partnership Agreement will be brought to the March Board meeting.

The Terms of Reference were discussed. It was confirmed that relevant checks have already been made with the Standing Financial Instructions. The Chair noted that this is the only Board Sub Committee that does not require a Non Executive Director to be quorate as the vice chair is currently the CEO. However, progressing the role of an associate non executive director is being considered as the Committee develops. This matter will be reviewed as things develop and progress. The Board approved the Terms of Reference.

Resolved: The report was noted. The Terms of Reference were approved by the Board.

38/21

Quality Committee Update

Professor Cooke provided a verbal update and summary of the meeting held on 10 February 2021. The assurance report will be provided to the March meeting. A presentation of the Autism Strategy was received and it was suggested that this should come to the Board. The strategy is around education, growing and understanding and a good piece of work that can be progressed. The Committee signed off seven actions from the action log and received the workplan for 21/22. Discussions also took place around the draft effectiveness review.

Reports were received on research and development, friends and family test, annual ligature report, risk register and the immunisation policy was approved.

Mr Smith was pleased that the Autism Strategy will be coming to the Board as it changed the narrative from Autism and understanding the aspects of neurodiversity which would help in future planning for everyone.

Resolved: The verbal update was noted

39/21

Covid 19 Update

Mrs Parkinson presented the report which provided an overview of the ongoing arrangements and continuing work in place in the Trust and with partner organisations to manage the Covid- 19 emergency. It also included an update on the planning in place to address the NHS Response to Covid- 19 as set out in the letter to Chief Executive Officers from Sir Simon Stevens and Chief Operating Officer Amanda Pritchard from NHS England in April 2020 and the approach being taken to address the requirements of phase 3 and 4 recovery planning

The frequency of Silver and Gold command meetings has reduced to weekly meetings, however Silver operations meetings are held three weekly. During January operational pressures remained high particularly in Scarborough and Ryedale community services related to high infection rates and Covid 19 related admissions and overall support to the system. Some pressures were seen in Primary Care in January as support was given to areas that required it. The organisation also responded to the national and regional pressures around Child and Adolescent Mental Health Services (CAMHS) and CAMHS tier 4 beds. Work is taking place across the Integrated Care System (ICS) to bring providers together to support these pressures across the system. The Trust is looking to open two PICU beds at Inspire Unit during March, introducing a home treatment element and working on eating disorder pathways.

During January there were no Covid 19 positive patients, however this has now increased to three patients as of today. Sickness rates during January and February have been really positive and there is a continued focus on staff health and wellbeing. Staff are tired and it is the highest risk on the Covid 19 related risk register.

Dr Byrne provided an update on the vaccination programme. Staff who chose not to take up the vaccination have been surveyed and reasons area around fertility and side effects. The Trust continues to liaise with colleagues to ensure they have the latest updates from the vaccination centre. Good progress is being made with vaccinating BAME colleagues.

Mr McGowan raised the issue of recovery and how we transition through this to allow staff to recover and what the potential impact may be as a result of working in some areas. Going forward there could be increased sickness rates, impact on turnover rates and the organisation needs to do what it can and put mitigations in place. Mr Royles agreed with the comments made. There are many things in place to support staff and some staff have continued to work normally and others have seen huge changes during the pandemic.

Mr Baren referred to the lifting of restrictions noting that people may return to work or wish to take a holiday. He asked what the plans are for returning and what would happen if there are multiple annual leave requests for the same time. A corporate piece of work is underway regarding future working and requirements and staff continue to be supported as this. A cautious approach is being taken with regards to returning to offices as the figures are still high in this area. Some staff would like to continue working flexibly and may not want to come back into the office on a full time basis, but still want social contact. It has been suggested that the Trust HQ building could be changed into a wellbeing centre to allow flexible working to take place. Mr Beckwith explained that Trust HQ has been separated out from the Mental Health Inpatient redesign work and exercises are being run to determine the longer term vision for a future working model. When this is completed a proposal will be submitted to EMT in March for a final decision to be made in April.

In terms of annual leave, carry over of annual leave has been stricter as staff need to take time off. Staff would need to discuss with their line managers in the first instance and a different approach may be needed to accommodate requests. Discussions will take place with Executives which will be fed through EMT and the Workforce Committee.

Resolved: The report and updates were noted

- 40/21 **Risk Management Strategy 2021-2024**
Mr Sims attended the meeting to present the revised strategy following comments made at last month's meeting. He explained that all the comments made have been included in the Strategy and the key changes were outlined in the report and included changes to make stronger links with the patient safety strategy and ambitions.
- Resolved:** The Board ratified the Risk Management Strategy
- 41/21 **Equality Delivery Scheme Self Assessment**
The report was introduced by Mr McGowan which showed the work that has been done at a workforce level and also the patient carer element. The workforce Committee will be discussing this at its next meeting. Dr Byrne noted there is an element of repetition as this has been discussed at the Quality Committee and the Patient and Carer Experience forum. It captures what had been reported over the last few months.
- The Chair asked if there will be an Equality Diversity & Inclusion event held virtually this year as the last one was well received. The Chief Executive said there should be another event planned and will leave the Executive leads to take this forward.
- Resolved:** The Equality Delivery Scheme was approved
Executive leads to take forward and EDI event for this year Action SMcG/JB
- 42/21 **Mental Health Act White Paper 2021**
Launched by the Department of Health and Social Care in January 2021, the White Paper builds on the recommendations made by Sir Simon Wessely's Independent Review of the Mental Health Act in 2018 which set out what needed to change in both law and practice in order to deliver a modern mental health service that respects the patient's voice and empowers individuals to shape their own care and treatment.
- Dr Byrne provided the update for information and highlighting the changes facing mental health over the next few years. Changes in the Act may help some of these, but may also increased the burdens of bureaucracy. Mrs Hughes confirmed that this had been shared via e mail to the Board. Task and finish groups have been set up via the Mental Health Legislation Committee (MHLC) to work through the various elements of the paper and a draft report will go to EMT and a final draft will be circulated to the Board for comment before submission.
- Resolved:** The report was noted.
- 43/21 **Integration and Innovation: Working Together to Improve Health and Social Care for All – White Paper**
The Department of Health and Social Care formally published a White Paper on 11 February 2021 which aims to join up health and care services and embed lessons learned from the Covid-19 pandemic. The Paper sets out how action will support recovery by stripping away unnecessary legislative bureaucracy, empowering local leaders and services and tackling health inequalities and the reforms build on the proposals in the NHS Long Term Plan. A Bill will be laid in Parliament when parliamentary time allows to carry the proposals into law.
- The Chief Executive explained that the content of the report has been discussed in various forums previously and is intended to remove the bureaucracy from the system and having a co-terminous population. It will add a more statutory footing and remove GP commissioning into a more suitable place.
- The paper contained a number of key government proposals. The timing of this is subject to Parliamentary business implementation next year. Legislation for the ICS identified five key recommendations which are set out in the paper.

Resolved: The minutes were noted

44/21

Items for Escalation

No items were raised

45/21

Any Other Business

No other business was raised.

46/21

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.

47/21

Date and Time of Next Meeting

Wednesday 31 March 2021, 9.30am by Microsoft Teams

Signed Date

Chair

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

Summary of actions from February 2021 Board meeting and update report on earlier actions due for delivery in March 2021						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
24.2.21	32/21(a)	Performance Report	Post meeting note to be included in the minutes to explain the different data in the dashboard and registered nursing tables	Director of Finance	March 2021	Completed
24.2.21	32/21(b)	Performance Report	Review of the safer staffing dashboard to be undertaken with a view to including more up to date information in the report	Director of Finance & Director of Nursing, Allied Health and Social Care Professionals	March 2021	In respect to the timing of reporting, some of the data is not available until the 15th of the month following the end of the reporting period. With the Board papers due for internal review 10 days before the Board meeting this does not allow any time for validation of data before it appears in the public board papers. It has been previously agreed by the Board that the Safer Staffing dashboard would run 1 month in arrears to

						enable data to be validated.
24.2.21	33/21	Finance Report	Wording for financial technical items to be amended for future reports	Director of Finance	March 2021	Text updated
24.2.21	35/21	Mental Health Legislation Committee Assurance Report	Data around detention and diversity to be included in future reports. Timing to be discussed for when this can come to the Board via the assurance report	Medical Director/Mr Smith	May 2021	This will be discussed at the next MHLC meeting. Reports of this type are annual in nature.
24.2.21	36/21	Audit Committee Assurance Report	A consistent approach across all of the Committees to be taken. Mrs Hughes to liaise with Committee chairs and Executive leads to ensure this happened	Head of Corporate Affairs	March 2021	EMT agreed Internal Audit Plan on 22/3 - each director is to agenda for the next committee meeting for discussion.
24.2.21	38/21	Quality Committee Update	The Autism Strategy to come to the Board	Director of Nursing, Allied Health and Social Care Professionals	April 2021	On the agenda for the 28 April meeting
24.2.21	41/21	Equality Delivery Scheme Self Assessment	Executive leads to take forward and EDI event for this year	Director of Workforce & Organisational Development & Medical Director	March 2021	Date agreed for 8 July 2021 for this year's event

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
27.1.21	07/21(b)	Publications and Highlights Report	Final version of the response to be circulated to Board members	Head of Corporate Affairs	March 2021	The response has been drafted by the Mental Health Legislation group and awaiting EMT comment – the draft will be shared with Board w/c 29/3
27.1.21	08/21(c)	Performance	Mortality report to go to the	Medical Director	June 2021	Item not yet due

		Report	Quality Committee then to a future Board meeting			
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A copy of the full action log recording actions reported back to Board and confirmed as completed/closed is available from the Trust Secretary

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

Chair of Board: Sharon Mays
Executive Lead: Michele Moran

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

Board Dates:-	Strategic Headings	LEAD	29 Apr 2020 (Strategy)	20 May 2020	24 June 2020 (Strategy)	29 Jul 2020	30 Sep 2020	28 Oct 2020 (Strategy)	25 Nov 2020	27 Jan 2021	24 Feb 2021 (Strategy)	31 Mar 2021
Reports:												
Annual Committee Effectiveness Reviews & Terms of Reference (one paper)	Corporate	MH		x								
Reaffirmation of slavery and human trafficking policy statement in Chief Executive report - added Feb 21	Corporate	MM									x	
Workplan for 2020/21: To agree	Corporate	SM/ MM		x								
Deleted /Removed Items												
Digital Plan Annual Update – reports into Finance and Investment Committee		PBec		x	x	x						
Estates Strategy Review –reports into Finance and Investment Committee		PBec				x				x		
Estates Annual Update - reports into Finance and Investment Committee		PBec				x						
Procurement Strategy Annual Review – reports into Finance and Investment Committee		MM				x				x		
Workforce & OD Strategy including an Annual Refresh – reports into Workforce & Organisational Development Committee		SMcG		x					x			
Guardian of Safeworking Quarterly Report – reports into Workforce & Organisational Development Committee		JB	x			x		x		x		
Sustainable Development Management Plan Update –reports into Finance and Investment Committee		PBec										
Equality Diversity and Inclusion Public Sector Duties- reports into Workforce & Organisational Development Committee		SMcG										
Safeguarding Annual Report (internal) – reports into Quality Committee re-added to Board Workplan Sept 20		HG					x					
Internal Audit Annual Report – reports into Audit Committee		PBec										
Review Risk Appetite moved to July as per previous year and moved to part II July		HG				x						

Agenda Item 5

Title & Date of Meeting:	Trust Board Public Meeting – 31 st March 2021			
Title of Report:	2020 NHS Staff Survey Presentation			
Author/s:	Donna Chambers - Workforce Strategy, Policy and Improvement Manager Steve McGowan – Director of Workforce and Organisational Development			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	The purpose of the presentation is to outline the results of the NHS Staff Survey 2020. Update the board on the information from Leading Health care today about 2020 Staff Survey and Equality, Diversity & Inclusion (EDI)			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee	√	Remuneration & Nominations Committee	√
	Quality Committee	√	Workforce & Organisational Development Committee	√
	Finance & Investment Committee	√	Executive Management Team	√
	Mental Health Legislation Committee	√	Operational Delivery Group	√
	Charitable Funds Committee	√	Other (please detail)	
Key Issues within the report:	<p>This presentation outlines the Trust 2020 National Staff Survey results with specific focus on the 10 key themes.</p> <ul style="list-style-type: none"> • Compared to 2019 we have seen improvements in all 10 of the key theme areas: <ul style="list-style-type: none"> ○ Equality, Diversity & Inclusion (EDI) ○ Health & Wellbeing ○ Immediate Managers ○ Morale ○ Quality of Care ○ Safe Environment - Bullying & Harassment ○ Safe Environment - Violence ○ Safety Culture ○ Staff Engagement ○ Team Working • Comparison against our benchmark group shows a 			

	<p>higher than average score for Equality, Diversity & Inclusion (EDI), Safe Environment - Bullying & Harassment and Safe Environment - Violence</p> <ul style="list-style-type: none"> • Response Rate Comparison <ul style="list-style-type: none"> ○ Trust 43% ○ National 45% ○ Average across the benchmark group 49% • Reflection on 2019 areas for improvement and actions following from the 2019 National Staff Survey • Areas of strength and areas for improvement from the 2020 results • Outlines next steps and divisional actions <p>The NHS released the results of its 2020 staff survey, with 220 trusts completing the survey and 592,000 people participating.</p> <p>The second highest scoring subject area, with 9.0/10 as an average nationally, was the theme of equality, diversity and inclusion.</p> <p>Humber Trust survey results has enabled us to be ranked 5th in the top 10 Mental Health and Community Trusts on the theme of equality, diversity and inclusion.</p>
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Monitoring and assurance framework summary:

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

Report Exempt from Public Disclosure?			No	
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Agenda Item 7

Title & Date of Meeting:	Trust Board Public Meeting – 31 March 2021			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	To provide the Board with an update on local, regional and national issues.			
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	
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Chief Executive's Report

1 Around the Trust

1.1 Flu Vaccination Certificates

I have personally signed over 80 Flu vaccination certificates to thank those staff who led our recent Flu vaccination programme, once again staff were dedicated and professional and for the fourth year running our overall figures increased to 79%.

1.2 Staff Thank You

We announced during the month that that staff would receive an extra day's leave to celebrate on or around their birthday to thank them for all the hard work during the Covid pandemic. A Friends and family birthday day.

1.3 Covid Anniversary

We marked the anniversary of the official start of the pandemic on the 11th with a video demonstrating just some of the amazing work our staff have been involved with;

<https://youtu.be/uCBv-DDz2Lk>

We undertook a minutes silence on the 23 March, the anniversary of the start of the first lockdown to mark our respects to all those who have lost their lives or loves ones in the pandemic.

We also used the anniversary to relaunch our book - 'together we can' which includes new footage.

We are also celebrating the great work of our bank staff with a £10 thank you.

1.4 Trust Website

I am really pleased to inform the Board that the organisation has come fourth in the country for our website. A company that compares millions of websites, has analysed NHS trust and Clinical Commissioning Group (CCG) websites for usability, including content, accessibility, marketing, mobile, social, speed, and legal compliance.

The Index, a league table, has been created showing how organisations in various industries compare for web accessibility.

Website accessibility is the practice of making a website usable by everyone, regardless of ability or disability. Its primary aim is inclusion, no matter what a user's circumstance, and aims to ensure support for a variety of users, such as those with low vision who may have trouble reading low-contrast text on a web page or a user on a mobile device in bright sunlight. The company measures the websites against the international standard for web accessibility.

211 NHS trust websites were tested using a sample of up to 125 web pages taken from each website, and tested through the Silktide web intelligence platform.

The highest rated NHS trust was North Cumbria Integrated Care NHS Foundation Trust with a score of 92, while London North West University Healthcare NHS Trust scored 81, coming in 30th place. Humber are fourth, a fabulous achievement by the communications team and very well deserved.

1.5 Hull York Medical School (HYMS) Self Assessment

The Trust revived the feedback form from the recent HYMS Self-Assessment Document for the academic year 2019-20 this is part of HYMS meeting the requirements set out by the GMC's new quality assurance process.

The following is an extract from the letter:

'The COVID-19 pandemic has posed new challenges for all of us, but we are heartened to see your impressive effort, planning and flexibility in supporting our students and teaching activities during this difficult period.

We have identified a number of good practices in your organisation, for example:

- Medical Student Volunteer (MSV) programme.
- Larger scale group teaching with expert patients/carers
- Recruitment event for Psychiatry, 'Murder in Mind', part of RCPsych 'Choose Psychiatry' campaign.
- Opportunity for students to shadow a consultant on call in the evenings.
- Opportunities for interprofessional/multi-professional learning'

Well done to Dr Stella Morris and the team for another successful year.

1.6 Youth Board

The Trust has confirmed the development of our Youth Board which will actively involve our children and young people in the work of the Trust and which will help influence our future developments.

1.7 High Sheriff Awards 2021

The High Sheriff awards are presented each year when the High Sheriff acknowledges those who go above and beyond and being able to then present them with a High Sheriff Award. It gives me great pleasure to say that this year one of these awards went to Jo Kent for her work on suicides and suicide prevention - well deserved and well done to Jo.

1.8 ShinyMind Renewal

On April 20th 2020, we launched the ShinyMind App to every single member of our Trust, as a way of supporting our Wellbeing during the pandemic. Over the last 47 weeks that it has been available to our teams, use of the app has grown and developed, and we have been influential with the providers of the app to add functionality to enhance the benefits to our teams.

The renewal of the app has been approved because of the support we have offered the developers with the testing and launch of the Golden Button; we have been able to secure an extended 15 month contract.

Current statistics show that over 11% of our people use the app, and over a year, we have accessed 665 hours of support. This is 6,596 sessions, 2,226 Masterclasses and the app has provided response and information to 174 SOS requests.

ShinyMind can be promoted within the business as a Wellness tool, as it contains exercises such as Sleep Rituals and calm sessions. But it can also be used as a leadership development tool, as there are sessions on self-awareness and dealing with conflict. It can be used to build teams, as groups can use the exercises together to build awareness, and send messages to each other to recognise positive behaviours, encouragement and back up in difficult times. It can also contribute to an individual's Personal Development, by helping them to focus on goals, and build personal confidence to achieve them. And of course, it can also be used to spread positivity throughout the organisation from the very top to the bottom.

2 Regional News

2.1 Mental Health Support Teams

Hull City Council and Humber NHS Foundation Trust will be working together to deliver two Mental Health Support Teams (MHST) which will provide early intervention mental health support for children and young people aged 5 – 18 within schools and colleges

2.2 Hull University Appointment

Hull University has appointed Claire Vallance as their Chief Operating Officer. Claire joins the University from the University of Edinburgh where she is currently Director of Professional Services in the School of GeoSciences.

2.3 York Hospitals Trust

York Hospitals trust has confirmed that it will be changing its name to 'York and Scarborough Teaching Hospitals NHS Foundation Trust' with effect from 1 April 2021.

3 National News

3.1 White Paper

The time line for the White Paper is projected to be as follows:

4/5 - First Reading in the House

18/5 - Second Reading in the House

8/6 - Commons process ends

November Bill progresses to the Lords

Jan 2022 - Assent

April 2022 - Enforced

4 Director's Updates

4.1 Chief Operating Officer Update

4.1.1 Multi-Agency Public Protection Arrangements (MAPPA) Update

Multi-Agency Public Protection Arrangements (MAPPA) 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 or DTC's (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.

There are a number of system meetings related to the MAPP arrangements and the Trust is represented at the MAPPA Strategic Management Board (SMB) by the Chief Operating Officer. The Associate Director of Psychology provides senior practitioner representation at relevant panel meetings and other system meetings are attended by staff at a suitably qualified level in the organisation.

The Trust continues to fulfil its responsibilities to MAPPA as a Duty to Cooperate agency achieving 100% attendance across all required meetings.

The Trust has developed a system of Single Points of Contact (SPOC) lead clinicians in the Divisions, supported by the Associate Director of Psychology so that MAPPA issues can be well coordinated, communicated and staff involved supported.

The Trust SPOCs have attended a bi annual meeting with senior probation staff and learnt that the probation service is being reunified in June 2021 following the 2014 split into the National Probation Service and CRC- Community Rehabilitation Companies. In some cases the CRC's were not found to be effective and this has prompted the change.

An exemplar referral form for MAPPA is being developed within the Trust so that staff making a referral are clear about the information required to prevent delays in processing the referral and having the case discussed by panels.

Level 1 MAPPA cases do not require active conferencing (i.e. panel meetings about the case) which can mean that checks on the processes required to work with these offenders are less rigorous. Therefore within the Trust we are continuing to ensure that staff fully understand their responsibilities with these cases through a series of communication and case examples.

The Associate Director of Psychology recently had an article published in the MAPPA annual report discussing the effects of the pandemic on this work and how staff can ensure that they are supported effectively. The annual report is attached (Appendix 1) for the board to note.

Due to the pandemic and cases being reviewed using video conferencing, it is now easier to offer shadowing opportunities for those staff that need to learn about the MAPPA process and experience how a meeting is helpful in their case work. This has been advertised in the Trusts regular communication so that staff can come forward and express an interest in this opportunity.

Issues related to Disclosure and Spent Convictions have also been recently discussed between agencies and the correct processes communicated to our staff as these are both complex areas to understand.

There have also been recent reminders in our communication to staff about the correct storage of MAPPA information in the Lorenzo system (electronic patient record) and the information governance issues related to this.

Training to MAPPA colleagues in other agencies regarding mental health and referral pathways of is due to be delivered by colleagues in the Mental Health Division and MAPPA colleagues have recently provided training on MAPPA Awareness.

4.1.2 Pine View – Low Secure Ward

Last year Pine View opened as the Trusts 16 bedded low secure unit for men who have ongoing mental health conditions. This change was part of the ongoing service work that the Trust undertook with provider partners and NHS England Specialised Commissioners to prepare for the Secure Care Provider Collaborative and recognition that there were too few male low secure beds to meet the needs within our geographical area. Some patients were stepped down from the Humber centre from conditions of medium security, some were repatriated to Pine View as they were being cared for out of area and others needed to continue their care in low secure services.

The unit initially opened with 8 patients last year and now all 16 beds are full. The team on Pine View have established a very effective relationship with the specialised community forensic team (SCFT) which was also newly established last year, to ensure successful and timely discharges for their patients. This has led to an overall reduction of length of stay for patients in the Humber Centre.

The Pine View team are also involved in close working with the SCFT to move forward plans to reopen South West Lodge. It is planned to utilise South West Lodge as a 4 bedded Low Secure Community Preparation Unit supervised by staff from the Specialist Community Forensic Team (SCFT) and supported by staff from Pine View. This will support and further enhance the pathways from Pine View to the community, reduce length of stay, and enable repatriation for out of area patients.

This effective team work was also highlighted last month following Pine View's leadership team being awarded Greatix of the month, it said "together you make the Pine View team and unit

second to none. Many changes have happened but you are all approachable and continue to support the team all the way. You treat the team with respect and because of this you are respected back. You have shown fairness and strength towards staff and patients and have embraced your roles”.

4.2 Director of Nursing, Allied Health and Social Care Professionals

4.2.1 Hull Safeguarding Children’s Partnership- Update

The newly established Hull Safeguarding Partnership has recently published their first annual report. The report covers the period from 1st October 2019 – 30th September 2020. The report outlines how the strategic leads from the Police, CCG & local authority have undertaken a review of the partnership arrangements over the summer period 2020. It describes the initial key decisions taken as a result and the actions being taken to ensure a fit for purpose set of arrangements for the future.

Under the new arrangements we have been requested to attend the partnership meetings. The Director of Nursing, Allied Health and Social Care Professionals will be attending for the Trust as the executive responsible for safeguarding.

The annual report outlines the key priorities in relation to strengthening the governance arrangements and identifies two specific safeguarding areas for development in relation to designing a thematic learning programme focused on the impact of domestic abuse on children and re-designing the multi-agency safeguarding training programme by 31/03/21.

Ofsted are undertaking short ‘focused visits’ to local authorities, whilst the established full inspection programme remains suspended due to Covid-19. Hull’s visit was undertaken on the 3rd & 4th March 2021. The visit was conducted virtually. The scope covered the progress of children in need of help and protection, the progress of children looked after and care leavers, and the impact of leadership with a focus on managing through COVID looking at education and keeping children safe. Ofsted will publish a letter about their findings in due course.

4.2.2 Student Placements Update

Student placements have continued to be a challenge and this will no doubt continue for the foreseeable future. We continue to have regular meetings with the practice placement team at Hull University to work on creative ways that we can fulfil our commitments. These meetings have ensured that the university are fully aware of our challenges around the changing pattern of placement availability due to COVID restrictions and to plan together how we can ensure that the students gain a valuable experience and meet their learning outcomes.

We have real pressure on the system during Feb and May due to 1st, 2nd and 3rd year student nurses all being out on placements totalling 130 student nurses. Divisions and appropriate corporate functions are working with our student placement team to ensure we are able to secure placements for all.

We are awaiting confirmation of the numbers for the intake for Sept 2021, but given the government drive we are expecting these to be an increase on last year.

We have developed a robust recruitment and engagement plan for the 3rd year student nurses who started back on placement in January after the Christmas break to encourage them to take up staff nurse posts within the Trust. This will run from January 2021 – June 2021. This includes a home talk, interview prep, 1:1 discussions about future aspirations, how to apply for a role within the Trust and a platform where we post articles weekly.

4.2.3 Apprenticeships- Nursing- Social Work - Occupational Therapy

Work continues with the pathways for clinical apprenticeships, and there has been a delay in the policy being ready for distribution. Nursing, Occupational therapy, and social work are involved in this work with the apprenticeship lead and we are working on numbers for 2021.

The Trust had 6 members of staff start the nurse degree programme in September 2020 at Hull University and they are due out for their first clinical placement in March. We are offering them regular peer group supervision and they continue to have support from their hub base once a week.

We also had 4 members of staff commence their Occupational Therapy training at Sheffield and again they are receiving support from the Lead OT.

4.2.4 Humber Teaching NHS FT Preceptorship Academy

The Preceptorship Academy is designed to welcome and integrate newly qualified Nurses and Allied Health Professionals (AHP) into the workforce and the Trust. It aims to help them enhance their skills and grow in confidence as they begin the next step in their careers.

This is an ideal programme for those who are transitioning from student to registered practitioner, for individuals who are changing their roles and for those who have been out of work for some time and would benefit from a refresher to support them back into practice.

The academy is going from strength to strength with clinical staff across the whole Trust contributing to the online study events

Since September 2020, 14 AHPs and 35 newly qualified nurses including one return to practice and two nurse associates have enrolled on to the Academy.

The team responsible for the Academy have met with NHS employers who have requested permission to share a link to our nursing handbook on their site and talked about us sharing our good practice.

4.2.5 HSE Hospital Spot Check Inspections – COVID 19

HSE has inspected 17 acute hospitals in England and 2 NHS Health Boards in Scotland and Wales respectively as part of the national HSE COVID 19 spot check inspection programme between December 2020- January 2021. The aim of the spot checks was to assess the arrangements in place to manage risks arising from COVID 19. The report makes recommendations regarding ensuring risk management systems are coordinated (ie H&S, managers, infection control working together), ensure consultation with trade unions and employer representatives to ensure workable control measures, review non patient facing areas to ensure sufficient risk assessments are carried out, review availability of lockers and welfare facilities, establish routine monitoring and supervision arrangements to ensure control measures are implemented and review your arrangements regularly to ensure they remain valid.

The report will be discussed at the next Infection Control Meeting where any additional actions for the Trust will be highlighted and progressed.

4.3 Medical Director

4.3.1 Social Values Report

The Social Values report will be launched publically in the week beginning Monday 19th of April. We have designed a 'festival content' where key contributors to the report will have the opportunity to share their work widely through a series of staff webinars which will then be shared on the Trust website. In addition a cohort of colleagues will be attending bespoke Social Values training in late March which is timely bearing in mind NHSE recent stated requirement that it become a core component of service provision.

4.3.2 Medical Education Awards

The Medical Education awards will be taking place in early June and will mark the final event hosted by Dr Stella Morris as our retiring Director Of Medical education. The interview and selection process for her replacement will be completed by the end of March.

4.4 Director of Workforce & Organisational Development

4.4.1 Communications Documents to aid with Vaccine Hesitancy in Staff

A frequently asked questions document has been produced by NHSI/E to support staff to make informed choices regarding vaccine hesitancy. This has been shared with our staff.

4.4.2 Senior Clinicians feature in short video on Covid-19 Vaccinations, Fertility and Pregnancy

Senior clinicians in fertility and women's health have recorded a short film to provide clarity and reassurance around the safety of the Covid-19 vaccination. Dr Lalitha Iyer and Dr Fatima Husain, have featured in a short video titled 'What you need to know about the Covid-19 vaccinations, fertility and pregnancy'. This has been shared with staff.

4.4.3 National Staff Survey (NSS)2020 Results

The 2020 Staff Survey results have been published. The NSS website has several ways that users can see the survey results including:

- High level summary and national briefing
- National results (with trends, breakdowns and national level workforce EDI spreadsheets)
- Benchmark and directorate reports (by NHS organisation)
- Organisational level results (interactive dashboards at an organisation level including grouping by ICS/STP)
- Downloadable dashboard data for each of the interactive dashboards

A presentation on the trusts results is included on the Board agenda.

4.4.4 Sickness Absence Taskforce

A taskforce was convened on the 18th of January 2021 by NHSE&I to look at ways to reduce Covid-19 related staff sickness absence. The taskforce interviewed 12 National/ Regional Stakeholders and 19 Local Stakeholders and developed 14 recommendations based on their feedback. These have been discussed further and implementation plans strengthened. 5 of the 14 recommendations have been classed as priority:

- Improving Sickness Absence Reporting locally and nationally
- National and local 'rapid tests' champions to encourage use and reporting. Standardise reporting
- Continue rapid rollout of Covid-19 vaccine ensuring parity in access for all staff groups.
- National funding/ framework to support integration of individuals with Long Covid during the pandemic
- Work with PHE/DHSC, and IPC and other teams to understand role of FFP2/N95 masks in healthcare settings.

4.4.5 Financial Wellbeing Webinar Series: 'Focusing on your financial health'-starting 7th April 2021

Arden & GEM are hosting a series of financial wellbeing seminars to help staff who would feel that they need advice or support in financial areas. The first of this series of webinars starts on the 7th of April 2021. These have been publicised to staff.

4.4.6 Flu

The window for Flu vaccinations ended on 28 February 2021 with a total of 79.59% of our frontline workforce receiving a vaccination.

4.4.7 PhysioMed

PhysioMed has been launched across the Trust to give our workforce, quick access to expert advice and intervention for recent muscle and joint problems. Support from a Senior Chartered Physiotherapist (via our Occupational Health Team) will be delivered by an award winning physiotherapy advice line service (PhysioMed) and is designed to reduce the aggravation and severity of injuries and assist in their quick resolution.

4.4.8 Nye Bevin Programme

As part of PROUD, the trust agreed to fund 3 places each year for individuals to complete the NHS Leadership Academy Nye Bevin Programme. The Nye Bevin Programme is for aspiring directors that would be ready for a director role within the next two years. A total of four individuals were approved by EMT to receive funding for this financial year.

4.4.9 Learning and Development

The training plan for 2021/22 has been finalised and, following a scoping exercise to determine needs of our workforce, a total of 28 new courses will be developed over the next 12 months. Courses are being developed and created through a flexible approach to aid learning through classroom, e-learning or a blended approach.

4.4.10 Health Care Support Workers (HCSW) 0% Vacancy Project

In January 2021 the Trust was awarded funds to support the recruitment and retention of Healthcare Support Workers. A requirement of this funding is to achieve a 0% vacancy rate for Health Care Support Worker roles by 31st March 2021 and our progress with this is being regularly reported centrally.

Our establishment reports 34.24 WTE HCSW vacancies at the Trust and whilst not all of these are true vacancies (some held for BRS for instance) in order to begin to make progress against our target we have sought to encourage divisions to identify true vacancies and commence the recruitment process. At this stage only 13 HCSW vacancies are in progress.

4.4.11 Factual Referencing

A project to enable staff movement was initiated in Humber Coast and Vale in 2019 with the aim of the project being to reduce bureaucracy involved in the movement of staff between NHS organisations. The Enabling Staff Movement project aims to improve time to hire and improve the candidate experience and collaboration within the integrated care system. Key to delivering this is utilising shared systems for the transfer of basic employment information and responding to references using a standardised approach.

In March 2021 EMT agreed the system of 'factual referencing' to aid the recruitment process and experience for all staff involved which will launch on 1st April 2021. Enabling additional functionality in ESR will benefit the recruitment process by significantly reducing the time to receive factual references for incoming employees and positively impact the overall time to recruit.

4.5 Director of Finance Update

4.5.1 Corporate Accommodation

A project has commenced to look at the working arrangements for non-clinical support staff, with a brief of making recommendations around what future working could look like post COVID, and how both staff and the Trust can crystalize the benefits that have been realized during the last 12 months.

Staff engagement and participation feature front and centre of the project. The project is still in its early stages and the work is expected to conclude in May.

4.5.2 Care Certs

There are two types of CareCert notifications,

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

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

Details of notifications received during 2021 are summarised in the table below:

	Issued	Deployed or no Action required	Awaiting deployment, action or testing
High Priority	2	2	0
CareCert Bulletins	9	8	1

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

4.5.3 Sustainable Development Assessment Tool (SDAT)

The SDAT has been de-commissioned from 28th February. The Greener NHS Teams are working on scoping a replacement tool for Green Plan support which will align with the priorities set out in 'Delivering a Net Zero Health Service' report and the updated Green Plan guidance which is also currently in development.

The Estate Team are currently working on preparing a green plan for the Trust utilising the most recent SDAT data. The Green plan will focus on the Trusts green agenda and strategy for the next 5 years, directing it towards net-zero and carbon neutrality, current timeframe for completion is Winter 2021.

4.5.4 Internal Audit Plan

The Internal Audit Plan for 2021/22 has been reviewed by EMT following consultation with each executive lead. The Audit Plan provides sufficient coverage and balance across key areas to ensure that a head of internal audit opinion can be provided, which is a requirement of the annual report.

5 Trust Policies

No policies have been presented to sub committees of the Board for approval since the last report to Board in February that require ratification by Board. Any policies that require ratification following the Workforce and Organisational Development Committee on 24 March will be highlighted in the assurance report for ratification.

6 Communications Update

12th February – 15th March

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:

- Delivering the communications plan to support the communications for second dose of the vaccine.
- Development and launch of a new online Risk Assessment form that will be located on a dedicated section of the Trust intranet, making it quicker and easier for managers to complete and submit this information for data recording purposes.

Key Projects

- **Corporate Visual Identity Rollout**

Following from the launch and continued promotion of the Trust brand centre, the team have also been working on projects with other services and teams to ensure the brand is used effectively across the Trust.

This includes working alongside the Learning and Development team to incorporate the brand into the design of the new Training Room doors and corridors. The team have also been working closely with the Estates Department to design new vehicle livery, incorporating both NHS branding, and the new Trust identity.

- **GP Practice Websites**

Our practice websites are currently based on templates purchased some time ago. The team have worked closely with Primary Care and practice management to create an up-to-date, responsive and informative design that will support our patients and staff effectively. Sites will be replaced in order of their contract end date. This will mean management of sites moves internally saving the Trust over £2800 p/a whilst also providing a superior product.

- **Humblebelievable – Recruitment Campaign**

Continued recruitment support is provided by the team through the use of organic and paid advertising on the Trust social media channels. The recruitment website is being visited more regularly and its position on search engines is being strengthened regularly as a result of close monitoring.

To support service specific campaigns we have designed and launched dedicated service recruitment pages that allow potential applicants to learn more about service areas that need additional support to recruit to key roles e.g. <https://join.humber.nhs.uk/camhs-inspire/>

Users	Page views	Avg Session Duration	Most viewed page
2,786	5,583	00:58 mins	/jobs/ (2,849 views)

External Communications

- **Media Coverage**

Due to a high number of high quality proactive PR campaigns media interest has been high over the period. We have worked closely with teams to develop stories that attract positive media attention and promote timely Trust and national key messages such as children's mental health.

Positive new stories published		Negative new stories	
Local media	13	Local media	1
Humber website	12		
TOTAL	25		1

Coverage included working with ISPHNs and East Riding Council to promote Safer Sleep Week, and working closely with the Your Health team to promote No Smoking Day and Social Prescribing Day. We also developed a video about the Whitby Hospital renovation which was positively covered by local media.

- **Awareness Days**

The February to March period has seen us mark a number of important dates including; Mental Health Nurses Day (21 February), International Women’s Day (8 March), Social Work Week (8 March), and Safer Sleep Week (15 March).

- **Mental Health Nurses Day (21 February)**

To mark Mental Health Nurses Day we worked with our Mental Health teams to promote the profession of mental health nursing as a rewarding career path and to celebrate and showcase our staff. We shared profiles of nurses from across the Trust and worked closely with local media to ensure that current and relevant mental health topics were covered, including several radio interviews and an article with the Hull Daily Mail.

In addition to this, our internal communications included two virtual events to bring our colleagues together and chat about Mental Health Nursing.

Engagement rates for external campaign:

- Reach (views): 14,000+
- Engagement (shares + likes): 400+

- **Whitby Hospital and Gardens Renovation Project**

Over the last month we have worked with NHS Property Services, North Yorks CCG, task and finish groups and our fundraising team to ensure the local community stay up to date with the progress of the renovation and the Whitby Appeal.

This has included creating a video for external communications, which has been positively received by the Whitby Gazette, local radio stations and on social media. You can view the video here: <https://vimeo.com/514318992>

- **Trust Website Accessibility**

Health Tech Newspaper (HTN), Silktide, a company that compares millions of websites, has analysed NHS trust and CCG websites across the UK for usability, including content, accessibility, marketing, mobile, social, speed, and legal compliance.

The report, which included a total of 211 NHS Trust’s placed Humber Teaching NHS Foundation Trust within the top 10 organisations at the position of 4th, with an overall accessibility score of 89 which is considered ‘great’. [Read the full article here.](#)

- **Trust Website Update**

The Trust external website has seen a steady balance of users and page views compared to that of the previous period.

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

- **Social media**

Our content strategy, including our coverage of awareness days ensures that we continue to see great results and growth across our channels.

	Target	Performance over period
Engagement Rate	4%	5.7%
Reach	+50,000 p/m	115,493
Link Clicks	1500 p/m	2,061

Internal Communications

Poppulo – Internal Emails

	Trust average engagement rates	National Average
Open Rate	70%	65%
Click Through Rates	7%	10%

Intranet

Work has started to move our intranet to the most up to date platform to help improve the end user experience for our staff.

To help us better understand how staff use the current intranet and what improvements they'd like to see we shared an all staff to survey and also held a focus group to further understand the results.

The survey and focus groups highlighted two main areas that we need to improve when developing the new intranet, which are:

- Navigation (35.4% disagreed that navigating the intranet was simple and effective)
- Search function (when asked how effective do you find the search function I helping you find what you need 22.6% said it was very ineffective and 38.7% said it was ineffective)

Current performance:

	Target	Performance over period
Bounce Rate	40%	54.5%
Visits	+20% on 2019 average	+63%

7 Health Stars Update

Whitby Appeal

With spring in the air and an upbeat spring in their step the Health Stars team have been busy in a variety of ways gathering momentum to the Whitby Hospital Appeal.

Jude Wakefield our Whitby Hospital Appeal Coordinator has settled within the role since joining in January 2021 and is developing her skillset day by day utilising her past working experience and local knowledge.

Despite the difficulties COVID19 restrictions have presented, they are pleased to announce fundraising is well underway and several events have been organised with more in the pipeline.

Throughout February, letters and emails have been sent to local businesses to seek involvement and support with the appeal, this has been very well received with many donating gifts towards the Whitby Hospital Appeal Easter Raffle.

In addition to the raffle, there is an online tutorial arranged for the 27th March which will involve up to 10 participants learning how to make a flower rose from icing. The Local Women's Institute groups have been contacted to seek their participation in a 'Teddy Bears Picnic' to celebrate the 73rd birthday of the NHS. WI members will knit or crochet teddies with an NHS theme and, on the weekend of 3rd and 4th July, host their own tea parties at which the teddies will be sold/donations given with the proceeds going to support the Appeal. Several WI groups are currently involved with planning and hosting events and we anticipate more will get involved over the coming weeks, this shows a great sense of community spirit.

Loftus and Whitby Athletic Club have kindly gifted Health Stars 20 free places for the Mulgrave Estate 10k run which will take place on 8 August 2021. Participants will be asked to raise £100 in sponsorship fees for the Appeal, if anyone would be interested in participating please email hello@healthstars.org.uk .

Health Stars continue to work closely with the internal management teams and the members of the local community, over the past several months they have built great working relationships and sit at the heart of the community engagement with the Task & Finish groups scheduled to meet at the end of March.

The team continue to be proactive and diverse within their working roles and grant applications have started to commence this month to support the larger areas within the project such as the garden & landscaping, artwork and sculpture.

There is great progress being made in all areas of the rebuild and this is an exciting journey for us all to be a part of.

NHS Big Tea 2021

This year the NHS Big Tea will be publicised nationally with NHS Charities Together encouraging the local communities to get involved and show an outpouring of love for the NHS following the challenging times of which we have all faced due to the global COVID19 pandemic. The event will be supported by news providers such as ITV who will help promote everyone to “have a brew” at 3pm on the 5th July and all come together to show our appreciation for our wonderful NHS heroes.

Health Stars are working with NHS Charities Together as a charity member to develop how Humber Teaching NHS Foundation Trust can be a part of the celebration for the NHS 73rd birthday and in turn show our thanks and appreciation to our staff, more details on this to follow as planning progresses.

Events

Health Stars are working hard behind the scenes on fundraising events exploring the virtual opportunities during these challenging times. The charity is keen to explore diverse ways of generating charitable income alongside the support of local businesses to collaboratively host a range of events which will be available across the full geography patch.

Health Stars are working with FlowerStyle of Beverley a local florist to host a bespoke online wreath making workshop, this is a great opportunity to support the charity from the comfort of your own home and create a beautiful spring wreath, COVID19 safety measures are in place and click & collect or local delivery is available for the 31st March and 1st April 2021.

[NHS Health stars Spring Wreath kit | Flowerstyle Florist, Beverley \(flowerstylebeverley.co.uk\)](https://flowerstylebeverley.co.uk).

Additional relationships have been built and Health Stars are working in partnership with White Rabbit Chocolatiers to deliver a Virtual Spring Chocolate Workshop, during this event You will be guided through decorating your own Springtime chocolate bar using chocolatier techniques, then sit back and enjoy a delicious chocolate tasting session with an award winning chocolatier which includes three very special single origin dark chocolates, The workshop will be available to partake in at your own leisure from Mid-March until May 2021.

[Spring Virtual Chocolate Workshops - White Rabbit Chocolatiers – White Rabbit Chocolate Company Limited](https://www.whiterabbitchocolate.com)

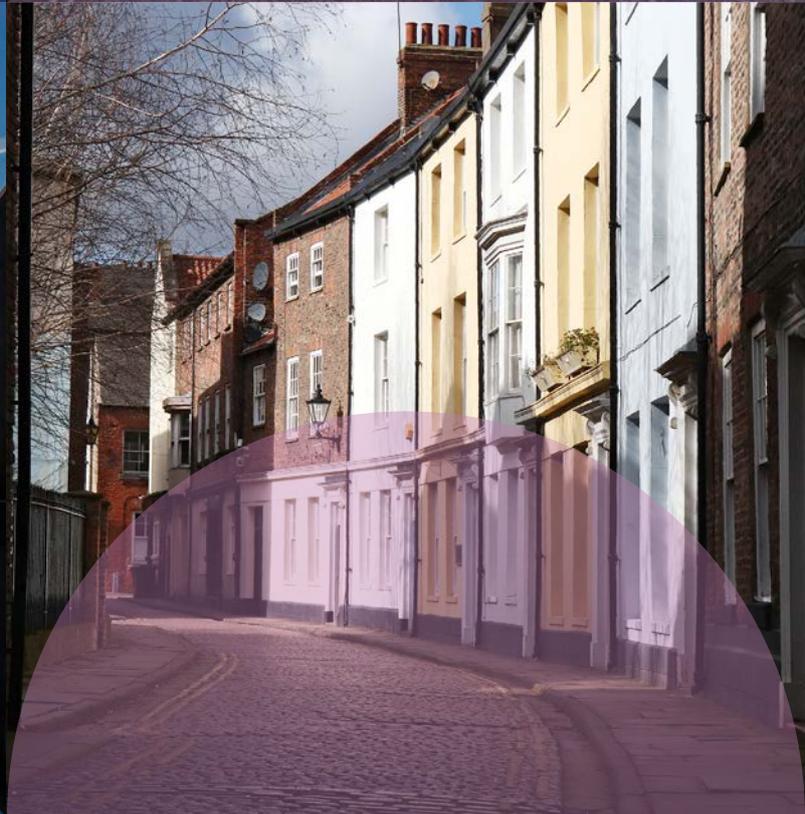
As we continue on our journey transitioning out of lockdown, Health Stars are also working hard to deliver in person events towards the end of the year, when safe to do so. One event which is

currently being developed is again in partnership hosting a charity “Starlight Ramble” at Burton Constable, plans are well underway and the event will focus on supporting children’s mental post pandemic. As a family friendly event Health Stars are keen to raise awareness of support whilst raising funds for areas within Humber Teaching NHS Foundation Trust specialising in this area of care, I look forward to sharing more details with you as plans are finalised.

Michele Moran
Chief Executive
March 2021



HUMBERSIDE AREA ANNUAL REPORT 2019/20



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INTRODUCTION

This year has seen unprecedented change and demands on staff within the Multi- Agency Public Protection (MAPPA) Arena. Since the beginning of Lockdown in March 2020, colleagues working for all our Responsible Authority and Duty to Co-operate Agencies, worked innovatively, relentlessly and professionally to ensure robust and effective MAPPA arrangements were in place and fully operational.

Indeed, Humberside was one of the first areas in the Country to produce a COVID 19 Exceptional Delivery Model prioritising cases and moving to a remote business model for meeting via Microsoft Teams. A Mid-Year Review of this new way of working validated the new model for hosting meetings via Microsoft Teams. We have currently no backlog in cases and all business critical MAPPA provisions are operating fully.

Assistant Chief Constable Chris Noble Humberside Police, Deputy Governor HMP Hull Charlotte Mann and myself as Chair and Vice Chairs of the MAPPA Strategic Board want to take this opportunity to thank all colleagues involved in MAPP Arrangements for their commitment and dedication to ensuring our Communities were kept safe and will continue to be throughout the Pandemic.

As you will read in this slightly delayed Annual Report,

colleagues operating in the Criminal Justice System or providing support networks have excelled despite managing the daily COVID 19 related demands of self-Isolating, home schooling to name but a few. The examples of enhanced service delivery, innovation and co-production and team working are inspiring. I truly believe that all staff involved are True Hidden Heroes.

In November 2020, we successfully hosted a MAPPA Awareness Foundation Training course on Microsoft Teams which has now been viewed over 400 times - an incredible achievement. We plan to explore how we can utilise digital technology to improve our communication and MAPPA Service delivery in the future. We fully recognise that the pandemic does not prevent those who present the highest risks to our Communities continuing to operate. We remain committed to ensuring that MAPPA will also continue to operate effectively and robustly to manage those offenders who are eligible for MAPPA management.

I commend this Annual Report to you.

Stay Safe

Kate Munson

Head of Humberside NPS (Hull and East Riding) and Chair of MAPPA Strategic Management Board.

"I truly believe that all staff involved are True Hidden Heroes."

Kate Munson

Head of Humberside NPS (Hull and East Riding) and Chair of MAPPA Strategic Management Board.



Kate Munson

Head of Humberside NPS (Hull and East Riding) and Chair of MAPPA Strategic Management Board.



Chris Noble

Assistant Chief Constable, Humberside Police



Charlotte Mann

Deputy Governor, HMP Hull

LIVING THROUGH A PANDEMIC AT WORK

We are unlikely to forget where we were when the pandemic really started to hit. I was in a MAPPA meeting which turned out to be the last Live meeting for several months. We had all been busily hand washing more thoroughly and getting on with normal life but that day, things got serious. We went home to hear from the government that we must stay at home.

One of my earliest reflections was that this was not going to be fair. I landed in the relatively luxurious position of being able to work from home having a mainly desk based job in the last few years. Colleagues of ours in inpatient service, prisons, and those with "must see" offenders adapted into PPE and daily risk assessment, risking their lives more than ever. Others said tongue in cheek that they would rather be at work than working at home with three teenagers, two dogs and a furloughed partner!

None of us came into public service jobs to get rich quickly and that personality we tend to share came to the fore. The spirit rose in us to just carry on, to work harder and for longer, to work our way out of the problem. The word unprecedented was used on a daily basis though and soon it became apparent that if we were to remain effective for the long run, we needed to stop and have a think about this very unusual situation.

What started as an interesting challenge could very quickly burn people out and that was for a number of reasons. One of the key reasons was that it affected everyone. The friend we might turn to in a crisis had their own Covid worries. Those we might visit for a cuppa were shielding. That activity we had planned to relax at the end of the working week was cancelled and the prospect of a break or a holiday looked remote. People we knew became ill and in some cases even died.

Working from home became less of a luxury with the pain of people's stories entering our private spaces with no colleagues to talk to in order to debrief. We don't know when this will end so how can we plan?

You can't keep us down for long though and that determined spirit also common to many of those working for statutory services went into overdrive and the urge to help was again hugely evident. Support systems for staff were set up locally and nationally, people challenged themselves to teach their grannies how to Zoom, we took toilet rolls and placed them at a safe distance on the front paths of those who needed them most! We used all our skills in retaining relationships and making an action plan. We see the green shoots of recovery now as we adapt and overcome.

We haven't done so badly!

Kate Yorke

Associate Director of Psychology
Humber Teaching NHS Foundation Trust



MAPPA: MANAGING THE RISK THROUGH LOCKDOWN

The year 2020 has seen all agencies facing the difficult task of delivering service provision through unprecedented circumstances. COVID 19 has affected everyone’s lives and put strains on daily business. However, the risk posed by Offenders managed by MAPPA did not disappear and it was essential that MAPPA continued to operate effectively to protect the communities we serve.

The MAPPA team was quick to recognise and respond to the challenge that COVID 19 presented. As a result of the strong professional partnership relationships that exist as part of MAPPA, we were able to work together to look at new ways of working that would ensure protective restrictions, such as social distancing, were in place and yet still offer an effective process.

The Exceptional Delivery plan was developed and agreed by all agencies and as the grip of COVID 19 intensified we were able to ensure that the MAPPA process continued. Cases and both Level 2 and level 3 were held remotely with attendees dialling in. While this did have some challenges initially, it proved essential in progressing the management of risk of all of the critical cases across the Humber area.

The process of sharing information between all agencies and then identifying the risk and putting plans in place to reduce it, was not affected by the lack of ability to hold face to face meetings.

Throughout the process the MAPPA team monitored the performance of the process to ensure that there was no reduction in the success of the arrangements across the board. The overview of the cases also offered the opportunity to assess and support any challenges posed to individual agencies as they conducted their daily business. Where difficulties were identified due to the lockdown restrictions MAPPA supported professionals to be able to work together to reach positive outcomes.

From the start of lockdown in March 2020 through to the easing of restrictions by the end of July 2020, the Humberside MAPPA process had successfully heard all critical MAPPA level 2 and 3 Panel meetings via telephone conferencing, while being able to support professionals working to manage risk at Level 1. The introduction of Microsoft Teams to host remote Panel meetings was a success and this new way of working continues as we entered a second lockdown in November.

At the time of writing this article it is recognised that COVID 19 has not disappeared and the restrictions will lead to a “new normal” moving forward, however the professionalism, flexibility and adaptability displayed by professionals throughout provides confidence that as we move forward we will do so with the strong partnership that MAPPA creates.

DI Aidan Clarke

On behalf of the Humberside MAPPA Team



A MESSAGE ON BEHALF OF ADELA KACSPRZAK- HEAD OF PUBLIC PROTECTION, NATIONAL PROBATION SERVICE, YORKSHIRE AND THE HUMBER:

Dear MAPPA Colleagues,

I am very pleased to have the opportunity to contribute to the Humberside MAPPA annual report. I took up the role of Head of Public Protection in Yorkshire and the Humber in June 2020. Since this time, I have prioritised my attendance at a range of MAPPA level 3 meetings and have worked with our MAPPA Coordinators to review the quality of our Public Protection work. The strength and commitment of partnership working under MAPPA in Humberside is commendable. It is evident there is a continued focus by all agencies on sharing information and intelligence to ensure that our priority of managing the risks posed by offenders to the local community and their victims is delivered well and effectively.

Following the terrorist incidents at Fishmonger Hall in November 2019 and Streatham in February 2020, (both perpetrated by individuals subject to MAPPA Management) the Home Secretary and the Lord Chancellor commissioned Jonathan Hall QC to conduct a review of the effectiveness of MAPPA in the management of TACT offenders. All MAPPA chairs across the region provided a written response to the consultation. The independent review report published in May 2020 made a number of legislative and operational recommendations which are currently under review by the central MAPPA team which includes the use of polygraph testing and identifying suitable accommodation for individuals convicted of offences under the terrorism legislation. During the coming months, a key focus for the MAPPA arrangements in Humberside will be to ensure it is able to respond to any changes in Government policy and operational practice. A recent key development is the establishment of the National Security Division in the National Probation Service earlier this year.

The **vision** for the NPS National Security Division is to create a specialist dedicated and highly skilled workforce, which provides an enhanced level of management and intervention for the most high-risk, complex and high-profile offenders in the community. This will include the management of counter-terrorist offenders. Five national security units will be established across England & Wales in 2021, including one which will serve the North East region. As Head of Public Protection for Yorkshire and the Humber I will be working closely with the Humberside Strategic Management Board and the regional national security unit to ensure information sharing agreements and working protocols are in place to facilitate the robust management of Counter terrorism, serious organised crime and Critical Public Protection Cases.

Victim Safety, preventing re-victimisation and avoiding the creation of new victims are fundamental to MAPPA's public protection role. Victim concerns continue to remain at the heart of our partnership working with MAPPA agencies and the central focus of our Risk Management and Safety plans in Humberside. Our Victim Liaison Officers have continued to work closely with our colleagues in prisons, offender management and Police to ensure victims are protected and supported with their right to submit their victim personal statement to the Parole Board to inform their decision making when considering the release of violent and sexual offenders. The Victim Contact Service in Humberside has also continued to provide a service to victims during the current exceptional operational challenges presented by COVID 19 through telephone contact and participated in all MAPPA meetings which have been held remotely.

I am proud to also report that at a time when many of our Probation offices have been closed due to COVID 19, we have continued to deliver sexual offending behavioural work on a 1 to 1 basis remotely with individuals convicted of sexual offences as part of our exceptional delivery plan. As probation offices have re-opened we have moved to the delivery of the Horizon programme in small groups to ensure we are compliant with Government guidelines on social distancing. It has been a key priority to engage with this cohort of offenders who by the nature of their offending have caused significant and permanent harm to their victims.

I would like to close by thanking MAPPA colleagues in Humberside for their dedication, commitment and hard work during the last 12 months. Through the combined efforts of all agencies it has maintained the highest standards of service delivery by ensuring all steps have been taken to protect the public and to help offenders manage the risk they pose to others and turn their lives around.

Adela Kacsprzak

Head of Public Protection (HoPP)
NPS Yorkshire and the Humber

VOICE OF THE VICTIM

Despite the challenges presented by the Coronavirus Pandemic, Victim Liaison Units within the National Probation Service have maintained service delivery to victims of serious crime throughout this period and continue to do so. The majority of teams are working from home and with limited office access to ensure that any written correspondence received is dealt with promptly and to ensure that documents which cannot be delivered electronically to victims are sent out promptly through the postal systems.

Contact practices with victims have been adapted to focus on electronic communications using email, telephone, skype and zoom to facilitate direct engagement with victims. This has included making initial offers of contact, sharing case developments, correspondence in relation to parole reviews, preparations for the temporary or permanent release of offenders.

The one aspect of our service which has been significantly reduced is that of home visits to victims and their families to ensure compliance with social distancing measures as required by the Government. In exceptional circumstances we have undertaken face to face meetings at local probation offices, again ensuring compliance with social distancing measures to support service delivery.

There has been a particular emphasis on Victim Liaison Officers (VLOs) engaging with victims via telephone, email and in virtual meetings to support information sharing discussions and document creation in respect of Victim Personal Statements and Licence Conditions (areas of exclusion). We have received positive feedback from victims on the use of these communication methods: faster information exchange, reduction in delays, facilitation of greater levels of communication with victims, working outside of the core hours to support service delivery where this has been requested by victims, less intrusion into the home environment, providing greater choice to better meet victim's needs.

VLOs are continuing to participate in Multi Agency Public Protection Arrangements through telephone conferencing or virtual meetings. Providing written summary reports of the current victim perspective before the meeting takes place is particularly helpful, as it ensures that MAPPA panel members have an opportunity to digest this information before the meeting and supports MAPPA minute recording.

Development work is ongoing in terms of annual information sharing practice with victims following feedback in respect of reaffirming previously shared information in respect of sentence structure, confirming the current prison categorisation of the offender, advising of next significant steps for example parole review or release into the community. We are also now able to confirm the exact week of an offender's release from custody and this information is shared as part of the release preparations. Previously we had only been able to share the month and year of release.

We are also continuing to support access to the Victim Contact Scheme for those victims and their families who did not take up our offer of contact when the offender was sentenced. Working closely with our partner agencies, careful consideration is given to exploring how best we are able to support access when it may be some considerable time (often many years) after an offender was initially sentenced and the prospect of a potential or permanent release to the community is being considered. We would encourage any victim who is concerned about an offender's release back into the community and has not taken up their entitlements under the Victim Contact Scheme to get into touch with ourselves through our team email of NENPS.SouthVictim.Unit@justice.gov.uk or contact their local police station for further advice and support.

Pam Dent

Victim Liaison Unit Team Manager
National Probation Service



WHAT IS MAPPA?

MAPPA background

MAPPA (Multi-Agency Public Protection Arrangements) are a set of arrangements to manage the risk posed by the most serious sexual and violent offenders (MAPPA-eligible offenders) under the provisions of sections 325 to 327B of the Criminal Justice Act 2003.

They bring together the Police, Probation and Prison Services in each of the 42 Areas in England and Wales into what is known as the MAPPA Responsible Authority.

A number of other agencies are under a Duty to Co-operate (DTC) with the Responsible Authority. These include Social Services, Health Services, Youth Offending Teams, Jobcentre Plus and Local Housing and Education Authorities.

The Responsible Authority is required to appoint two Lay Advisers to sit on each MAPPA area Strategic Management Board (SMB) alongside senior representatives from each of the Responsible Authority and DTC agencies.

Lay Advisers are members of the public appointed by the Minister with no links to the business of managing MAPPA offenders who act as independent, yet informed, observers; able to pose questions which the professionals closely involved in the work might not think of asking. They also bring to the SMB their understanding and perspective of the local community (where they must reside and have strong links).

How MAPPA works

MAPPA-eligible offenders are identified and information about them is shared between agencies to inform the risk assessments and risk management plans of those managing or supervising them.

That is as far as MAPPA extend in the majority of cases, but some cases require structured multi-agency management. In such cases there will be regular MAPPA meetings attended by relevant agency practitioners.

There are 3 categories of MAPPA-eligible offender:

Category 1 - registered sexual offenders;

Category 2 – mainly violent offenders sentenced to 12 months or more imprisonment or a hospital order;

Category 3 – offenders who do not qualify under categories 1 or 2 but who currently pose a risk of serious harm.

There are three levels of management to ensure that resources are focused where they are most needed; generally those presenting the higher risks of serious harm.

Level 1 is where the offender is managed by the lead agency with information exchange and multi-agency support as required but without formal MAPPA meetings;

Level 2 is where formal MAPPA meetings are required to manage the offender;

Level 3 is where risk management plans require the attendance and commitment of resources at a senior level at MAPPA meetings.

MAPPA are supported by ViSOR. This is a national IT system to assist in the management of offenders who pose a serious risk of harm to the public. The use of ViSOR increases the ability to share intelligence across organisations and enable the safe transfer of key information when high risk offenders move, enhancing public protection measures. ViSOR allows staff from the Police, Probation and Prison Services to work on the same IT system for the first time, improving the quality and timeliness of risk assessments and interventions to prevent offending.

All MAPPA reports from England and Wales are published online at: www.gov.uk

MAPPA CASE STUDY – MS C

Ms C was sentenced to a total of 15 months custody for an offence of Assault Occasioning Actually Bodily Harm whilst on licence for a previous violent offence which was of a similar nature. She had a history of violent offences including Arson and Indecent Assault. She met the threshold for MAPPA involvement and was referred in as a MAPPA Level 2, Category 2 offender, for a multi-agency approach to managing the risk she presented. MAPPA creates the opportunity for all relevant agencies to consider the complexities of this case, offer advice, guidance and support to the Offender Manager who had otherwise exhausted all other options.

Ms C was considered a high risk of serious harm to known adults, the public and children. Initially on release Ms C was released from custody to a female only Approved Premises out of area. Accommodation was difficult to secure for Ms C due to her previous behaviour. Ms C is registered disabled therefore required adapted accommodation. With no seeming options at the end of her period in the Approved Premises, the Offender Manager was in a very difficult position.

As a consequence of the case being heard by the MAPPA panel, the local council worked creatively to secure suitable accommodation, balancing her risk and needs carefully. Having an Arson conviction also increased the complexity of the case in terms of accommodation, however once the council were made aware that the *HERS project would become involved in the case, a suitable property was located and offered to her. (*HERS is a psychologically informed accommodation project for offenders run by National Probation Service).

Through multi-agency working with the local council, Humercare, forensic psychologists and probation, Ms C receives a bespoke package of support from HERS, has suitable accommodation and is managing her tenancy well. Undoubtedly safe, appropriate accommodation, where support is offered decreases the immanency of the assessed risk.

Despite a reluctance to engage initially, Ms C has settled in her accommodation, appreciates the support of those agencies working with her and is managing her tenancy well. The MAPPA panel on this occasion worked successfully to re-integrate Ms C, whilst managing the complex dynamics and risks she poses.

**Offender Manager /
Senior Probation Officer**
National Probation Service

WHAT IS MODERN-DAY SLAVERY?

Operation Wilberforce has been established to tackle modern-day slavery and human trafficking within the Humberside Police region.

Someone is classed as a victim of slavery if they are:

- Forced to work through mental or physical threat;
- Owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse;
- Dehumanised, treated as a commodity or bought and sold as 'property';
- Physically constrained or have restrictions placed on his/her freedom.

There is no typical victim of modern-day slavery. Victims can be men, women and children, of all ages, but it is normally more prevalent amongst the most vulnerable – including minority groups or those who are socially excluded.

The three most common forms of modern day slavery in our area are:

Forced Labour - Victims of forced labour are made to work long hours in dire conditions for little or no pay. It can occur in many different industries, including: Construction, manufacturing, car washing, nail bars, manual labour and building work, hospitality, food packaging, agriculture, maritime and health care.

Sexual Exploitation - Forced prostitution, sexual exploitation and abuse, and the abuse of children for the production of child abuse images and videos are all different forms of sexual exploitation. A person who is trafficked for these purposes may be controlled by violence, threats, substance abuse, deception or grooming. It can affect any gender, race and age.

Domestic Servitude - This is a form of trafficking which is extremely difficult to detect because the crime is taking place in private residences as seemingly normal practice. It is used as a cover for the exploitation and control of those posing as "domestic help". This type of slavery can affect a spouse, partner, child, family member or a complete stranger.

If you believe someone may be a victim of Modern-Day Slavery, please call 999 in an emergency. Alternatively call 101 to report intelligence.

IF THERE IS AN EMERGENCY INCIDENT OUTSIDE OFFICE HOURS AND YOU'RE UNABLE TO SPEAK TO THE OPERATION WILBERFORCE TEAM, NCA CAN OFFER ADVICE AND SUPPORT VIA THEIR HOTLINE WHICH IS OPEN 24 HOURS A DAY: 0370 496 7622

To find out more about the different forms of modern-day slavery and how to spot the signs, visit <https://www.humberside.police.uk/operation-wilberforce>

Article produced by Humberside Police



HUMBERSIDE POLICE ENLISTS TASK FORCE TO TACKLE MODERN-DAY SLAVERY

In these unprecedented times, protecting the area’s most vulnerable people remains Humberside Police’s main priority, which is why a new task force specialising in modern-day slavery and human trafficking has been established.

The recent restrictions on daily life will make it even harder for victims of modern-day slavery to be seen, which is why the force is committed to focusing work in this area with the launch of Operation Wilberforce.

Providing a proactive, investigative response to allegations of modern-day slavery and human trafficking, Operation Wilberforce is made up of a dedicated team of specialist officers. The team will also provide training, support and guidance to colleagues, strengthening the force’s knowledge in this area.

Detective Chief Inspector Christine Calvert, Modern-Day Slavery lead at Humberside Police, said: “Although you may not see it, modern-day slavery exists in the Humberside Police area and often goes unnoticed in our local communities. Sadly, it’s happening all around us in places we might usually visit, but it goes unnoticed. From the local hand car wash, a nail bar or even your village takeaway – slavery and trafficking is a growing cause for concern across the entire Humber region.”

The three most common forms of modern-day slavery in our area are forced labour, sexual exploitation and domestic servitude. There is no typical victim profile - victims can be men, women and children of all ages, but it is normally more prevalent amongst the most vulnerable, including minority groups or those who are socially excluded.

The specialist team is being led by **DCI Calvert**, alongside **Detective Inspector (DI) Jim Clough** and will seek to build relationships with partners in a cross-section of society, including charities, local authorities, education, health, local communities and businesses, to raise awareness, gather intelligence and work together to protect the most vulnerable within our society.

DCI Calvert added: “Our role is to raise awareness of the problem and encourage people to look beyond a seemingly ‘normal’ situation to see the real person and their potential predicament. As an area with strong roots in the fight for freedom, the aptly named operation clearly demonstrates Humberside Police’s continuous commitment to protecting vulnerable people especially those who may be victims of modern-day slavery.

“We’re working hard to keep vulnerable people safe. We put victims and potential victims at the heart of what we do, protecting and serving our communities to make a real difference, but to do this effectively we need our communities to help, and not to turn and look the other way.

“Although we’re currently experiencing a change to life as we know it, it is important that we continue with our proactive work in this important area, raising awareness to help protect these vulnerable people now and in the future and bringing offenders to justice.”

The operation is being supported locally by a comprehensive marketing campaign that includes online activity and outreach communications with local community groups and businesses. The campaign seeks to educate people on what vulnerability looks like and encourages them to sit up and take action.

Police and Crime Commissioner Keith Hunter, said: “Modern-day slavery preys on the most vulnerable members of our community and I welcome force mainstreaming funding after my initial investment in the team. They will undoubtedly continue to identify those responsible for this awful exploitation and help ensure offenders are brought to justice. The on-going work of the team shows that in the Humber area police and wider partners including the Modern-Day Slavery Partnership are committed to tackling this form of exploitation by collectively raising awareness of modern-day slavery, encouraging the community to report concerns, supporting victims and those vulnerable to exploitation, and bringing those responsible to justice.”

For further information about spotting the signs of modern day slavery, visit <https://www.humberside.police.uk/operation-wilberforce>

If you suspect modern-day slavery or have concerns about a vulnerable person, please call 101.

Alternatively you can direct your call anonymously via the Modern Slavery Helpline on 0800 121 700 or Crimestoppers on 0800 111 555.

Article produced by Humberside Police



SERIOUS & ORGANISED CRIME – HUMBERSIDE POLICE

What is Serious and Organised Crime (SOC)?

Individuals planning, coordinating and committing serious offences, whether individually, in groups and/or as part of networks. The main categories of serious crime covered are:

- Child sexual exploitation and abuse;
- Illegal drugs;
- Illegal firearms;
- Fraud;
- Money laundering and other economic crime;
- Bribery and corruption;
- Organised immigration crime;
- Modern slavery and human trafficking
- Cyber-crime.

Why is it important we deal with it robustly?

In the 2018 Government Serious Organised Crime Strategy the Home Secretary summarised the threat posed by this area of criminality:

“Serious and organised crime is the most deadly national security threat faced by the UK, and persistently erodes our economy and our communities. Serious and organised criminals operating in the UK sexually exploit children and ruthlessly target the most vulnerable, ruining lives and blighting communities. Their activities cost us at least £37 billion each year. They are able to reap the benefits of their crimes and to fund lavish lifestyles while all of us, and particularly their direct victims, suffer the consequences.”

What is the Humberside SOC profile?

Within Humberside the number of Serious Organised criminals and organised crime groups (including county lines) fluctuates. They impact on all areas of Humberside, some of these individuals and groups are local to Humberside and some come from other areas of the region and country. The primary threat presented by most of these individuals and groups is drug supply and associated criminality, although other crime types are also present.

How do we deal with SOC in Humberside?

Humberside Police work with partners to combat serious organised crime.

We produce local profiles and scanning documents to ensure we know how these criminals are impacting on our communities.

Organised crime groups are mapped and allocated a lead responsible officer (LRO) to manage the group using the pursue, prepare, protect and prevent model. The LRO coordinates Police and partnership activity. There is a gold, silver and bronze governance structure in place to support this and allow for effective joint working.

We are working hard to develop in new areas, such as supporting the lifetime management of serious organised criminals, via serious crime prevention orders to target high harm offenders upon their release from prison. We are hosting national pilots for preventative roles including a serious organised Crime community coordinator (working to divert young people from a life involved in serious crime) and a heroin and crack action area coordinator (seeking to reduce the harms caused by drugs supply/offending in our area).

Our ambition is to make Humberside a hostile place to serious and organised criminals and through partnership and community working leave no safe space for them to operate in thus making our communities safer and stronger.

How can you help?

To deal with serious and organised crime we need to know about and understand it. We urge partners and the public to contact us with information relating to serious and organised crime. For the public this is via 101 (unless it is an emergency then 999) and for partners we have a partnership intelligence forum.

DCI Iain POTTAGE

Serious Organised Crime Unit
Humberside Police

COUNTER TERRORISM UNIT

Last year, I wrote about the UK Government's long standing Counter Terrorism strategy called CONTEST and specifically focused upon the PREVENT agenda, which aims to reduce the threat to the UK from terrorism by stopping people becoming or supporting terrorism. Since this article was written, the UK has experienced a number of high profile terrorist incidents, some of which have been committed by individuals who were released from custody and consequently managed within the MAPPA arena. Following the London Bridge attack, the UK Government commissioned an independent review of MAPPA's effectiveness in the supervision of offenders convicted of terrorism or terrorism related offences with the aim of making recommendations to strengthen the operation of the MAPPA framework for managing this cohort of offenders. This review was released on 2nd September 2020 and concluded that MAPPA is a well-established process which does not require wholesale changes. However, a number of both legislative and non-legislative recommendations have been put forward by Jonathan Hall QC to help build upon what is already in place. These changes are currently being reviewed by the British Government.

Whilst we await a decision about which of the report's recommendations will be accepted, I believe that it is important to highlight the well-established working relationships across all partner agencies throughout the Humberside region; all of whom continue to work collaboratively in order to assist in the planning, assessment and management of terrorist convicted offenders across our region. MAPPA has provided an effective platform in which to bring all of these agencies together, so that effective and robust risk management decisions are collectively made to ensure the public remains safe.

The London Bridge, Streatham and Reading terrorist attacks all took place within a short period of time and have raised a number of difficult questions about how terrorist convicted offenders are managed throughout their sentence and in particular once released into the community. In response to the first two attacks, the UK Government has sought to strengthen the law by introducing TORERA, otherwise known as the Terrorist Offender Early Release Act 2020. This legislation was enacted in February 2020, and has been designed to ensure that those terrorist (TACT) offenders, that had previously been sentenced to a standard determinate sentence, are no longer eligible for automatic release from custody. More specifically, they are now required to serve two-thirds of their sentence in custody before being considered for release by the Parole Board. Additionally, the UK Government is going further by putting forward more stringent legislation for terrorist offenders, aimed at keeping them in custody for longer. The Counter Terrorism & Sentencing Bill, as it is being referred to, has been passed by the House of Commons and is currently being scrutinised by the House of Lords.

Whilst events during 2019/20 have largely focused upon those offenders convicted of terrorism, it is important to remember that anyone has the potential to become vulnerable to radicalisation. The vast majority of the cases that we manage are sentenced to an offence unrelated to extremism, consequently they will not be effected by the legislative changes. However, it is important to recognise that we all have a responsibility to be able to support all offenders that are managed both within the MAPPA process and more broadly across HMPPS, so that anyone who has the potential to become vulnerable to radicalisation is identified earlier and appropriately supported.

Probation Counter Terrorism Lead – Yorkshire & Humber Region.

Joint Extremism Unit (JEXU)

Security Order and Counter Terrorism Directorate

Her Majesty's Prison and Probation Service

THE NEW LOCATION MONITORING SYSTEM

The Ministry of Justice (MoJ) introduced Location Monitoring across England and Wales as an option for; Bail Orders, Community and Suspended Sentence Orders, Home Detention Curfews and the management of Lifers, IPP (Imprisonment for Public Protection) and EDS (Extended Determinate Sentence) subjects.

The system is managed by the Electronic Monitoring Service. The roll-out of satellite-enabled tags has been the most significant change in electronic monitoring (EM) since 1999.

Electronic Monitoring can be a valuable service for the management of offenders and defendants in the community.

What is Location Monitoring?

The tags use satellite technology to record the location of a wearer 24 hours a day.

Location tags provide additional options, allowing the monitoring of:

- Compliance with exclusion zones
- Attendance at an activity or appointment
- Multiple conditions or requirements if necessary, such as a combination of exclusion zones, curfew, monitored attendance and trail monitoring
- A subject's whereabouts (known as trail monitoring) – this can provide offender managers with data about an individual's whereabouts to support rehabilitative conversations. **NB:** This data is retrospective.

How can location monitoring be used?

Location monitoring options can be very precisely aligned to the individual, specifically addressing their patterns of behaviour in a much more sophisticated way than was previously possible.

The tag can be aligned to monitor exclusion zones of all sizes and types, including addresses, a selection of streets, or larger areas such as postcodes or towns. The technology can provide an effective deterrent against breaching exclusion requirements. One subject on a location tag said:

"I've walked in an exclusion zone before, not realising ... That was before I had the tag on, and so I wasn't really bothered about getting seen. Now, with the tag, I knew full well that if I go in that exclusion zone, I'm [going to] get seen no matter what."

As well as fulfilling a strong punitive and restrictive element, the technology can also support rehabilitation.

Subjects have identified that this type of monitoring gave them an incentive to stay out of trouble, providing them with a credible excuse to dissociate from peers who were encouraging criminal behaviour.

This supportive function helps Offender Managers to manage their offender's wider behaviour, beyond exclusion or attendance requirements, facilitating constructive rehabilitative conversations.

Location Monitoring is available alongside the electronic monitoring of curfew requirements, which remains an important option for the management and supervision of offenders and defendants.

NB: The Location Monitoring Tag (Personal Identification Device - PID) is both Radio Frequency and GPS enabled. This means that the one device can monitor both a Curfew Requirement and a Location Monitoring one at the same time.

Victoria Amos

Electronic Monitoring Service

HMP & YOI HULL

The vision at HMP & YOI Hull is to be the safest closed prison in England and Wales. Last year we made good progress towards this vision, with reductions in violence and self-harm in comparison to the previous year. Part of being a safe prison is reducing the supply of illicit substances that are available. We achieved this through good intelligence led work, which was underpinned by improvements in technology including the use of an x-ray body scanner at reception and improved drug detecting equipment.

This progress was a significant contributing factor in us attaining a level 4 prison performance rating, which was a brilliant achievement for the whole team at Hull. There was a lot of hard work and dedication that went into improving our performance; progressing our management of people with complex needs, cultivating positive staff-prisoner relationships, and developing a more procedurally just approach to our work, thus creating a more rehabilitative culture.

Offender Management in Custody (OMiC) was central to all of this and brought with it key worker. We re-launched our key worker scheme during the last year, and the Offender Management Unit (OMU) staff delivered regular briefings and support to key workers, to enable them to aid people in our custody to progress.

Sadly, COVID-19 meant adjustments were required to lots of good practice within prisons throughout the country, with regimes severely restricted. However, despite the challenges we all faced, we continued to deliver welfare officer checks on those people deemed vulnerable, along with other high priority groups such as those posing a high risk of serious harm and, those due for release. We continued our engagement with MAPPA throughout, and recognise the importance of this vital multi agency approach to manage risk and harm.

We also continued with a pilot approach to manage perpetrators of domestic violence with North Yorkshire Police MATAC (Multi Agency Tasking and Coordination). MATAC is a multi-agency response committed to driving the change in perpetrators of domestic abuse. The changing of offender behaviour is key to reducing harm to victims and their children. We liaised closely with MATAC to ensure we targeted these men to encourage them to engage with interventions and to reduce the frequency of the harm they cause. This pilot is now recognised as good practice and is to be rolled out across all prisons in the Yorkshire Prison Group area.

Throughout challenging times, engagement with our wide range of partner agencies has been critical to ensure we continue to manage the people in our custody as safely as possible. Supporting prisoners with making positive changes, contributes to us working towards our vision and protecting the public.

Going forwards into 2021, a key area for us to develop is our approach to supporting young adults in custody, building on the work we have already undertaken. We're committed to continuing to develop OMiC and key worker for everyone in our custody, driving quality and engagement and maintaining our excellent working links with partner agencies.

Charlotte Mann

Deputy Governor
HMP Hull

UNIFICATION OF PROBATION SERVICES

In May 2019 the government announced its intention to put out for tender services to deliver Community Payback, Accredited Programmes and Structured behaviour change Interventions. The management of medium and low risk offenders would return to the National Probation Service. The impact of COVID on the way in which Community Payback and Accredited Programmes is delivered, alongside an evaluation of the future of probation meant that in June 2020 the government concluded that all Accredited Programme Interventions, Community Payback and Sentence Management would come into a new National Probation Service.

Interventions that could be delivered by voluntary and private sector organisations such as accommodation, education training and employment, women's services will be delivered via a Dynamic Framework. This offers opportunities to create a diverse delivery model of large and small organisations alongside the National Probation Service to deliver effective justice services. Competition for services required for Day 1 has commenced, with future contracts for service coming on stream throughout 2021 and 2022.

Transfer of all medium and low risk Case Management, Unpaid Work and Accredited Programmes will occur by June 2021. Yorkshire and Humberside Region will be led by our Regional Director Lynda Margison, bringing together the caseloads from Community Rehabilitation Companies in South Yorkshire, North Yorkshire, West Yorkshire and part of Humberside.

Locally, Hull and East Riding have a strong working partnership. The leadership team of the Community Rehabilitation Company and National Probation Service have a clear vision to operate as 'one voice' for probation in our area. We recognise the challenges of bringing together both organisations, creating a new team culture whilst in the interim continuing to operate in two delivery sites with separate caseloads. Unification will be an opportunity to learn innovative practice from each other and we will create opportunities to develop new ways of working. This means working collaboratively until the Community Rehabilitation Contract ends to support both our staff teams through this change and to tailor this process to foster the very best service delivery from our staff for our offenders and partners in Hull and East Riding.

Pip Davis

Community Director Hull and East Riding and Through the Gate Hull
Lincolnshire North Yorkshire

THE ROLE OF THE APPROVED PREMISES

Hull Approved Premises provides enhanced supervision for up to 19 residents assessed as a high or very high risk of causing significant harm and plays a vital role in Multi Agency Public Protection Arrangements. We contribute to risk management plans working closely with partnership agencies including the Police, Health, City Council and non statutory organisations. We use a range of controls to support public protection including room searches and drug and alcohol testing. All residents abide by a standard curfew 23:00 to 06:00 as well as bespoke additional curfews, reporting times or additional licence conditions.

Residents are seen on a daily basis and staff are involved in the resident's life to a very high degree: giving advice, offering support, exercising control and supervision, and liaising with the rest of the service and a wide range of agencies. This intense level of contact is what enables staff to be aware of residents' actions and changes in their behaviour as well as monitoring and supporting their well-being.

We work with some of the most complex and challenging cases. We therefore have the support of the Yorkshire & Humberside Personality Disorder Partnership who assist with one to one and joint consultations and formulations to help us think about and work with the residents in a psychologically informed manner. Currently we are part of a pilot project between HMPPS Public Protection and the Humberside, Lincolnshire & North Yorkshire Community Rehabilitation Company (CRC) to support compliance and rehabilitation. Two CRC staff are based in the Approved Premises. They support service users prior to, during and after their release with a range of rehabilitative interventions, including employment, independent living skills, substance misuse and emotional management.

This year we were awarded The Royal College of Psychiatrist's Enabling Environment Award. This recognises our focus on creating a positive and effective social environment, where healthy relationships are seen as the key to success. This we believe very much supports the Approved Premises key role in contributing to rehabilitation and public protection involving MAPPA eligible cases.

Neil Catterson

Approved Premises Manager
Hull Approved Premises

PERSONALITY DISORDER

Personality Disorder (PD) refers to a complex range of mental disorders in which the individual's problem traits have their roots in adverse developmental experiences (Livesley, 2003). These traits can be so problematic for the individual that they 'create problems with relating to other people in healthy ways, and can lead to significant distress or impairment in important areas of functioning' (Salters-Pedneault, 2020).

Research suggests that 4.4% of the UK population has a PD, however prevalence rises to over 60% in the prison population (Coid et al., 2006). This is because offenders are more likely to have experiences which influence PD development, for example trauma from abuse and/or emotional neglect. There is also evidence of a genetic influence on PD development (Torgersen et al, 2000), e.g. a reactive/impulsive temperament can be inherited. It is perhaps understandable then that the most common PDs present in offenders are Antisocial PD and Emotionally Unstable PD (a PD which is linked to experiences of abuse).

Within the Yorkshire and Humberside Personality Disorder Partnership (YHPDP), NHS clinicians such as myself, collaborate with Offender Managers (OMs) to support their work with challenging offenders who 'screen in' to the Offender Personality Disorder (OPD) 'pathway'. The screening tool highlights indicators of PD within the offender's history, such as childhood delinquency, violence and relationship instability. Should the offender screen in, a consultation might follow, where alongside the OM, the OPD clinician assesses the offender's history and current presentation, potentially producing a written formulation (depending on need). This formulation examines how past experiences (such as neglect, abuse and/or socially disadvantaged upbringing) might influence the offender's personality, interpersonal style and emotional management strategies. For example, a child who has experienced rejection and neglect, may be prone to join gangs in adolescence to feel a sense of 'belonging', however this may lead to substance use and violence, and ultimately an offending lifestyle. Ultimately, the formulation provides 'psychologically informed thinking' on the offender's challenging behaviour, with the aim of enhancing the OM's understanding of the offender's risk to themselves, others and the public. Finally, the OPD clinician may recommend strategies to assist the OM and other professionals in collaboratively devising a response which reduces risk in a responsive way.

OPD clinicians frequently contribute to MAPPA by working alongside the OM to assist professionals' understanding and management of the offender, with the aim of ensuring effective public protection. By consulting with OMs prior to MAPPA meetings and providing support during the meetings, the OPD clinician has a role in presenting the offender's formulation in a psychologically informed way. In collaboration, the OM and OPD clinician may encourage plans that are more receptive to the offender's PD. For example, in addition to restrictions and monitoring, strengths-based interventions, such as access to vocational opportunities might be encouraged for the offender. Moving away from purely restrictive measure in this instance, could increase the offender's meaningful activity, enhance their self-esteem and in turn improve relationships with professionals, thereby potentially reducing the chances of reoffending overall.

John Atkinson

Senior Forensic Psychologist

Yorkshire and Humberside Personality Disorder Pathway

References

- American Psychiatric Association (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC: Author.
- Coid, J., Yang, M., Tyrer, P., Roberts, A., & Ullrich, S. (2006). Prevalence and correlates of personality disorder in Great Britain. *British Journal of Psychiatry*, 188, 423–431.
- Livesley, J (2003) *Practical Management of Personality Disorder*. Guilford Press.
- Salters-Pedneault, K. (2020). What Are DSM Personality Disorders? Online article available at: <https://www.verywellmind.com/personality-disorders-a2-425427>
- Torgersen, S., Lygren, S., Oien, P. A., Skre, I., Onstad, S., Edvardsen, J., Tambs, K. & Kringlen, E. (2000) A twin study of personality disorders. *Comprehensive Psychiatry*, 41(6), 416-25.

CIRCLES OF SUPPORT & ACCOUNTABILITY

In 2018, when Neal was returned to prison following his conviction for downloading indecent images of children, his Circle of Support ended. That could have been the end of the story for a man destined for the “revolving door” of prison - release - prison - release cycle.

However, in 2019, on his release he was given another opportunity, another Circle. He has not reoffended, and his new Circle is optimistic that he may have turned a corner. These are Neal’s words...

“The Circle members should have a mixture of abilities to provide the core member with support. In the group I have, one volunteer is good at giving advice on housing and always gives encouragement when needed.

Another volunteer is good at supporting me with my mental health, and always asks me about it and how things are. The group as a whole gave me support when I had trouble with my anti-libidinal medication, especially when new medication was prescribed.

As a group we have met in closed meetings where we can have in-depth talks about things and talk about my thoughts and feelings. We also meet out for a coffee or to do something I wouldn’t do by myself like go to an art gallery which builds my confidence.

The group also encourages me to use the skills and tactics that I have learned to combat my sexual thoughts that I have learned from courses I have done. These tactics include me to think of what I am doing, why I am doing it, and the outcome of my actions.”

The volunteers that form a circle receive no payment, no official recognition, no public praise; yet they are making an important contribution to the management of high risk sex offenders. Circles of Support and Accountability is the community response to sexual offending, and its links with the criminal justice agencies are strong and continues to be important, relevant and necessary.

John McNally
Coordinator

“These tactics include me to think of what I am doing, why I am doing it, and the outcome of my actions.”

Neal

An offender previously supported by the Circles of Support Programme.

HUMBERSIDE MAPPA LAY ADVISERS

The role of a Lay Adviser is often summed up as ‘Being a Critical Friend’ within MAPPA. For me, as I have said before it also means being a visible face of the public.

All very well, but what does that mean in these COVID times when all of us are increasingly invisible?

The work of the professionals continues. Managing violent and sexual offenders in the community does not become less urgent or important because of the pandemic, indeed in some circumstances and settings it is even more critical.

Police officers, offender managers along with colleagues in health, housing education etc. cannot be invisible. They are still on the front line ensuring that the “Risk House” – that structure that surrounds offenders and ensures the safety of the community is safe and secure.

Of course, the multi-agency risk management meetings that take place to discuss, plan and co-ordinate arrangements for managing individuals can, and do, take place remotely and I can dial in from the safe cocoon of home. This however has its limitations, for I am not a decision maker so mainly I listen. I can, of course, ask questions when appropriate, but the informal interactions between myself and members which I find useful and helpful, are not possible.

Therefore, at this time, I think I can most effectively fulfil my role as critical friend in the area of quality assurance. I will of course need to attend MAPPA and other meetings – even if I only listen - to make sure I am well informed. And who knows, I may even find a formal way of being informal!

Mick Maskell

Lay Adviser

After another year as Lay Adviser for Humberside MAPPA, my role, our role remains very much integral to the quality assurance and ‘face of the public’ as ever.

2020 has been a somewhat challenging year; a global pandemic, scrutiny on public protection since the last annual report and ensuring that MAPPA remains relevant, effective and impactful in the monitoring of sexual and violent offenders and the public’s protection.

Naturally, professionals from varying agencies have demonstrated once again how important their work is in order for MAPPA to be effective. Under the pressures of a pandemic it would have been understandable if the focus had shifted; different working styles, remote meetings, ensuring health risks were minimised and so forth but as stated, all those involved with MAPPA have risen to the challenge to maintain the high standards expected and ensure offenders are monitored effectively and the public remain safe.

Remote working initially presented some challenges, but the challenge and rigour has remained. Both myself and Mick have been involved, been able to participate and be that critical friend necessary to safeguard the integrity of MAPPA.

Finally, I believe that whilst another year has passed, a somewhat difficult year, MAPPA still has hugely important role to play. MAPPA continues to develop both locally and nationally and Lay Members play an integral part of that. For that I am proud of the work both myself and Mick do, but more importantly, that is recognised by all on the SMB.

Here’s to another successful year in keeping the public safe, remaining at the forefront of public protection and monitoring of MAPPA offenders.

Richard Albery

Lay Adviser



MAPPA STATISTICS FOR THE HUMBERSIDE AREA

MAPPA-eligible offenders on 31 March 2020

	Category 1 Registered sex offenders	Category 2 Violent offenders	Category 3 Other dangerous offenders	Total
Level 1	1355	328	-	1683
Level 2	5	5	5	15
Level 3	0	1	0	1
Total	1360	334	5	1699

MAPPA-eligible offenders in Levels 2 and 3 by category (yearly total)

	Category 1 Registered sex offenders	Category 2 Violent offenders	Category 3 Other dangerous offenders	Total
Level 2	22	8	13	43
Level 3	0	2	2	4
Total	22	10	15	47

Registered Sexual Offenders

RSOs cautioned or convicted for breach of notification requirements	37
RSOs having had lifetime notification requirements revoked on application	7

Restrictive orders for Category 1 offenders SHPOs & NOs imposed by the courts

SHPOs	72
SHPOs with Foreign Travel Restriction	1
NOs	1
People subject to notification requirements for breach of an SRO	0

Level 2 and 3 offenders returned to custody Breach of licence

	Category 1 Registered sex offenders	Category 2 Violent offenders	Category 3 Other dangerous offenders	Total
Level 2	3	2	3	8
Level 3	0	0	0	0
Total	3	2	3	8

Breach of SOPO/SHPO

	Category 1 Registered sex offenders	Category 2 Violent offenders	Category 3 Other dangerous offenders	Total
Level 2	1	-	-	1
Level 3	0	-	-	0
Total	1	-	-	1

Total number of Registered Sexual Offenders per 100,000 population	165
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This figure has been calculated using the mid-2019 estimated resident population, published by the Office for National Statistics on 24 June 2020, excluding those aged less than ten years of age.

EXPLANATION COMMENTARY ON STATISTICAL TABLES

MAPPA background

The totals of MAPPA-eligible offenders, broken down by category, reflect the picture on 31 March 2020 (i.e. they are a snapshot). The rest of the data covers the period 1 April 2019 to 31 March 2020.

(a) MAPPA-eligible offenders – there are a number of offenders defined in law as eligible for MAPPA management, because they have committed specified sexual and violent offences or they currently pose a risk of serious harm, although the majority are actually managed at Level 1 without formal MAPPA meetings. These figures only include those MAPPA eligible offenders living in the community. They do not include those in prison or detained under the Mental Health Act.

(b) Registered Sexual Offenders (RSOs) – those who are required to notify the police of their name, address and other personal details and to notify of any subsequent changes (this is known as the “notification requirement.”) These offenders are assessed and managed by the police. They may also be managed by probation or health services if they are subject to licence or a hospital order. Failure to comply with the notification requirement is a criminal offence that carries a maximum penalty of 5 years’ imprisonment.

(c) Violent Offenders – this category includes violent offenders sentenced to imprisonment or detention for 12 months or more, or detained under a hospital order. It also includes a small number of sexual offenders who do not qualify for registration. These offenders are assessed and managed by the National Probation Service, Youth Offending Team or Mental Health Services.

(d) Other Dangerous Offenders – offenders who do not qualify under the other two MAPPA-eligible categories, but who currently pose a risk of serious harm which requires management via MAPPA meetings. These offenders are assessed and managed by whichever agency has the primary responsibility for them.

(e) Breach of licence – offenders released into the community following a period of imprisonment will be subject to a licence with conditions (under probation supervision). If these conditions are not complied with, breach action will be taken and the offender may be recalled to prison.

(f) Sexual Harm Prevention Order (SHPO) (including any additional foreign travel restriction) - Sexual Harm Prevention Orders (SHPOs) and interim SHPOs replaced Sexual Offence Prevention Orders. They are intended to protect the public from offenders convicted of a sexual or violent offence who pose a risk of sexual harm to the public by placing restrictions on their behaviour. They require the offender to notify their details to the police (as set out in Part 2 of the 2003 Act) for the duration of the order.

The court must be satisfied that an order is necessary to protect the public (or any particular members of the public) in the UK, or children or vulnerable adults (or any particular children or vulnerable adults) abroad, from sexual harm from the offender. In the case of an order made on a free standing application by a chief officer or the National Crime Agency (NCA), the chief officer/NCA must be able to show that the offender has acted in such a way since their conviction as to make the order necessary.

The minimum duration for a full order is five years. The lower age limit is 10, which is the age of criminal responsibility, but where the defendant is under the age of 18 an application for an order should only be considered exceptionally.

(g) Notification Order – this requires sexual offenders who have been convicted overseas to register with the police, in order to protect the public in the UK from the risks that they pose. The police may apply to the court for a notification order in relation to offenders who are already in the UK or are intending to come to the UK.

(h) Sexual Risk Order (including any additional foreign travel restriction) - The Sexual Risk Order (SRO) replaced the Risk of Sexual Harm Order (RoSHO) and may be made in relation to a person without a conviction for a sexual or violent offence (or any other offence), but who poses a risk of sexual harm.

The SRO may be made at the magistrates’ court on application by the police or NCA where an individual has committed an act of a sexual nature and the court is satisfied that the person poses a risk of harm to the public in the UK or children or vulnerable adults overseas.

A SRO may prohibit the person from doing anything described in it, including travel overseas. Any prohibition must be necessary to protect the public in the UK from sexual harm or, in relation to foreign travel, protecting children or vulnerable adults from sexual harm.

An individual subject to an SRO is required to notify the police of their name and home address within three days of the order being made and also to notify any changes to this information within three days.

A SRO can last for a minimum of two years and has no maximum duration, with the exception of any foreign travel restrictions which, if applicable, last for a maximum of five years (but may be renewed).

The criminal standard of proof continues to apply. The person concerned is able to appeal against the making of the order and the police or the person concerned are able to apply for the order to be varied, renewed or discharged.

A breach of a SRO is a criminal offence punishable by a maximum of five years’ imprisonment. Where an individual breaches their SRO, they will become subject to full notification requirements.

Individuals made subject of a SRO are now recorded on VISOR as a Potentially Dangerous Person (PDP).

(i) Lifetime notification requirements revoked on application - A legal challenge in 2010 and a corresponding legislative response means there is now a mechanism in place that allows qualifying sex offenders to apply for a review of their notification requirements. Persons do not come off the register automatically. Qualifying offenders may submit an application to the police to review their indefinite notification requirements. The police review the application and decide whether to revoke the notification requirements. This decision is made at the rank of Superintendent. Those who continue to pose a significant risk will remain on the register for life, if necessary.

Individuals will only become eligible to seek a review once they have been subject to indefinite notification requirements for a period of at least 15 years for adults and 8 years for juveniles. This applied from 1 September 2012 for adult offenders.

HUMBERSIDE STRATEGIC MANAGEMENT BOARD 2019/20

Effective Multi-Agency Public Protection Arrangements require close working relationships. During this year, the Humberside SMB has welcomed a number of new representatives. Humberside area is well represented in all locations by the following Strategic Management Board Members;

Kate Munson, Chair of the SMB

Head of Humberside NPS (Hull and East Riding)
National Probation Service North East Division

Chris Noble, Vice Chair of SMB

Assistant Chief Constable
Humberside Police

Scott Young

Detective Chief Superintendent
Humberside Police
(Former rep: Lisa Atkinson)

Aidan Clarke / Stephen Littlewood

Detective Inspector CDB Safeguarding Governance Unit / MAPPA
Humberside Police
(Former rep: Julia Sergeant)

Joanne Atkin

Head of Humberside NPS (North and North East Lincolnshire)
National Probation Service North East Division
(Former rep: Nick Hamilton-Rudd)

Chris Brookes

MAPPA Co-ordinator
National Probation Service

Charlotte Mann

Deputy Governor
HMP Hull

Simon Parry

Head of Offender Management
HMP Full Sutton
(Former rep: Andrew Clayden)

Mick Gibbs / Tom Hewis

Director of Children & Community Resilience
North Lincolnshire Council

Victoria Lawrence

Head of Social Work and Assurance – Adult and Community Wellbeing
North Lincolnshire Council

Rachel Donnachie

Acting Assistant Director
Safeguarding Children, Young People and Families Directorate
Hull City Council
(Former rep: Fiona Fitzpatrick)

Alison Barker

Director of Adult Social Care
Hull City Council

Beverley Compton

North East Lincolnshire Clinical Commissioning Group (CCG); Covering Adult Social Care for North East Lincolnshire Council and health related matters for the CCG

Penny Donno

Head of Children and Young People's Safeguarding and Support
East Riding of Yorkshire Council
(Former rep: Eoin Rush)

Julia Weldon

Director of Public Health and Adult Social Care
Representing the Humber Directors of Public Health
Hull City Council

Melanie McKee

Public Health Commissioning Lead for Addictions and Substance Use
East Riding Council

Lynn Parkinson

Chief Operating Officer
Humber Teaching NHS Foundation Trust

Dr Kate Yorke

Associate Director of Psychology
Humber Teaching NHS Foundation Trust

David Pullen-Higham

Head of Mental Health NHS Hull
Clinical Commissioning Group
(Former rep: Melanie Bradbury)

Mary Kearney

Designated Nurse Safeguarding Adults
East Riding CCG
(Former rep: Wendy Proctor)

Victoria Amos

Electronic Monitoring – EMS Care & Justice Services

Liz Hutchinson

Senior Operations Manager
Department for Work and Pensions

Tim Gallacher

HM Inspector
Yorkshire and Humberside Immigration
Compliance and Enforcement

Samantha Matthews

Youth Offending Service Manager
East Riding Council
(Former rep: Darren O'Neill)

Pam Dent

Victim Manager
National Probation Service – North East Division

Pip Davis

Community Director Hull and East Riding and Through the Gate Hull
Lincolnshire North Yorkshire
CRC (Community Rehabilitation Company)

Mick Maskell

Lay Adviser
C/o National Probation Service

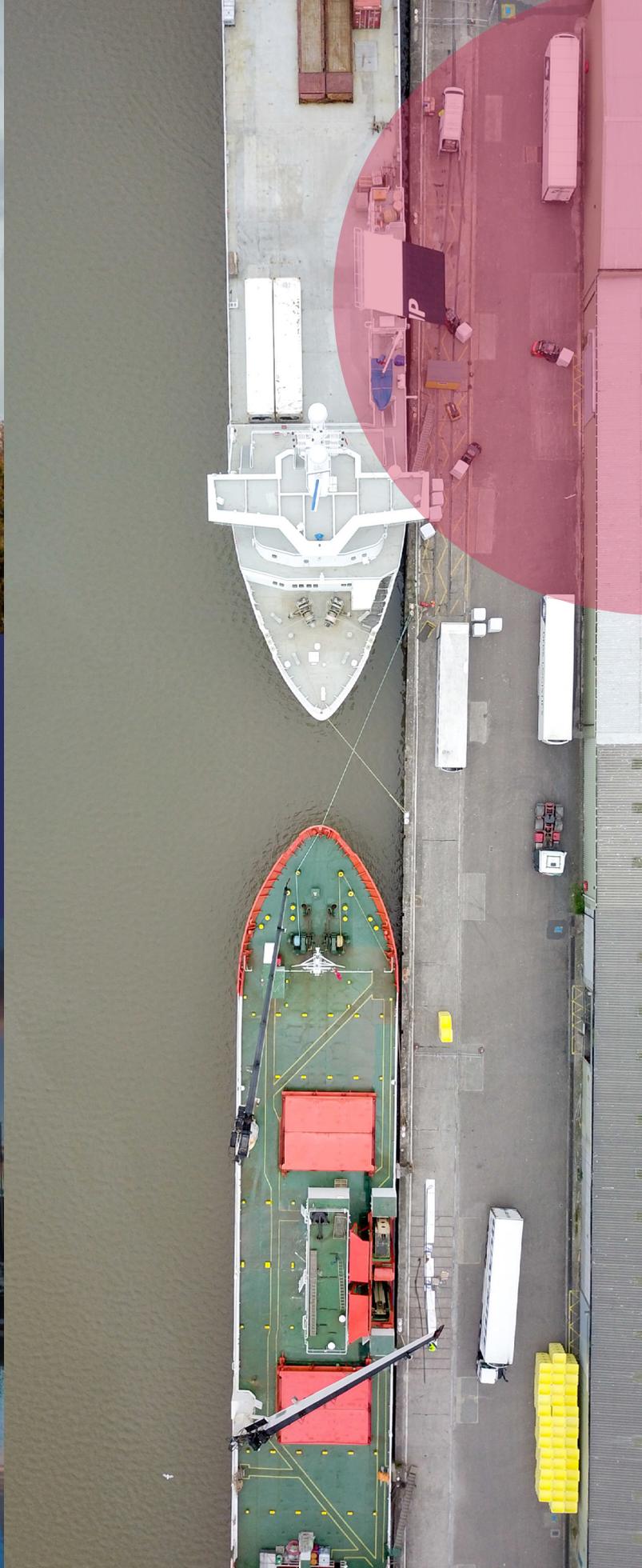
Richard Albery

Lay Adviser
C/o National Probation Service

For further queries, please contact: 01482 578212
or e-mail: PVPMSU@humberside.pnn.police.uk



MAPPA Report available at:
www.gov.uk



Agenda Item 8

Title & Date of Meeting:	Trust Board Public Meeting – 31 March 2021			
Title of Report:	Publications and Policy Highlights			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	
	For information	x	To ratify	
Purpose of Paper:	To update the Trust Board on recent publications and policy.			
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	17/3
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report:	<ul style="list-style-type: none"> I. Updated guidance on meeting the duty of candour II. Regulatory Lessons to be Learned from the pandemic III. New Agreement between CQC and Equality and Human Rights Commission IV. Designated settings for people with COVID-19 leaving hospital V. Securing a Positive Health Care Technology Legacy from Covid-19 VI. Workforce Race Equality Standard 2020 VII. The Care Quality Commission (CQC) and the National Fire Chiefs Council (NFCC) new Memorandum of Understanding (MoU) agreement. 			

Monitoring and assurance framework summary:

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

√ Tick those that apply

	Innovating Quality and Patient Safety
	Enhancing prevention, wellbeing and recovery

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

Publications and Policy Highlights

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

1. Updated guidance on meeting the duty of candour, CQC 12 March 2021

We have updated our guidance for providers on Regulation 20 - the duty of candour.

This is to make it clear what providers must do to meet the requirements of the regulation and the circumstances in which it must be applied.

The duty of candour was introduced in 2014 in response to concerns raised following investigations into Mid Staffordshire NHS Foundation Trust. It also followed a tireless campaign by the parents of Robbie Powell who sadly died in 1990 and whose case highlighted the need for a statutory duty of candour.

The regulation puts a legal duty on all health and social care providers to be open and transparent with people using services, and their families, in relation to their treatment and care.

It also sets out some specific actions that providers must take when a notifiable safety incident occurs. These include:

- informing the people affected about the incident
- offering reasonable support
- providing truthful information and a timely apology.

Our updated guidance gives a more specific explanation of what is defined as a notifiable safety incident and examples covering a range of scenarios. And, it makes clear that the apology required to fulfil the duty of candour does not mean accepting liability and will not affect a provider's indemnity cover.

The guidance will support providers in all sectors to fully understand the duty and know what they have to do to carry it out. In turn, this will have a positive impact on people using those services.

We have produced this guidance with input from providers, inspection staff, and other stakeholders. We have also updated our internal guidance on duty of candour and will be rolling out a programme of training for inspectors to support this.

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

The Trust's Duty of Candour policy is under review to ensure the latest guidance from the CQC is referenced with any changes being made as appropriate. The revised policy will be submitted to QPAS in April for approval of the changes. Changes will be communicated to staff via the usual policy dissemination route.

2. Regulatory Lessons to be Learned from the pandemic NHS Providers 17 March 2021

A new report by NHS Providers on trusts' experience of NHS regulation highlights strengths and weaknesses in the approaches taken by Care Quality Commission (CQC) and NHS England and NHS Improvement in response to the COVID-19

pandemic.

[Reconsidering the approach to regulation](#) concludes that both organisations implemented welcome changes in response to the onset of the pandemic, scaling back their activity to allow trusts to concentrate their full efforts on patient care.

CQC paused all routine inspections and provider information requests and concentrated its activities on areas of critical risk and safety. NHS England and NHS Improvement also suspended its core oversight activities, continuing those which were deemed essential for monitoring the pandemic. This leaner approach enabled health and care organisations to work together, delivering care in new and innovative ways.

However during the second wave many trusts felt that reporting requirements and other regulatory activity increased disproportionately, indicating "a perception that the regulators do not necessarily have a strong enough understanding of the impact of COVID-19 pressures". The survey found that 60% of respondents felt CQC's scaled back approach helped them focus on managing COVID-19, but the comments received – both positive and negative – suggest that regulatory activity in the second wave "created a greater sense of pressures at the frontline than it did during the first wave".

The report highlights how both CQC and NHS England and NHS Improvement are taking the opportunity to examine how they interact with providers. CQC is in the final stages of developing its new strategy to launch from spring 2021 and the survey findings show trusts are encouraged by the direction of travel, including its intention to take the system-wide context into consideration, in order to support greater collaboration.

Similarly, a large majority of respondents agreed that NHS England and Improvement should develop new models of oversight to hold systems to account for the performance of their collective organisations. However, the report also notes concerns that changes to regulating systems should not be made "too hastily" before the full impact of legislative proposals to put ICSs on a statutory footing are seen.

Lead: Chief Executive

Throughout the pandemic the Trust through various routes has maintained close working relationships with the CQC and NHS England & Improvement. Relevant regulatory activity has been reviewed by the Executive Management Team and the Quality Committee where appropriate. The report is helpful in setting out learning for consideration for the future and the Trust will continue to provide feedback to these organisations as it did recently following the CQC Transitional Monitoring visit that took place in January.

3. New agreement between CQC and Equality and Human Rights Commission CQC 9 March 2021

CQC and Equality and Human Rights Commission (EHRC) have today published a

new memorandum of understanding (MoU) agreement.

The agreement sets out how CQC will work with the EHRC to safeguard the wellbeing and rights of people receiving health and social care in England.

The agreement sets out how CQC will work with colleagues at EHRC on:

- areas of mutual regulatory interest
- sharing knowledge and expertise
- joint inquiries or research projects
- Cooperation on stakeholder activities (potentially joint events)
- cooperation on advice, guidance and policy
- Joint external communications (such as joint government responses, statements or trade press articles)
- cross referral of concerns
- signposting of complaints
- signposting of advice and guidance of each other's regulatory responsibility on each other's websites
- commissioning of research and reviews of research
- feedback and contributions to annual reporting.
- The key areas of focus for CQC and EHRC's joint working will include:
- looking at equality and human rights policy issues arising from COVID-19
- working together to protect the human rights of those people in health and social care settings who have for a long time been most at risk of rights breaches, including work on closed cultures and on reform of the Mental Health Act
- partnering to look at leadership which can reduce inequalities in access to care – and outcomes from care – in local areas
- collaborating for better leadership on equality for staff working in NHS and social care
- where providers are failing to meet equality requirements, we have a commitment to look at where CQC and EHRC can take coordinated regulatory action to improve equality for either people using services or for staff working in health and social care.

Lead: Medical Director

The report has been noted by the Medical Director and will be shared with the Manager of the Mental Health Legislation team

4. Designated settings for people with COVID-19 leaving hospital CQC 11 March 2021

CQC is continuing to work with the Department of Health and Social Care (DHSC), local authorities and individual care providers to provide assurance of safe and high-quality care in designated settings, which are part of a scheme to allow people with a COVID-positive test result to be discharged safely from hospitals. These settings are admitting people who are discharged from hospital with a COVID-positive test who will be moving or going back into a care home setting. This is to help prevent the spread of COVID-19 (coronavirus) in care homes and will allow for

a focus on the care that people who have contracted COVID-19 need. The Government's aim is for each local authority to have access to at least one designated setting as soon as possible. CQC is working closely with the Department of Health and Social Care to ensure social care designated settings are appropriate.

Several weeks after we've assured the Infection Prevention and Control (IPC) practice in a designated setting, we'll be giving them a supportive phone call. [Read the questions inspector's will use](#) to guide their conversation.

For inspections of designated settings, there are specific elements we are checking for in the environment to ensure infection control can be maintained. We will be checking this using our Infection Prevention and Control (IPC) framework. We will check if services are physically separating this group of residents, whether a dedicated workforce is in place and ensuring there's an appropriate emphasis on ventilation. Using our IPC framework we are inspecting care locations against eight areas and reporting with 'eight ticks' on infection prevention control which will give the public an overview including on whether:

- Adequate PPE is available for staff and residents to control infection safely
- Staff are properly trained to deal with outbreaks and the proper procedures are in place
- Shielding and social distancing are being complied with
- Layout of premises, use of space and hygiene practice promote safety.

Lead: Chief Operating Officer

Any updates and changes to IPC guidance relating to the Trusts services are reviewed by the Director of Nursing, Allied Health & Social Care Professionals and the Infection, Prevention and Control team and disseminated through appropriate clinical forums and our EPRR command structure. We continue to work closely with our system partners to support care and residential settings to help prevent the spread of the virus.

5. Securing a Positive Health Care Technology Legacy from Covid-19 The Health Foundation 16 March 2021

The Health Foundation has published a new report, [Securing a positive health care technology legacy from COVID-19](#) Among patients and NHS staff who reported increased use of technology, the overwhelming majority said they had positive experiences. NHS staff surveyed highlighted the need for adequate IT and equipment and sufficient staffing amongst the top challenges for building on recent technological progress.

Lead: Director of Finance

The Trust accelerated and expanded the use of technology during the pandemic, the report raises a number of valid points which will be discussed at the Trust's Digital Delivery Group and used where appropriate to inform the refreshed digital plan.

6. Workforce Race Equality Standard 2020 NHS England 25 February 2021

The 2020 Workforce Race Equality Standard (WRES) report is the sixth publication since the WRES was mandated, and it covers all nine indicators. It also compares data against previous years.

The report has the following key roles:

To enable organisations to compare their performance with others in their region and those providing similar services, with the aim of encouraging improvement by learning and sharing good practice

To provide a national picture of WRES in practice, to colleagues, organisations and the public on the developments in the workforce race equality agenda.

Lead: Director of Workforce & Organisational Development

This report, together with the Trust results, was considered at the Workforce Committee on 24th March.

7. The Care Quality Commission (CQC) and the National Fire Chiefs Council (NFCC) new Memorandum of Understanding (MoU) agreement. CQC 16 March 2021

The agreement sets out how we will work together to safeguard the wellbeing of people receiving health and social care in England. This important new agreement provides an opportunity for the UK Fire and Rescue Service (FRS), the NFCC, CQC, and care providers to reduce the risks of fire to people using these services and reduce the significant number of avoidable deaths and injuries.

An increasing proportion of the population is now over 65 years of age. A significant portion of that demographic is currently living in various forms of care homes, sheltered housing, extra care, supported and specialised housing. These people are more likely to be vulnerable to injury or death if there is a fire - whether because they are more likely to contribute to the likelihood of a fire, they have reduced capacity to respond, or because they have limited health/mobility. These factors already lead to a disproportionately high number of deaths and injuries from fire in this sector. Poor understanding of these issues and an unmet need for proper assessment of fire risks means that additional fire protection measures may be overlooked. This can lead to more avoidable deaths and injuries, which has a severe impact on the victim, their families, carers and neighbours, and the communities around them.

CQC, NFCC and FRS will collaborate by pursuing three objectives that will support and improve fire protection for vulnerable people who receive health and social care services. We will:

- implement local planning and liaison
- work together to regulate, advise and inform health and social care service providers
- maintain effective communication.

The agreement sets out how the organisations will meet these objectives, working closely together to ensure vulnerable people are kept safe from the risks. The agreement highlights opportunities to identify and share risk issues and concerns relating to regulated locations, service providers and/or vulnerable people who receive health and social care services.

Lead: Chief Operating Officer

This is a very positive development and builds on the already productive relationship the Trust has with the local fire service. The risk of fire and injury for some of our service users in vulnerable groups is understood by our clinicians who already engage with the fire service for advice in planning to reduce the risk. The Trust will, through the system arrangements in place, will continue to build on this relationship to have further impact on reducing harm

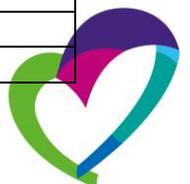
Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting– 31 st March 2021			
Title of Report:	Performance Report - Month 11 (February)			
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 February 2021.</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: <i>Please indicate which committee or group this paper has previously been presented to:</i>		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: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<p>Commentary is included below for those indicators that have fallen outside of the normal variation range.</p> <p>Cash in Bank - cash in bank has increased in month to £43.8m, the position includes one month's additional block income (£10m), no block payment will be received in March.</p> <p>The position in February has increased following amendments to block values to reflect additional non recurrent funding that is flowing within the Humber Coast and Vale Mental Health Partnership.</p> <p>Waiting Times – A separate detailed report on waiting times is included at appendix B</p> <p>Safer Staffing Dashboard</p> <p>Sickness Levels - Towards the end of Q3 and into January the divisions reported an increase in staff sickness levels. During the month of November 2020, all Divisions' sickness levels were above the 5% threshold, however, this improved in January with only Adult Mental Health Unplanned and Community and Primary Care being slightly over the 5% target overall . Early indications from the latest data shows a</p>			

	<p>continued improvement in all areas and it is expected that this will be reflected at ward level.</p> <p><u>Newbridges</u> - have a number of areas of focus. Currently reporting 101% for OBD's, the division are maximising their bed usage due to ongoing bed pressures. This fast turnaround ward, will use beds whilst patients are on leave to maintain patient flow, however, this does affect the occupancy rate. This pressure is being addressed to increase bed capacity by releasing beds from the cohort ward, by creating a Covid patient pod which will meet covid patient demand whilst adding adult beds back into the system.</p> <p>The Safer Staffing Indicator for nights relates to RMN fill rate; they have had 4 X B4 Aspirant Nurses who are appropriately put into second qualified slots and counted in safe staffing numbers, however as they do not have professional registration, they can only fulfil a HCA shift. It makes the shift look heavy on HCA and light on RMN but the numbers are considered safe.</p> <p>Sickness levels have been high at 12.6% in this area and as such has impacted on the levels of clinical supervision and the ability to complete mandatory training. With the improvement of sickness levels the division are focussing on ensuring there is an improvement in mandatory training and clinical supervision performance.</p> <p><u>CHPPD Ouse and Pine View</u> - Both units are flagging red in terms of CHPPD. It must be noted that the RAG rating for CHPPD is a Trust performance rating based on national CHPPD at the start of the financial year. Although the service is saying the units are safely staffed and in line with the CHPPD of another Trust with similar units in terms of both size and patient care needs they are reviewing the staffing in April with the Deputy Director of Nursing utilising validated safer staffing tools. In addition they have recently changed the staffing model to incorporate the band 6 nurses on the rotas and we should see this effect in the February and March data. Further work has commenced to place AHPs on to the units, again these will be on the rosters and will impact positively on the CHPPD.</p>
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Monitoring and assurance framework summary:

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



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



Financial Year
2020-21

INTEGRATED BOARD REPORT

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

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



Reporting Month:
Feb-21

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:

Feb 2021

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

Humber Teaching NHS Foundation Trust

Integrated Board Report

For the period ending:

Feb 2021

Goal 2	RTT - Completed Pathways	Based on patients who have commenced treatment during the reporting period and seen within 18 weeks of their referral
Goal 2	RTT - Incomplete Pathways	Based on patients who are waiting for assessment and/or treatment and are waiting less than 18 weeks since referral.
Goal 2	RTT - 52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - Adult ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Adult and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - Paediatric ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Children and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks
Goal 2	RTT - Early Interventions	Percentage of patients who were seen within two weeks of referral
Goal 2	RTT - IAPT 6 Weeks and 18 weeks	Percentage of patients who were seen within 6 weeks and 18 weeks of referral
Goal 3	Recovery Rates - IAPT	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	The number of Complaints Responded to and Upheld
Goal 6	Compliments	Chart showing the number of Compliments received by the Trust by month

PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Feb 2021**

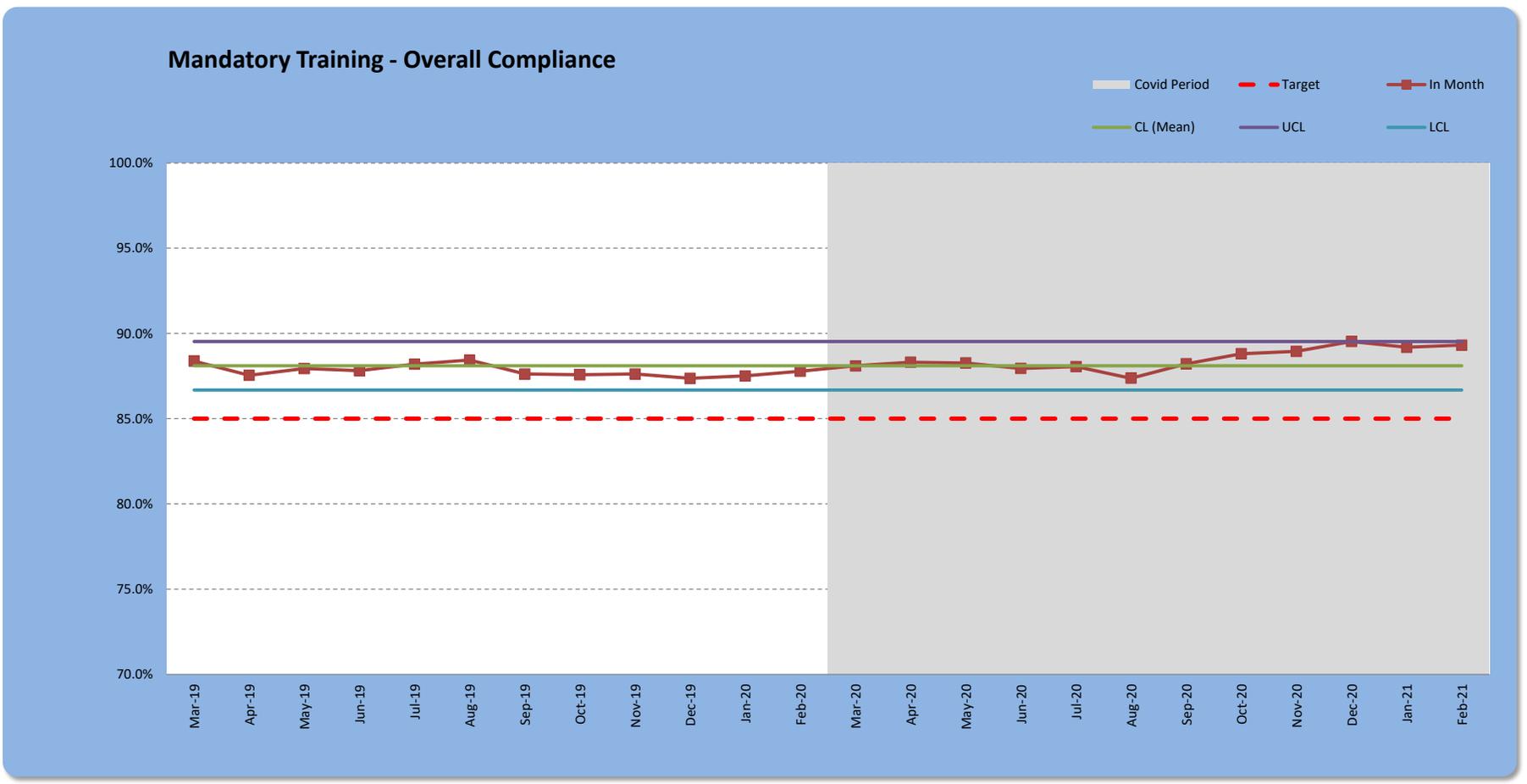
Indicator Title	Description/Rationale	Executive Lead
Mandatory Training	A percentage compliance based on an overall target of 85% for all mandatory and statutory courses	Steve McGowan

KPI Type
WL 5

Narrative

Above target, an increase of 0.13% when compared to January.

Target: 85%
 Amber: 75%
 Current month stands at 89.3%



PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending:

Feb 2021

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

KPI Type
WL 2 VAC

Narrative

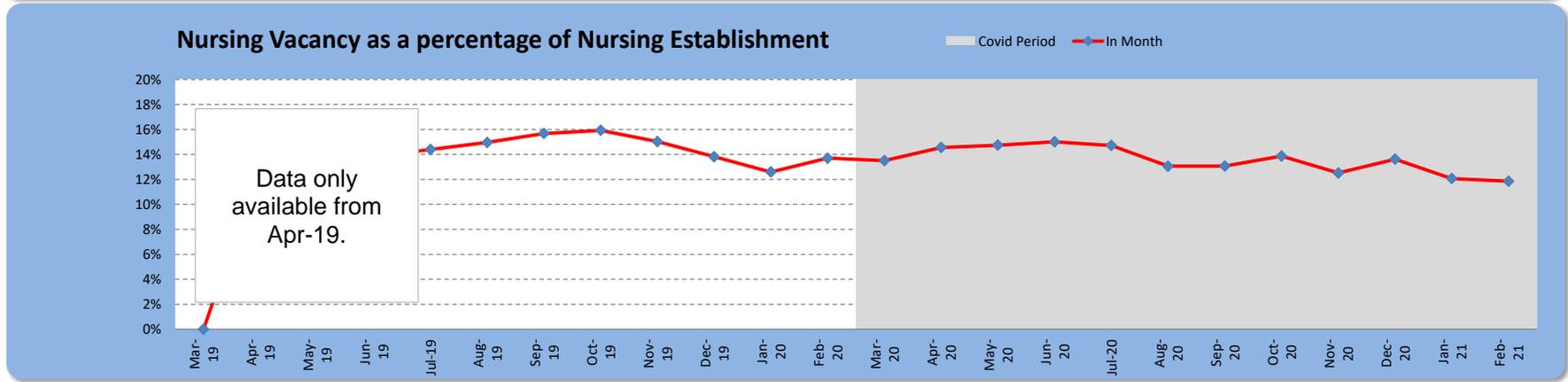
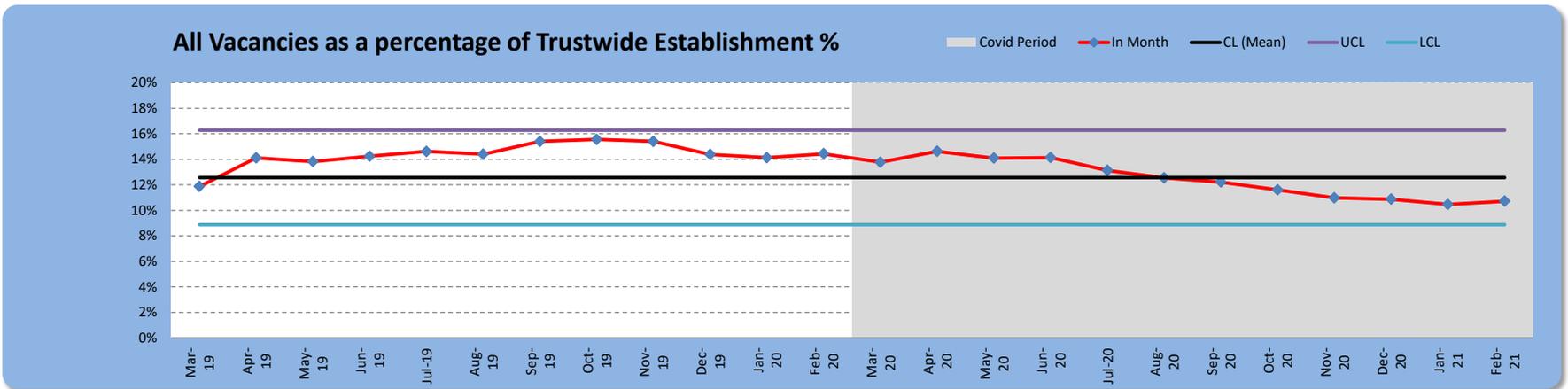
Vacancies increased by 0.3% when compared to the previous reporting period.

Nursing Vacancy rate has decreased by 0.2% on the previous month.

Breakdown for Month

	Trustwide	Nursing
Est	2961	847.3
Vac	309.6	102.3
	10.5%	12.1%

Current month stands at 10.7%



PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Feb 2021**

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

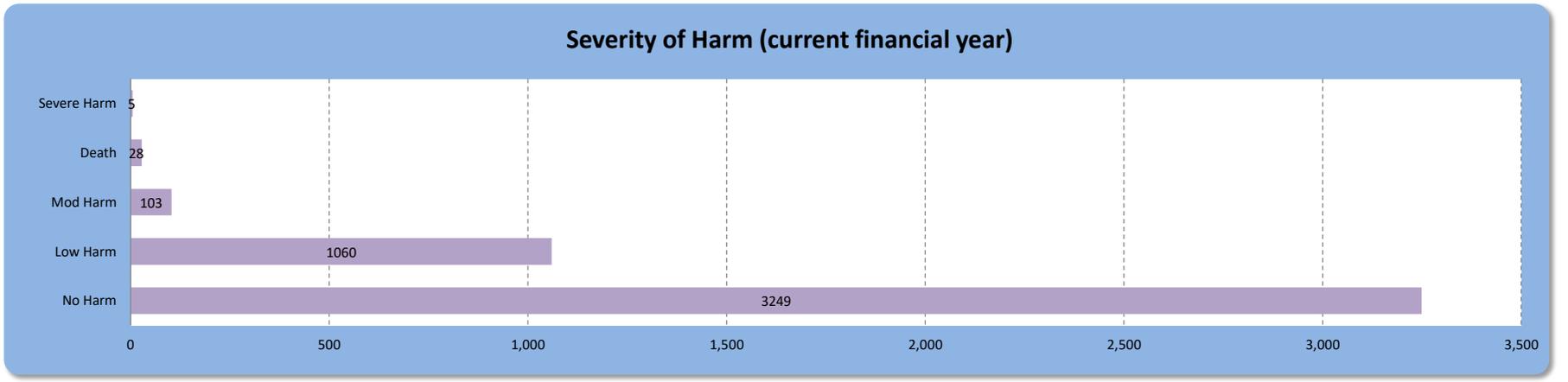
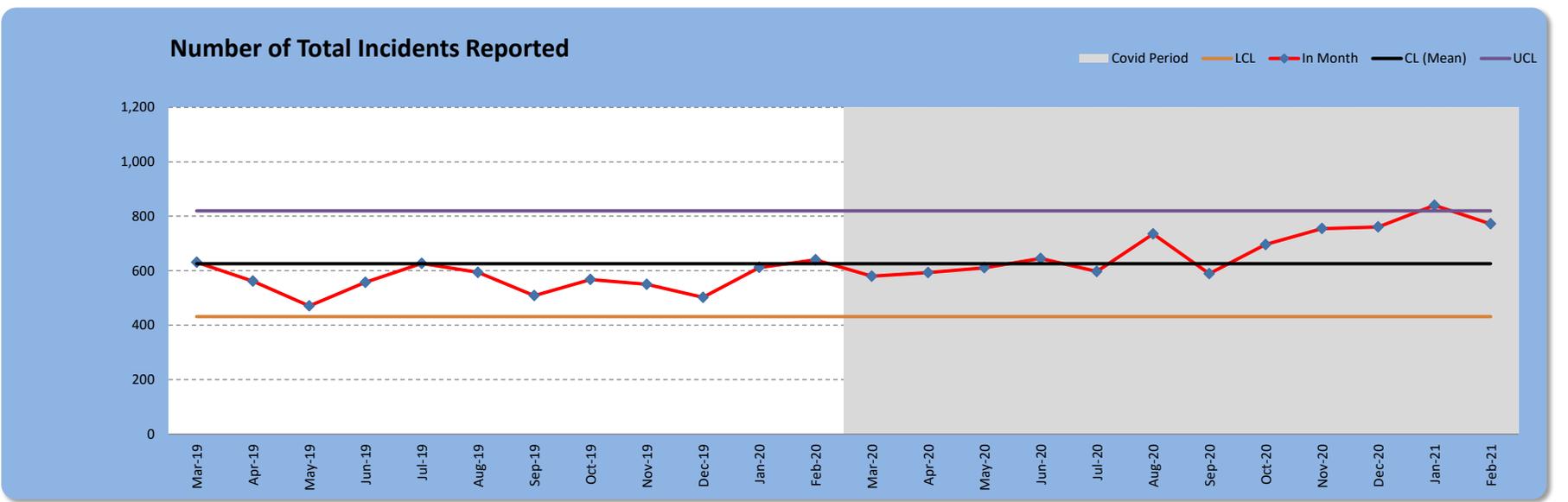
Narrative

Decrease of -68 when compared to the previous month

UCL: 820
LCL: 432

Current month stands at 772

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: **Feb 2021**

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

KPI Type
WL 9a

Narrative

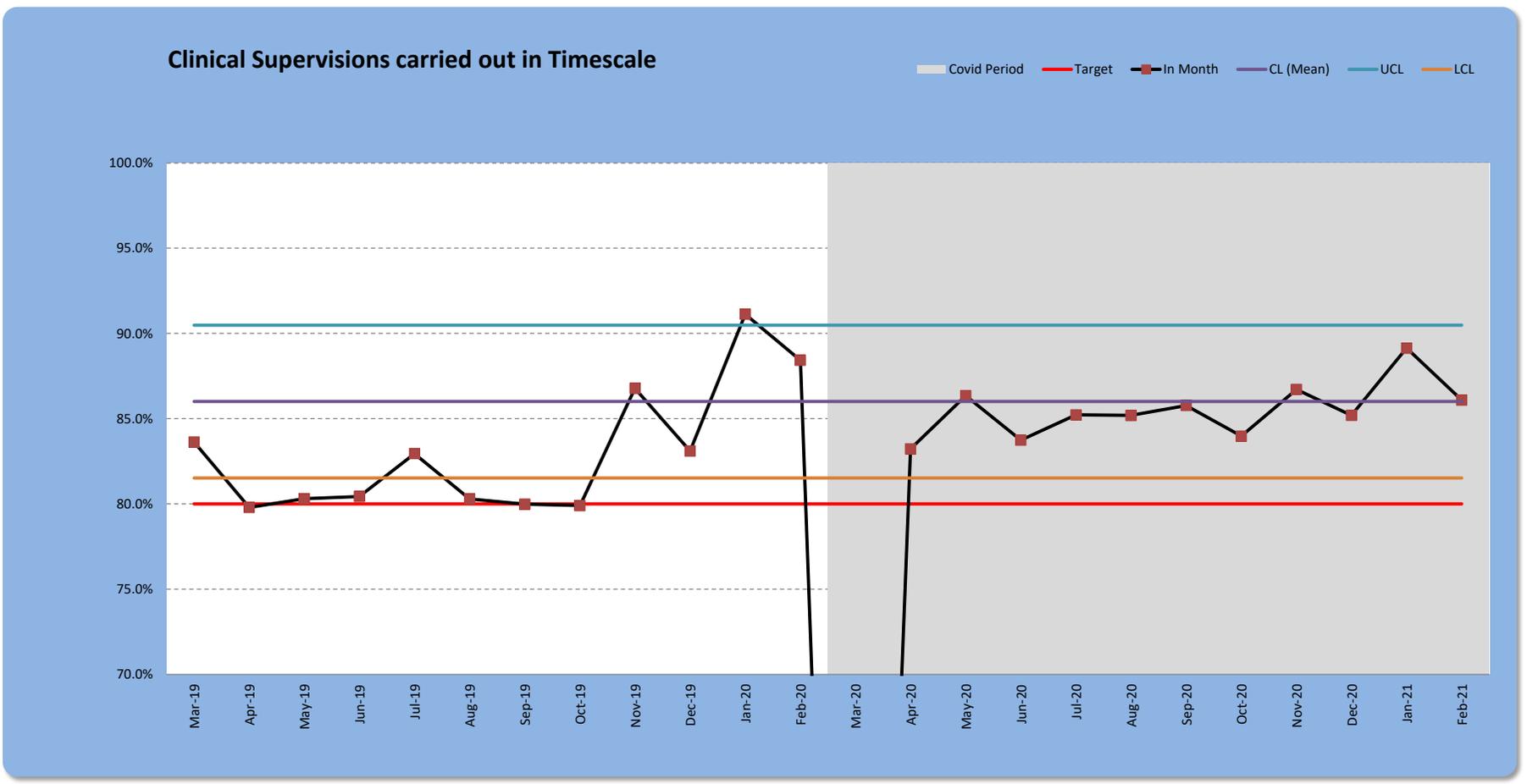
Performance has reduced in February by 3.0%

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

Target: 80%

Amber: 75%

Current month stands at 86.1%



HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

Contract Period:	2020-21
Reporting Month:	Jan-21



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	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Dec-20	Jan-21
										Registered	Un Registered	Registered	Un Registered												
Adult MH	Avondale	Adult MH Assessment	37.6	80%	18.40	19.7%	↓	0.0%	→	83%	74%	100%	100%	0	22	2	0	94.3%	92.4%	100.0%	84.2%	6.1%	0.2	1	2
	New Bridges	Adult MH Treatment (M)	37.7	101%	8.87	23.7%	↓	8.2%	↓	84%	102%	74%	144%	5	32	1	0	78.9%	94.6%	63.6%	96.0%	12.6%	2.2	4	5
	Westlands	Adult MH Treatment (F)	38.4	94%	9.09	31.8%	↓	6.6%	↓	83%	100%	99%	128%	5	67	0	0	80.0%	88.3%	92.3%	85.2%	11.6%	1.0	2	2
	Mill View Court	Adult MH Treatment	37.0	12%	Millview Court continues to be used for COVID patients only. Therefore, we have excluded the ward from this section for this reporting period.									0	28	0	0	91.7%	93.7%	91.7%	81.3%	7.8%	4.8	1	1
OP MH	PICU	Adult MH Acute Intensive	35.9	86%	19.05	36.0%	↑	9.0%	↑	89%	93%	97%	101%	1	122	0	0	100.0%	84.1%	61.5%	90.0%	14.6%	4.0	2	2
	Maister Lodge	Older People Dementia	33.2	80%	19.32	21.3%	↑	0.0%	→	70%	104%	100%	119%	0	52	0	0	100.0%	90.9%	77.8%	80.8%	6.8%	3.0	2	2
	Mill View Lodge	Older People Treatment	24.5	99%	12.22	22.6%	↓	0.0%	→	90%	124%	113%	100%	0	12	2	0	100.0%	95.1%	85.7%	100.0%	7.0%	-0.1	2	2
Specialist	Pine View	Forensic Medium Secure	27.4	96%	7.64	12.9%	↓	0.0%	→	80%	86%	100%	101%	1	1	0	1	96.6%	96.4%	71.4%	85.7%	5.9%	3.0	2	2
	Derwent	Forensic Low Secure	24.9	82%	17.65	45.6%	↓	0.0%	→	101%	110%	100%	165%	3	14	0	0	95.7%	92.5%	100.0%	82.4%	7.5%	1.4	2	1
	Ouse	Forensic Low Secure	25.1	90%	7.45	13.6%	↓	0.0%	→	98%	82%	100%	100%	1	4	0	0	100.0%	98.3%	90.9%	94.1%	5.9%	0.0	1	2
	Swale	Personality Disorder Medium Secure	27.1	71%	12.00	40.8%	↓	0.0%	→	95%	86%	104%	127%	6	4	0	0	86.4%	87.7%	66.7%	80.0%	1.8%	0.2	0	0
	Ullswater	Learning Disability Medium Secure	34.2	72%	12.33	20.2%	↑	0.0%	→	74%	117%	101%	103%	0	8	1	0	100.0%	91.6%	66.7%	87.5%	10.5%	2.0	2	2
Child & LD	Townend Court	Learning Disability	38.4	57%	23.34	29.7%	↑	0.0%	→	63%	89%	101%	122%	1	56	0	0	82.4%	88.2%	60.0%	95.8%	8.5%	3.0	4	3
	Inspire	CAMHS	41.9	56%	26.27	13.3%	↓	0.0%	→	64%	89%	94%	93%	8	30	0	0	86.4%	90.1%	93.8%	85.2%	6.4%	5.0	0	2
CH	Granville Court	Learning Disability Nursing Treatment	56.1	Not Avail	n/a	33.6%	↓	0.0%	→	104%	72%	97%	97%	3	3	0	0	96.1%	89.5%	90.0%	53.8%	6.0%	1.0	2	3
	Whitby Hospital	Physical Health Community Hospital	46.1	88%	10.22	0.0%	→	0.0%	→	93%	90%	100%	100%	0	1	0	n/a	91.7%	93.6%	78.9%	84.2%	3.0%	0.6	0	0
	Malton Hospital	Physical Health Community Hospital	23.4	85%	9.66	Not on eRoster	→	Not on eRoster	→	99%	94%	100%	100%	1	5	1	n/a	95.7%	83.9%	70.0%	83.3%	5.5%	6.5	2	0

Exception Reporting and Operational Commentary

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

Millview Court currently has reduced bed occupancy due to the unit being used for COVID patients.

Please note, a reporting error was established in the Quality Indicator Section which resulted in a 41% increase in Violence & Aggression cases reported when compared to the previous months report. There were also changes required with the Staffing Incidents and Complaints upheld.

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.

In respect to the low CHPPD position for Pineview and Ouse wards, this is due to the patients on these wards being low acuity and therefore need less staffing than a normal ward/unit.

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

Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
13.10%	13.90%	12.80%	12.64%	12.50%	9.60%	9.10%	11.20%	10.60%	10.60%	11.16%	TBC

Slips Trips and Falls

Rolling 3 months	Dec-20	Jan-21	Feb-21
Maister Lodge	2	4	5
Millview Lodge	2	3	4
Malton IPU	1	2	3
Whitby IPU	8	8	2

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: **Feb 2021**

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

Narrative

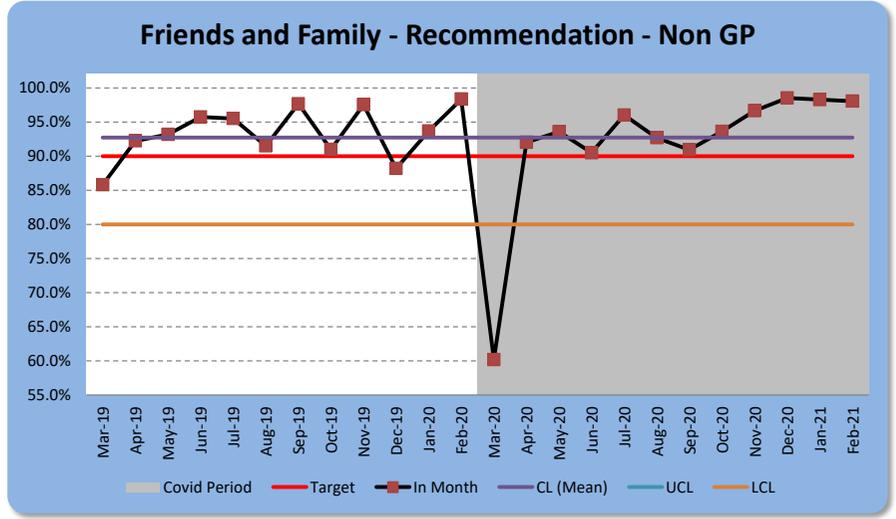
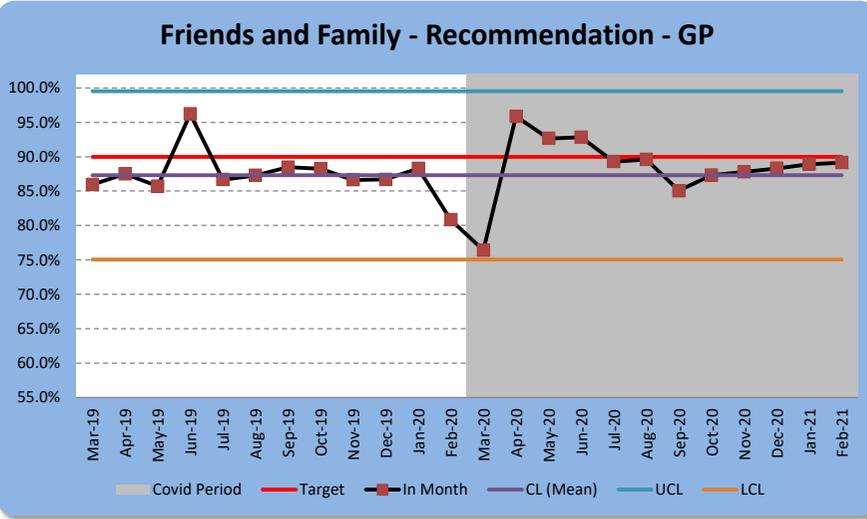
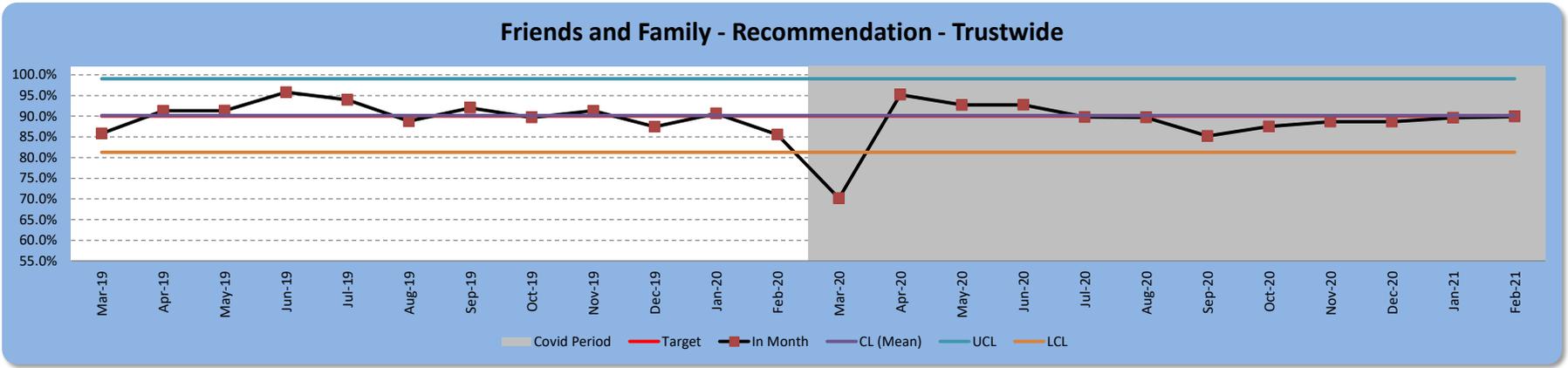
GP Recommendation is below target for Feb-21 at 89.1%

Non GP is above target at 98.1% for February which is a decrease of 0.2%.

Target: 90%

Amber: 80%

Current month stands at 89.9%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2021**

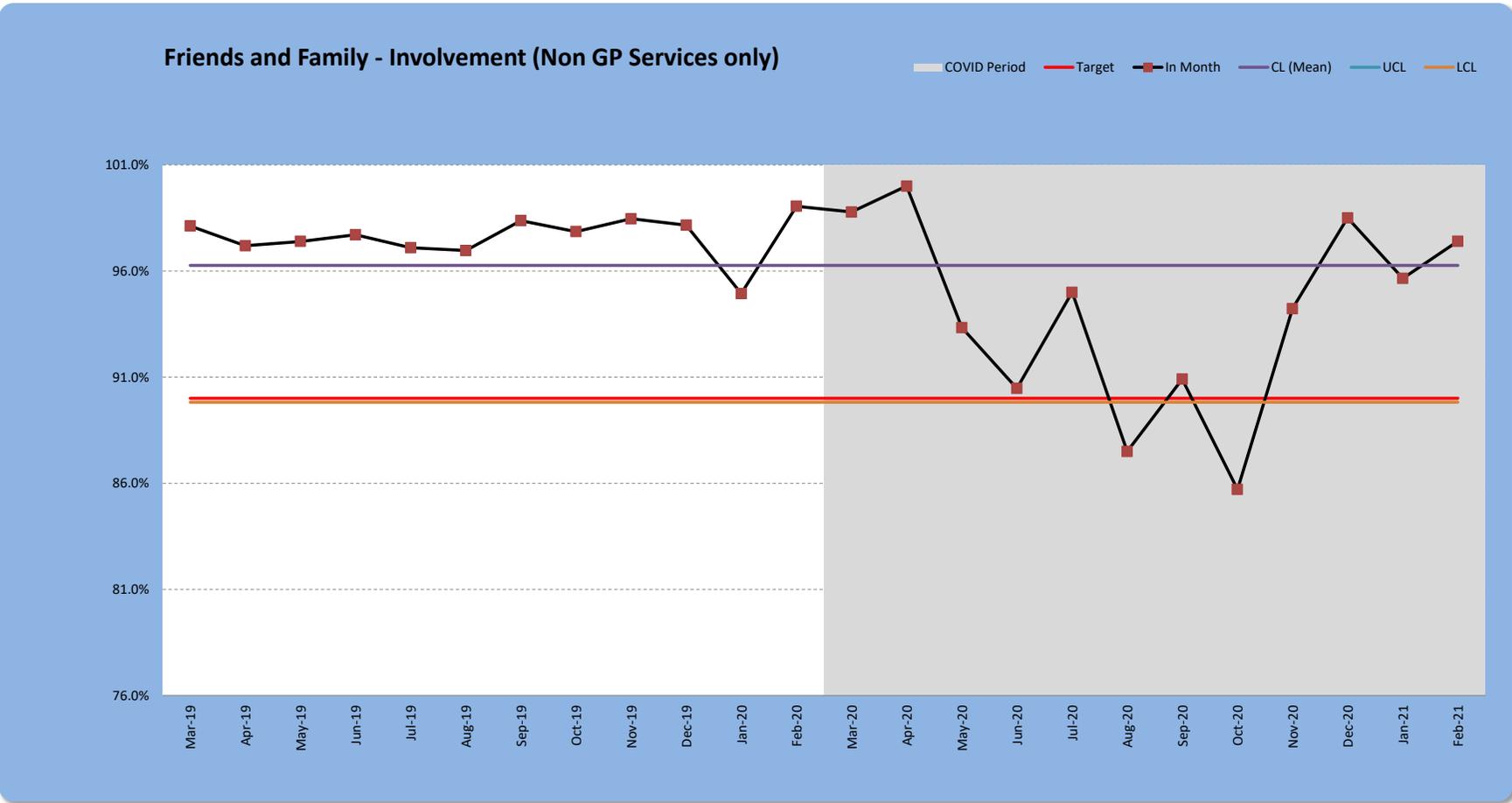
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Friends and Family Test	Results of the overall surveys completed where patients felt they were involved in their care	John Byrne	CA 3c %

Narrative

Performance has increased by 1.8% when compared to the previous month.

Target: 90%
Amber: 80%

Current month stands at 97.4%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2021**

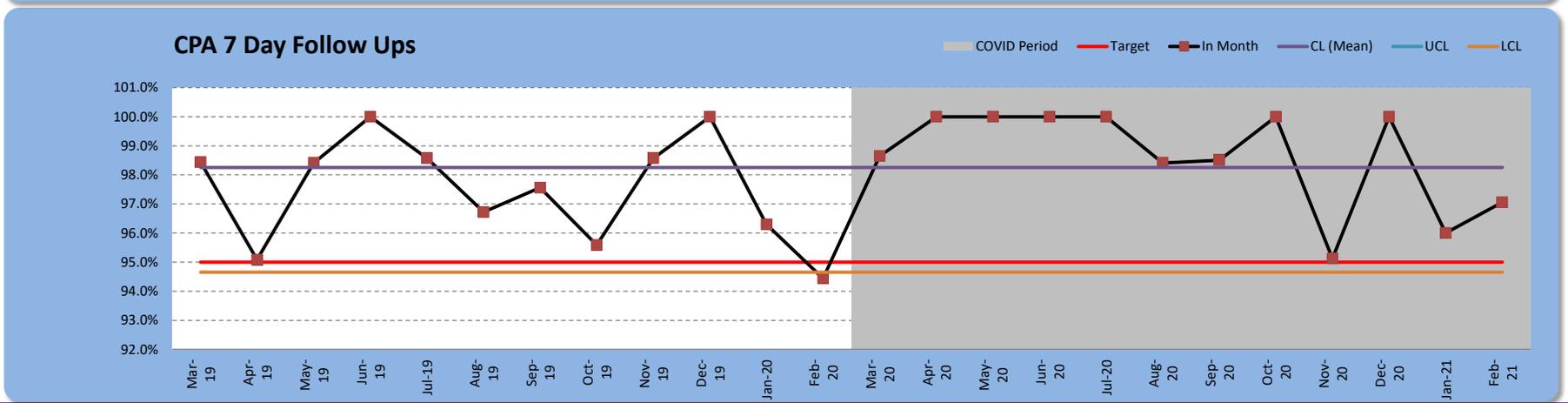
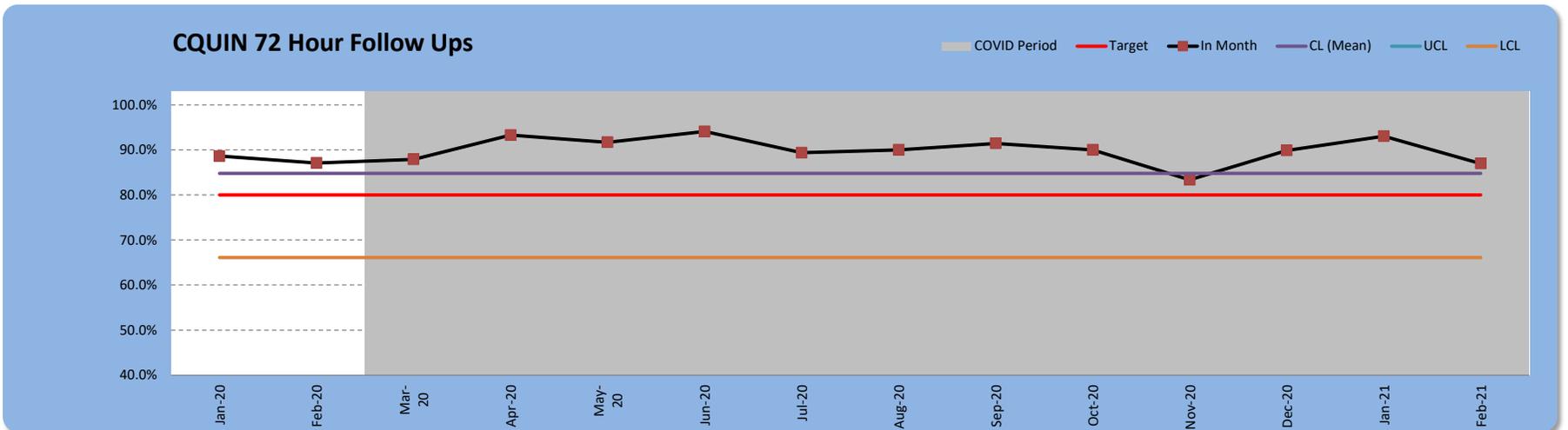
Indicator Title	Description/Rationale	Executive Lead
72 Hour Follow Ups	This indicator measures the percentage of patients who were in the CQUIN scope and had a follow up within 72 hours of discharge	Lynn Parkinson

KPI Type
OP 12

Narrative

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

Target: 80%
 Amber: 60%
 Current month stands at 87.0%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2021**

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

KPI Type
OP 7

Narrative

Performance has increased by 0.3% when compared to the previous month.

Target: 95%
Amber: 85%

Current month stands at 96.5%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2021**

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

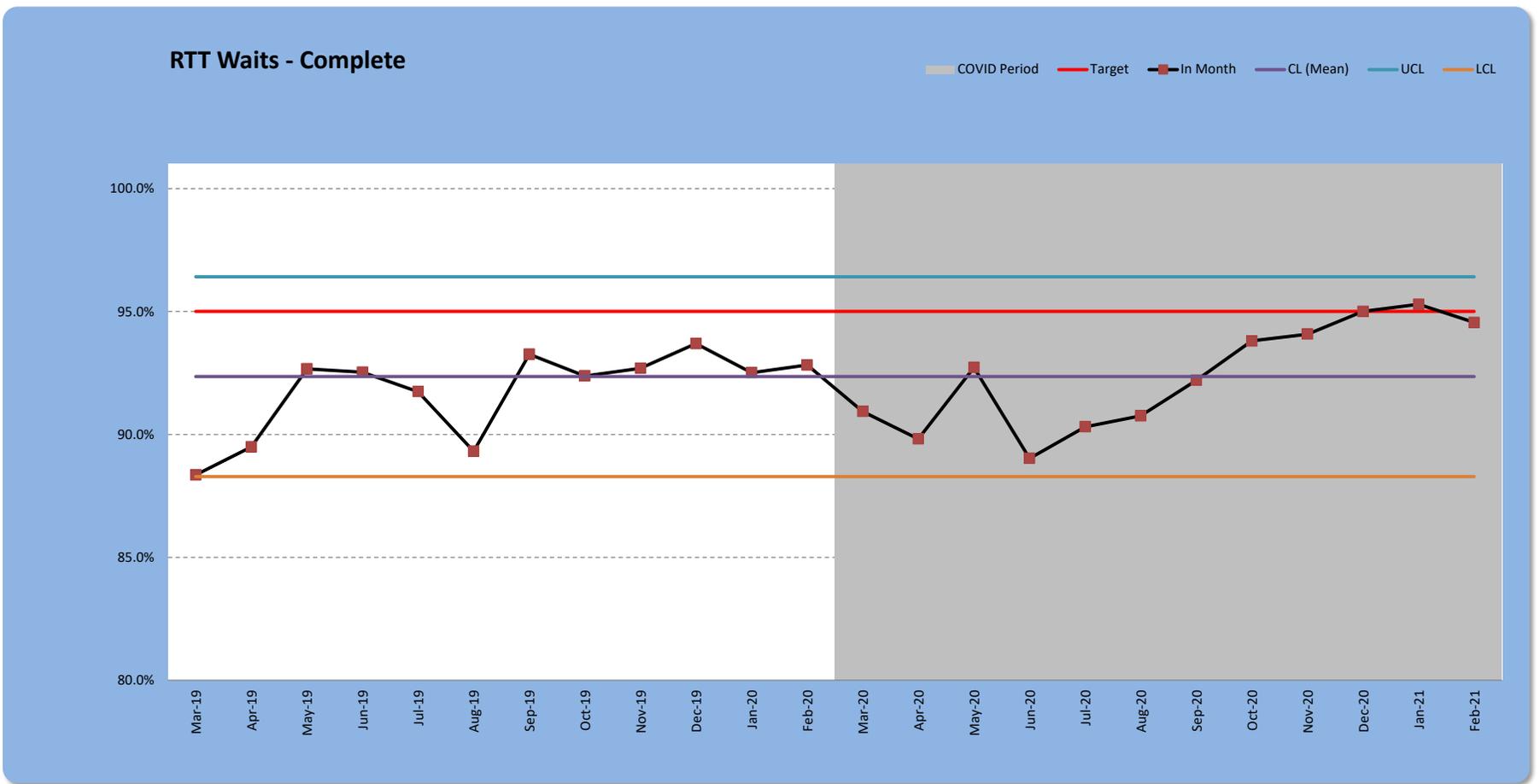
KPI Type
OP 20

Narrative

Decrease by 0.7% when compared to the previous month.

Target: 95%
Amber: 85%

Current month stands at 94.6%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2021**

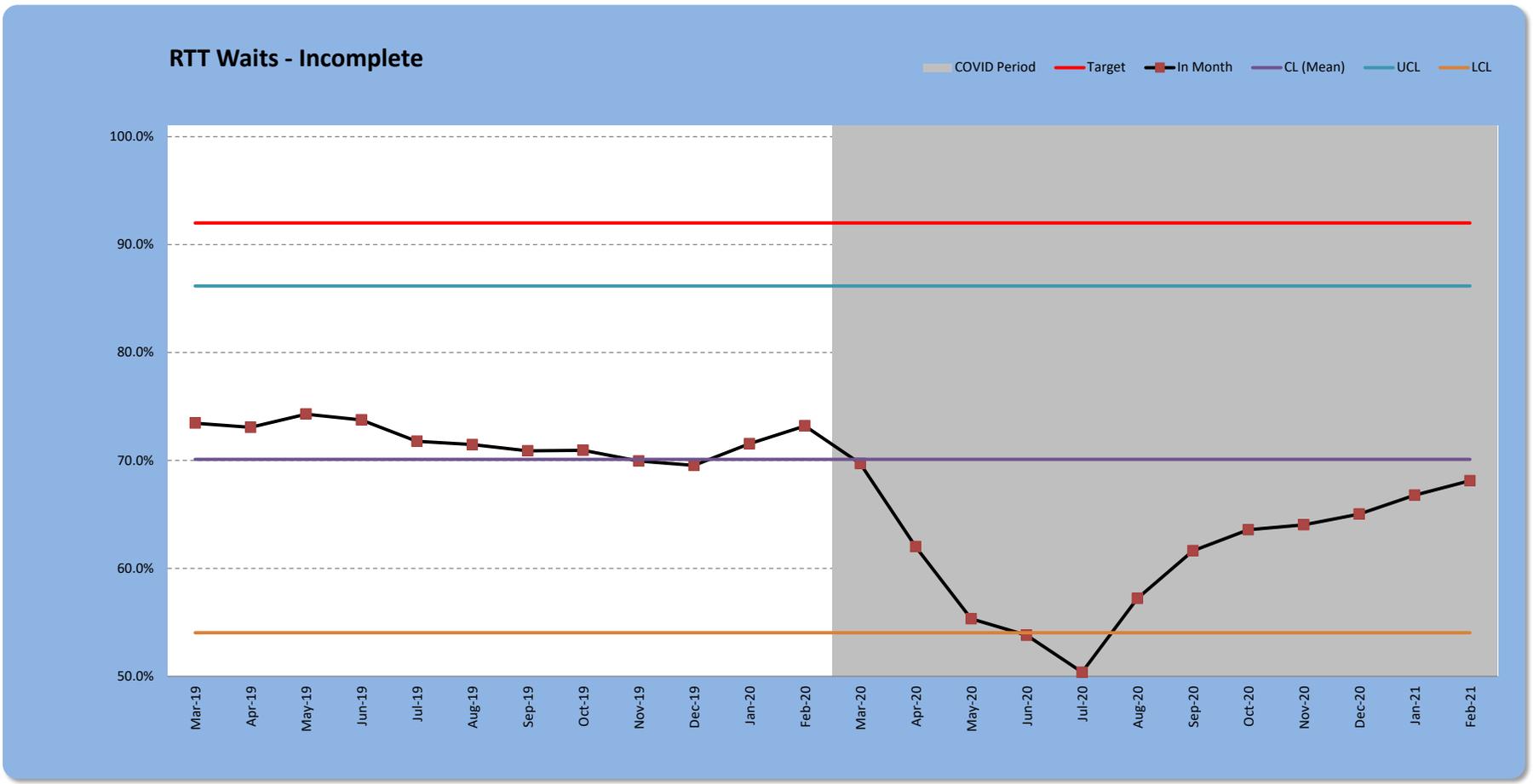
Indicator Title	Description/Rationale	Executive Lead
RTT Waiting Times (Incomplete Pathways)	Referral to Treatment Waiting Times (Incomplete Pathways) : Proportion of patients who have had to wait less than 18 weeks for either assessment and or treatment.	Lynn Parkinson

KPI Type
OP 21

Narrative

Performance has increased by 1.3% when compared to the previous month.

Target: 92%
 Amber: 85%
 Current month stands at 68.1%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2021**

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

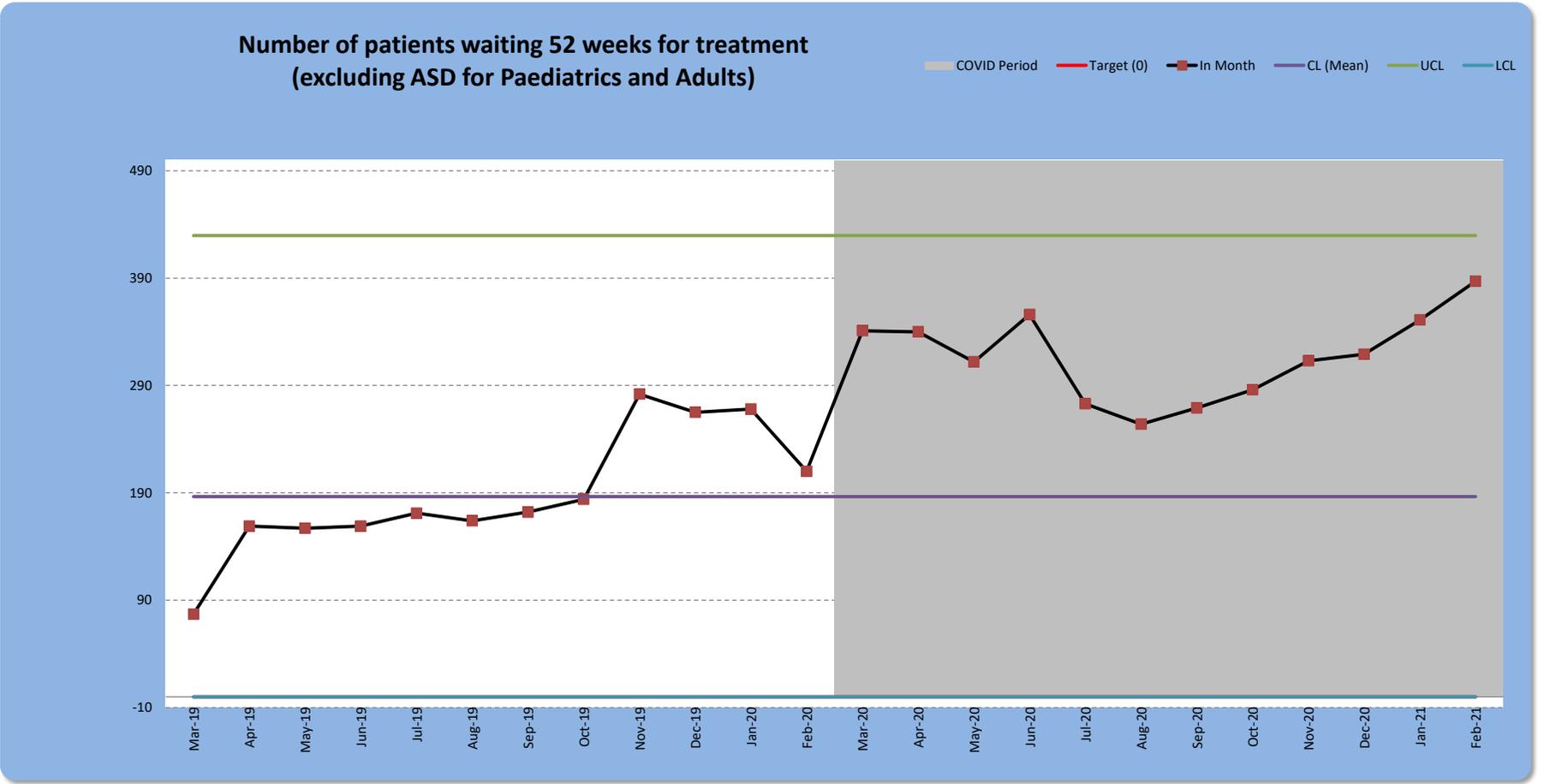
KPI Type
OP 22x

Narrative

Increase of 36 when compared to the previous month.

Target: 0
Amber: 0

Current month stands at 387



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2021**

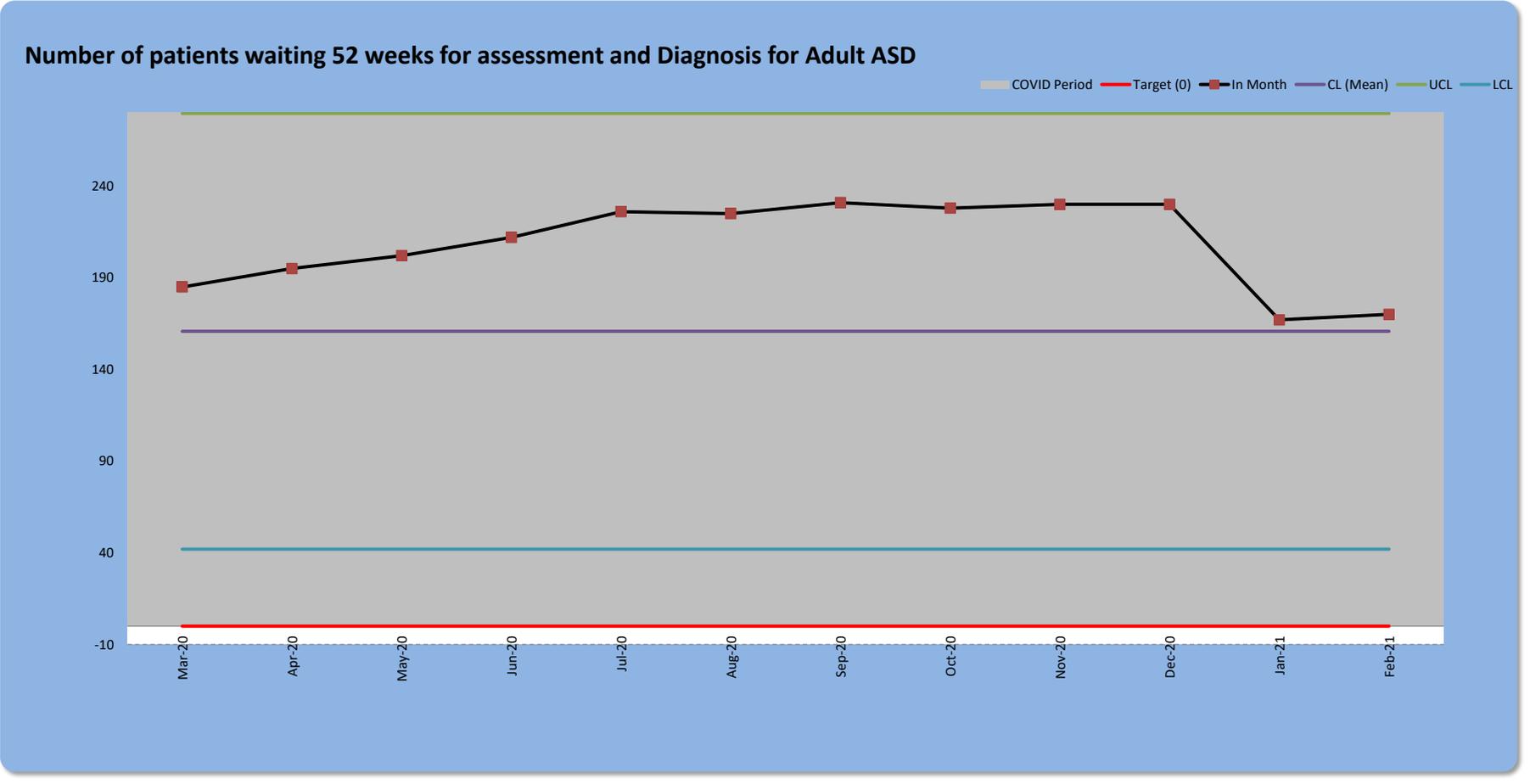
Indicator Title	Description/Rationale	Executive Lead
52 Week Waits - Adult ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Adult and have been waiting more than 52 weeks	Lynn Parkinson

KPI Type
OP 22u

Narrative

Increased by 3 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

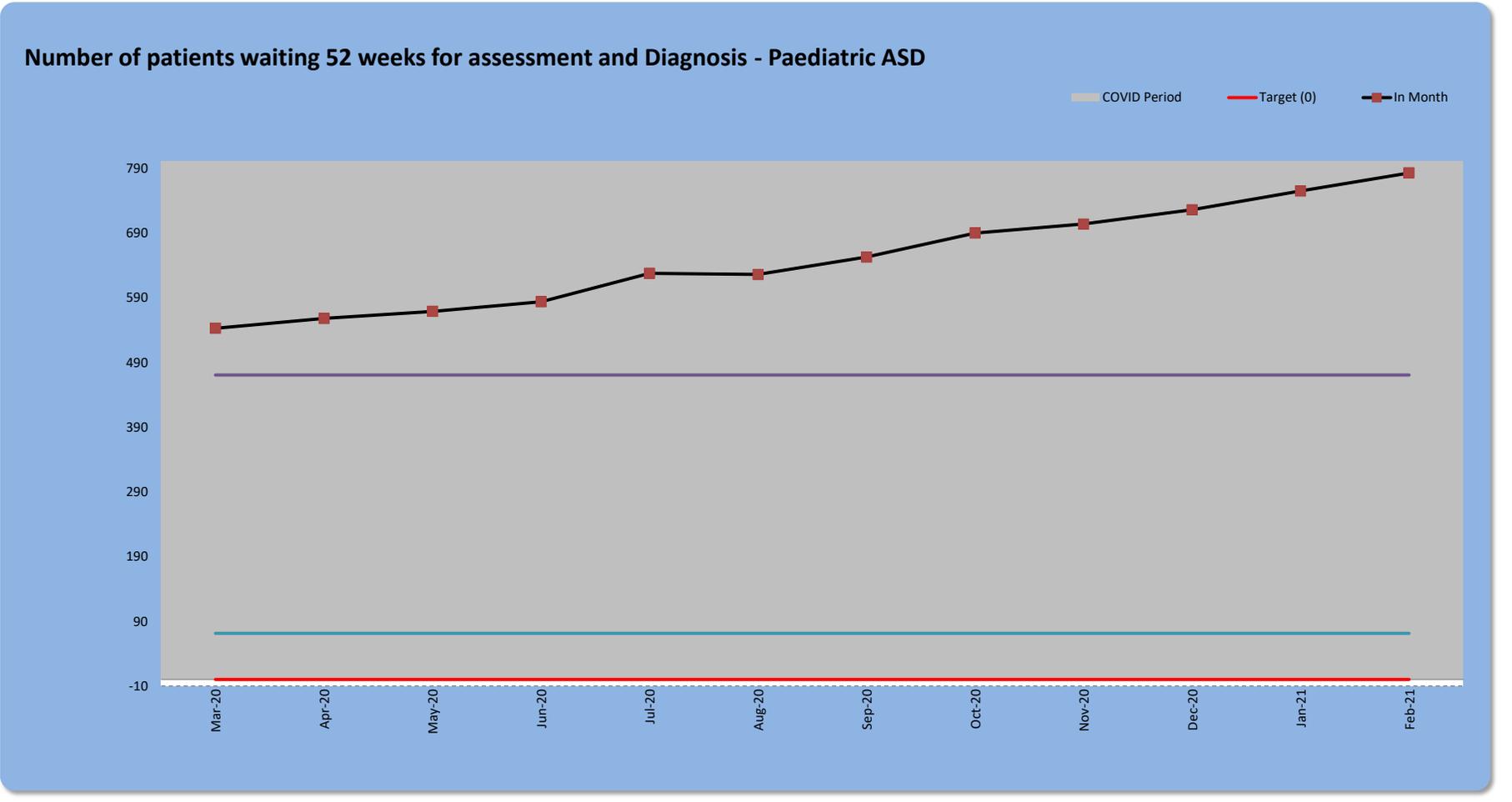
For the period ending: **Feb 2021**

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 28 when compared to the previous reporting period.

Target: 0
 Amber: 0
 Current month stands at 783



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2021**

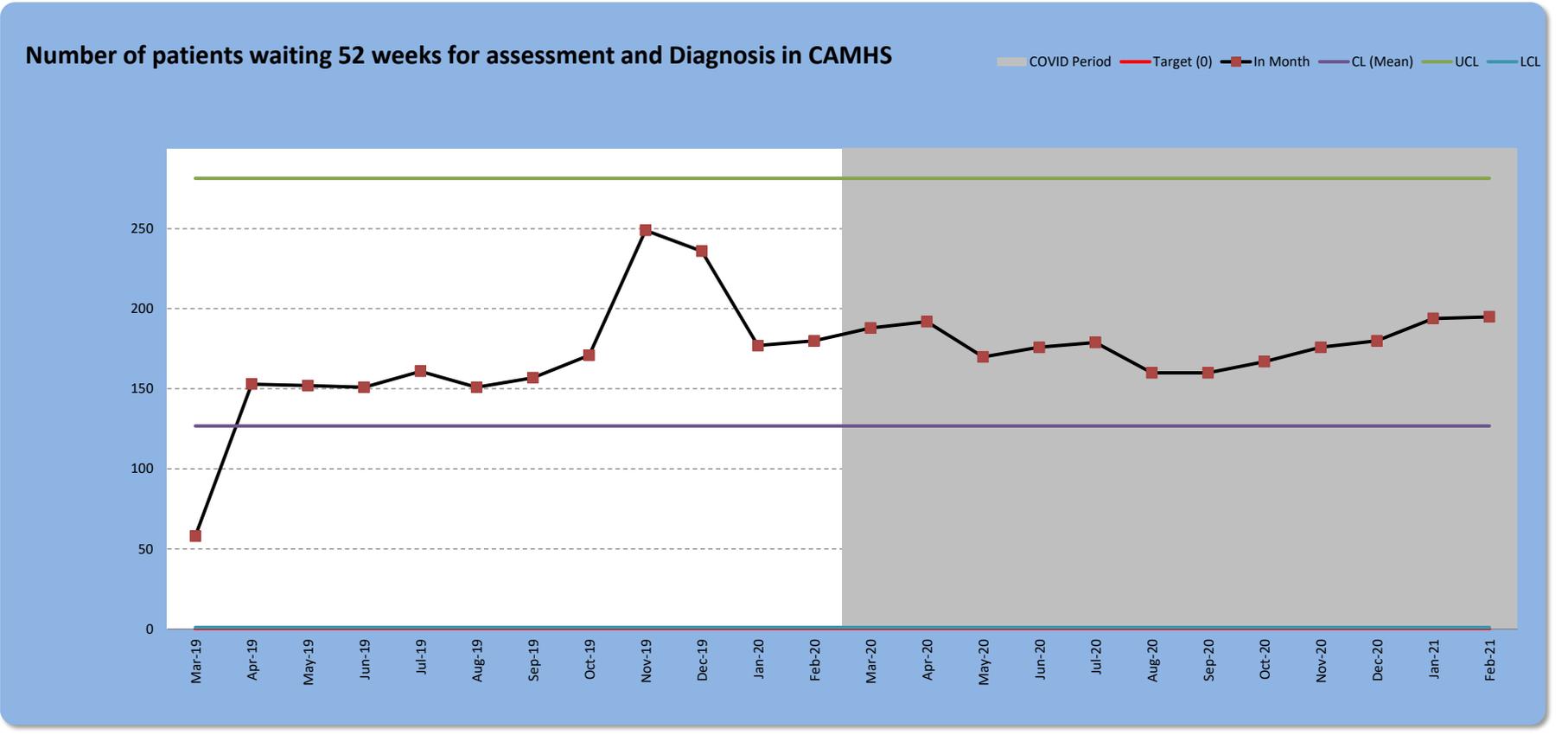
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks (excluding paediatric ASD)	Lynn Parkinson	OP 22j

Narrative

Increased by 1 when compared to the previous month.

Target: 0
Amber: 0

Current month stands at 195



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2021**

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

Narrative

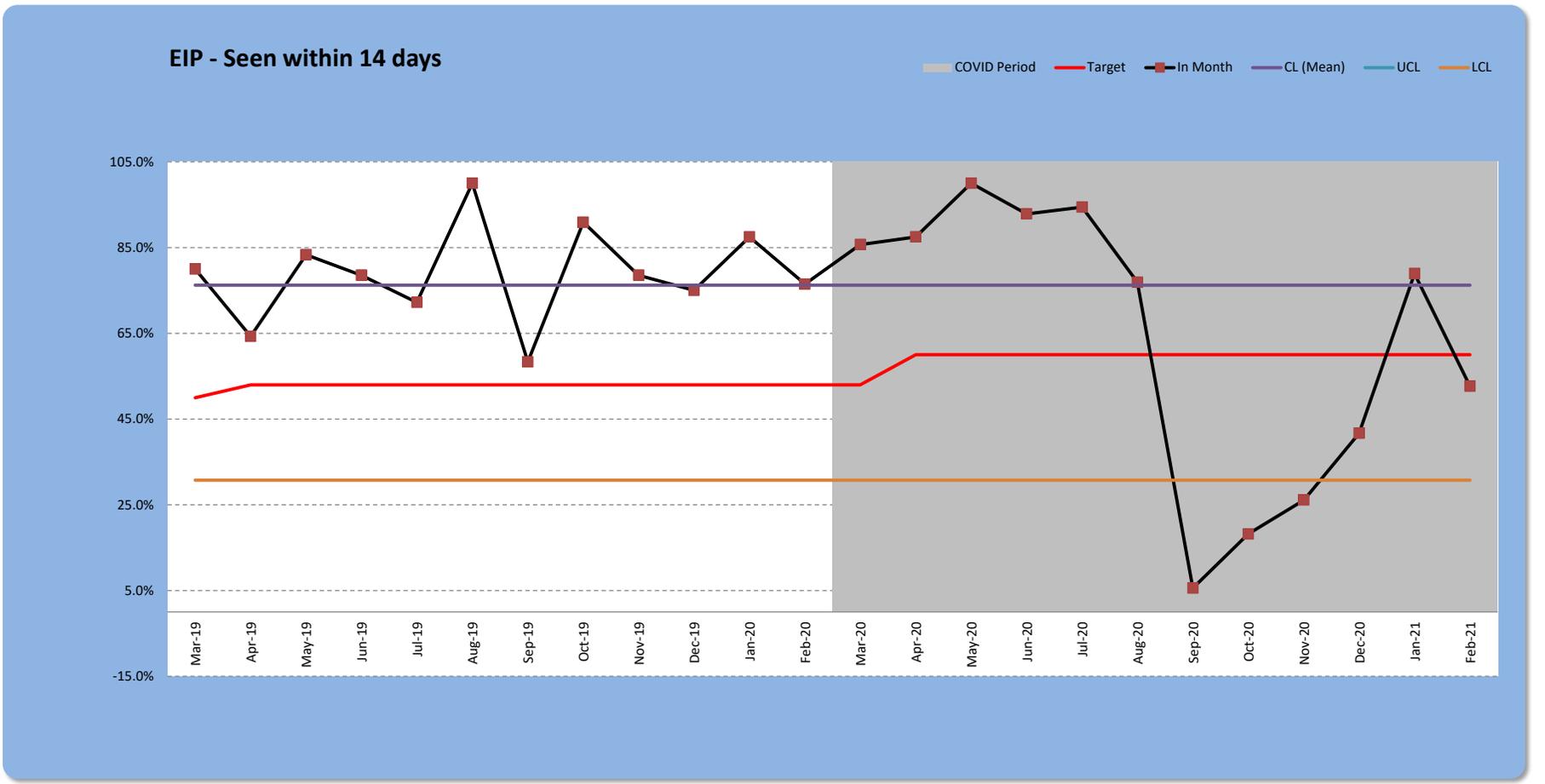
Decreased by 26% when compared to the previous month and remains below target.

Target has increased to 60% in 2020/21.

Target: 60%

Amber: 55%

Current month stands at 52.6%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

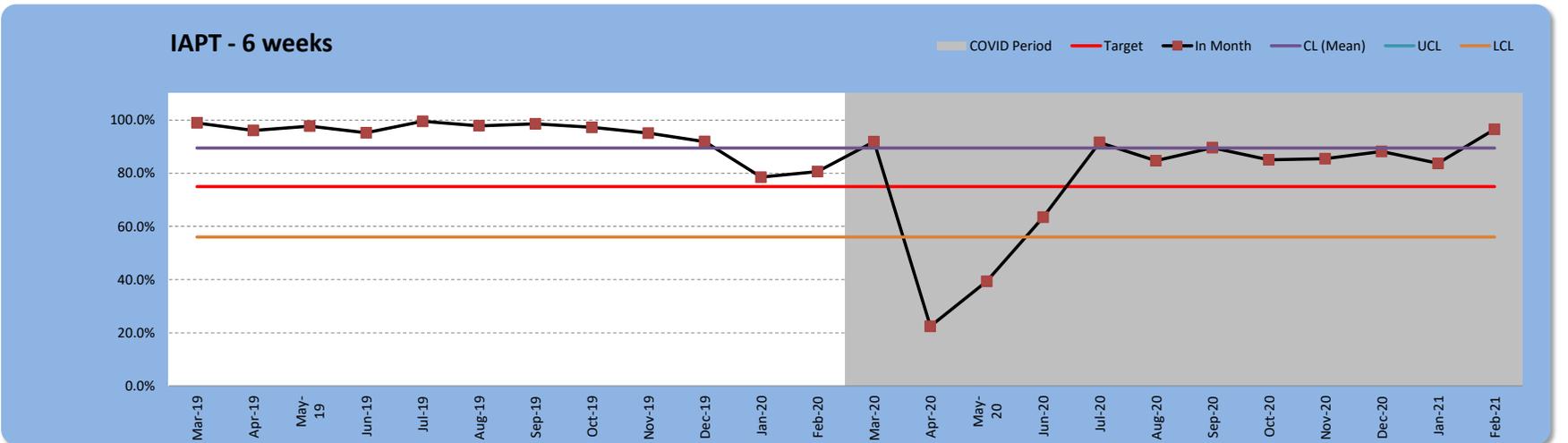
For the period ending: **Feb 2021**

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 12.8% and remains above the target of 75%

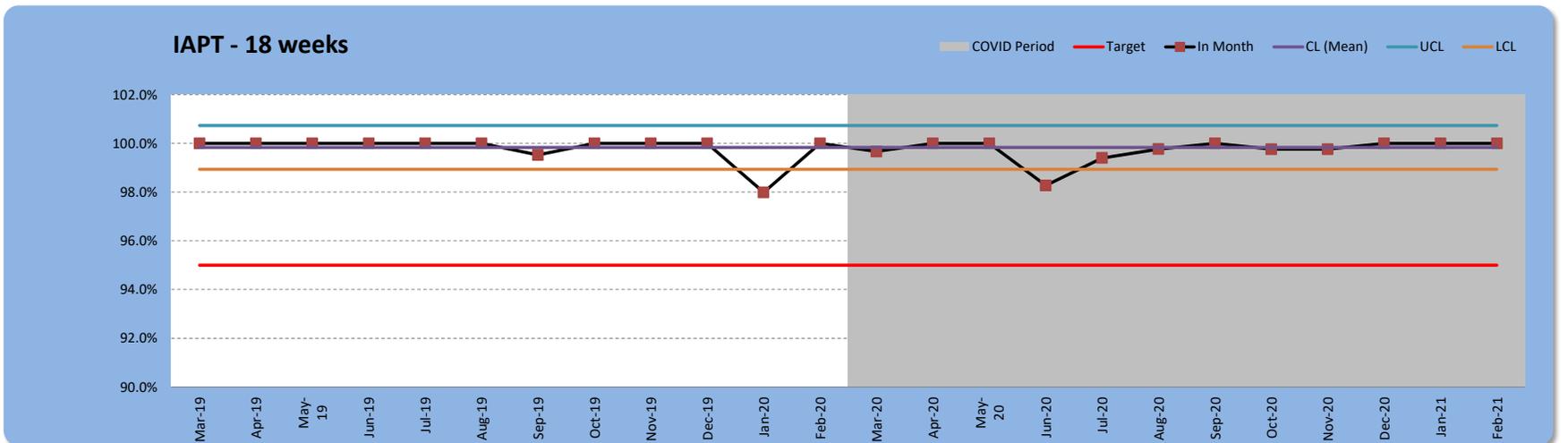
Target: 75%
 Amber: 70%
 Current month: 96.5%



Narrative

Performance stands at 100% for February and remains above target.

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



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2021**

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

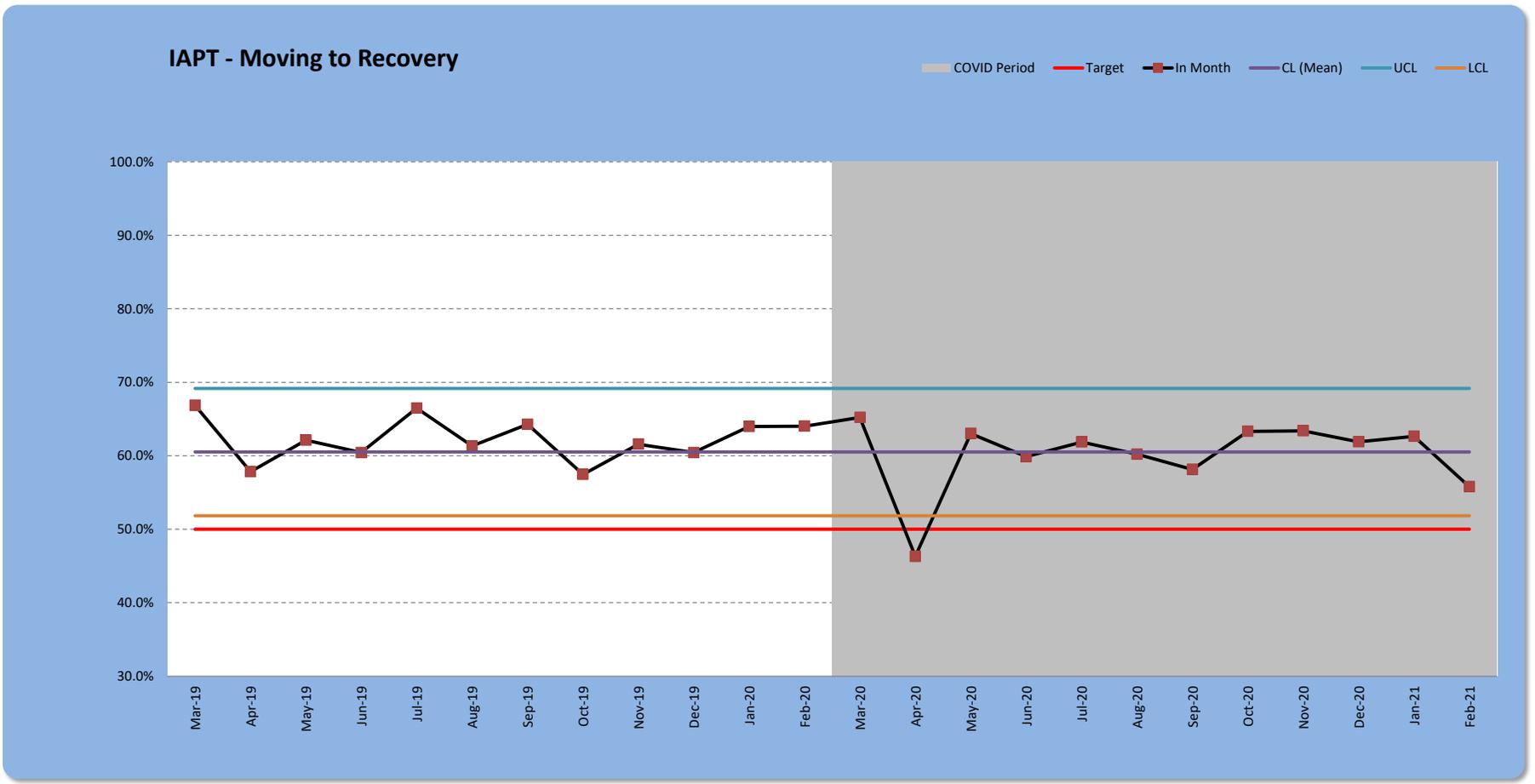
KPI Type
OP 11

Narrative

Performance has reduced by 6.9% but remains above the 50% target.

Target: 50%
Amber: 45%

Current month stands at 55.8%



PI RETURN FORM 2020-21

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Feb 2021**

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 has decreased by 272 days when compared to the previous month.

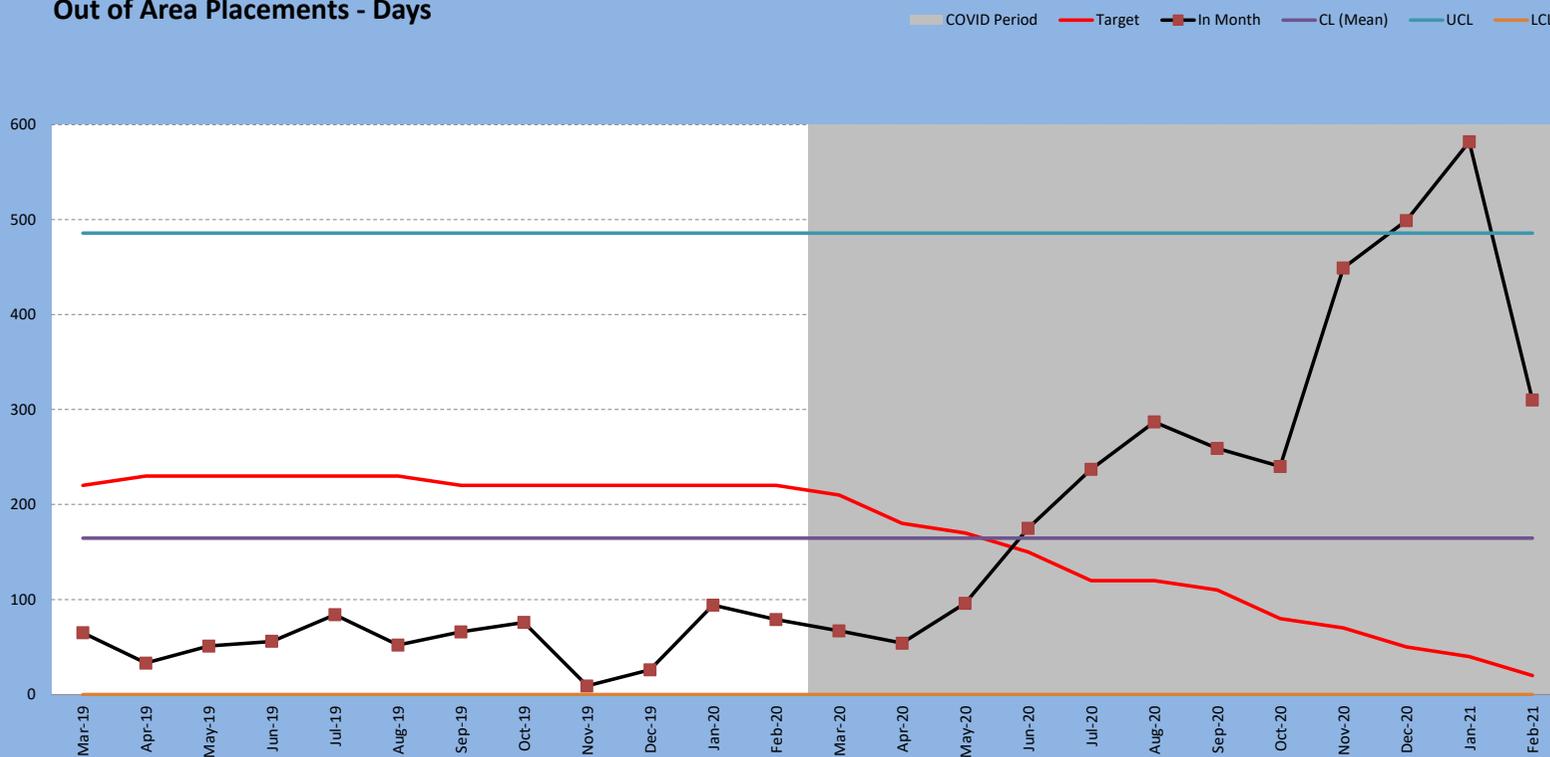
In recent times additional Beds have been purchased from NAVIGO and CYGNET but these remain within the data.

Target: 20

Amber:

Current month stands at 310

Out of Area Placements - Days



PI RETURN FORM 2020-21

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Feb 2021**

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

KPI Type
OP 14

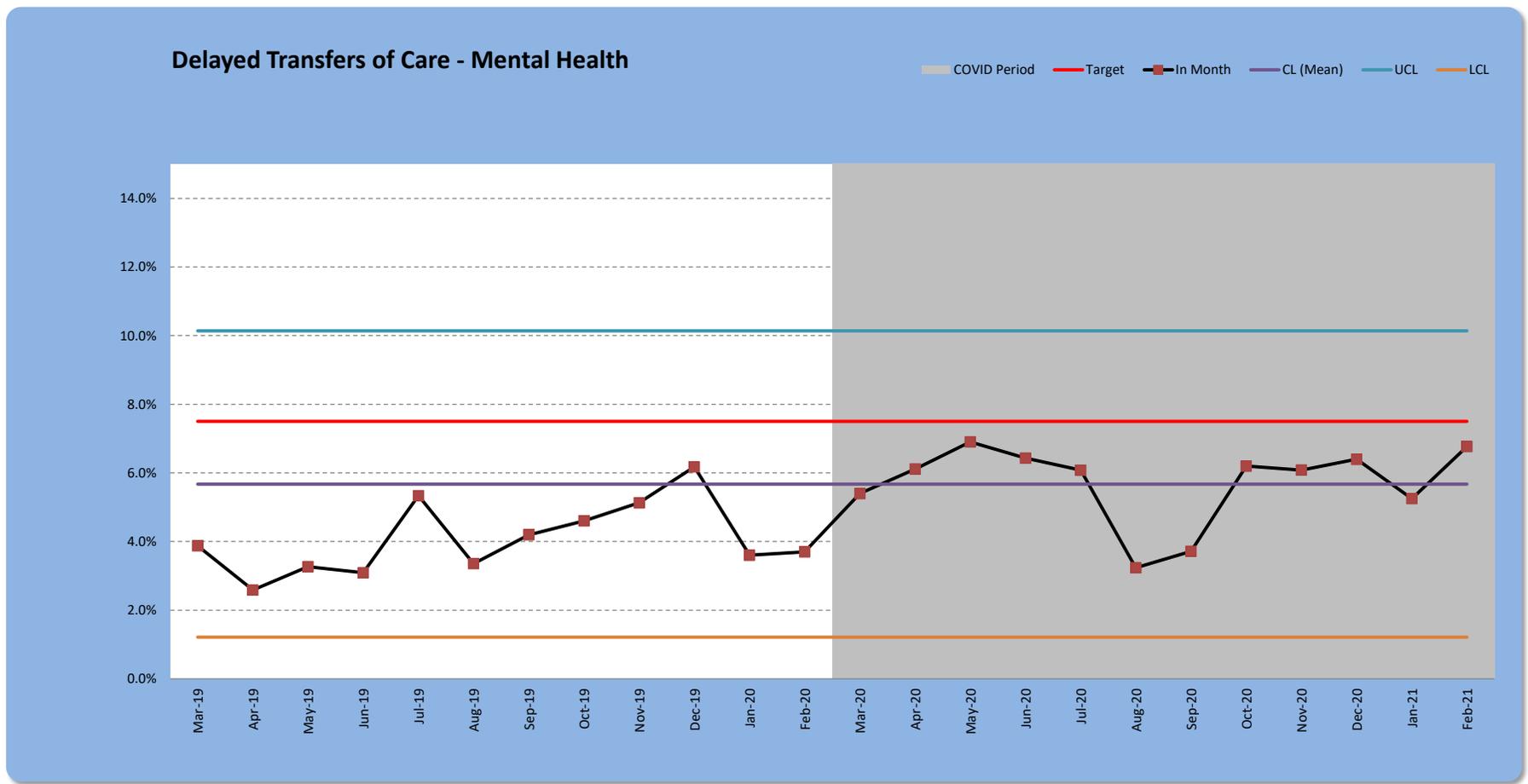
Narrative

Performance has increased (deterioration) by 1.5% compared against previous month and remains within target.

Low performance is Good.

Target: 7.5%
Amber: 7.0%

Current month stands at 6.8%



PI RETURN FORM 2020-21

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

Feb 2021

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

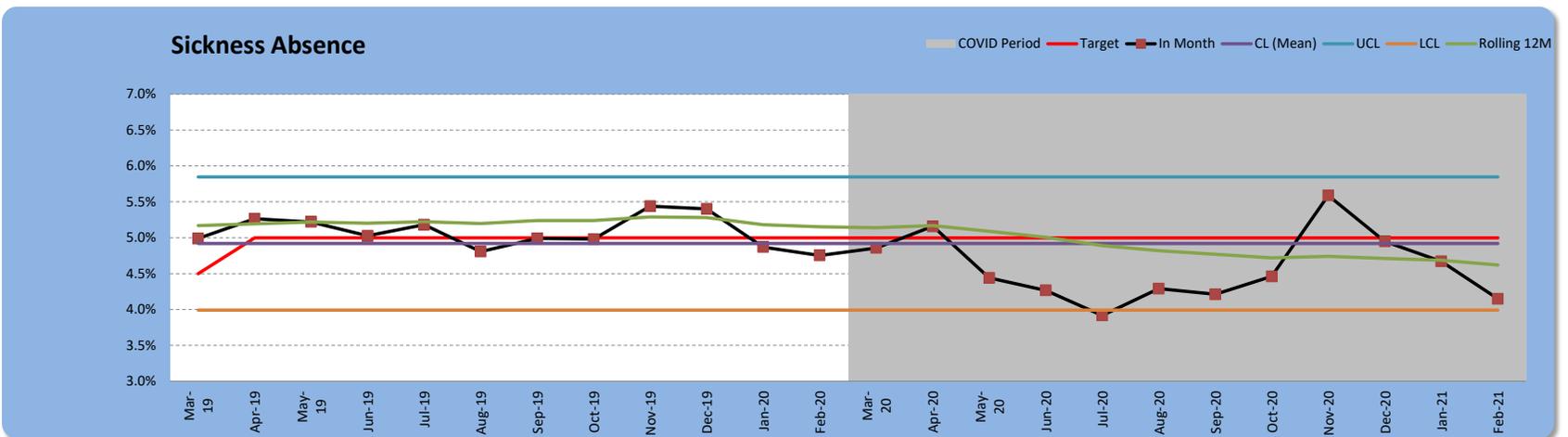
KPI Type
WL 1

Narrative

Sickness/Absence Rate has decreased by 0.6% when compared to the previous month.

Feb-21 Rolling 12 month figure is within target reporting at 4.6%

Target:	5.0%
Amber:	5.2%
Current month	4.2%



PI RETURN FORM 2020-21

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Feb 2021**

KPI Type

WL 3 TOM

Indicator Title	Description/Rationale	Executive Lead
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

Narrative

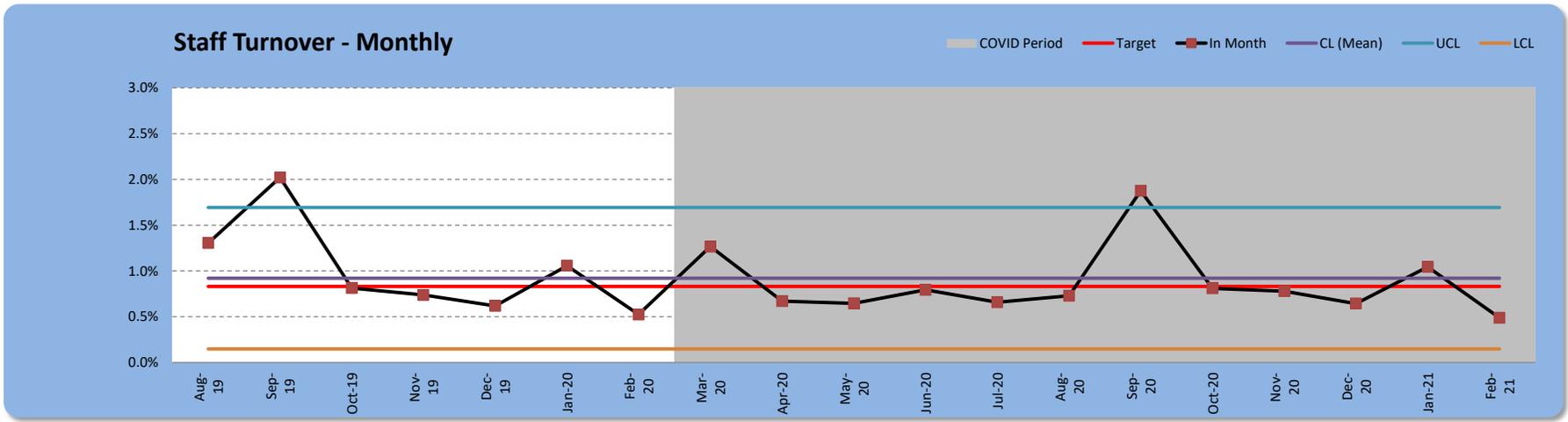
Staff Turnover has decreases by 0.6% in the reporting period.

Low Performance is good.

Target: 0.83%

Amber: 0.70%

Current month stands at 0.5%



Narrative

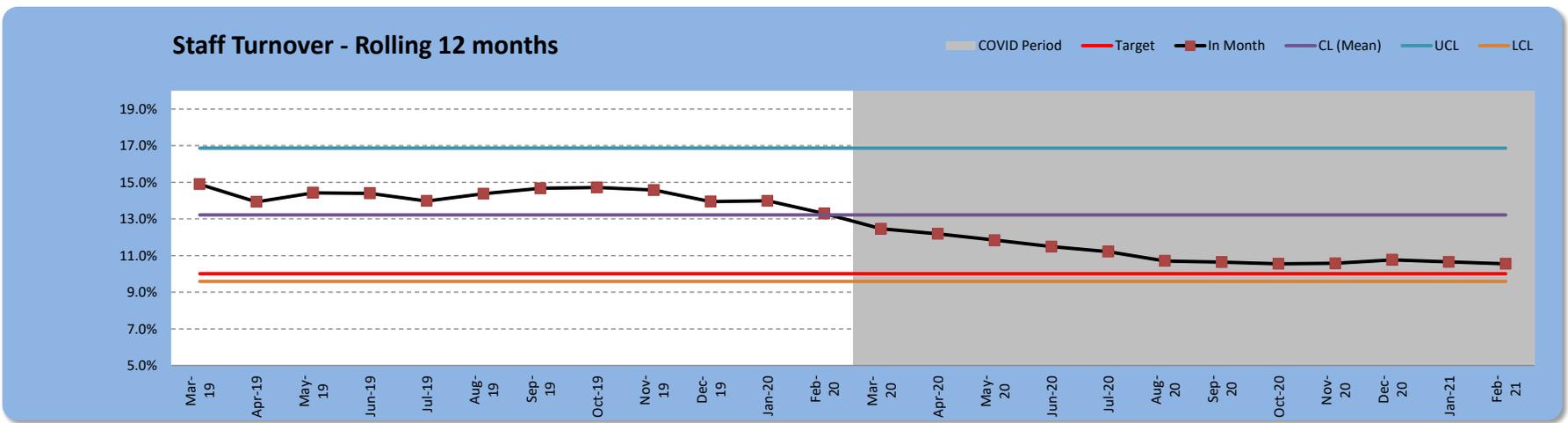
Exceeds Target.

Low Performance is Good.

Target: 10%

Amber: 9%

Current month stands at 10.5%



PI RETURN FORM 2020-21

Goal 5 : Maximising an Efficient and Sustainable Organisation

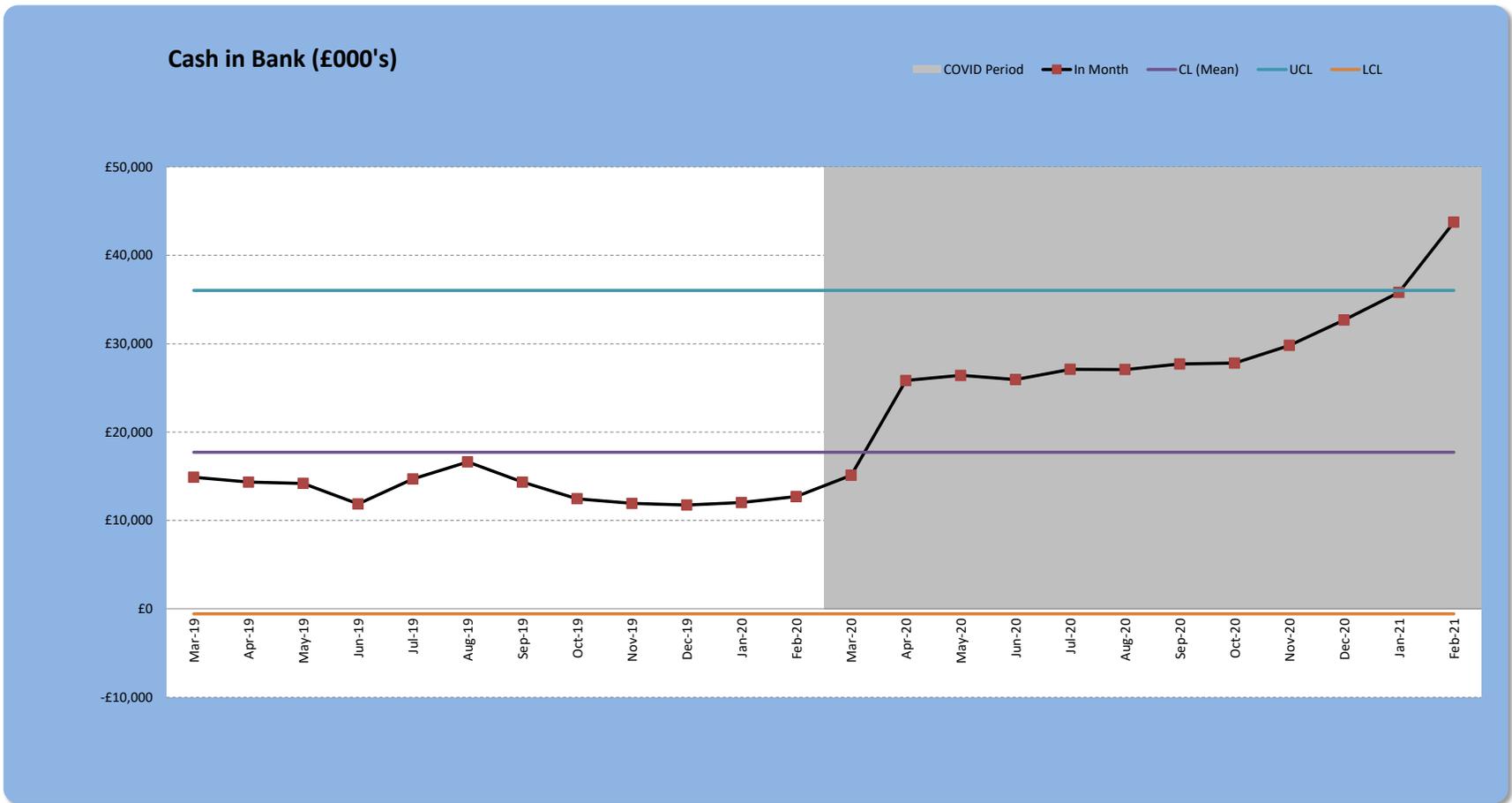
For the period ending: **Feb 2021**

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 £43,753 ,000



PI RETURN FORM 2020-21

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Feb 2021**

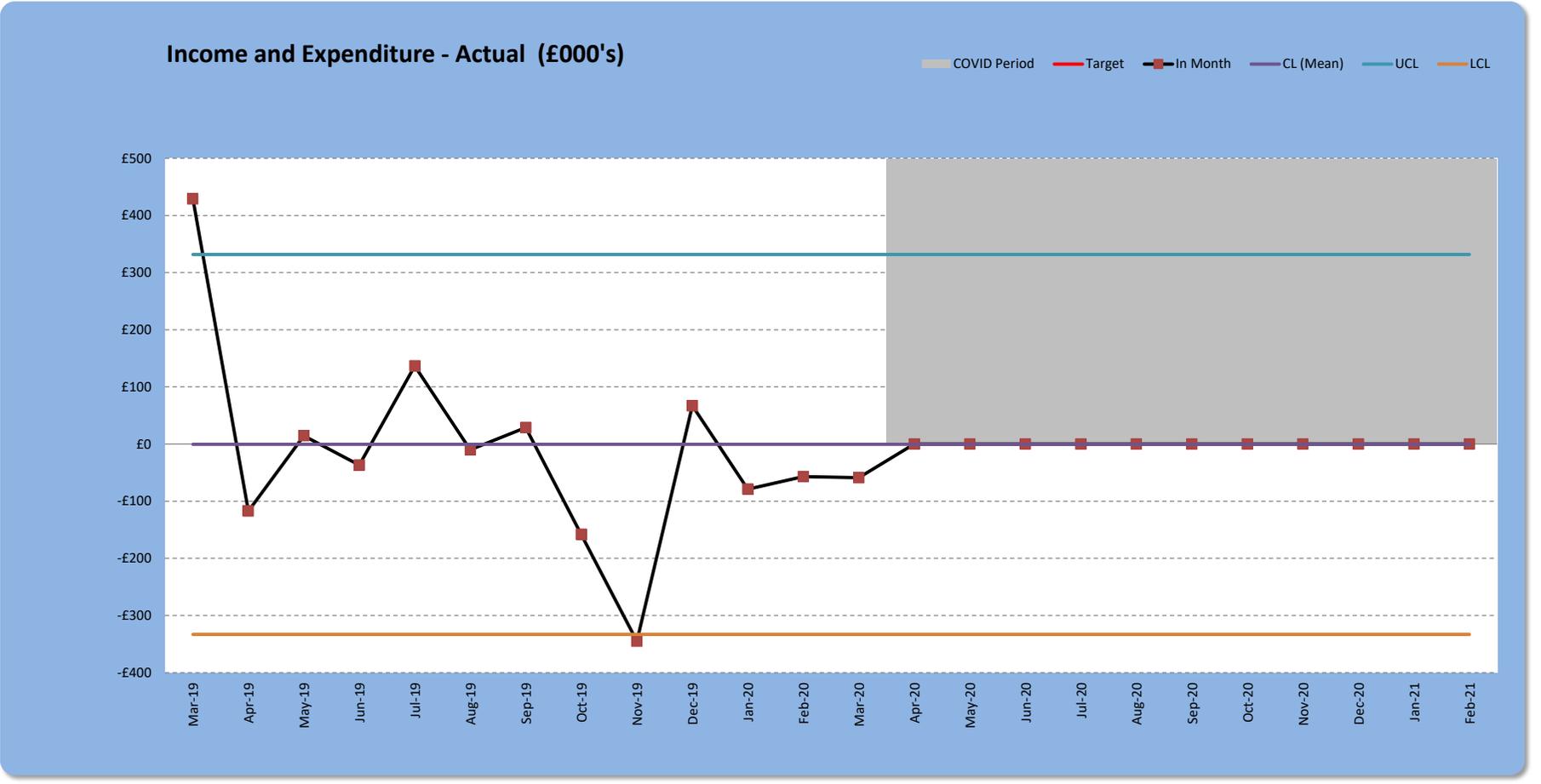
Indicator Title	Description/Rationale	Executive Lead
Income and Expenditure (£000's)	Review of the Income versus Expenditure (£000's) by month	Peter Beckwith

KPI Type
F 4b

Narrative

The Trust is at break even status

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



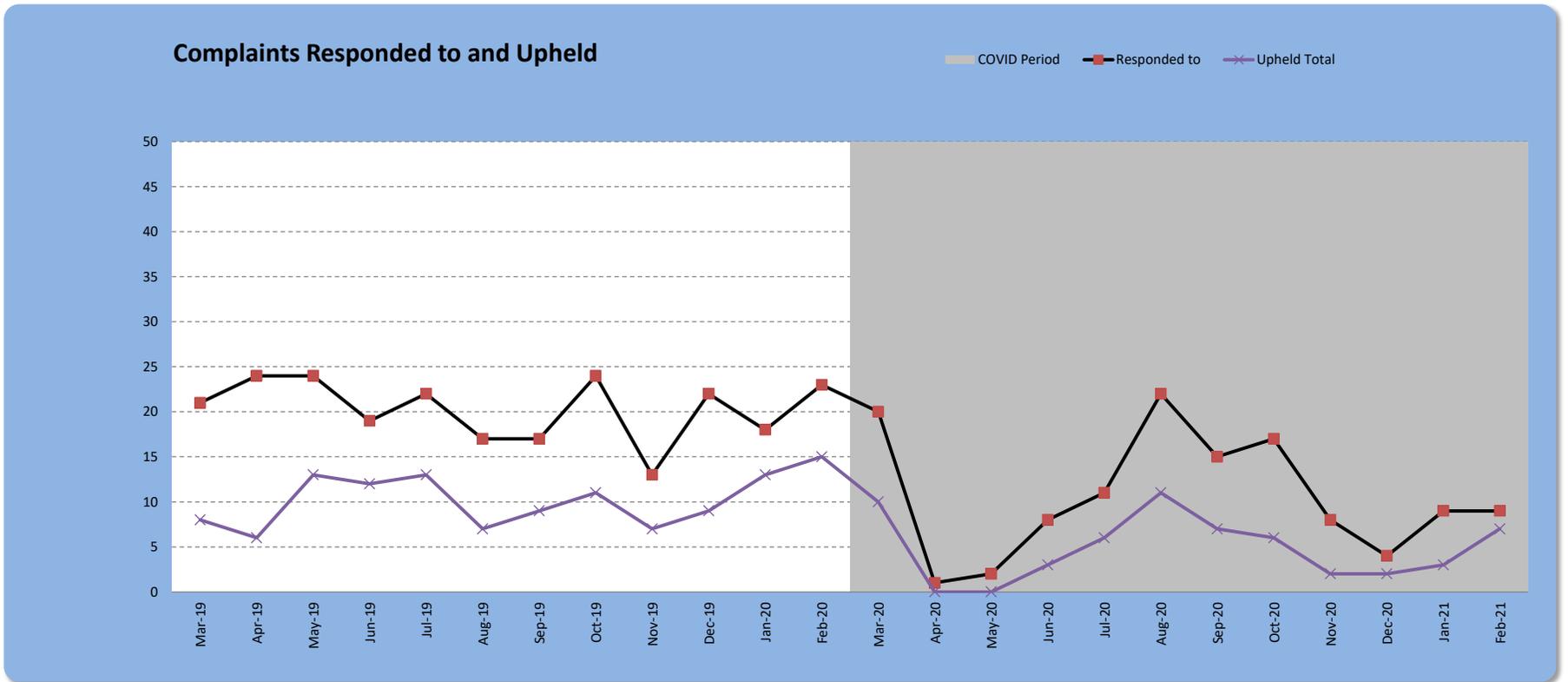
PI RETURN FORM 2020-21

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Feb 2021**

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

Narrative
Upheld Results
During the month, the following number of complaints was responded to 9
Of the number of complaints responded to in the month 7 were upheld which equates to 77.8%
YTD Upheld
50.0%



PI RETURN FORM 2020-21

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Feb 2021**

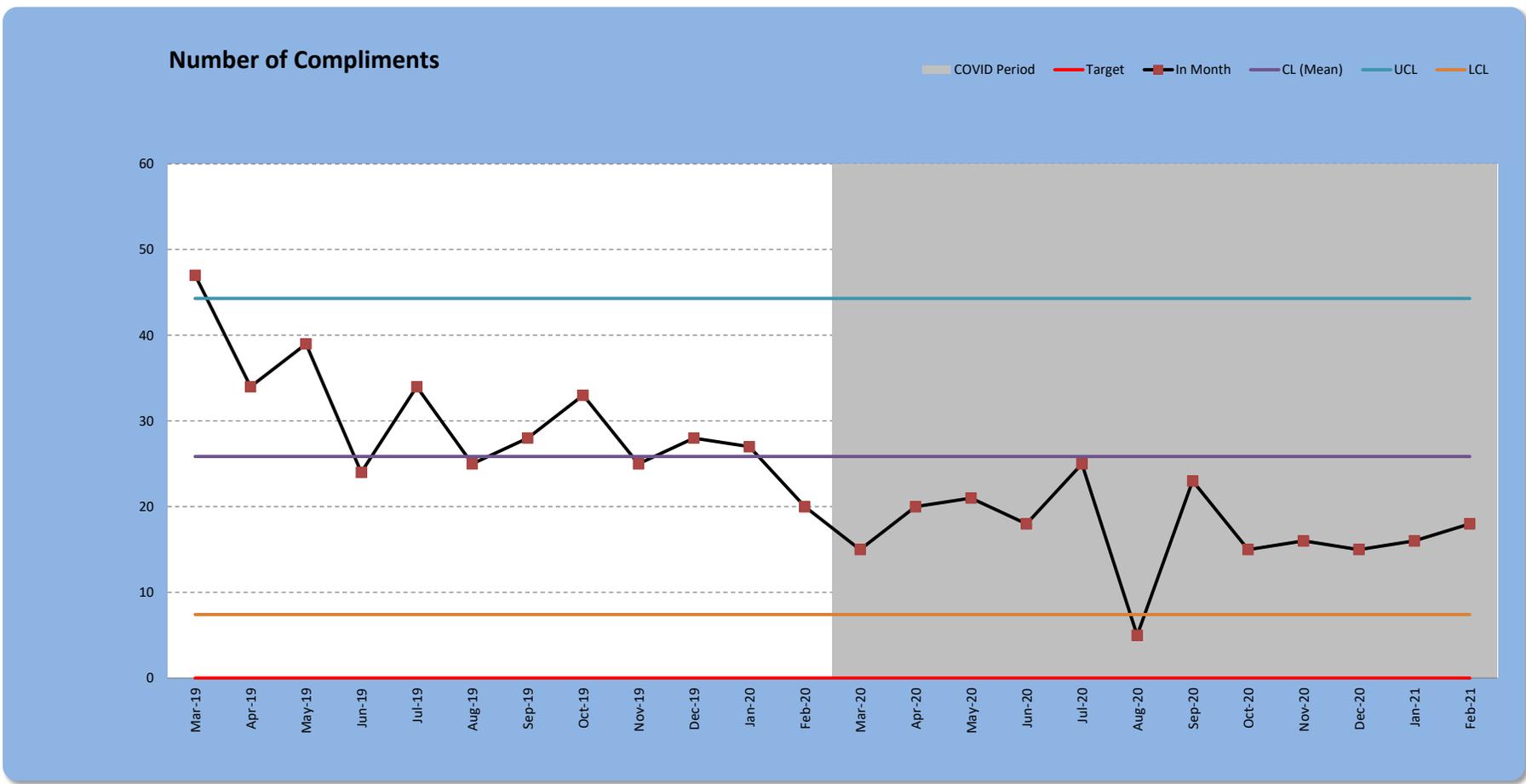
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Compliments	Chart showing the number of compliments received into the Trust	John Byrne	IQ 7

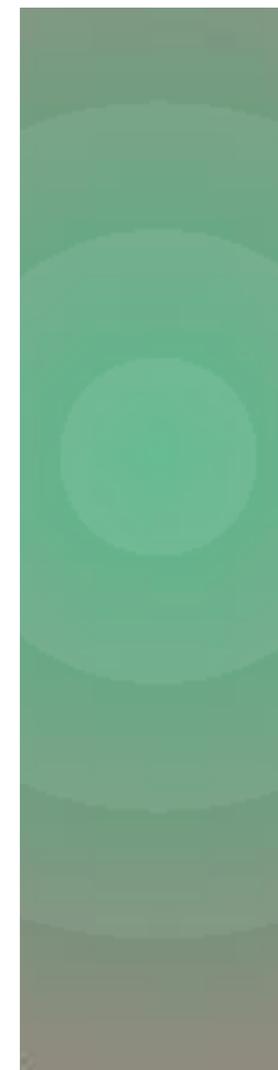
Narrative

18 compliments received in the month

Target: 0
Amber: 0

Current month stands at 18





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: 15/03/2021



Appendix B RTT and Waiting Times

The report demonstrates that the number of patients receiving their treatment in less than 18ww continues to improve with performance increased by 1.3% in month to 68.1% against a 92% target.

In the first instance there are 2 key areas of focus in order to reduce the number of 52ww patients and over 18ww respectively, these are Paediatric ASD and Memory Assessment Services. The introduction of weekly performance meetings with senior members' of each team are taking place and this approach will roll out across all services to agree improvement plans and their ongoing monitoring.

Paediatric Autism Assessment and Diagnosis Waiting List Recovery

In recent years referrals to the service have increased significantly which appears to be in-line with national trends and feedback from local parents and carers indicates that their child will not meet the threshold for an Education, Health and Care Plan unless they have a diagnosis for autism. These pressures on the waiting list have been further compounded by the Covid 19 pandemic which has introduced limitations in completed valid assessments of children and younger people in their educational setting. Pre-Covid-19 an autism assessment was made up of a developmental history, a school observation when deemed clinically necessary, or for more complex cases, and the completion of an Autism Diagnostic Observation Schedule (ADOS), a standardised diagnostic test for Autism Spectrum Conditions. Since C-19 restrictions HTFT has begun to undertake the developmental history of the child or young person over Upstream, a video call system which has been IG approved to use with patients and links to the clinical record system. The need to look at and undertake assessments of autism in covid safe ways has created an opportunity to review how assessments are undertaken and look at innovative and alternative diagnostic tools such as the BOSA (Brief Observation of Symptoms of Autism) to speed up the process of information gathering.

Referral pathway into the service

The referral process was changed in June 2019 to allow SEN Coordinators, Speech and Language Therapists, Paediatricians, Educational Psychologists and Portage Workers to refer a young person. The referrals were triaged at this point by a specialist nurse to ensure that the young person was on the right pathway. Due to the high number of referrals this proved difficult to sustain and the service now reviews the referrals in a daily referral meeting. Establishing the referral meeting was a pilot with the ADHD pathway and was successful in identifying inappropriate referrals quickly and getting them re-directed. Autism referrals are now also routinely reviewed daily in this meeting which is attended by highly specialist members of the neurodevelopmental service. This ensures that received referrals are reviewed for other possible neurodevelopmental concerns and placed on the appropriate pathway/s or discharged and signposted to the most appropriate service to meet the young person's needs.

Current waiting list

As at March 2021 there were 1119 children and young people on the waiting list for autism assessment, 825 of which have waited more than one year.

The significance of the size of the waiting list and its potential impact on children and young people and their families is recognised and is being addressed as one of our highest priorities.

A Task Group comprising of senior members of HTFT, NHS Hull CCG and Hull City Council has also been established to be fully sighted on the approach that we are taking and to undertake collaborative work to provide support to families. The existing Information Sharing Agreement (ISA) has been refreshed so that the waiting list can be shared with Hull City Council to establish whether families are connected to local services or not and proactively offer support and signposting; parents frequently cite the positive impact of an empathetic telephone call and the family circumstances may have changed since the referral was made.

Reducing the Waiting List

A number of steps are being taken to accelerate the pace of assessments and reduce the period of waiting for families.

A revised clinical model has been put in place from 1 March 2021 which will improve productivity, early indications demonstrate a significant increase in Assessments completed in March 2021 which will be evident in future reports. This improvement is being modelled and will result in an improvement trajectory against which actual performance can be monitored. A recovery action plan is in place to address issues which are causing delays in the waiting list and to review the working practices of the service.

Continuation of sub-contracting to Healios who provide online assessments where it is clinically appropriate to do so. Healios have been commissioned previously and service user feedback is positive however their model is not suitable for more complex cases.

The pilot of the revised clinical model commenced in March 2021, which will result in an estimated 50 assessment being completed during March alone and this will continue. Patients are being assessed in chronological order to ensure the longest waiting patient assessments are completed first. The service is working with the BI team to develop a new trajectory for improvement based on this new model, which focuses, in the first instances on reducing/eradicating all patients waiting beyond 52ww and assessing what skill mix and capacity is required to expedite improvement for this cohort of patients.

Progress and oversight is monitored weekly at Service Performance meetings with senior staff members and led by the Deputy COO.

Memory Assessment Services

The impact of the Covid pandemic restricted the number of face to face assessments that could be delivered. To address this, the service reviewed the patient pathway and introduced a Triage to Assess model to improve the efficiency of the pathway. The approach has been agreed with Commissioners and the KPI adjusted to take account of the changes. These are detailed below.

Referral to Feedback within 16 weeks of Referral

KPI Description – Proportion of patients who receive an assessment, diagnosis and treatment within 16 weeks of receipt of referral into the Memory Service.

Denominator – The number of patient who receive feedback following receipt of an assessment and formulation contact

Numerator – of the denominator, how many received feedback within 16 weeks of receipt of referral

With the introduction of this improved Triage to Assess pathway; the introduction of telephone assessment as a first step and weekly oversight, the service are now achieving 93.1% performance against the 18ww RTT standard, and will drive this performance to the 16ww KPI over the coming months.

Agenda Item: 10

Title & Date of Meeting:	Trust Board Public Meeting – 31 st March 2021			
Title of Report:	Finance Report 2020/21: Month 11 (February)			
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 reported financial position for the Trust as at the 28th February 2021 (Month 11)</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"> A break even operational position was recorded to the 28th February 2021 Within the reported position is year to date covid expenditure of £13.186m, details of which are included in the report. Cash balance at the end of February was £43.753m, which is inclusive of an additional Block payment of £9.8m and capital funding released in March. 			

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 – February 2021

1. Introduction and Purpose

This report is being brought to the Trust Board to present the financial position for the Trust as at the 28th February 2021 (Month 11). The report provides assurance regarding financial performance, key financial targets and objectives.

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

2. Income and Expenditure

2.1 For 20/21 the normal contracting arrangements between NHS organisations have ceased and the Trust is in receipt of a block income allocation.

For the purpose of Month 11 reporting all NHS clinical income has been grouped together with expenditure for clinical services reported as Gross.

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

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

The Trust reported a year to date break even position for February.

After £0.065m of donated asset depreciation and an impairment charge of £0.578m (both of which do not count against the Trust's Control Total), the Trust reported a deficit of £0.643m, details of which are summarised in the following table.

Table 1: 2020/21 Income and Expenditure

	20/21 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Income							
Trust Income	125,699	13,524	13,238	(286)	115,357	115,046	(311)
Clinical Income	14,272	1,024	1,483	459	12,871	13,930	1,059
Total Income	139,971	14,548	14,722	173	128,228	128,976	748
Expenditure							
<u>Clinical Services</u>							
Children's & Learning Disability	27,935	2,402	2,455	(52)	25,062	24,874	188
Community & Primary Care	30,429	2,441	2,485	(45)	27,813	27,773	39
Mental Health	46,658	4,717	5,774	(1,057)	42,330	41,874	456
Secure Services	11,197	905	956	(51)	10,033	10,152	(119)
	116,219	10,464	11,669	(1,205)	105,238	104,674	564
<u>Corporate Services</u>							
Chief Executive	1,942	153	166	(13)	1,790	1,789	1
STP Office	2,392	1,806	1,486	320	2,126	1,956	171
Chief Operating Officer	6,919	624	534	90	6,385	6,388	(3)
Finance	13,463	1,112	1,209	(97)	11,245	11,300	(56)
HR	3,251	347	286	60	3,013	3,045	(33)
Director of Nursing	2,185	132	72	59	2,008	1,868	140
Medical	1,725	141	115	26	1,593	1,397	196
Finance Technical items (including Reserves)	(12,764)	(604)	(1,278)	674	(9,276)	(8,029)	(1,247)
	19,113	3,711	2,591	1,120	18,884	19,714	(830)
Total Expenditure	135,332	14,175	14,260	(84)	124,122	124,387	(266)
EBITDA	4,640	373	462	(89)	4,106	4,588	(482)
Depreciation	3,102	245	253	(7)	2,697	2,781	(84)
Interest	148	12	14	(2)	135	135	(0)
PDC Dividends Payable	2,341	195	195	0	2,146	2,146	0
PSF Funding	(951)	(79)	-	(79)	(872)	(474)	(398)
Operating Total	-	(0)	0	(0)	(0)	0	(0)
Excluded from Control Total							
Impairment	-	-	24	(24)	-	578	(578)
Donated Depreciation	220	18	5	13	202	65	136
Ledger Position	(220)	(19)	(29)	10	(202)	(643)	441
EBITDA %	3.7%	2.8%	3.5%		3.6%	4.0%	
Surplus %	0.0%	0.0%	0.0%		0.0%	0.0%	

2.2 Trust Income

Trust income year to date was £0.311m lower than budget, the income is based on a block allocation calculated by NHS England.

2.3 Clinical Services

2.3.1 Children's and Learning Disability

Year to date expenditure of £24.874m represents an underspend against budget of £0.188m

2.3.2 Community and Primary Care

Year to date expenditure of £27.773m represents a minor underspend against budget of £0.039m

2.3.3 Mental Health

An underspend of £0.456m was recorded year to date for Mental Health. Budget pressures in Mental health unplanned care due to additional staffing costs, have been offset by the underspend in Mental Health planned care from current vacancies.

2.3.4 Secure Services

An overspend of £0.119m was recorded YTD for Secure Services. The main reasons for this is the use of Agency Medical Staff, to which the Service are actively recruiting and an unfunded Enhanced Package of Care.

2.4 Corporate Services Expenditure

The overall Corporate Services expenditure was £0.803m overspent.

Within Finance Technical items are central covid costs, reserves and profiling adjustments, once these items are excluded the net reported position for corporate services is a £0.417m underspend. .

2.5 COVID Expenditure

At the end of February 2021 the Trust recorded £13.186m of Covid related expenditure, details of which are summarised below.

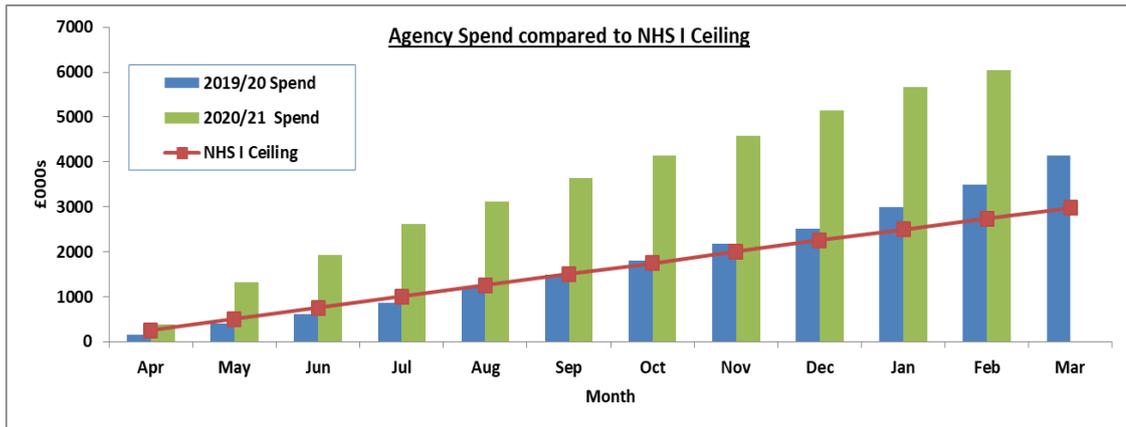
COVID 19 Costs	April £m	May £m	June £m	July £m	Aug £m	Sept £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Total £m
Pay Costs	0.258	0.414	0.397	0.183	0.162	0.227	0.076	0.266	0.321	0.226	0.208	2.738
Non Pay Costs	0.281	0.302	0.201	0.302	0.436	3.193	0.136	0.323	0.312	0.242	0.455	6.183
Income Top Up	0.179	0.478	0.396	0.655	0.523	0.463	0.283	0.265	0.260	0.260	0.393	4.155
Vaccine Costs									0.046	0.064		0.110
Total Costs in Position	0.717	1.194	0.994	1.140	1.121	3.883	0.495	0.854	0.939	0.792	1.056	13.186

3. Staff Costs

3.1 Agency

Actual agency expenditure for February was £0.391m, which is above the ceiling of £0.245m for the month. The year to date spend for February is £6.050m, which is higher than the same period last year where the costs were £3.502m, as shown in the table below. Year to date spend is above the annual ceiling

Table: Agency Spend



The table below shows the agency spend by staff type by month

Staff Type	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Consultant	238	534	362	410	313	370	361	317	415	358	380	4,057
Nursing	90	267	170	121	122	106	96	88	99	119	(11)	1,268
AHPs	10	27	38	54	13	0	24	11	16	20	19	232
Clinical Support Staff	10	27	8	15	(6)	10	11	(2)	(0)	8	(3)	78
Administration & Clerical	46	66	44	85	47	42	5	29	36	11	5	414
Grand Total	392	921	622	685	490	528	497	443	566	515	391	6,050

4. Statement of Financial Position

The Statement of Financial Position in Appendix 1 shows the Trust's assets and liabilities as at 28th February 2021. In month, the net current asset position decreased by £0.680m to £5.558m. This was related to an increase in cash due to receipts from NHS East Riding CCG and East Riding of Yorkshire Council.

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.

4.1 Cash

As at the end of February 2021 the Trust held the following cash balances:

Table 2: Cash Balance

Cash Balances	£000s
Cash with GBS	43,554
Nat West Commercial Account	150
Petty cash	49
Total	43,753

As part of the national response to the COVID pandemic the Trust received two Block income receipts in April (£9.8m) and therefore the reported cash position is significantly higher, in addition the Trust has drawn down capital resources in February.

3.2 Capital Programme

Year to date the capital expenditure spend is £5.840m comprising of expenditure for IT schemes (£0.949m), LHCRE (£1.541m) and Property Maintenance (£2.800m).

£0.527m of Covid related capital expenditure has been recorded year to date. £0.345m relates to Estates projects and £0.182m on IT related projects. £0.358m of capital funding has been approved year to date for covid capital expenditure, £0.097m for estates expenditure and £0.261 for IT expenditure.

4. Recommendations

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

Appendix 1 Statement of Financial Position

	Feb-21 £000	JAN-21 £000	Movement £000	COMMENTS
Property, Plant & Equipment	112,677	111,918	759	
Accumulated Depreciation	(27,245)	(26,999)	(246)	
Net Property, Plant & Equipment	85,432	84,919	513	
Intangible Assets	11,498	11,340	158	
Intangible Assets Depreciation	1,993	(1,982)	3,975	
Net Intangible Assets	9,505	9,358	147	
Total Non-Current Assets	94,937	94,277	660	
Cash	43,753	35,590	8,163	Additional Receipts received from Local Authority and Commissioners
Trade Debtors	3,871	4,847	(976)	Receipts from East Riding Council and Hull University Teaching Hospitals
Inventory	150	150	0	
Non Current Asset Held for Sale	1,241	1,543	(302)	Impairment padjustment
Other Current Assets	12,550	2,300	10,250	
Current Assets	61,566	44,430	17,136	
Trade Creditors	5,043	3,782	1,261	Additional Invoices in relation to Transformation and Discharge Funding
Accrued Liabilities	50,965	34,410	16,555	Additional Block payment received in April.
Current Liabilities	56,008	38,192	17,816	
Net Current Assets	5,558	6,238	(680)	
Non-Current Payables	1,216	1,216	0	
Non-Current Borrowing	4,034	4,020	14	
Long Term Liabilities	5,250	5,236	14	
Revaluation Reserve	18,552	18,558	(6)	
PDC Reserve	63,279	63,279	0	
Retained Earnings incl. In Year	13,414	13,443	(29)	
Total Taxpayers Equity	95,244	95,279	(35)	
Total Liabilities	156,502	138,708	17,794	

Agenda Item 11

Title & Date of Meeting:	Trust Board Public Meeting – 31 March 2020										
Title of Report:	Trust Board Sub Committee Chairs										
Author:	Name: Sharon Mays Title: Chair										
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To receive & note</td> <td></td> </tr> <tr> <td>For information</td> <td></td> <td>To ratify</td> <td>✓</td> </tr> </table>			To approve		To receive & note		For information		To ratify	✓
To approve		To receive & note									
For information		To ratify	✓								
Purpose of Paper:	To present details of Board Sub Committee Chairs for information and noting										
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:	Identified within the report										

Monitoring and assurance framework summary:

Links to Strategic Goals				
✓	Innovating Quality and Patient Safety			
✓	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
✓	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications been considered?	Yes	Yes Detail in report	N/A	Comment
		Any Action Required?		
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	

Trust Board Sub Committee Chairs

Introduction

The report is presented for information and noting and identifies the Non-Executive Directors who chair the Trust Board Sub Committees.

Audit Committee

Chair - Peter Baren

Quality Committee

Chair - Mike Cooke

Finance & Investment Committee

Chair - Francis Patton

Mental Health Legislation Committee

Chair - Mike Smith

Remuneration and Nomination Committee

Chair - Sharon Mays

Workforce and Organisational Development Committee

Chair – Dean Royles

Charitable Funds Committee

Chair – Mike Cooke

Commissioning Committee

Chair - Peter Baren

Recommendation

The Board is asked to note the report

Agenda Item 12

Title & Date of Meeting:	Trust Board Public Meeting – 31 March 2020			
Title of Report:	Quality Committee Assurance Report			
Author/s:	Name: Mike Cook Title: Non-Executive Director and Chair of Quality Committee			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	The Quality Committee is one of the sub committees of the Trust Board This paper provides an executive summary of discussions held at the meeting on 10 th February 2021 with a summary of key issues for the Board to note. The approved minutes of the meeting held on 9 th December 2020 are presented for information			
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
Charitable Funds Committee		Other (please detail) QC Assurance Report prepared for the Board	✓	
Key Issues within the report:	<p>The following items were noted for highlighting to the Trust Board</p> <ul style="list-style-type: none"> The Humber Autism Strategic Framework <p>The Quality Committee approved the following policy with recommendation to the Trust Board for ratification</p> <ul style="list-style-type: none"> Immunisation and Vaccination screening for Staff 			

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:

Key Issues

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

The chair welcomed Sharon Mays to the meeting and thanked her for the strategic leadership for this side of the agenda noting it makes a real difference and is appreciated, and thanked the NEDs and execs for all their contributions at the Quality Committee.

The minutes of the meeting held 9th December 2020 were agreed, with all current actions closed on the action tracker. The Quality Committee Assurance report was noted and welcomed, observing this had been presented to January's Trust Board. The work plan was discussed with some revisions noting this document is kept open as a dynamic plan for 2021/22. It was confirmed the Quality Accounts work was continuing although no formal guidance has been received to date regarding publication dates.

Discussion item – Autism Strategy and Patient Story

An inspiring presentation was given by Clarissa Thompson (Autism Access Lead) giving background to the Humber Autism Strategic Framework, with the Committee agreeing the need to promote and understand this as part of raising the awareness. The report was commended to the Trust Board and the Council of Governors.

Quality Committee Effectiveness Review 2021

The chair thanked the meeting for the input into the Quality Committee effectiveness review noting the Committee was doing well and wanted to continue to improve. The contributions throughout the year were noted especially pertaining to covid and the work from this along with the response to any improvements highlighted. The review will be finalised by the chair and presented to the Trust Board as part of the usual process

Terms of Reference Annual Review 2021

The Terms of Reference were reviewed and updated with additional membership. These will be included in the annual effectiveness review document.

Quality Insight Report

The report gave an overview on the current situation updating the Committee on the current CQC strategy consultation, with an update on the positive verbal feedback following the Trust Transitional Monitoring Assessment call on 26th January 2021. An update on Peer Reviews showing them progressing well and details of the progression of the clinical supervision work. It was noted that safeguarding referrals were being monitored closely as a dip in numbers had been noticed.

Vaccination Centre briefing

JB gave a verbal update on the vaccination centre reporting this has been mainlined into the Trust clinical governance structures to enable reporting as required, as well as feeding into Gold Command. A discussion was held regarding the uptake of vaccinations. Feedback received was very positive on the success of the hub and JB, Weeliat Chong and the team were thanked for their hard work setting up and running the hub.

Research and Development update report

The update report showed the work the R&D team have contributed to over the past year, with a main focus on covid related studies as requested by the Chief Medical Officer for England. It was noted that

some staff on the team been involved with running the studies at the local site in Hull. The success of last year's first virtual annual conference was commented on with dates already planned for this year.

Pressure ulcer report

The report was presented in the new format report which includes SPC charts following a request for more information by the Quality Committee at its meeting in December. It was noted in the future this report will be presented to QPaS on a quarterly basis and reported to the Quality Committee via the Insight Report. Sam Jacques-Newton was thanked for the report noting the depth and response to the Quality Committee query showing overall pressure ulcer incidents had increased between March and November 2020 but within normal variations for the ones acquired in our care, which appear to be decreasing due to new interventions around awareness and work looking at variations.

Family and Friends Test update

The report was presented following more detail being requested after the review of the quality dashboard at the last meeting. The Committee were assured by the proactive approach and continual improvement. Mandy Dawley was thanked for a very helpful report

Annual Ligature Report

The meeting noted this report following the update of the CQC ligature guidance and a discussion was held regarding the detailed report. A few queries were raised regarding the timeline and clarity of some details and LP confirmed the details would be available for the next Quality Committee. The CQC requirements were noted regarding NEDs being required to have awareness particularly in relation to capital spending.

Quality Committee Risk Register Summary

The quality risk register summary was reviewed including the COVID risks noting the changes since the last report. The summary was approved with suggestions for additional risks around ligatures and service pressures in children's and YP services.

Policies reporting to Quality Committee

The Quality Committee noted the refreshed Immunisation and Vaccination screening for staff policy, noting the covid vaccination was not included as this was a one off programme but the policy would be updated again if this was required as an annual vaccination.

The policy was approved and recommended for ratification at the Trust Board.

Minutes from reporting groups

The minutes from the Quality and Patient Safety Group (QPaS) and the Drugs and Therapeutics Group (DTG) minutes were noted with no queries raised, and assurance received from summary report, noting the work the groups were doing which pulled through to the Quality Committee.

The approved minutes from the 9th December 2020 meeting are attached below as appendix one



Quality Committee

Minutes

For a meeting held on Wednesday 9th December 2020
9.30 – 12.30 (Virtual meeting via MS Teams)

Present		
Mike Smith	Non-Executive Director and Chair of the meeting	MS
Mike Cooke	Non-Executive Director	MC
Dean Royles	Non-Executive Director	DR
Hilary Gledhill	Director of Nursing, Allied Health & Social Care Professionals	HG
Tracy Flanagan	Deputy Director of Nursing, Allied Health & Social Care Professionals	TF
John Byrne	Medical Director	JB
Lynn Parkinson	Chief Operating Officer	LP
Claire Jenkinson	Deputy COO	CJ
Mandy Dawley	Head of Patient and Carer Experience and Engagement	MD
Trish Bailey	Clinical Lead, Children and LD Services	TB
Colette Conway	Assistant Director of Nursing, Patient Safety and Compliance	CC
Weeliat Chong	Chief Pharmacist	WC
Lianne Bloor	Principle Pharmacy Technician	LB
Michele Moran	Chief Executive (attendance for part of meeting only)	MM
Su Hutchcroft	Compliance Officer (minutes)	SH

75/20	<p>Apologies for Absence</p> <p>There were no apologies for the meeting but it was noted that JB would have to leave at 9.50am due to another meeting, but would return back after this and MM noted she would be late in attending and would have to leave before the planned meeting end.</p> <p>MS explained he was meeting chair today on behalf of MC to allow sharing of workloads more evenly in the current climate.</p> <p>MS welcomed LB to the meeting who is the Principle Pharmacy Technician attending for the pharmacy transformation item and welcomed CJ who is the new deputy COO and shadowing LP and supporting with the waiting list paper.</p>
76/20	<p>Minutes of the Last Meeting</p> <p>The minutes of the meeting held in October 2020 were accepted as a true record.</p>
77/20	<p>Action List and Matters Arising</p> <p>There were no matters arising from the last meeting. The action log was noted with three closed actions and two actions not yet due.</p>
78/20	<p>Quality Committee Board Assurance Report</p> <p>The report was noted with the observation that this paper informs the Trust Board on the Quality Committee work including the last approved minutes each month following the Quality Committee meeting. It is included on this agenda to ensure members have oversight of the report.</p>
79/20	<p>Work Plan 2020 / 2021</p>

	<p>The work plan was noted showing the extent of the Committee planned work over the next 12 months.</p> <p>HG confirmed the annual ligature report was originally due at today's meeting but following EMT this requires more work and has been deferred to February 2021 Quality Committee. It was confirmed there was nothing the Quality Committee needed to be made aware of in those discussions.</p>
80/20	<p>Presentation – Pharmacy transformation</p> <p>WC and LB took the Committee through a presentation giving an overview of the transformation of pharmacy services over the last two years.</p> <p>The Committee were informed that until the end of September 2020 the pharmacy supplies were out sourced to Lloyd's pharmacy with paper based MAR (medication administration record) charts and a small team of pharmacy technicians visiting the teams, completing medication reconciliations, and clinical pharmacists attending MDTs and verifying prescribing on the paper MAR charts, along with classroom style learning at headquarters.</p> <p>2019 saw the implementation of electronic prescribing with the medication administration system on Lorenzo funded by NHSi which had followed the implementation of electronic prescribing at Whitby on SystemOne in 2018. Currently the only paper based unit is Fitzwilliam Ward at Malton, which was initially planned to go live in July 2019 but due to logistical issues on the ward and then COVID deferred once more but will hopefully come on board post pandemic. The electronic system has reduced the risk of prescribing and admin errors as well as increased the efficiency and clinical effectiveness on the wards</p> <p>During the pandemic Ward Based Technicians (WBT) were rolled out in each ward, with the exception of the Humber Centre who have one technician across the five wards and Townend Court who work jointly with the community learning disability teams. These WBT have taken over the medicines management and optimisation tasks on the wards with medicine reconciliation and MyAssurance medicine audits on a regular basis, freeing up nursing staff. They are also starting to do medicine administration on the wards.</p> <p>Part of the new model is to have technicians involved in the patient's journey from admission to discharge and beyond to allow patients to make informed choices about their medications. The technicians have the knowledge and time to spend with patients to ensure the patients understand the medications and the MyAssurance audits have shown the patients are getting more and better quality information which has shown improved adherence to medication. With post discharge care, we have identified the need to plan for discharge as early as possible with WBT precipitating in key meetings to ensure the relevant information is shared with outside sources as early as possible. This included the ability to plan ahead for compliance aids and sourcing the right pharmacies to supply the right service as well as liaising with GP's to ensure the service can be continued post discharge.</p> <p>WBTs are now doing physical observations as part of the plan to embed the WBT with phlebotomy training allowing them to be an active part of the team.</p> <p>A stock control audit is being carried out show if savings are been made and this has shown there is less waste. Training is now done on the ward and can be tailored to each ward to allow the full understanding of day to day issues and technology of the working environment</p> <p>Procurement of medication buying direct is at a much lower cost, and currently the drugs budget April to September has shown an underspend of just under £200,000 with only being two months into the project.</p> <p>MS thanked WC and LB for an excellent presentation which was noted as very motivational and felt that this should be shared wider, along with thanking WC for the leadership along with the staff on the ground making this project work, especially during the pandemic.</p> <p>MC agreed it was an excellent presentation, noting this was the first time he has heard about the benefits of having pharmacy embedded into to MDTs. WC noted they would like to have</p>

	<p>a proper review of both the Ward Based technicians' project and the ward based dispensing project which are two separate projects linked together and hopefully get a paper published in HSJ to share across the whole service.</p> <p>MM remarked this was a fantastic piece of work with the team showing a total transformation of not just prescribing but joint working with the team on the units, and felt there was a larger piece of work around the wider communication from an NHS point of view, to celebrate this work as we have outcomes which are not just savings but how much the processes have improved prescribing for both patients and staff. LP agreed this is really transformational work and to have achieved this through the duration of a pandemic is outstanding.</p> <p>WC and JB left the meeting.</p>
81/20	<p>Quality Insight Report HG highlighted the key aspects of the report as follows:</p> <ul style="list-style-type: none"> • An overview of the CQC State of Care report which gives an oversight of looking at the COVID period and how providers worked together, noting where it work well and didn't work well pulling out the changes COVID has brought, concluding with the locking in of changes we need to keep and ensure the joint working continues with delivery of care shaped by the national emergency and changes this has brought. • Infection Control BAF –still has one action open regarding ventilations systems with a large piece of work going on. HG has asked for this to go to the next HAIG (Heath Care Acquired Infections Group), and this should be closed off within the next few months. The IPC BAF has been updated with additional items and the team are currently auditing areas with the updates with a report due to Trust Board in January 2021 • Sexual Safety Update, (Lead TF) has shown a slight increase of incidents on the last report and TF is working with staff to look at how the level of harm is reported to ensure this is accurate • White Ribbon accreditation - HG noted we are the first NHS Trust to be accredited with this. Progress against the plan will be reported to the Quality Committee. • The National Reporting and Learning System Benchmarking data shows the Trust to be a high reporter of incidents the majority of which are low harm which is where we want to be • Q2 serious incidents –work with all divisions is ongoing, and particularly with mental health on getting the actions closed. A report is at QPaS next week and will also be picked up in the accountability reviews • An overview of the six month pressure ulcers report presented to QPaS in November, covering the work being undertaken on this. HG has requested SPC charts to be included and the annual report which will come to Quality Committee next year. There has been a lot of quality improvement work with zero events on this area • Clinical supervision has shown good compliance with a report coming to the February meeting on the quality of supervision • Family and Friends Test (FFT), MD gave an update around the drop that has been shown • Internal Audits– two recent clinical audits have been carried out which have shown a good level of assurance for clinical audit and a substantial level of assurance for duty of candour <p>Questions and comments were taken MS welcomed a really good report and congratulated the leadership on the White Ribbon accreditation and was pleased to see the internal audit reports</p> <p>MC enquired if there were any residual concerns regarding: CQC, the CNST insurance claim or any residual concerns. HG confirmed she had no information in terms of the CNST claim in terms of how this will affect our costs going forward, but noted this has not been settled yet. Regarding pressure ulcers, HG explained that she had requested the report include SPC charts as it was difficult picking through the narrative. It was explained that although there is QI work going on and scrutiny, but HG wanted the extra assurance through the</p>

	<p>charts to show exactly where the concerns were. The majority of pressure ulcers are stage two and are coming into our service with a pressure ulcer; however the use of SPC charts will start to pick up the trends. With regards to the SIs there is nothing showing from the pandemic but there will be a thematic review for SIs and SEAs at the year end, but no themes at present. TF noted that the safeguarding team are supporting the local authority (Hull) who are looking at the number of homeless deaths which were seen during the pandemic.</p> <p>Action – PU report which include SPC charts to the next Quality Committee meeting HG</p> <p>MM requested more information in relation to the fall in FFT data. MD confirmed that the results are distorted due to primary care using the Mjog system which uses a texting service. Approx. 2000 responses a month relate to the text from primary care where other divisions get much lower responses. Primary Care are only able to ask one questions though the texting service – overall how was the service you received today so feedback is received on that but when looking at the involved questions for other services it doesn't take many responses to give a neutral or not satisfied response the figure for that service drops. When reviewing primary care responses the majority of responses are in the upper 80% but responses that are neutral or 'neither sure or unsure' are classed as negative. The actual negative responses are a small amount, but number shows higher due to the neutral and neither sure or unsure responses, dropping the overall response rate under 90%. The dashboard now splits primary care as separate to allow the other areas to show true figures and it was confirmed the QPaS report should also have the split when it is next updated.</p> <p>Action – to update figures next month (FFT) MD</p> <p>DR thanked HG for including the CNST claim issue and recognising the costs associated but also recognising the tragic events and what must be a lifetime of anxiety for the family and understanding the time length along with work such as recognising a deteriorating patient being significant, wondered if there is an opportunity, whilst recognising for the family this may be still raw, if this could be used as a real life case study, acknowledging the family may not want this but it also may be of some help to the family knowing there is ongoing learning. HG felt this could certainly be looked at and will take forward and discuss with Lisa Davies to see where the family are with this case</p> <p>MS thanked HG for a comprehensive report which had created a very interesting discussion, and noted reading the 134% increase in deaths for people suffering from LD which he had also seen via MH legislation, as well as the sexual safety reporting increase with no harm reporting and enquired if it was felt the reporting would be similar for the Trust. TF explained there were different strands to this issue. A piece of work is required to get staff to understand what the impact may be being a victim of sexual assault or inappropriate behaviour. This is being supported and informed by the sexual safety collaborative work through the Royal Collage of Psychiatrists. A change of the reporting categories are also being looked at to ensure these are right to support and prompt staff to look at the category and level of harm. The zero events work will also pick this reporting up.</p> <p>MS thanked TF for a comprehensive response which gave assurances that the area was on the radar and is actively being worked on to get these areas in the right direction.</p>
82/20	<p>Quality Committee Risk Register summary</p> <p>HG update the meeting, noting the report shows 12 corporate risk and six COVID risks, commenting this report is Q2 so showing the same information as the last Quality Committee with Q3 report due to Quality Committee in February 2021.</p> <p>The 136 suite health based place of safety risk has been reviewed and updated to reflect staffing two suites when open and the patient alarm system was updated yesterday with alarms covering the courtyard, and currently waiting for the company to give the install date.</p> <p>MC commented the Trust Board had held a good discussion on CR 34 regarding fatigue and</p>

	<p>staff, and enquired if this had moved on. HG stated there has been work going on over the COVID peak to ensure staff are more rested and confirmed that during the peak, due to outbreaks in units, these were then not full so staff were able to get some rest over this time. LP confirmed that COVID related absence has continue to decline after the peak and some operational pressure are declining as a consequence and are actively taking the opportunity to encourage staff to have breaks, annual leave and down time particularly over the Christmas period where possible. It was noted we are anticipating a further rise in infection rate towards the end of January 2021.</p> <p>At the Health, Wellbeing and Engagement group which met this week, a recent deep dive by one of our psychologists into factors impacting on absence related to stress and anxiety has been really helpful and has given some good opportunities. Engagement continues to be a key area and doing work to ensure our managers are focused on engaging with teams and recognising when people are starting to have difficulties in health and wellbeing and signposting to the resources available.</p> <p>DR commented on the board discussion talking about escalation but wanted to note a recognition that this is not about putting more pressure on as we know there is some fantastic work going on but about recognising we are alert to the changing and worsening context, observing the fact that back in March this year we would not have anticipated being in December talking about a potential third wave with no real break in-between. DR felt he has not seen as many people work as many hours, with such responsibility for such a long period, so wanted to give the reassurance at Board level that we were aware and alert to the fact and the difficulty to change the context, and difficult to give more mitigation when already doing so much but wanted the quality Committee to show and demonstrate understanding.</p> <p>MC and MS felt the statement was really well said and felt it should be utilised across the trust that we are enquiring not pressing.</p> <p>It was noticed the summary report did not show the target risk column and with a request to add this to the report in future</p> <p>Action – to add target risk column to Risk Register summary report (HG)</p> <p>MM left the meeting</p>
83/20	<p>Quality Accounts 2020-2021 Project Plan CC updated the meeting as follows:</p> <p>Despite COVID, everything is still progressing well to deliver on priorities with updates as follows:-</p> <ul style="list-style-type: none"> • Priority Two was stepped down for a while but is now back up and running • Priority Three – the interviews for the post are set for Friday 11 December and there is a carer representative on the interview panel • Priority Four – the dashboard is progressing week and discussions were held yesterday regarding including a pressure ulcer dashboard and mortality dashboard to the set up. <p>The draft time line shows the plans for next year noting this will be amended slightly one the national steer is received. Looking at holding the stakeholder events virtually and working with MD and the PACE forum for this.</p> <p>A further update report is on the work plan for February 2021.</p> <p>HG confirmed this year’s Quality Accounts have already been published. For 2020-21 accounts we are following the usual timeline for next year so we are prepared although required dates have not been released as yet.</p> <p>HG stated that due to COVID this year, the thought is to look at the current quality priorities</p>

	<p>and put a stretch on them for next year and MS agreed this could be positive to note the original wording and the progress being made.</p> <p>The report was noted and MS thanked CC.</p>
84/20	<p>Waiting list trajectory and performance update</p> <p>LP updated the meeting explaining this paper was an update of the work in the division, for those areas with excessive waiting times to give more detail around the action been taken to achieve the trajectories that were presented at Trust Board. LP explained that she has asked CJ to specifically focus on this area and support the divisions due to her bringing expertise from her previous roles managing elective services at acute trust and is very well versed with approaches to addressing waiting times along with a fresh view of these areas, especially around areas such as CAMHS and ASD have become stationary with good reasons for this so CJ can dedicate the focus required for this</p> <p>Pete Beckwith and herself, have commissioned some consultancy work (Attain) particularly around capacity and demand, connected to workforce planning and will link to in for analysis and planning to support the areas that need the focus working alongside CJ but also to leave a legacy with us around improving the knowledge and skill expertise of our managers to enable them to think about how they manage these types of operational pressure in the future as well.</p> <p>LP stated she has good confidence in understanding where we are today, knowing COVID has impacted the waiting times and we are not through the pandemic yet but we are now at the point where there is detail on what is being impacted and the planning in place, with still more work to do which CJ is leading on.</p> <p>Questions were taken</p> <p>DR noted this is clearly an important issue for the Board in terms of recovery of position and have been waiting for the trajectory, also recognising the situation of what people are doing, in context of the acute sector and how they have approached these types of issues, such as buying up private capacity when COVID first arrived, with waiting list payments and initiatives for consultants. If we are saying there is a parity esteem around this, what is the extent to looking at the equivalent services in the private sector for these initiatives, enquiring if we should be more demanding of the system in terms of support and funding help to recover the position particularly as we know the wave of mental health pressures will also hit.. MC wanted to reinforce the same point, this is the first time hearing the need to cut through and add new ideas. Having felt stuck on this areas for nearly a year, and hearing we don't accept over 52 weeks or over 18 weeks is a service and we what are looking towards feels a realistic stretch, using techniques from other areas, along with QI techniques, along with CJs impact which we need to support.</p> <p>CJ responded that we need the improvement trajectory at an organisational level looking at in terms of where we have got to. Working with Attain, we will start with how we can achieve 18 weeks and how long it will take to do this. This will be the objective but we need to recognise within the organisation is how we eradicate 52 week breaches and have to look at that driving it down rather than the ideal all at once, being about changing culture and attitude</p> <p>LP confirmed the timeframes on the Attain work concludes in the January 2021 so suggested that an update is returned to Quality Committee with the outputs of that work and the stretch discussed today.</p> <p>ACTION – for an update on the work to be brought back to Quality Committee following the Attain work (dates to be confirmed for Feb/April) LP</p>
85/20	<p>Children and LD QIP plan update</p> <p>The paper presented by TB was an update of the areas with the main focus at the moment, explaining the division has a collective plan which contains the four distinct services of</p>

	<p>Learning Disability, Paediatric Therapies, ISPIN services and CAMHS and each of these areas also have their individual QI plans, as well as a targeted Inspire QI plan.</p> <ul style="list-style-type: none"> • Supervision – continue to strengthen the quality of supervision across the teams, although supervision is embedded and supervisions structures in place, wanting to extending the quality in term of ensuring every supervision opportunity counts, peer support had not being calculated in as well as the ‘on the spot’ supervision, focusing on the areas of low reporting • Reviewing staffing structures and staffing levels across the inpatient services to ensure running smoothly and create live time reporting of staff in services working with Townend Court and Inspire unit and this will remain a quality initiative • Driving down incident review ownership to team level with great support from the governance team to enable us to do this, with regular weekly incident reporting • Focusing on routine feedback from service users with each area having different ways of working to capture this detail, so looking at the quality of the feedback loops and linking with the work of the PACE team • Staff wellbeing, especially now being a high priority during the pandemic, working in terms of checking in regularly with teams and ensuring all avenues are promoted for staff to speak up when they don’t feel supported <p>Alongside the division plan each service has been tasked to bring forward their own QI plan</p> <ul style="list-style-type: none"> • ISPINS are working on the single point of access and have set up a help line through COVID and now looking at expanding this through to the contact point in CAMHS to help those families who ring for support • CAMHS are using the face risk tool but the service feel they need to look at something more bespoke so their action is to review an accredited tool which will also be connected with the Inspire unit • Learning disability services have a huge agenda in pushing out the quality positive behaviour support with all staff being trained and becoming trainers on positive behaviour support which has had a massive impact on the services. The stretch on this target has started with people supporting users in the community being trained by the inpatient services to be able to implement their own positive behaviour support which has attracted some funding from the transforming care programme to incite this passion. • The independent plan for the inspire services, with the service being open a year in January which has focus on opening up the PICU unit <p>MS thanked TB for the report, appreciated in terms of the focus brought to the salient issues</p> <p>HG noted it was a great report, with good work going on in the division and enquired regarding the incident review element, if the team were using the real time DATIX dashboard. TB confirmed yes and this is what has prompted the team ownership and they are starting to make real time changes</p> <p>TB left the meeting</p>
86/20	<p>Inspire Unit Update</p> <p>LP gave a verbal update to the Committee explaining that the Inspire unit opened back in January 2020 with 9 beds on the general ward (Orion) and this ward has been fully open for some time noting full occupation today. The PICU unit (Nova) opening was delayed with key reasons to ensure everything was ready to open as a new unit. The team has been very cohesive the there was a need to ensure team working at its best prior to opening the PICU beds and the commissioners were kept updated throughout. Adjustments were made to the clinical model and we are now at the stage that the final barrier to opening the unit is staffing numbers and work on this is currently underway with recruitment , with a view to opening the PICU unit at the end of January 2021</p> <p>The reports from the commissioners have been very positive with the last input being a couple of months ago. It was noted there have been patients with challenging needs have been at a PICU level.</p>

	<p>MS enquired regarding the progress of recruitment and LP confirmed that the trust has been constantly recruiting since opening Inspire and have had a small amount of staff turnover. The view is we need another five RGN's as a minimum to open the PICU unit. Expressions of interest are being received throughout with the latest round of recruitment currently in progress.</p> <p>MC queried the male/female split of patients in the first year and LP noted at present it is currently 50/50 but will forward the data since opening the unit. It was agreed this would be worth benchmarking</p> <p>Action – to update the meeting on male / female split of patients on unit</p> <p>MS noted the progress made through the COVID period was to be highly commended.</p>
87/20	<p>Patient and Carer Experience six monthly report The report was taken as read and MD reported the following highlights:</p> <ul style="list-style-type: none"> • Following the new NICE guidance published in January 2020 on supporting carers which had nine recommendations so and audit was completed to check compliance. This gave 4 actions to ensure further strengthen the carer process, including working to support clinical staff with work to identify carers, as well as a large piece of work starting with carers rights day on the 27th November by producing a short film to aid with identifying carers. There is also now bespoke training for staff to assist in identifying carers with clinical staff undertaking this training. • Methods of engagement had to be altered due to COVID and virtual forums are now being held as well as sessions during the awareness week. There have even been relatives living in the Far East that have taken part in our dementia awareness training. • Staff champions, district forums and patch wide forums are all being held virtually which has given new opportunities for sharing information and experience • We have hosted events and are now working on how to make events and workshops more interactive. • Complaints and PALS were paused when COVID started as per the national directive but as these were stepped back up a new process has been introduced to triage complaints and review content before putting these through the formal complaints process to allow issues to be dealt with by service managers where possible <p>MD showed the short video film on carers which was noted as being very moving.</p>
88/20	<p>HealthCare Acquired Infection (HCAI) six monthly report HG presented the report on behalf of Debbie Davies, and noted the good compliance in the report. HG observed the outbreaks included in the report were as the date written and Granville and Maister lodge outbreaks have been noted since. All outbreaks are being managed very well with lots of learning and the IPC team are supporting and auditing PPE donning and doffing and are undertaking daily training sessions for staff.</p> <p>MS stated there have been lots of unsung heroes in the organisation during COVID but particularly the IPC team as although this is part of their usual work, noting the severity and demands on the team.</p> <p>The report was noted commenting really well done to the team and thanked HG for the report</p>
89/20	<p>Clinical Audit six monthly update The report was taken as read and noted. TF updated the highlights</p> <ul style="list-style-type: none"> • The internal audit showed good assurances on process • The report give headlines around national audit and although some were suspended due to COVID, these have now been picked back up again • Local audit activity across the divisions has shown some variance but the audit team is

	<p>supporting directly into clinical networks to ensure that proposals are correct and approved with all the audit activity captured, and looking at improving the audit activity in line with policy guidance</p> <ul style="list-style-type: none"> • There is additional evaluation work and audit being undertaken through MyAssurance which is not captured on the audit report. This is improvement work but not true clinical audit activity • Some additional audits being undertaken through pincer and QoF but these are not put through the same process <p>MS noted a couple of red areas and TF confirmed these were outstanding from 2019/2020 and reflects the work being down around the clinical audit report tracking every item that has had a proposal written. Both these are service evaluations which have not progressed so the clinical audit team is looking at the reason for the stall and closing down any items where relevant and support those as priority if needed. TF commented the amount of service evaluations that are completed but not mandated is really great to see.</p> <p>MS thanks TF for the assurance on this</p> <p>JB re-joined the meeting</p>
90/20	<p>NICE Compliance six monthly update The report was noted.</p> <p>TF explained the Q2 report also gives the current summary position of NICE guidance over the year and shows where guidance has been pre-screened as applicable to go out to clinical networks for their information. Some areas are behind with applicability ratings as networks were stood down due to COVID, noting the importance of flagging that Primary Care have a large list of guidance but only part of the guidance may be relevant to that service. The clinical audit team are currently working with them to look at how the reviews of these areas can be managed with the clinicians who have an understanding of what gaps there may be, whilst noting the lack of available time for GPs to complete baseline audits at the current time, with the possibility of support from the corporate team but also looking at what may be required support wise within the division.</p> <p>TF commented that overall given the context of operation this year, she was pleased with the work done to ensure the process and reporting are right and the support is available to the clinical networks to enable them to get where they need to be.</p>
91/20	<p>Policies for approval from QPaS HG described the two policies that were approved at QPaS as per the summary sheet:-</p> <ul style="list-style-type: none"> • Prescribing for General Practice Policy which is a brand new policy to set out the framework for the management of acute and repeat prescribing throughout all practices within the Trust • Supporting Transgender Patients Policy which has had significant updates to cover the language now used which supports the framework and ensure the correct terminology <p>MS stated the information although brief was a good read and thanked all for the work done on the policies.</p> <p>DR enquired regarding the supporting transgender cased and wondered if the Tavistock case would impact on us. HG felt this should not impact on our policy but it was agreed this would be worth checking.</p> <p>Action – to check if the Tavistock case would affect the supporting transgender patients policy (MD)</p> <p>The Quality Committee approved both policies as read.</p>

92/20	<p>Quality and Patient Safety Group minutes The minutes were noted with no queries raised.</p>
93/20	<p>Drugs and Therapeutics Group minutes The minutes were noted with no queries raised.</p>
94/20	<p>Items Arising from the meeting requiring Communication, Escalation or Risk Register consideration and any lessons learnt</p> <p>Issues discussed today included</p> <ul style="list-style-type: none"> • Waiting times discussion were significant regarding the further deep look using external experience and the new skills of CJ and an update report will be brought back to the Quality Committee in the new year. • The pharmacy dispensing presentation showed a great example of transformation • The Quality Account priorities work was consistent with last year's plan and showed a sensible way forward with a proportional approach due to COVID • The Committee noted the great PACE six month update along with the excellent work on infection control • The PICU staffing position was noted for the opening of the Nova unit, possibly towards the end of January 2021, but with full conversations and approval of the commissioners and commended the progress of work completed through COVID.
95/20	<p>Any Other Business</p> <p>MC thanked MS for chairing the meeting and appreciated the opportunity to have the prospective of listening to the meeting.</p> <p>MS thanked everyone for attending and noted a good meeting had been held.</p>
96/20	<p>Date and time of next meeting</p> <p>The next meeting will be held on Wednesday 10th February 2021 2021 at 9.30am via MS Teams. The meeting details will be updated nearer the meeting date.</p>



Title & Date of Meeting:	Trust Board Public Meeting – 31 st March 2021			
Title of Report:	Workforce and Organisational Development Committee Assurance Report			
Author:	Name: Dean Royles Title: Non-Executive Director and Chair of Workforce and OD Committee			
Recommendation	To approve		To note	
	To discuss	√	To ratify	
	For information	√	To endorse	
Purpose of Paper:	<p>The Workforce and Organisational Development Committee is one of the sub committees of the Trust Board</p> <p>This paper provides an executive summary of discussions held at the meeting held on 24th March 2021 and a summary of key points for the Board to note. The minutes of the meeting held on 20 January 2021 are attached for information</p>			
Governance		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	24.3.21
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
Charitable Funds Committee		Other (please detail)		
Any Issues for Escalation to the Board:	No issues were identified to bring to the attention of the Board.			

Executive Summary - Assurance Report:

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

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

The committee received presentations on the 2020 staff survey results. Updates from the reporting groups Equality, Diversity and Inclusion, Staff Health and Wellbeing and the Medical Education Committee were received as well as reports on the national workforce

race equality scheme, recruitment task and finish group, recruitment solutions, disciplinary cases review, audit plan, international recruitment and the professional strategy. The relocation policy was also taken for approval.

Key Issues:

The key areas of note arising from the Committee meeting held on 24th March 2021 were:

Minutes of the meeting on 20th January were approved.

The Guardian of safe working report was not received due to a cross over in previous guardian leaving the Trust and the replacement being identified. A report will therefore be brought to next meeting to cover all periods not covered since last report. The Medical Director reported he understood there were no particular areas of concern

Received the assurance report from the staff health and wellbeing group. It was reported that the group is well engaged with good activity. It was agreed to add in next committees insight report details of the overall additional health and wellbeing spend to give overall picture to see the extent of external funding received.

Received equality diversity and inclusion group update. Assurance was received in terms of progress being made. The group is now focusing on the data to shape conversations going forward. Encouraging picture seen in staff survey.

The Committee requested the three assurance group chairs meet to better align the level of information in sub group assurance reports to give similar level of content.

Update on the Trust vaccination programme was given and committee explored the data around BAME staff. Good updates in terms of personal and professional encouragement for vaccine uptake. Keeping under review as second vaccination jabs are introduced

Received Medical Education received which has made progress in numerous areas. .

Recommendation for a staff story periodically coming to the committee was approved but will be mindful of timings.

The Insight report was well received. Good progress was noted on the key indicators which are encouraging based on a challenging year. Attention was drawn to some areas with drop offs. The committee raised question and discussed progress and assurance on appraisals, ESR, DBS, turnover, annual leave and Information Governance data. Committee were pleased with progress particularly over the last year and recognise the significant work done around this. The Committee asked that the Director of Workforce include a section on priorities for the following 3-4 months f in the narrative section of future reports.

The updated Relocation policy was approved by the committee and the risk register was noted.

National Workforce Race Equality Scheme Report and progress was noted. The Committee received an update from the Trust Chair on the work board is doing to increase board level diversity.

The Recruitment Task and Finish Group paper and International Recruitment and Solutions paper were all noted. A good discussion was held with the committee noting the progress and hard work done and assurance provided in terms of these reports, recognising it is a busy

time. The table below is highlighted to the board in terms of Trust performance.

Trust Performance

Measure	June 2018 (Baseline Month)	May 2020	Jan 2021
12 month Turnover rate	16.5%	11.8%	10.66%
12 month Sickness rate	5.4%	5.07%	4.67%
Headcount	2320.56	2506.0	2651.4
Grievances	8	3	5
Live Disciplinary cases	22	5	9
Live B&H cases	6	0	2
Long term Sickness cases	73	78	61
Stat Man Training Completion	88.9%	88.3%	89.78%
Flu Vaccination take up	61.2%	73%	76%
NSS - Equality, Diversity and Inclusion	9.2	9.2	9.4
NSS - Health and Wellbeing	6.0	5.9	6.3
NSS - Immediate Managers	6.5	6.9	7.2
NSS – Morale	6.0	6.1	6.4
NSS - Quality of Appraisal	4.5	5	N/A this year
NSS - Quality of Care	6.9	7.2	7.3
NSS - Safe Environment – B&H	7.9	8.2	8.5
NSS - Safe Environment – Violence	9.3	9.5	9.6
NSS - Safety Culture	6.1	6.6	6.8
NSS - Staff Engagement	6.6	6.7	7.1
NSS - Team Working	6.3	6.7	6.9

The Disciplinary case review report was noted with the background to paper given. Committee welcomed the review that had taken place.

Staff survey presentation overview was given. The Committee agreed that it shows a great improvement and to see these results being used and welcomed this change in culture the results identified.

Audit plan draft was noted with consensus on the areas to be subject to audit on the basis that this would focus on the operationalisation of policies and procedures. It was also understood that the audit plan s is being looked at in context of recovery and may be subject to change in consultation with the Audit Committee.

Professional Strategy update report was noted and welcomed.

Terms of Reference were considered and will be further discussed at next committee when the effectiveness review is brought for sign off.

**Minutes of the
Workforce and Organisational Development Committee
Held on
Wednesday 20th January 2021
14:00 – 16:13pm
Microsoft Teams**

Present:

Members:

Dean Royles (DR)	Non-Executive Director Chair
Steve McGowan (SMc)	Director of Workforce and Organisational Development
Lynn Parkinson (LP)	Chief Operating Officer
Francis Patton (FP)	Non-Executive Director
Mike Cooke (MC)	Non-Executive Director
John Byrne (JB)	Medical Director
Hilary Gledhill (HG)	Director of Nursing

Other attendees:

Katy Marshall (KM)	Learning and Organisational Development Lead
Michele Moran (MM)	Chief Executive (attended until 14:55)
Karen Phillips (KP)	Head of Workforce
Tracy Flanagan (TF)	Deputy Director of Nursing (from 15:30)
Adrian Elsworth (AE)	Clinical Operations Manager (from 15:15 – 15:30)
Kyle McInnes (KM)	Advanced Clinical Practitioner (LGBT chair)
Darren Clifford (DC)	Senior Employment Advisor IAPT (LGBT chair)
Jessica Norton (JN)	Personal Assistant, (Note taker)

01/21	<p>Apologies for Absence No apologies received.</p> <p>Introductions made to the new attendees at the meeting. The committee previously talked about opening up committee to staff networks and chairs, giving them a chance to see what the committee covers. Those attending are free to contribute or ask questions.</p>
02/21	<p>Declarations of Interest None declared.</p>
03/21	<p>Minutes of the meeting held on 18th November 2020 The minutes of the meeting held on 18th November were accepted as an accurate record.</p>
04/21	<p>Action Log Action Log was reviewed and discussed.</p>
05/21	<p>Chairs logs from any groups reporting to this committee</p> <p>a) Miss Marshall updated the committee on the progress of the Staff Health, Wellbeing Engagement Group. Most recent meeting took place today with Mrs Parkinson as the chair. Group has linked in with health stars in terms of securing funding through them. Also have funding from Integrated Care System (ICS) which is for use in the wider system around staff wellbeing. Looking at how this can be used through the system to support the Trust through different methods such as coaching. Working on work plan for next 12-18 months. Mrs Parkinson added that the group is taking the latest staff survey results into account in terms of the staff health and wellbeing elements. Also did stock take and look back. Was really helpful and will share what the group has achieved in the last year. Group is currently focused on performance and what the data is telling us. It is a very well engaged group. Mr</p>

Byrne provided the headline figures in terms of vaccinations. The Trust had vaccinated around 70% of the organisation. Looking at vaccination rate of 70-80% for three of the four divisions. Those further away from Willerby Hill such as Scarborough have vaccination sessions local to them to attend so expect vaccination levels to increase in next week. The Trust did give all BAME colleagues the opportunity to have early access to the jab.

- b) Mrs Phillips updated the committee on the progress of the Equality, Diversity and Inclusion Group. Last meeting focused on updates on the people plan. Have a data cleanse project in terms of equality which should be done by end of this month. In terms of moving forward, Mrs Phillips is taking over as chair from January. Looking to do more bespoke plans with divisions and areas. Mr McInnes confirmed that he finds it useful to check in with other networks and to be part of that group. Also useful to be able to input into the discussions. Mr Clifford added that it is good to meet others in the community and support each other. A factor on the collection of the data Mr McInnes added is that, when shared, what the Trust does with it and how is it used and what support is there. The network shows that data isn't an empty gesture and someone is interested.
- c) Mr Byrne updated the committee on the progress of the Medical Group. There has being no meeting since last committee. Had a CMC report showing no restrictions which was positive.

Resolved: Chairs logs were welcomed and noted.

06/21

Workforce Insight Report

Highlights of the workforce insight report were given by Mr McGowan including:

- High Potential Development Scheme has 11 people up and running. This is part of a talent pipeline and is well received.
- AVIOS points have being given out to staff which was drawn out of a hat for those that had received their flu jab. This has gone down well in terms of engagement.
- Overall it is looking at data from risk identified last time in terms of impact of COVID on staff such as pressure points with rule breaks, sickness and annual leave. Conscious of trying to deliver services in very tricky times. There has being fantastic work on delivery of vaccines, but we need to ensure that delivery of the vaccine, especially to those outside of the trust, doesn't comprise our staff health and wellbeing or patient safety.
- Consultant vacancies which are still an issue will be picked up as part of the recruitment agenda item.

Mr Patton expressed that he feels that this report improves every time submitted. He added that turnover is looking good but some of this may be due to COVID so need to be careful when pandemic eases in case staff look to move on.

Mr Byrne provided an explanation on the asymptotic testing position. Currently looking good. Gave box to around 2700 staff. Had report showing 2200 people have taken tests. Generated 20,500 results of which 41 were positive.

In terms of risk assessments, offered these to all staff but figures are lower than expected. These should be 100%. This is managed through Silver command. Mrs Parkinson confirmed that they are monitoring this closely.

Mr Patton congratulated the workforce team on the progress of the executive coaching sessions and the High Potential Development Scheme. Noted that there were 16 applications with 11 being successful. Mr McGowan stated that the scheme was limited to 10 applicants but took on 11 as couldn't split it down. For those that didn't get onto the scheme, conversations were had with them to support them and encourage them to go for it again when it runs again next year.

Sickness is looking good but looking at the detail, the last couple of months it is picking up.

Mr Cooke reinforced Mr Patton's comments and added that this is a really good read and that the

	<p>turnover is interesting. Would like to know what the positives are and what is driving people to leave. Also interested in establishments. Aware that there is a difference for medical and nursing. Agreed to pick up as part of recruitment agenda item.</p> <p>Mr Cooke liked the trends on training and DBS checks. He expressed congratulations on the flu drive as well as the appraisals which are looking good with only 240 left to do. Agree with Mr Patton regarding monitoring of sickness levels.</p> <p>Resolved: The report was noted.</p>
07/21	<p>Recruitment Task and Finish Group</p> <p>Mr McGowan presented an update on the plan. An updated plan for December was circulated around the committee prior to the committee meeting. Highlights of the plan include:</p> <ul style="list-style-type: none"> • Good progress on General Practitioners and the transformation work on establishment. This is a small group where a small shift can make huge difference but looking promising. • In terms of nursing, on track in recruiting the nurses in the plan. However leavers are higher than planned for. Leaver's analysis covered later on the agenda. Retention at a departmental needs to be a greater focus. • The position isn't good for Consultants (35% vacancies). Mr Byrne stated he is working on a strategy as well as establishment and skill mix. Mr Byrne added that they did bring through people last year who were trainees. Did lose five people last year of which two were retirees. Mr Byrne said he had done some benchmarking with Bradford, Sheffield and RDASH. It is not good across the patch. Have five interviews lined up within next two months. Mr Byrne said he is producing a paper on hard to fill roles for Executive Management Team to explain options. <p>Mrs Gledhill added that there is a retention piece of work to see what could be an offering for staff including support on career provision, transfer windows, coaching and mentorships. Internal recruitment will bring dividends and will use some of this with own staff. The wider NHS was aware that the retirement age would cause an issue. Three new external nurses starting shortly. Reputation is helping retain some staff in terms of the positive advertising we have as well as positive stories received from staff.</p> <p>Mr Patton wants to look how to link this plan to the report on turnover/leavers. Seem to be in isolation. Would like an overarching summary. Aware that there isn't one high level solution and that there needs to be different solutions for different teams. Key is how this pulls together at a divisional level and developing plans using their data to keep their staff. Have received assurance in this meeting but do not see it coming through in the report. Mr Cooke added that the Trust can look at the establishment honestly as a result of the data.</p> <p>Regarding establishment, Mrs Parkinson added that, in terms of operational division, this has now been understood and the divisions are working with Attain who have produced some information in terms of the reality of different types of roles and positions for future. Reality is now dawning on the divisions. Progress has been made in terms of some roles and skill mixing and the workforce plans will take this into account. Mrs Parkinson further added that, in regards to vacancies, no one feels them more than the staff on the ground. The pandemic has not helped. There is more work to do but compared to last year have moved forward in a positive way.</p> <p>Mr. Royles wants the committee to look at retention and the work around this including skill mixing, solutions and then other recruitment options. Proposal for a solutions paper that starts to pull everything together was made. Committee agreed for this to be brought to meeting in June.</p> <p>Resolved: The report was noted.</p> <p>Solutions paper combining recruitment, retention and leavers work as well as combining Attain work to be brought to June meetings. Action: SMC</p>
08/21	Leavers Deep Dive Report

	<p>This was taken as read. Mrs Phillips stated that this will be a regular report that comes from the business partners. The committee were asked to note that the report will supplement the work undertaken in the recruitment group and the business partners are looking to use this for target setting with the divisions. The report will also start to drill into detail in terms of reasons for leaving specifically.</p> <p>Resolved: The report was noted.</p>
09/21	<p>Risk Register Mrs Phillips presented the risk register showing those risks nine and above to the committee. Mrs Phillips highlighted the following changes to the risk register since the last meeting:</p> <ul style="list-style-type: none"> • Increased risk relating to consultant vacancy rate. Mr Byrne previously talked about the related actions that are ongoing in terms of this risk. • The staff survey related actions will be updated when results are in. • Risk 14 was raised at the last meeting as it was removed from staff survey this year. Cannot measure improvement using the staff survey so looking at other means to gather feedback on this risk. • Rise in rule breaks relating to pressures and COVID. This is on the silver command register but now moved across to the core risk register, <p>For those on the register that have a deadline of 31st March need someone to go through the register to see which need to come to the committees next meeting to give assurance. Some may be operational but some of the bigger items will need to be pulled out and be brought to the committee. Also need to review the dates in light of the pandemic.</p> <p>Mr Cooke added that consideration of a further risk of those staff that may look at leaving the NHS post COVID may be needed.</p> <p>Resolved: The risk register was noted.</p> <p>Risk register to be reviewed in terms of the actions that have a deadline of 31st March in order to highlight those that need to be brought to the committee for assurance Action: KP</p>
10/21	<p>2019 Survey Results (Presentation) Presentation from Mental Health division was taken as read. Highlights of the presentation were given by Mr Elsworth.</p> <p>Mr Elsworth expressed the challenge faced in the mental health division, more so in the unplanned side in terms of struggling to get above 30% response rate. This year had a similar percentage response rate with an even bigger gap between community colleagues. The division was behind average in the organisation.</p> <p>Mr Elsworth highlighted the improvements made year on year and where there are still areas of improvement in terms of individual growth and engagement in the division. He added that he has been working with occupational health to do a deep dive on staff feelings where they know there are challenges with sickness. Also have a psychologist to work on staff wellbeing and support staff at team level. Mr Elsworth drew attention to the action plan with some actions already completed including staff champions. Timings wise, presenting this very close to this year's staff survey results. With this year's survey will look at a three to five year plan for areas and have them lead on the areas they want to develop.</p> <p>Mrs Parkinson added that Mental Health services have been very challenged through the pandemic. Unplanned care has had to flex and deal with significant increased demand. She commends the work that Mr Elsworth asked for and the way he has been engaged in trying to help staff. There was an amount of negative feedback whilst trying to engage staff but has seen progress. Next twelve months will be focused in this area around engagement. Also have some further service changes to undertake and it will be important that staff can engage in the process</p>

	<p>and that it is clinically led. With the other clinical leads in this division, committee would see a divisional leadership group which are collectively focused on this which is really important.</p> <p>Mr Patton stated this was a great report and thorough action plan. In areas for improvement, in 2018, there were five areas where the division was better than rest of the Trust and then in 2019 this came down to Trust level. Mr Elsworth did not have specific answer for this but looking back, the division did go through structural changes which could be the reason. Will therefore be interested in this year's responses to see if it has gone back up or remained the same. Aware some staff do not like change.</p> <p>Mr Cooke concurred with Mr Patton. He stated that Humber is different from five years ago and there is more on offer for front line services. Service may be seeing other services getting focus and be good to see what we can give to this division to help. Need to keep going, keep joined up as it is good that the new structure is working for them rather than against.</p> <p>Resolved: Presentation was noted.</p>
11/21	<p>2020 Staff Survey Results Presentation</p> <p>Mr McGowan did a presentation on the embargoed 2020 staff survey results.</p> <p>The previous 2019 results overview was given to remind committee of last year's position. Last year had eight significant improvements, four deteriorations and rest mostly stayed the same. Therefore overall 69 questions deemed strength, 41 opportunities to improve and 12 must improve areas which the Trust decided to focus on. The Trust has had a real focus on those over the last 12 months. Generally themes coming up in survey were not enough staff, improvement of accommodations, poor appraisals, lack of catering facilities, management capability, IT systems and patient feedback. 2019 was more positive than 2018 but still more work to do. Lots of things were put in place including leadership programme, coaching, professional strategies, listening event to name a few over last 12 months to try and address the feedback in the staff survey.</p> <p>For 2020 results, it looks pleasing overall. Went from 40% to 43% response rate which was an improvement and is good in terms of the circumstances of the pandemic. There are 2 significant deteriorations, 33 no significant changes with 31 of them being an improvement to last year's survey and 76 significantly improvement. Overall this shows 77 classed as strength, 8 need improvement and 32 opportunities for improvement.</p> <p>Resolved: Presentation was noted.</p>
12/21	<p>NHS Peoples Plan</p> <p>Mrs Phillips provided an update on the NHS people plan. Plan was taken as read. Key areas of highlight were:</p> <ul style="list-style-type: none"> • 42 actions across 9 key priority areas. • In positive position due to focus by Helen Lambert. • Seen 26 completed. • 14 in progress with 2 near completion. • In terms of flexible working action, this action is to be discussed at this committee. • Due to the plan being in place before lockdown may be some movement in timescales. <p>Mr Cooke stated that there are three reports that really reinforce this; national work plan, safer staffing report in terms of all the good outcomes as well as the performance report which give him assurance on this matter. Also look at patient satisfaction which is a good measure of staff satisfaction. National plan is also a good example. Mr Patton supported what Mr Cooke said.</p> <p>Resolved: The report was noted.</p> <p>Look at playing the plan back into staff (SLF in March).</p> <p>Action: KP</p>

13/21	<p>6 Month Safer Staffing Report</p> <p>Mr Flanagan attended the meeting to present the 6 month safer staffing report. The report was taken as read. Headlines include:</p> <ul style="list-style-type: none"> • Heartening report to go through as despite pressure the services have being under, the performance is remarkable. Across many areas figures have been improved or being maintained. Have being helped with reduced bed occupancy but this is reassuring that wards have being safety staffed. • Couple of exceptions which have been looked at and continue to support these areas. Some areas reviewing as part of national quality piece to make sure numbers are right and the skill mix is what they need. • Sickness remains biggest area of challenge to meet target. Have seen decrease in Humber Centre and Avondale have seen three reports on the row having low area of sickness. Share what they are doing to maximise on this. PICU did have highest sickness rate but this was due to pandemic outbreak. • Vacancy position has improved which is good to see. Some work to do with turnover and retention but done well during this period. • Community wards improved • Performance around training improved • Continue to perform well regionally and nationally in terms of benchmarking data <p>Mr Cooke found a lot of assurance in this report for the committee. In terms of Inspire, being open around a year. Suggestion of a post evaluation on the staff as well as the building was made. Mrs Flanagan stated that the task force framework will assist with this. They modelled the staffing establishment on the best figures they were able to and looking at what the likely dependency would be. Based on those they have being working with, would be good to look at the establishment and skill mix.</p> <p>Resolved: The report was noted.</p>
14/21	<p>Proud Update</p> <p>Miss Marshall shared presentation on Proud and the progress made since it began nearly two years ago. Presentation included making the difference and how Proud has influenced this. The presentation covered the most improved scores in national staff survey 2020 results as well as the best scores as well as what is next including staff charter, valued based recruitment, behaviour standards, in house coaching, impact analysis and winning awards.</p> <p>Committee complimented Miss Marshall on the fantastic work done and the promising work done so far.</p> <p>Suggestion to claim external accreditations for this as Proud would have contributed towards the Trust earning these. Miss Marshall will look into adding this in.</p> <p>Mr Byrne added that this demonstrates the benefits of targeted investment.</p> <p>Miss Marshall highlighted that some feedback from organisational development individuals in terms of bringing in behavioural standards in such a short space of time was brilliant. This was all helped by the support from the executive and non-executive colleagues.</p> <p>Resolved: Presentation was noted.</p>
15/21	<p>To Review the Meeting</p> <p>In terms of the NHS peoples plan and the committee's commitment to the flexible working, this was noted and supported.</p> <p>Assurance report points were discussed.</p>
16/21	<p>Any Other Business</p> <p>Vaccination video from Mr Byrne was unable to be shown. Link was put in the meeting comments</p>

	<p>for members to review outside the meeting.</p> <p>Mr McGowan added that there was a need to review disciplinary cases following NHSI guidance. This will be brought to a future Board meeting.</p>
17/21	<p>Date and Time of Meetings in 2021: Wednesday 24th March 2021 2-4pm Wednesday 12th May 2021 1-3pm Wednesday 21st July 2021 2-4pm Wednesday 15th September 2021 2-4pm Wednesday 17th November 2021 2-4pm</p>

Agenda Item 14

Title & Date of Meeting:	Trust Board Public Meeting – 31 March 2021			
Title of Report:	Humber Coast and Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative – Commissioning Committee Report			
Author/s:	Peter Baren Non-Executive Director and Chair of the Commissioning Committee			
Recommendation:	To approve		To receive & note	
	For information	√	To ratify	
Purpose of Paper:	<p>The Commissioning 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 Friday 26 February 2021 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) <i>Commissioning Committee</i>	26 February 2021
Key Issues 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	√			

Quality Impact	√			To be advised of any future implications as and when required by the author
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:

The aim of this report is to provide assurance to the Board with regard to the new Commissioning Committee which has been established by Humber Teaching NHS FT (HTFT) as the Lead Provider within the Humber Coast and Vale (HCV) Specialised Mental Health, Learning Disability and Autism Provider Collaborative.

In order to demonstrate robust governance in its role as Lead Provider and avoid conflicts of interest with its provision arm, HTFT as Lead Provider has delegated some of its responsibilities to a new Commissioning Team which is accountable to the Commissioning Committee.

The purpose of the Team's role will be to undertake much of the work previously carried out by NHS England Specialised Commissioning in terms of commissioning, contractual management and quality assurance of the provision Specialised Mental Health, Learning Disability and Autism services in the HCV region and for patient placements outside of natural clinical flow for people who are receiving specialist care for:

1. Child and Adolescent Mental Health In-Patient services
2. Adult Low and Medium Secure services
3. Adult Eating Disorder In-Patient services.

Key Issues:

Key areas for nothing from the meeting on 26 February 2021:

NHS E Go Live Preparation Meetings

The commissioning team have met 3 times with NHS as we prepare to Go Live. During the February meeting continued positive feedback from NHS E with progress of our collaborative work and it was agreed financial due diligence is ongoing. End of year provider contract and performance meetings have yet to be arranged by NHS E; these will be held in March/April 2021 and will provide an opportunity for the HCV PC commissioning team to 'Shadow' NHS E/I contracting, commissioning and quality assurance process and enable us understand historic commissioning process and

ascertain what additional contracting work we need to undertake to ensure positive service users outcomes and quality of care provision.

Financial Due Diligence

Financial due diligence is ongoing and the commissioning team and Executive Director of Finance continue to meet regularly with NHSE/I. The financial gap is £6.6m, this includes funding withheld of £3.6m that is clearly identified in the funding envelope calculations, and the remaining gap of £3m is approximately 5.75% of the overall budget to transfer.

Work Streams

The 3 work streams have identified 0-6 month, 6-12 month and 12 month+ commissioning intention and priorities and these are being developed within the regular work stream meetings which include in-patient and community clinical leads, clinicians and commissioners from the provider collaborative commissioning team, CCGs and Local Authority commissioners, carers and people who access specialist mental health, learning disability and autism service users.

Quality

Quality assurance due diligence of all providers within HCV PC has completed and a report was shared with the committee which included CQC, NHS E and local intelligence. Two of the providers within the collaborative currently has a CQC rating of requires improvement and which require further work to be undertaken with NHS E (current lead commissioner) and the providers to ensure improvements in the areas identified by CQC and NHS E within identified timescales.

Partnership Agreement

Three Partnership Agreement workshops have taken place; facilitated by Hill Dickinson solicitors. The financial risk and gain share element will be reviewed during April with the aim to have the final Partnership Agreement with agreed finance risk and gain share completed by May 2021.

Go Live Date

On 25 February 2021 Matthew Groom, Regional Director of Specialised Commissioning and Health and Justice wrote to Michele Moran to suggest the HCV PC consider moving Go Live date to 1 July 2021. Whilst this is in contradiction to NHS E national position to promote Provider Collaboratives to Go Live on 1 April 2021; due to the outstanding financial due diligence and further work which needs to be undertaken regarding quality assurance the Commissioning Committee supported the proposal to move Go Live to 1 July 2021.

Agenda Item 15

Title & Date of Meeting:	Trust Board Public Meeting – 31 st March 2021			
Title of Report:	Covid-19 Response – Summary Update March 2021			
Author/s:	Name: Lynn Parkinson Title: Chief Operating Officer			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	This report provides an overview of the ongoing arrangements and continuing work in place in the Trust and with partner organisations to manage the Covid- 19 emergency. The paper provides an update on the planning in place to address the NHS Response to Covid- 19 as set out in the letter to Chief Executive Officers from Sir Simon Stevens and Chief Operating Officer Amanda Pritchard from NHS England in April 2020 and the approach we are taking to address the requirements of phase 3 and 4 recovery planning. Chief Operating Officer Amanda Pritchard and Julian Kelly, Chief Financial Officer from NHS England also wrote to Trusts on 23rd December 2020 setting out the operational priorities for winter and 2021/2022 and the report sets these out.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly Report	✓
Key Issues within the report:	The report provides an update on the Trusts Emergency Preparedness, Resilience and Response (EPRR) and command arrangements in place to respond to the Covid- 19 emergency. It gives an overview of the key issues relating to patient and staff testing, personal protective equipment (PPE), staff health and wellbeing, Covid- 19 vaccination, service changes and the approach we are taking to plan for phase 3 and 4 (recovery and restore) of the pandemic.			

Monitoring and assurance framework summary:

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

✓ Tick those that apply

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

✓ Promoting people, communities and social values				
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			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	

Covid-19 Summary Update – March 2021

1. Introduction

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

In summary this letter required that the systems:

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

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

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

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

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

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

As of the 10th February 2021 the confirmed cases of Covid-19 for Yorkshire and the Humber are:

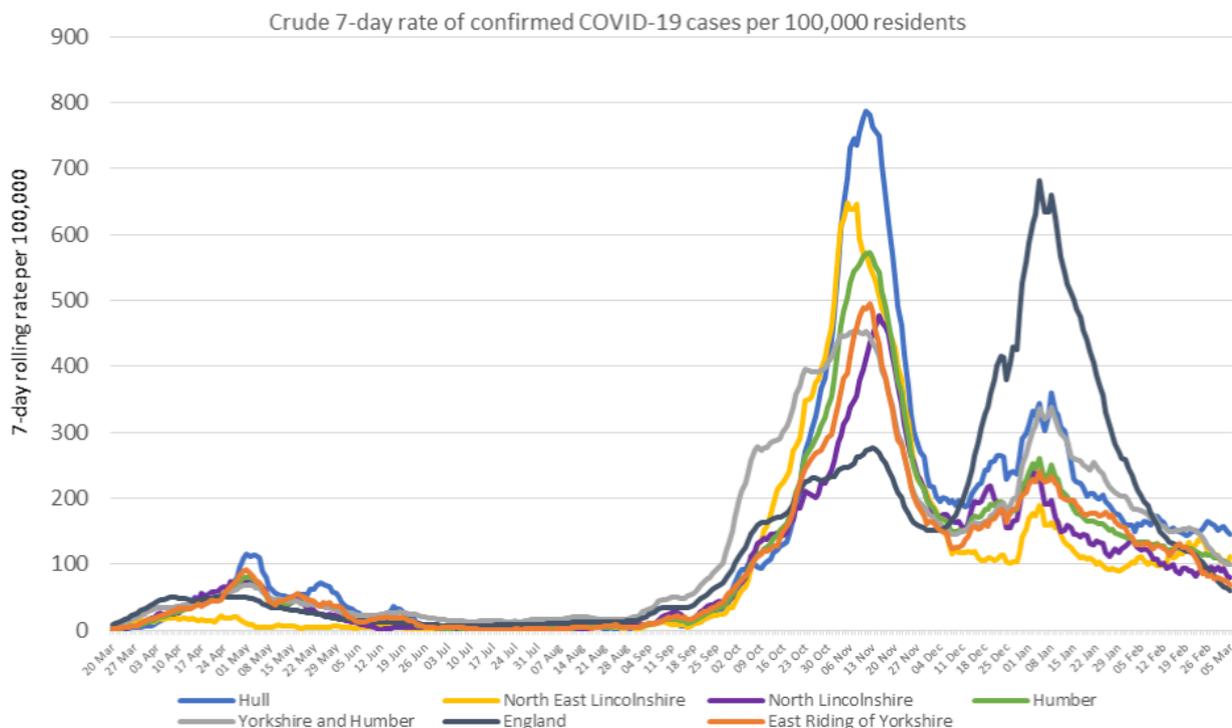
Positive Test and Trace Update – Case increase and latest 7-day rate per 100,000.		
Area	Actual increase in positive tests in latest 7 days (8 March – 14 March)	7 day rate per 100,000 for 7 days previous* (14 March)
East Riding of Yorkshire	253	74.2
Hull	443	170.5
North East Lincolnshire	244	152.9
North Lincolnshire	235	136.4
Yorkshire and Humber	6014	109.3
England	32638	58.0

Source: PHE Daily Briefing

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

For the same period the 7 day rate for 100,000 population for Scarborough is 32.0, for Ryedale is 31.0 and Hambleton is 47.0

As of 17th March 2021, there have been 1,299 hospital deaths due to COVID-19 across the Humber area. This includes 829 deaths registered by HUTH, 443 deaths registered by NLAG, 25 deaths registered by CHCP (East Riding Community Hospital) and 2 death registered by HTFT. York Teaching Hospitals NHS Trust recorded 581 deaths over the same period.



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

The NHS national incident level was raised back to Level 4 (highest level) on 5th November 2020 due to increased Covid demand on hospitals and continues to remain at that level. The Trust therefore continues to maintain business continuity and EPRR command arrangements. Through our Gold Command the remit of our command structure continues to include winter planning due to the interdependencies between our ongoing response to Covid-19 and winter pressures. The arrangements are being kept under continual review by Gold and Tactical Silver command. Sitrep reporting remains in place and is provided to Gold command daily. The frequency of our bronze and silver command sitrep meetings are kept under continual review.

Operational service pressures remained high in some areas in February and March with the highest pressure seen in unplanned care within the mental health division due to ongoing high demand, in our community services in Scarborough, Ryedale and Whitby due to high demand on the acute hospitals for both covid and non-covid related admissions and in our Children and Adolescent Mental Health services (CAMH's). Our community services in North Yorkshire continue to focus on supporting timely acute hospital discharges to alleviate the pressures on beds. Our primary care practices have also experienced a rise in pressure and activity due to undertaking covid vaccinations alongside their usual demand. This led to the Trust experiencing overall operational pressures escalation levels (OPEL) varying between 2 (moderate) and 3 (severe pressure) predominantly for periods during January however these pressures have reduced during early February.

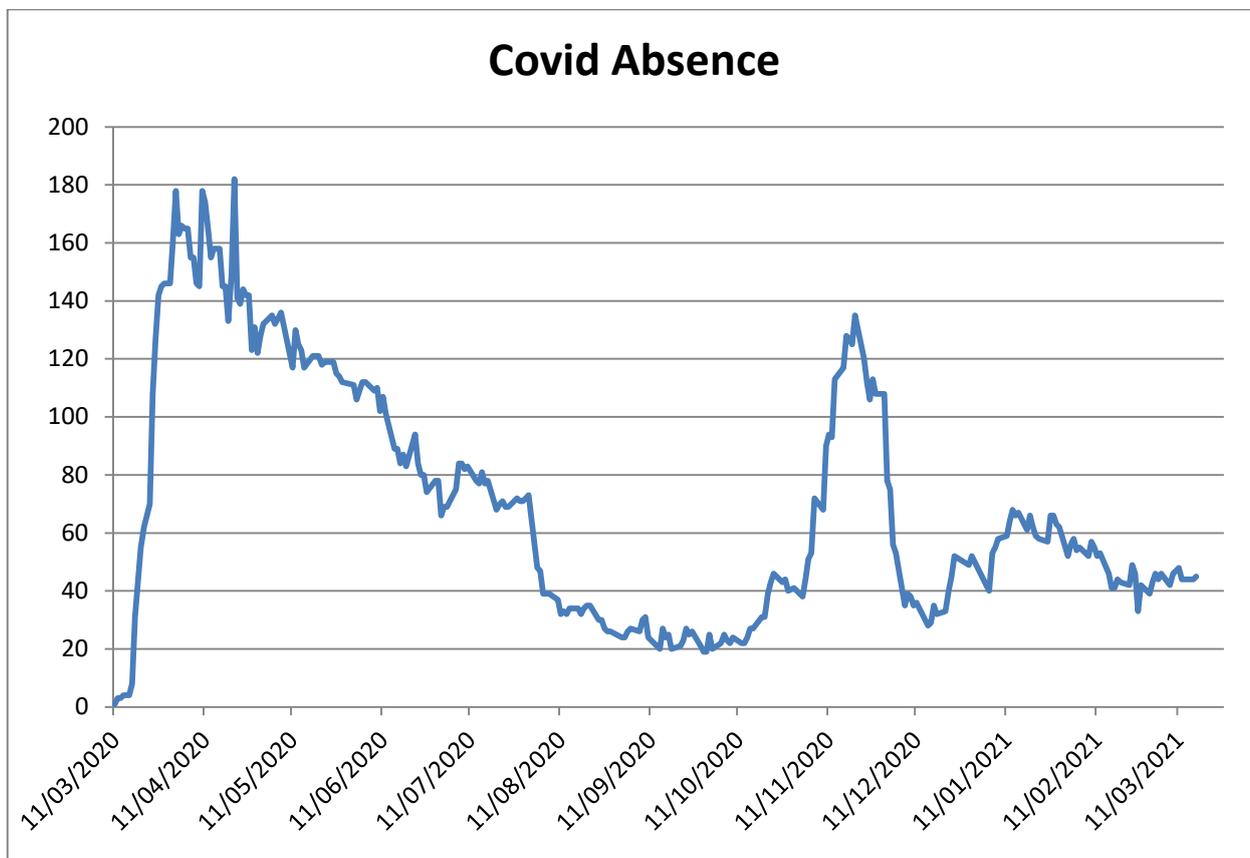
CAMH's services are experiencing increased demand for both community and inpatient services, this is in line with the nationally expected surge due to the direct impact of the pandemic on children, young people and their families. To address this rise in demand, capacity has been enhanced in the home treatment service in order to support timely discharge from hospital and to avoid admission where possible. Work continues to focus on reducing waiting times in these services, particularly in relation to autism diagnosis. The community service in the East Riding of Yorkshire is experiencing significant increase in referrals relating to eating disorders and work is taking place to enhance this provision with the Clinical Commissioning Group (CCG). To support the pressure on CAMH's beds both locally and nationally our Inspire unit will open two PICU beds by the end of March with the remaining two beds opening as soon as possible after that. A specific plan of work is taking place within the Humber, Coast and Vale mental health programme to address these pressures in CAMH's services as high demand is expected to continue. Additional national funding has been allocated to address this area also, although this needs to be considered alongside the ongoing challenges to recruit the necessary workforce.

The capacity and demand modelling work which demonstrated our shortfall of older people's beds and led to short term measures being put in place remain. We continue to have a contingency plan through a mutual aid arrangement with Navigo to access additional beds when required. Work on a new capital scheme at Maister Lodge has commenced and will provide up to five new functional older peoples beds from early summer 2021. A new day treatment services is now operational and proving effective at avoiding admission for some older people. Our overall bed occupancy has remained above its usual level in February and March with the pressures especially high for mental health beds and our community beds at Malton and Whitby Hospitals, it has been between 70-80%, use of out of area mental health beds however did reduce in February. The overall number of available beds is reduced due to the need to provide isolation/cohort beds for covid symptomatic and positive patients and infection control requirements. To address this shortfall and ensure beds are available when required the Trust has block booked independent sector beds on a short term basis. The position is continuing to be monitored closely.

The number of patients who have tested positive for covid remained low during February and early March, currently we have one patient in our cohort facility at Mill View Court. As the number of covid positive patients has remained low for some weeks now and more patients are being vaccinated, the number of cohort beds is being reduced at Mill View Court with the ability to

reinstate them should numbers rise. This therefore increases the number of non-covid beds available and will reduce further our reliance on out of area mental health beds.

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



During February and early March the position relating to sickness absence has remained stable, therefore business continuity plans have not needed to be enacted and all services have remained available.

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

The national restrictions (lockdown) that commenced on 5th November remain in place, therefore we continue to follow the national guidelines and the protocols that we had already prepared relating to:

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

On 22nd February 2021, the government published its “COVID-19 Response - Spring 2021”, setting out a four step roadmap out of the current lockdown for England. This began on 8th March with the return of children to school. Our arrangements in relation to the areas above are being reviewed and revised in line with ongoing national guidance.

We continue to monitor the rates of Covid infection across our geographical areas, particularly the prevalence of new variants of Covid-19.

3. Testing and Isolation Arrangements

The Trust continues to carry out swab or polymerase chain reaction (PCR) tests for any patients in our inpatient beds that have symptoms of Covid-19. Isolation areas remain in place for all of our inpatient services. Mill View Court, our Covid-19 positive isolation cohort ward for our mental health and learning disability patients has been operational throughout February and early March. Numbers of covid positive patients have been low and if that position is maintained the number of beds will be reduced by the end of March, with the ability to step them up again if required. Isolation beds remain available on Darley ward at the Humber Centre but have not been required during February and early March. Due to the redevelopment work taking place at Whitby Hospital our ward there is not be required to manage patients who are Covid-19 positive whilst it has been decanted to a temporary ward. We have received confirmation from North Yorkshire and York Clinical Commissioning Group that they currently do not require Fitzwilliam Ward at Malton hospital to be a Covid-19 cohort ward. Our Covid-19 Rapid Response Team remains available to support any patients in mental health or learning disability beds with Covid-19.

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

Staff absence due to leave required to care for children with covid symptoms is very low. Schools re-opened on 8th March with twice weekly testing arrangements are in place for all secondary school pupils. It is possible that this might lead to an increase in parents needing to isolate due to asymptomatic children testing positive, any impact of this will be monitored through our daily sitrep reporting.

Lateral Flow (asymptomatic staff testing)

The Trust was chosen as an early adopter of the Lateral Flow Antigen Testing which detects the presence of the COVID-19 viral antigen from a swab sample and it is focussed on asymptomatic staff. The test is deemed 60-70% accurate in picking up a positive result. Evidence shows that 2.8% of staff are likely to be picked up as positive who are currently not showing symptoms. This is not a compulsory test and staff are not obliged to take part but, to date, there has been a great enthusiasm and take up of the kits. Full roll out across the Trust has now been completed with over 3000 boxes distributed. Our view is that deploying these tests is protecting our staff from further transmission of the virus and supporting our efforts to protect our patients. Over 2500 staff are submitting their results (which is mandatory under Public Health England requirements). Over 38000 tests have been reported since December with 53 positive results which have been followed up by PCR tests and normal Infection control procedures. This data is reported daily through the Gold/Silver daily sit rep. There is currently a very limited amount of accurate or regional benchmarking available, however we have been proactively using targeted communications to continue to encourage our colleagues to undertake the tests and report their results

4. Covid-19 Vaccine

The Trust established a project group at the end of November to prepare for the first phase distribution of the Pfizer Covid-19 vaccination. The Senior Responsible Officer for the project is the Trust Medical Director and he is supported by the Chief Pharmacist.

The Trust vaccination centre at Willerby Hill has continued to operate either as a Hospital Hub or a Primary Care Network Site (Harthill PCN). Over 12000 vaccines have now been given to health and social care staff as well as patients in the Joint Committee on Vaccination and Immunisation (JCVI) cohorts 1-6. The vaccine service has been adopted into the Trusts governance framework (clinical and corporate). All relevant clinical protocols (adapted from national frameworks) have been signed off through Quality and Patient Safety Group (QPAS). The CQC produced a template

to support Hospital Hubs with regard to collating an approach to clinical governance, this has been completed by the Chief Pharmacist and reflects the requirements that were needed to go live as a Hospital Hub. This has been reviewed by QPAS and Gold command and gives a very good level of assurance.

Gold command retains oversight of completion of vaccines for our staff through the daily Gold/Silver sit rep report as well as updates from the SRO with regard to planning and operational issues. The operational management of the service is overseen by the SRO through twice weekly planning meetings. Currently work is taking place to commence 2nd dose appointments for the cohort of 12,000 people we vaccinated, this is expected now to begin in the week commencing 28th March 2021. The key requirement is ensuring that everyone gets immunised before the end of the 12th week with vaccine delivery being the key variable.

Over 80% of all Trust staff have now been immunised (all staff offered the opportunity over 4 weeks to come forward) with a consistently high uptake across all services and divisions. A key area of focus has been bank colleagues where uptake has been lower to date. Operational and professional leads are continuing to work with services to promote uptake. One of the challenges has been that where colleagues go to PCN sites (unlike Hospital Hubs) there is no IT national solution which automatically pulls that data into our system. In order to overcome this we have created a web based form which staff can fill in and it automatically prepopulates our data base. This is of crucial importance as it will enable us to make sure that those that get the 1st dose can be tracked for 2nd dose.

Feedback from over 500 staff (Qualitative and Quantitative) has been collated and reviewed by the vaccine team. It covers general communication, scheduling and experience. It's been overwhelmingly positive but where appropriate feedback has been incorporated into the Frequently Asked Questions (FAQ's) on our dedicated staff webpage. Vaccination of patients in our mental health and learning disability beds has been carried out in line with the JCVI priorities.

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

Our established robust systems to ensure that staff have access to the appropriate Personal Protective Equipment (PPE) remain in place. Stock continues to be received via a PUSH delivery system from the NHS Supply chain and daily SITREPS are used to determine the content and frequency of deliveries. Currently, the supplies of PPE are at good levels and we have not had any shortages of equipment.

Our infection control team continues to support all areas, clinical and corporate to ensure that PPE is used in line with PHE guidelines and that staff are effectively trained and competent to do so. All of this is predicated on the importance of maintaining the focus on our "back to basics" and "stop, think, socially distance" campaigns. There is recognition that staff have been following this guidance for several months now and that we need to continue to be vigilant and put supportive measures in place to maintain compliance such as ensuring that breaks are taken regularly.

6. Safe Working in our Environments

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

Our Clinical Risk Environment Group (CERG) continues to be focussed on ensuring that clinical areas are optimised further where necessary to meet and comply with infection control requirements being in place over the longer term, it is supported by clinical staff, infection control and estates advice. By putting all of these measures in place this has resulted in reduced office and clinical space being available. To assist with this, safe bookable space has been made available as we understand the importance of staff coming together for some activities i.e.

appraisals, clinical supervision etc. however this needs to be balanced with the need to maintain infection control requirements and be in line with national lock down or local national alert requirements.

7. Covid-19 Risk Register

The operational risk register developed to support the Trust's business continuity arrangements during the Covid-19 emergency situation remains in place. The risk register is maintained by the Corporate Risk Manager and is reported to the Trust Silver Command meetings (Operational and Tactical) at a command meeting each week to ensure that it is representative of key operational risks that the Trust is facing and that it adequately captures the mitigations in place, as well as further actions required to support service delivery at this time. Gold Command receives the full Covid-19 operational risk register on a fortnightly basis to provide assurance on the management of the Trust's key risks at this time. Currently there are no risks rated 15 or above on the risk register.

8. Staff Health and Wellbeing

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

Our staff have now experienced and worked through a second wave of the virus and are continuing to tell us that they are feeling fatigued. The executive management team, our senior managers and clinical leaders remain focussed on this issue and continue to take steps to address this. The importance of rest breaks and taking annual leave has been stressed repeatedly and managers are ensuring that this is taking place. A continuing rise has been seen in numbers of referrals to our occupational health department for staff experiencing stress and anxiety. Staff continue to have daily access to our psychologists for support and the Trust continues enhance its offer of wellbeing resources via the "ShinyMind" app. A plan to introduce a Resilience Hub to support frontline was supported by the Humber Coast and Vale Integrated Care System and mobilisation of this service has now commenced, this will provide an increased offer of psychological and emotional wellbeing support for our staff.

Our communications team have continued their efforts to maintain a focus on staff health and wellbeing. Regular Covid-19 updates continue to be issued to all staff containing guidance from the Trust and government along with relevant updates from our stakeholders. Frequent "Ask the Exec" sessions have been held and the last one took place on 25th February, these continue to be received well with around one hundred staff attending.

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

Focus has been maintained on those groups of staff that are more vulnerable to Covid-19, such as those with underlying health conditions, older staff, shielded staff, pregnant women, people from Black, Asian and Minority Ethnic (BAME) backgrounds and men. The guidance requires managers to liaise frequently with staff in any of the increased risk groups in order to support them and to consider if adaptations are needed to their roles. Feedback from staff and managers is that the guidance in place is working well and roles have been adapted. Uptake of the use of the risk assessment continues to be monitored closely to ensure that it has been offered to all vulnerable staff. This is a dynamic process and reviews of completed assessments are required to ensure that mitigation being taken to reduce risks and work role adaptations are effective.

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

Support has been put in place for our staff who are experiencing long covid and this is being developed further. The executive management team have also recognised that as our response to covid stabilises and services recover, that staff are likely to experience further impact on their psychological wellbeing. As the emergency response phase subsides the impact of what staff have lived and worked through will be psychologically processed and symptoms of mental distress and trauma are likely to rise. The executive management team through Gold command have undertaken further work to develop a “Rest and Recovery” plan which will be implemented over the next 12 months, engagement with staff is taking place through a range of forums to ensure that it will meet their needs.

9. Covid-19 Clinical Advisory Group

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

- Continuing to ensure that our covid related changes and interventions do not increase restrictive practices.
- Considering the government “roadmap out of lockdown” and potential implications for our services.
- Reviewed arrangements for vaccinating our inpatients in line with JCVI priority groups.
- Continuing to review clinical pathways to ensure that use of digital technologies promotes inclusion and maintains recovery rates.

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

10. Phase 3 and 4 Planning - Recovery and Restore

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

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

Focus has continued to be on acute hospital trusts elective activity along with some national mental health pressures e.g. Children and Adolescent Mental Health Service (CAMHS) Tier 4 beds. Central to this planning is ensuring local health and care systems remain ready and resilient for the predicted and ongoing Covid-19 response requirements in this period. We have

made submissions to NHSE/I to set out our expected activity across our services and related financial submission have been made too. Guidance was received by the Trust in late December relating to Phase 4 planning requirements and we continue to respond to this.

The Trust continues to work closely with our system partners across a wide range of forums and is focused generally on our plans to achieve an ongoing Covid-19 response, restoration of all usual activity and the usual winter pressures. Our services continue to support the care home sector across our patch by working closely with our local authority partners. The community services in Scarborough, Ryedale and Whitby remain focused on effectively supporting the acute hospitals to achieve timely discharge in line with the updated national guidance.

The Humber Coast and Vale ICS Mental Health and Learning Disability programme is undertaking a programme of work as part of the recovery planning process, significantly progress has been made to develop a Covid-19 resilience hub which is coordinating the emerging mental health demand and need, initially this is focussed on supporting frontline health and social care staff. Recently focus has been on ensuring that optimised plans are in place to address the increasing demand and national pressure on Children and Adolescent Mental Health Service (CAMHS) Tier 4 beds. Demands are very high and bed availability has been depleted due to Covid-19 safe working and infection control requirements. In response to this the Trust has committed to opening at least two of the new intensive care beds at Inspire our CAMHS Tier 4 unit by the end of March.

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

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

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

continue to make progress and enhance our use of digital tools and technology.

11. Conclusion

The Trust continues to manage effectively the impact of Covid-19 within its ongoing EPPR and command arrangements. The current ongoing phase of delivery and planning is crucial to ensure that we can sustain our services supported with adequate capacity to manage the ongoing anticipated increase in demand. Staff health, wellbeing and engagement continues to be paramount to our successful ability to achieve our plans and continued focus will remain on this. The efforts our staff make to keep our patients, their colleagues and themselves safe remains highly impressive and therefore we continue to demonstrate our appreciation for that.

Agenda Item 16

Title & Date of Meeting:	Trust Board Public Meeting – 31 March 2021			
Title of Report:	Strategy Refresh			
Author/s:	Lynn Parkinson/Pete Beckwith Deputy Chief Executive/Director of Finance			
Recommendation:	To approve		To receive & note	<input checked="" type="checkbox"/>
	For information		To ratify	
Purpose of Paper:	The purpose of this paper is to update the board on the proposed approach to refreshing the Trust Strategy.			
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	8 th March 2021
	Mental Health Legislation Committee		Operational Delivery Group	16 th Feb 2021
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report:	<p>The Current Trust Strategy was developed in 2017 and Objectives were refreshed for the period 2019-2022.</p> <p>Service Plans have been refreshed and Plans on a Page appear on the Trusts intranet site.</p> <p>Operational Planning Guidance for 2021/22 is awaited.</p> <p>A timeline for refresh of the Strategy is included for information.</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	✓			
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	

Trust Board

Strategy Refresh Approach

1. Introduction and Purpose

The purpose of this paper is to outline for the Trust Board the proposed approach for refreshing the Trust Strategy.

2. Context

2.1 Current Strategy

Our Trust Strategy was developed in 2017; since its introduction staff have become familiar with our mission, and developed an understanding of, our mission, vision, values and goals and how achievement of them applies to the work of them and their teams.

After the release of the NHS Long Term Plan, which changed the landscape and priorities for health and care systems, we refreshed our Strategic Objectives for 2019-2022.

The Covid-19 pandemic has seen some of the most challenging times that our staff have faced but, due to the hard work and dedication of our teams, we have significantly progressed a number of our strategic objectives at pace.

There remain other objectives where progress has been hindered by events in the last year. In addition, the pandemic has changed the environment in which we are operating, with dramatic increases to demand for services and patient complexity. It is widely acknowledged that we will continue to see short, medium and long term effects on the health and care system.

Our Strategic objectives remain as:

- 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

2.2 NHSE White Paper

The White Paper 'Integration and Innovation' was published in February 2021 and sets out the legislative plans to develop the Integrated Care Systems into dynamic collaborative partnerships between health and the local authority, removing some of the

transactional bureaucracy and enabling strategic decisions across health and care with the overall aim to improve population health outcomes.

Key points in the document include organisations will accelerate collaborative ways of working in the future, in particular:

- Stronger partnerships in places between the NHS, local government, and primary care
- Providers stepping forward in formal collaborative arrangements that allow them to operate at scale
- Developing strategic commissioning through systems with a focus on population health outcomes
- Giving ICSs a firmer footing in legislation, and removing legislative barriers to Integration.

2.3 Planning Guidance

National guidance is still awaited. Previously, it was referenced that Q1 guidance and allocations would have been published by March however detailed guidance for next year is now expected in Q1 of 2021/22.

2.4 Primary Care Networks

The Trust continues to be a key player in a number of the PCNs across the Hull and East Riding area through ownership of practices in those PCNs including:

- Bridlington
- Harthill
- Bevan

We also continue to actively participate in other PCNs across the geography. It should be noted that PCNs, through the ARRS programme, will begin to commission staff and later services over the medium to longer term.

2.5 Provider Collaborative

The HC&V Mental Health Provider Collaborative continues to be the key platform for the collaboration of the NHS providers of mental health services across the ICS and, as such, is an integral element of the Trusts strategic agenda.

3. Approach

The following is the proposed approach to refreshing the strategy:

- Work has already commenced to establish our current position and review what good looks like against each of the strategic Goals. This will be completed by June 2021 and provide a framework to monitor progress.
- Following the finalisation of the service plans, each Division has now developed a plan on a page which draws out their key focus for the coming year. These are available on the Trusts intranet site.
- Work will take place between October 2021 and Sept 2022 to refresh the Strategy which will be brought to the Board in October 2022, a detailed timeline is attached at appendix A.

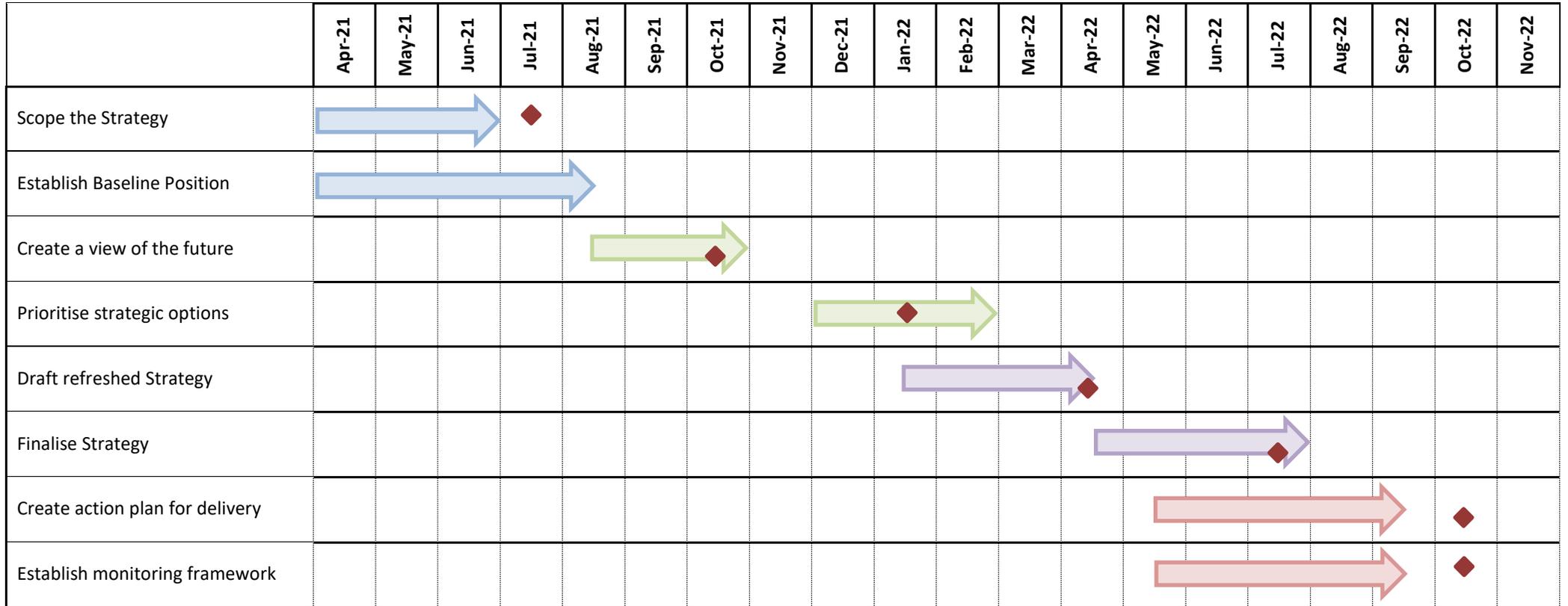
Establishing our baseline includes:

- Working with Primary Care Networks, Public Health, Commissioners, Humber Coast and Vale ICS, patients and carers to understand the needs, challenges and priorities of those we serve at a 'Place' and system level
- Understanding our staff survey performance, both as it is now but also how priorities may change in view of national guidance for shared responsibility for system financial sustainability and the changes to health and care delivery that will be brought about through the implementation of the Health and Care Bill in 2022
- Understanding current demand for services, increasing patient complexity and any inequities in service delivery, linking with service plans

4. Recommendation

The Board is asked to note the contents of this report.

Appendix A Proposed timeline for Strategy Refresh



KEY

-  Work Stream One
-  Work Stream Two
-  Admin and Coordination
-  Work Stream Three

 Potential Opportunity for Council of Governor Review

Agenda Item 17

Title & Date of Meeting:	Trust Board Public Meeting– 31 st March 2021			
Title of Report:	Operational and Service Planning 2021/2022			
Author/s:	Jon Duckles, Head of Business Development			
Recommendation:	To approve		To receive & note	<input checked="" type="checkbox"/>
	For information		To ratify	
Purpose of Paper:	The Purpose of this paper is to update the Board in relation to Operational Planning, progress to date on development of Divisional Service Plans and a proposed Operational Plan on a (web) Page.			
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	✓
	Mental Health Legislation Committee		Operational Delivery Group	✓
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report:	<p>This report outlines the current national position around Operational Planning Guidance for 21/22 and outlines the Trust's Divisional Service Planning process in line with the anticipated publication of the Operational Planning Guidance in April 2021.</p> <p>The report also outlines the development of the "Plan on a Page" process which has been developed in partnership between Divisional and Corporate services.</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	✓			
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	

Trust Board Operational Plan Update

1. Introduction and Purpose

The Purpose of this paper is to update the Board in relation to Operational Planning, progress to date on development of Divisional Service Plans and a proposed Operational Plan on a (web) Page.

2. Context

The Operational Planning Guidance for 2021/2022 has not yet been published due to the ongoing pressures of Covid 19 and is expected early April 2021. As such, operational planning is currently paused. However, by way of guidance, Amanda Pritchard (CEO NHS I) and Julian Kelly (NHS CFO) wrote to senior leaders on 23rd December 2020 outlining operational priorities for winter 2020/21 which included an overview of the 2021/22 Financial Framework.

Priorities identified in the letter where to continue to:

- Recover non-Covid services
- Strengthen delivery of local people plans
- Address Health Inequalities that Covid had exposed
- Accelerate the planned expansion in mental health services through delivery of the Mental Health Investment Standard
- Prioritise investment in primary and community care, to deal with the backlog and likely increase in care required for people with ongoing health conditions
- Build on the development of effective partnership working at place and system level.

At the time of writing, the full financial settlement for the NHS until was unknown and reflected uncertainty over direct Covid-19 costs however the key features of the 21/22 financial framework included:

- Revenue to be distributed at a system level in line with the Long Term Plan financial settlement
- Systems and organisations should start to develop plans for how Covid-19 costs can be reduced and eliminated once the NHS begins to exit the pandemic
- System capital envelopes to be allocated based on a similar national quantum and using a similar distributional methodology to that introduced for 2020/21 capital planning.

3. Divisional Service Planning

In order to support Divisions and in anticipation of April's Operational Planning Guidance the Trust have proactively developed Divisional Service Plans which built upon the Phase 3 planning undertaken during the initial Covid 19 response in June 2020. These Service

Planning documents identify the key transformational and service change priorities for each Division, and cross reference them throughout to inform the workforce, finance, estates and other corporate support that is required to enable delivery.

It is anticipated that each Divisional Service Plan will be a live document that will be updated and refined as required and ongoing monitoring of delivery against the Plans, and escalations of challenges and blockages, will be the responsibility of the Service Planning and Transformation Group. The timeline associated with this work can be seen in Appendix 1.

It is felt that this work will support the Trust in its response to the 2021/22 planning guidance and allow Divisions to progress work at pace as the deliver both business as usual and any transformation work that has been identified.

4. Plan on a Page

The Strategy and Business Development team were also tasked to produce an “Operational Plan on a Page” for consideration by the Executive Management Team.

The Plan on a Page was co-produced with Divisional and Corporate colleagues in two phases:

- **Phase 1:** Establishing a stocktake against the specific priorities that were included in the 2020/2021 Operational Plan to identify those that had been achieved and those where progress had been delayed due to Covid 19 and required carrying forward to 202/2022.
- **Phase 2:** Working with all divisions and corporate services to establish their greatest successes for 2020/2021 and high level priorities for 2021/2022.

To ensure coherence with the Trust Strategy, all successes and priorities have been aligned to the Strategic Goals providing an interactive page allowing the Trust to celebrate successes and share the organisational priorities.

The Communication and Marketing team worked with the Strategy and Business Development Manager to ensure that the output from this piece of work is available on the Trust’s internet site.

The page can be viewed here:

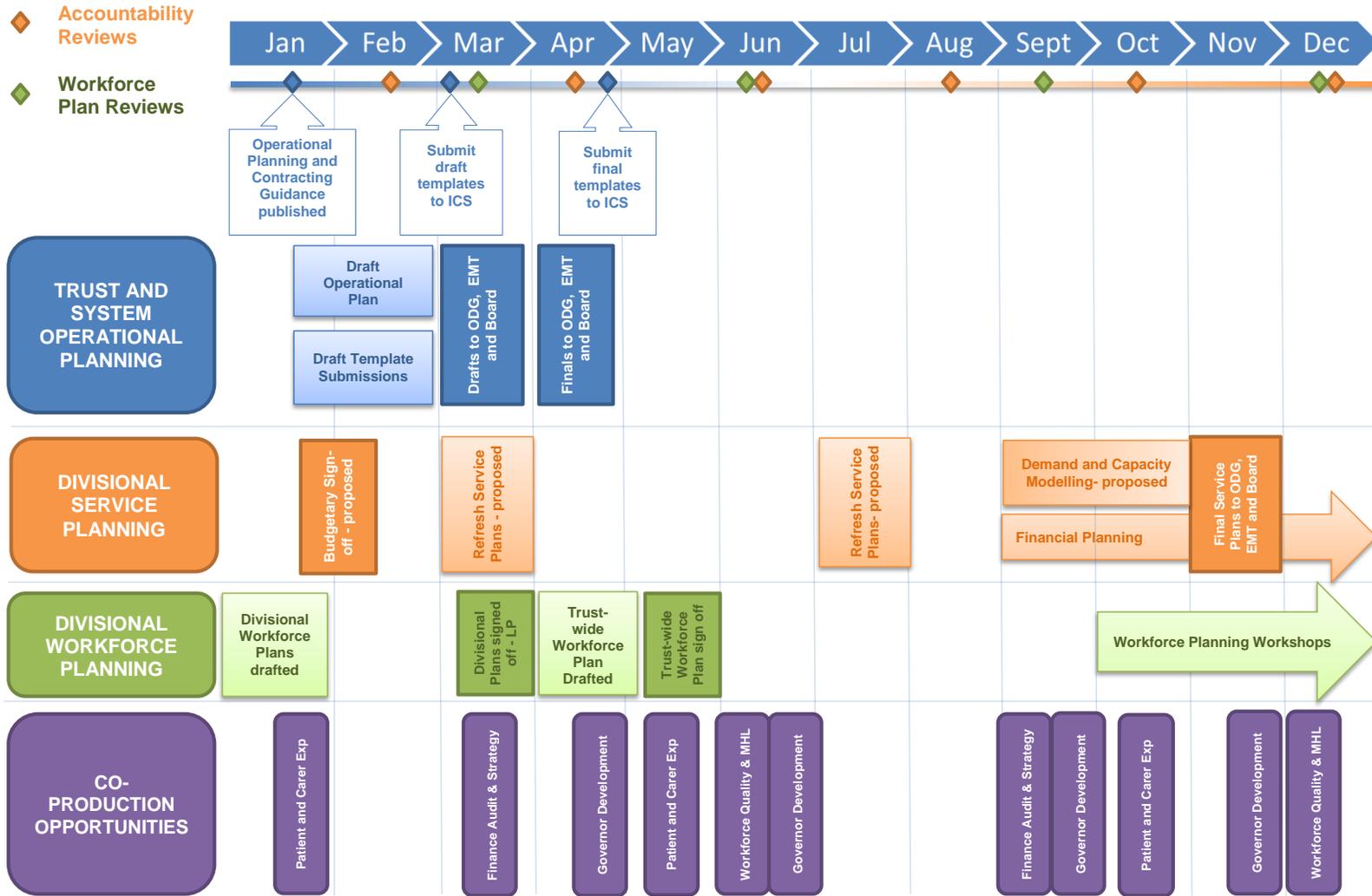
<https://www.humber.nhs.uk/operational-plan-on-a-page.htm>

Whilst this work has not been fully completed, each area will be asked to identify 3 priorities which will support the production of a physical document which will communicate the Trust’s plan on a single document, the draft of which is attached at appendix 2.

5. Recommendation

The Board are asked to note the current position in relation to Operational Planning.

Appendix 1: Divisional Planning Timeline



Mission
Humber Teaching NHS Foundation Trust – A multi-specialty health and social care teaching provider committed to Caring, Learning and Growing.

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

Values

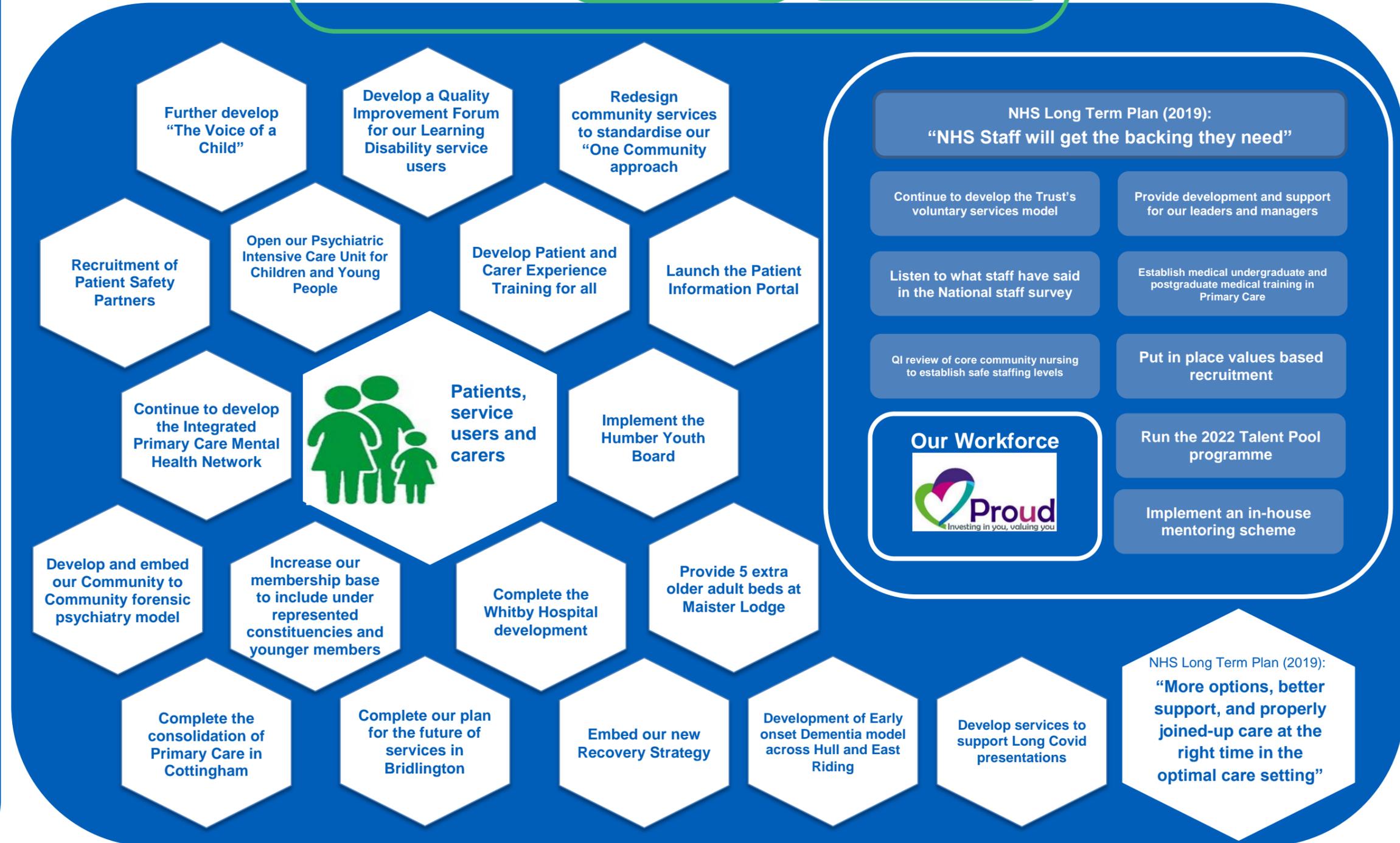
- CARING** for people while ensuring they are always at the heart of everything we do.
- LEARNING** and using proven research as a basis for delivering safe, effective, integrated care.
- GROWING** our reputation for being a provider of high quality services and a great place to work.

Goals

- Innovating quality and patient safety.
- Enhancing prevention, wellbeing and recovery.
- Fostering innovation, partnership and alliances.
- Developing an effective and empowered workforce.
- Maximising an efficient and sustainable organisation.
- Promoting people, communities and social values.

NHS Long Term Plan
“Future-proof the NHS for the decade ahead”

- Make the necessary changes to embrace new mental health legislation
- Finalise our preferred Mental health Inpatient Model by September 2021 and progress towards the new build
- Develop our technology plan
- Support for Delivery
- Revise the recruitment policy and implement the recruitment toolkit
- Develop our medium term financial strategy



OPERATIONAL PLAN PRIORITIES 2021/2022

Mission

Humber Teaching NHS Foundation Trust – A multi-specialty health and social care teaching provider committed to Caring, Learning and Growing.

Vision

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

Values

CARING

for people while ensuring they are always at the heart of everything we do.

LEARNING

and using proven research as a basis for delivering safe, effective, integrated care.

GROWING

our reputation for being a provider of high quality services and a great place to work.

Goals



Innovating quality and patient safety.



Enhancing prevention, wellbeing and recovery.



Fostering innovation, partnership and alliances.



Developing an effective and empowered workforce.



Maximising an efficient and sustainable organisation.



Promoting people, communities and social values.

CELEBRATING OUR SUCCESSES



Innovating quality and patient safety

Implemented a Peer Review schedule for all CQC registered services across the Trust and established a Peer Review Group

Rolled out Lorenzo Electronic Prescribing to improve the quality of our patient-centred medication management and improve prescribing safety

Achieved White Ribbon Accreditation for our commitment to changing cultures that lead to gender-based violence

Nearly 300 staff have attended the virtual Quality Improvement training programme since its launch

The Quality Improvement Week saw us celebrate seven Quality Improvement stories with over 240 attendees

Development of an Acute Community Treatment Service for our older population with mental health conditions as an alternative to hospital admission

Introduced a holistic Trusted Assessor model across all community services provided in North Yorkshire

Completed a self-assessment against the 'Safe' domain and action plan put in place to achieve 'Good' for all services

Addressed all gaps in NICE compliance

Rolled out 'Greatix' to recognise excellence in patient safety

Participated in the 'Urgent Public Health' research undertaken to inform fast and effective responses to Covid-19, helping to find new treatments and contributing to real-time information nationally and internationally

Widened the reach of our research studies through adapting ways of working to enable recruitment to research studies to continue remotely

Held our first Virtual Research Conference, accessed by over 300 people including international delegates representing more than 50 organisations and multiple professional groups



Enhancing prevention, wellbeing and recovery

The Trust's psychological support service has worked tirelessly to support staff wellbeing during the pandemic

Market Weighton Practice was confirmed as the winner of the General Practice Award for Clinical Improvement for Chronic Conditions

Achieved White Ribbon Accreditation for our commitment to changing cultures that lead to gender-based violence

Introduced the Shiny Minds App to support the improvement of wellbeing and resilience of our staff

Developed online, bitesized pilates sessions to support staff to prevent MSK problems

Introduction of a self-referral MSK service open to all staff

Introduced a Hospital Discharge Service in North Yorkshire to expedite patient flow from the acute trusts

The success of our substance misuse community rehabilitation programme has reduced demand for inpatient detoxification

Launched our new Recovery College on-line delivery platform

Opened Inspire, our CAMHS inpatient unit, providing essential care for our children and young people who would previously had be cared for outside of the local area

Launched our Specialist Community Forensic Service, supporting the repatriation or discharge of eight patients so far

Our Primary Care Team in Secure Services has ensured we have been able to achieve an exceptional parity of physical health care in our patient population

Social Prescribing Primary Care Network development expanding roles across a number of PCNs and increasing the staffing workforce

Our Social Prescribing Team were shortlists for National Team of the Year ward



Fostering integration, partnership and alliances

Primary Care Mental Health Network has progressed with integration across three PCN areas and are evidencing clear, joined up working between primary care and community mental health services

Commenced implementation of our new model for community mental health services, increasing the number of people with complex emotional needs accessing specialist community services by 77% and providing community base mental health care for an additional 700 new patients

Continued success working across the system with partners and the Integrated Care System

Partnered with MIND to provide a 24/7 mental health support line

Working in partnership with the Integrated Care Centre Frailty Team, we have increased our mental health support in care homes across Hull and East Riding



Developing an effective and empowered workforce

76 areas of significant improvement in the 2020 NHS Staff Survey compared to 2019 results

Leadership and staff support during the pandemic

Implemented Poppulo to streamline and increase the effectiveness of staff communication

Made significant progress reducing our establishment vacancies towards our 2022 goal of 10%, in particular by reducing our hard to recruit consultant, GP and nursing posts

Recruited and deployed 21 Medical Student Volunteers during the pandemic to support our psychiatric inpatient units and GP practices

Development of a Clinical Teaching Fellow role to contribute directly to undergraduate teaching

Live streamed the interactive recruitment event 'Murder in Mind – The Psychiatric Aspects of Homicide to encourage medical students and junior doctors to consider a career in psychiatry

Launch of the 'Humbelievable' Recruitment Campaign

Promoted a culture of service redesign and further integration of multidisciplinary teams, new roles working across disciplines and organisational boundaries, and further development of links with university partners, to support ongoing recruitment and retention

Recruited to 100% of posts within our Complex Emotional Needs service and 80% of post within the redesigned core community mental health service

Continued our Senior Leadership Development Programme and launched our Leadership Development Programme for 120 senior leaders and 150 leaders

Refreshed our Senior Leadership Forum and launched our Leadership Forum

Embedded our Behavioural Framework into our appraisal process

Refreshed our workforce policies, procedures and toolkits

Developed a programme of engagement for bank workers, including the launch of a bank staff satisfaction survey, annual review and induction

Introduced a robust and inclusive Workforce Planning Toolkit and cycle for the Trust

Collaboratively delivered a Workforce Plan to ensure that we have the right staff in the right place at the right time

Developed and delivered an HR Business Partnering Programme

Increased funding for staff training and delegated directorate budgets for staff engagement

Launched 'MyCompliance' and training booking directly onto ESR employee self service

Modernised the training estate and equipment

Introduced a new appraisal window, policy and toolkits to support annual conversations

Introduced an annual talent and development conversation within the Appraisal Framework

Introduced a High Potential Development Scheme aimed at our band 2 - 7 staff in any role

Supported funded opportunities to access the NHS Leadership Academy programmes

Introduced Executive Coaching for Senior Staff

Supported BAME staff with applications to the Leadership Academy Step Up Programme

Rebuilt our recruitment offer and launched TRAC, an end to end recruitment system that interfaces with NHS Jobs and ESR

Launched and refocussed our staff networks including LGBT+, Humber Ability and BAME

Set up an Equality, Diversity and Inclusion Group with cross representation from our workforce

Reviewed our recruitment and selection training to include equality and diversity considerations

Implemented Bullying and Harassment training for managers



Maximising an efficient and sustainable organisation

Rapidly introduced and expanded the use of digital platforms for virtual consultations with patients and virtual meetings for staff

Strengthened our governance frameworks through the pandemic

Refreshed our Trust Brand, implementing a new visual identity the demonstrates our diversity and the Trust we aspire to be in the future

Relaunch of the Trust's website

Commenced our interim refurbishment of existing mental health inpatient units

Improved the financial resilience and sustainability of our Primary Care services

Ensured that our buildings were Covid safe to protect our staff

Continuing our strong financial governance throughout the pandemic, facilitating and monitoring the flow of funding through the Covid funding arrangements



Promoting people, communities and social values

Produced three films in relation to how the Chaplaincy, SMASH and Voluntary Services responded to the pandemic for the National Story Telling Initiative

Extended our Patient and Carer Experience forums with seven different virtual forums offering patients, service users, carers, staff and partners to get involved in Trust activities

Agreed a contract that will move the Trust to 100% green energy/renewable electricity with effect from 2021

Continued with our ambitious Equality, Diversity and Inclusion improvement strategy to ensure that all staff, patients, carers, and stakeholders are included without exception

Development of the Lived Experience agenda through involving service users in the delivery of training from the perspective of receiving services

Developed a Volunteer-led telephone befriending service that now has 40 volunteers befriending 100 service users

Extended our Volunteer Service to North Yorkshire via a pilot scheme that will see new volunteering roles in Whitby and Malton

Simplified Mental Health Act processes for staff and reorganised Associate Hospital Managers Hearings to be delivered remotely, ensuring that patients are aware of their rights and can have their voice heard

Shifted our culture to embracing neuro-diverse conditions inclusively for both adults and children

Health Stars provided over five thousand wellbeing hampers for staff during the pandemic when getting food from supermarkets was challenging

Health Stars supported us to become one of the first trusts to introduce 'Wobble Rooms' across the Trust to provide staff with a safe space to gather their thoughts and emotions in a dignified way

YOURHealth team supported over 10,000 contacts during the pandemic between April and July 2020

Agenda Item 18

Title & Date of Meeting:	Trust Board Public Meeting - 31 st March 2021			
Title of Report:	Q4 2020/21 Board Assurance Framework			
Author/s:	Oliver Sims Corporate Risk and Compliance Manager			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	The report provides the Trust Board with the Q4 2020/21 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	02/2021	Remuneration & Nominations Committee	
	Quality Committee	02/2021	Workforce & Organisational Development Committee	03/2021
	Finance & Investment Committee	02/2021	Executive Management Team	03/2021
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report:	<ul style="list-style-type: none"> Progress against the aligned risks is reflected within the framework to highlight the movement of current risk ratings from the previous position at Quarter 3 2020/21. The format allows for consideration to be given to the risks, controls and assurances which enables focused review and discussion of the challenges to the delivery of the organisational objectives. Each of the Board Assurance Framework sections continue to be reviewed by the assigned assuring committee alongside the recorded risks, to provide further assurance around the management of risks to achievement of the Trust's strategic goals. <p>Overview of Board Assurance Framework from Quarter 3 2020-21 to Quarter 4 2020-21.</p> <ul style="list-style-type: none"> Relevant risks from the Humber, Coast and Vale Provider Collaborate risk register have been aligned to the Trust's Board Assurance Framework where required and an additional section has been added for each strategic goal to reference these risks. 			

	<p>Strategic Goal 1 – Innovating Quality and Patient Safety</p> <ul style="list-style-type: none"> - Overall rating maintained at Yellow for Quarter 4 2020/21. <p>Strategic Goal 2 – Enhancing prevention, wellbeing and recovery</p> <ul style="list-style-type: none"> - Overall rating maintained at Amber for Quarter 4 2020/21. - <p>Strategic Goal 3 – Fostering integration, partnerships and alliances</p> <ul style="list-style-type: none"> - Overall rating maintained at Green for Quarter 4 2020/21. <p>Strategic Goal 4 – Developing an effective and empowered workforce</p> <ul style="list-style-type: none"> - Overall rating maintained at Yellow for Quarter 4 2020/21. <p>Strategic Goal 5 – Maximising an efficient and sustainable organisation</p> <ul style="list-style-type: none"> - Overall rating maintained at Yellow for Quarter 4 2020/21. <p>Strategic Goal 6 – Promoting people, communities and social values</p> <ul style="list-style-type: none"> - Overall rating maintained at Green for Quarter 4 2020/21.
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Monitoring and assurance framework summary:

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

Quality Impact	√			To be advised of any future implications as and when required by the author
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					31 st March 2021						
Strategic Goal	Assurance Level	Reason for Assurance Level	Executive Lead	Assuring Committee	Risk Appetite	Assurance Rating					Highest current risk
						Q 4	Q 1	Q 2	Q 3	Q 4	
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	Y	Y	Y	Y	12
Enhancing prevention, wellbeing and recovery	A	Robust monitoring arrangements developed through monthly operational delivery group to monitor waiting times. Areas of long waits reviewed and monitored through ODG and Quality Committee. COVID-19 command structure established and regular situation reporting detailing operational management and business continuity arrangements. Impact to Trust services and waiting list targets impacted as a result of COVID-19 national situation. Significant impact to children and young people's services due to significant reduction in referrals which may lead to peak in demand as schools reopen.	Chief Operating Officer	Quality Committee	SEEK	Y	A	A	A	A	16
Fostering integration, partnership and alliances	G	Active engagement continues across all stakeholder groups with demonstrable benefits. Trust taking active role in partnership work. Chief Executive involvement in core HCV planning group alongside the North Yorkshire and York (NYY) and Humber system work, as well as participating in a small national working group on Mental Health recovery. Ongoing work will influence and feed into the wider system. HCV has been successful in the application to become an Integrated Care System (ICS) which indicates confidence in the area and its leaders.	Chief Executive	Audit Committee	MATURE	G	G	G	G	G	6
Developing an effective and empowered workforce	Y	Statutory and mandatory training performance remains above target (89.8% at January 2021 against target of 85%). Rolling 12 month sickness performance has increased compared to 12 months ago. Overall turnover remains reduced compared to 12 months previous. 102.3 (FTE) Nursing vacancies as at January 2021 compared with 103.5 (FTE) in January 2020. 14.7 consultant vacancies as of January 2021.	Director of Workforce and OD	Workforce and OD Committee	SEEK	Y	Y	Y	Y	Y	16
Maximising an efficient and sustainable organisation	Y	Trust financial position Month 10 2020/21 reported year-to-date break even. The Covid-19 Block Payments to the Trust are based on previous year's figures and have been updated to include funding for Mental Health Investment Standards and Transformation funding. Cash position has stabilised and the Trust has maintained BPPC above 90% throughout 20/21 for non-NHS invoices. The Trust has continued to monitor progress against the budget reduction strategy. The Trust has identified surplus estate and Board have approved disposals.	Director of Finance	Finance and Investment Committee	SEEK	G	Y	Y	Y	Y	15
Promoting people, communities and social values	G	Place plans and Patient Engagement Strategy implemented and positive service user surveys received. Social Values Report launched and a section has been incorporated into the annual report. More work is to be undertaken to promote service users/ care groups. NHSI videos launched. Co-production work continues with regular meetings. Involvement with local groups.	Chief Executive	Quality Committee	SEEK	G	G	G	G	G	9

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

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

Positive Assurance		Negative Assurance		Gaps in Assurance
Assurance	Source	Assurance	Source	What do we not have
<ul style="list-style-type: none"> - Audit and Effectiveness Group which receives 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 - 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	'Requires Improvement' rating for Safe domain in CQC report.	Trust Board CQC Report	Good rating in 'safe' domain for CQC rating. Full assurance around compliance with CQC KLOE in respect of the Safe domain.

Objective	Key Risk(s)	Q3 20-21 Rating	Q4 20-21 Rating	Target	Movement from prev. Quarter
Embed the characteristics needed to be recognised as a High Reliability Organisation	NQ37 – Inability to meet Regulation 18 HSCA (RA) Regulations 2014 regarding Safer Staffing.	6	6	3	
	NQ38 – Inability to achieve a future rating of 'good' in the safe domain at CQC inspection.	9	12	6	
	NQ48 – Currently the quality of staff supervision is unknown by the Trust which may impact on effective delivery of Trust services	12	12	3	
	OPS11 – Failure to address waiting times and meet early intervention targets which may result in increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	-	16	8	New Risk
Understanding of our local population's health needs to inform service planning, design and transformation	Command Risk 47 – As a result of the COVID-19 national emergency, there has been an increase in the number of domestic violence / safeguarding issues which may impact on the safety of service users and staff.	12	12	4	
Provide evidence based, innovative models of care that function as part of the integrated care system, developed in collaboration with patients, carers and commissioners that is clearly understood by the teams and improves the safety of patients within the local and wider system	No risks identified.				
Our research approach will be maximised through education and teaching initiatives and will support local priorities and influence our service user priorities					

Key Controls	Sources of Assurance – Reporting Mechanisms
(NQ37) Routine monitoring of staffing establishments and daily staffing levels.	6-month safer staffing report.
(NQ37) Validated tool to agree establishments	
(NQ37) Consideration of nursing apprenticeships and nursing associate roles and greater use of the wider multi-disciplinary team in providing clinical leadership to units	Quality Committee Trust Board
(NQ38) Trust self-assessment against CQC standards.	Quality Committee Trust Board
(NQ38) Review undertaken of safety across Trust services.	
(Command Risk 47) Guidance issued to staff and information sent out through Covid-19 and weekly communication updates.	NQ directorate silver meetings. Silver Command Gold Command Trust Board

Gaps in Control	Actions
(NQ38) Robust oversight of audit outcomes within the Divisional Governance structures	Divisions to develop 6-monthly audit plans led by clinical leads to be monitored via AEG and implemented/monitored via QPaS and through the accountability reviews (30/06/2021)
(NQ38) SI and SEA action plans consistently delivered within agreed timescale.	Targeted action to address overdue action plans. Evidenced through the Quarterly SI/SEA assurance report to QPaS (30/06/2021)
(NQ38) Refreshed process for sharing the learning processes within divisions to support learning from incidents shared at team/ward level	Implementation of quarterly learning from 'Five-minute Focus' (30/06/2021)
(OPS11) Work to understand issues for all services with waiting times issues with some areas breaching 18 weeks and 52 weeks waiting times targets.	Review of all services with high levels of waiting times and development of service-level recovery plans (Review at 30/06/2021)
(OPS11) Waiting times issues for some services have been compounded by Covid-19 situation and associated changes to working arrangements.	Introduce waiting list performance dashboard for review as part of Trust accountability review processes (Review at 30/06/2021)
(OPS11) Process for mitigating risks to individual patients based on length of waits.	Implementation of method for robust oversight of waiting list and patient risks for all Trust service areas (Review at 30/06/2021)

BOARD ASSURANCE FRAMEWORK - COMMISSIONING RISKS				Assurance Level	Q4	Q1	Q2	Q3	Q4
STRATEGIC GOAL 1	INNOVATING QUALITY AND PATIENT SAFETY	Lead: Programme Lead – Commissioning – Provider Collaborative	Lead Committee: Commissioning Committee		A	Y	Y	Y	Y

Objective	Key Risk(s)	Q3 20-21 Rating	Q4 20-21 Rating	Target	Movement from prev. Quarter
Embed the characteristics needed to be recognised as a High Reliability Organisation	(CC2) Quality of care provided by partner providers within the Provider Collaborative which will affect HCV ability to ensure safe and effective outcomes for service users receiving care	-	12	8	New Risk
Understanding of our local population’s health needs to inform service planning, design and transformation	No commissioning risks currently identified.				
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					
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
(CC2) NHS E continuing to lead on quality until Go Live	Monthly reporting to NHS E/I. Partner providers within the HCV PC. CQC review and ratings. Quality Standard Eating Disorder monitoring and Secure Quality Network Review
(CC2) HCV PC is monitoring provider quality utilising CQC ratings and any intelligence shared by NHS E/I	
(CC2) HCV PC team is in contact with providers directly and has shared plans for future quality metrics.	
(CC2) HCV PC has undertaken quality assurance due diligence.	

Gaps in Control	Actions
(CC2) HCV PC to implement ongoing quality assurance function.	Quality assurance role to be transferred to HCV PC from NHS E/I at Go Live (01/07/2021)
(CC2) Due diligence - two providers not followed up adequately.	Ongoing meetings with NHSE and regional team to seek clarification around quality assurance - 31/03/2021
(CC2) No clarity in terms of monitoring from current quality position to where they need to be (plans provided)	Work stream quality assurance reporting to commence 01/04/2021 provisionally / formally responsible from go-live

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

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

Objective	Key Risk(s)	Q3 20-21 Rating	Q4 20-21 Rating	Target	Movement from prev. Quarter
Work in partnership with our service users, carers and families to optimise their health and wellbeing Optimise peoples recovery and build resilience for those affected by Long Term Conditions	OPS08 – Failure to equip patients and carers with skills and knowledge need via the wider recovery model.	9	9	3	↔
Prevention and Making Every Contact Count will be at the core of our strategy to optimise expertise for physical and mental health across our teams and the people they care for	OPS05 – Inability to meet early intervention targets (national – IAPT,EIP, Dementia)	6	6	3	↔
	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	↔
	OPS11 – Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	-	16	8	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 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	12	4	↓
	Command Risk 7 – As a result of COVID-19 related absences included sickness and staff being in isolation, there may be staffing level shortfalls which could impact on patient and staff safety and continued delivery of services.	16	8	4	↓

Key Controls	Sources of Assurance – Reporting Mechanisms
(OPS11) Work underway with Divisions to address three areas of challenges currently (Children's ADHD / ASD, Memory Assessment Service, Department of Psychological Medicine)	Reports to demonstrate waiting list performance to Trust Board, Quality Committee and Operational Delivery Group. Quality impact on key identified areas monitored via Quality Committee. Weekly divisional meetings with Deputy COO around waiting list performance.
(OPS11) Local Targets and KPIs.	
(OPS11) Close contact being maintained with individual service users affected by ongoing issues.	

Gaps in Control	Actions
(OPS11) Work to understand issues for all services with waiting times issues with some areas breaching 18 weeks and 52 weeks waiting times targets.	Review of all services with high levels of waiting times and development of service-level recovery plans (Review at 30/06/2021)
(OPS11) Waiting times issues for some services have been compounded by Covid-19 situation and associated changes to working arrangements.	Introduce waiting list performance dashboard for review as part of Trust accountability review processes (Review at 30/06/2021)
(OPS11) Process for mitigating risks to individual patients based on length of waits.	Implementation of method for robust oversight of waiting list and patient risks for all Trust service areas (Review at 30/06/2021)
(OPS11) Issues around monitoring arrangements / governance in terms of performance.	Increase governance arrangements to ensure that there is rigour and governance in place to ensure patients are treated in chronological order and according to level of risk based on use of risk stratification tool (Review at 30/06/2021)

BOARD ASSURANCE FRAMEWORK - COMMISSIONING RISKS				Assurance Level	Q4	Q1	Q2	Q3	Q4
STRATEGIC GOAL 2	ENHANCING PREVENTION, WELLBEING AND RECOVERY	Lead: Programme Lead – Commissioning – Provider Collaborative	Lead Committee: Commissioning Committee		Y	A	A	A	A

Objective	Key Risk(s)	Q3 20-21 Rating	Q4 20-21 Rating	Target	Movement from prev. Quarter
Work in partnership with our service users, carers and families to optimise their health and wellbeing	No commissioning risks currently identified.				
Optimise peoples recovery and build resilience for those affected by Long Term Conditions					
Prevention and Making Every Contact Count will be at the core of our strategy to optimise expertise for physical and mental health across our teams and the people they care for.	(CC5) Increased referrals for CYP with Eating Disorder is resulting in increased waiting times within the Community and increase in hospital admissions - both MH and Paediatric	-	16	8	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 commissioning risks currently identified.				
Enhance prevention of illness and improve health and wellbeing of our staff, both physically and emotionally					

Key Controls	Sources of Assurance – Reporting Mechanisms
(CC5) Weekly monitoring of Inspire and Mill Lodge bed reports and capacity.	Updates to Commissioning Committee Updates to Provider Collaborative Oversight Group
(CC5) CAMHS Work Stream meeting which reviews community and in-patient provision across HCV.	Updates to EMT
(CC5) Working closely with NHS E who currently Case Manage and Commission CAMHS in-patient to understand pressures.	

Gaps in Control	Actions
(CC5) Adequate community provision, concern re historic investment by CCGs into community provision, concern re limited specialist staff available nationally to support CYP ED.	Each Trust Community/In-patient within HCV to monitor the waiting times and service pressures (01/04/2021) Ensure CYP who are clinically safe to discharge from hospital are able to do so in a timely way to increase in-patient capacity (30/06/2021)
(CC5) A bid has been submitted to NHS E for additional financial resource to support community and in-patient CAMHS ED.	Outcome of NHS E bid of £1.8 million for 3 years additional investment into CYP ED (31/03/2021)

BOARD ASSURANCE FRAMEWORK - COMMISSIONING RISKS				Assurance Level	Q4	Q1	Q2	Q3	Q4
STRATEGIC GOAL 3	FOSTERING INTEGRATION, PARTNERSHIPS AND ALLIANCES	Lead : Programme Lead – Commissioning – Provider Collaborative	Lead Committee: Commissioning Committee			G	G	G	G

Objective	Key Risk(s)	Q3 20-21 Rating	Q4 20-21 Rating	Target	Movement from prev. Quarter
Be a leader in delivering Sustainability and Transformation Partnership plans	(CC12) As a result of the Trust's position as Lead Provider for the HCV Provider Collaborative, it may be affected by elements of commissioning which could impact the Trust's reputation as a provider organisation	-	12	4	New Risk
We will be clear about what we offer, who we offer it to and how we work with others	No commissioning risks currently identified.				
Continue to provide opportunities for all service users, patients, carers, families, staff and communities to influence service planning and design					
Demonstrate increased collaboration with system partners to maximise efficiency and effective use of resources available across health and social care services.	(CC3) Should neighbouring or wider England Provider Collaborative repatriate people closer to home, then this could destabilise independent and NHS healthcare providers and overall reduce availability of specialised services leading to an inability in identifying high-quality in-patient placements for HCV patients	-	12	4	New Risk
Host partner organisations' staff and vice versa, to enable system workforce resilience	No commissioning risks currently identified.				

Key Controls	Sources of Assurance – Reporting Mechanisms
(CC12) Investigation arrangements / patient care feedback	Commissioning Committee established Work streams (CAMHS , Adult Secure , Adult Eating Disorders) oversight group Quality Assurance
(CC12) Contracting mechanisms to ensure contracted provider are financially secure and have assurance to this effect	
(CC12) Investigation of soft intelligence.	
(CC12) Positive relationships building for early alert systems.	
(CC3) NHS E/I are monitoring utilising bed plans and bed modelling returns from each PC.	Monthly reporting to NHS E/I. Engagement with wider PCs

Gaps in Control	Actions
(CC12) Humber currently coordinating but has not yet taken on lead provider role - behaviour of partner organisations within collaborative will impact on Trust as accountable organisation within the collaborative.	Monitoring via work stream meetings (30/06/2021)
	Work stream quality assurance reporting to commence 01/04/2021 provisionally / formally responsible from go-live
(CC3) HCV PC arrangements for monitoring repatriation plans of other PCs.	HCV PC will work with neighbouring PC and NHS E to monitor closely repatriation plans of PCs (01/04/2021)

BOARD ASSURANCE FRAMEWORK - PROVIDER RISKS				Assurance Level	Q4	Q1	Q2	Q3	Q4
STRATEGIC GOAL 4	DEVELOPING AN EFFECTIVE AND EMPOWERED WORKFORCE	Lead Director: Dir. of Workforce and OD	Lead Committee: Workforce and OD Committee		Y	Y	Y	Y	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 (89.8% at January 2021 against target of 85%).	Workforce Insight Report
- Workforce Recruitment and Retention Steering Group.	
- Nursing Recruitment Manager in post.	Audit Committee
- Ongoing workforce risk actions reviewed by Workforce Recruitment and Retention Steering Group.	
- Sickness levels below Trust target at 4.54% (January 2021)	

Negative Assurance	
Assurance	Source
- Increased vacancy levels for Registered Nurse, Consultant and GP roles.	Trust Board
- Rolling turnover remains above Trust target and national median.	Workforce and OD Committee
- 102.3 (FTE) Nursing vacancies as at January 2021 compared with 103.5 (FTE) in January 2020.	Workforce Insight Report
- 14.7 consultant vacancies as of January 2021.	

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)	Q3 20-21 Rating	Q4 20-21 Rating	Target	Movement from prev. Quarter
Development of a health and engages organisational culture, clinical and support services working together as "One Team" to free up time for patient care.	WF07 – The quality of leaders and managers across the Trust is not at the required level which may impact on ability to deliver safe and effective services.	6	6	3	↔
Enable transformation and organisational development through shared leadership.					
Optimise the staffing profile to ensure delivery of high quality care. Demonstrate that we are a diverse and inclusive organisation.	WF03 – Level of qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	15	15	10	↔
	WF04 – Inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	15	15	10	↔
	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	↔
	WF10 – With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	15	15	10	↔
	Command Risk 7 – As a result of COVID-19 related absences included sickness and staff being in isolation, there may be staffing level shortfalls which could impact on patient and staff safety and continued delivery of services.	16	12	4	↓
	WF25 – Current Consultant 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	10	New Risk
	WF26 – Current 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.	-	12	8	New Risk
Increase our service offer to support work in partnerships with the STP/ICS and PCNs to optimise the workforce within the system.	No risks identified				
Ensure a well-trained digital ready workforce.	No risks identified				

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

Gaps in Control	Actions
(WF25) National workforce shortages (Consultants)	Completion of work on the Medical staffing model (31/03/2021)
(WF03) Expansion of new clinical roles needed.	Development and expansion of new roles such as Associate Practitioners and Advanced Clinical Practitioner roles (31/03/2021)
(WF03) International recruitment programme.	Development of an international recruitment programme (31/03/2021)
(WF03) Expansion of new clinical roles needed.	Review of recommendations from establishment review and alignment to WFOD plans (30/06/2021)

BOARD ASSURANCE FRAMEWORK - COMMISSIONING RISKS				Assurance Level	Q4	Q1	Q2	Q3	Q4
STRATEGIC GOAL 4	DEVELOPING AN EFFECTIVE AND EMPOWERED WORKFORCE	Lead: Programme Lead – Commissioning – Provider Collaborative	Lead Committee: Commissioning Committee		Y	Y	Y	Y	Y

Objective	Key Risk(s)	Q3 20-21 Rating	Q4 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.	No commissioning risks currently identified.				
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.	CC7 – If providers do not have a sufficient workforce who are suitably trained to deliver the services commissioned, then there will be impact to HCV's ability to ensure safe and effective outcomes for service users receiving care	-	12	9	New Risk
Increase our service offer to support work in partnerships with the STP/ICS and PCNs to optimise the workforce within the system.	No commissioning risks currently identified.				
Ensure a well-trained digital ready workforce.					

Key Controls	Sources of Assurance
(CC7) NHS England is the commissioning/contracting lead at present. Regular meetings with NHS E and the current providers to identify workforce gaps and identify any solutions	Reporting to Commissioning Committee of any gaps and service pressures once the Provider Collaborative Go Live. Monthly reporting to PCOG as part of quality assurance work stream.
(CC7) Monitoring by HCV PC Commissioning Team	
(CC7) HCV PC has undertaken quality assurance due diligence	

Gaps in Control	Actions
(CC7) HCV PC to commence contractual monitoring which will include work force from Go Live.	NHSE / I to advise of any known issues regarding work force reported as part of current contract monitoring (NHS E 31/03/2021)
(CC7) Monthly reporting to PCOG as part of quality assurance work stream	Work with HCV ICS to review work force strategy (MB 30/04/2021)

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

Positive Assurance		Negative Assurance		Gaps in Assurance
Assurance	Source	Assurance	Source	What do we not have
<ul style="list-style-type: none"> Financial position Month 10 2020/21 – Trust reported a break even position. Trust cash position has stabilised – GBS bank balance was 35.590m (£25m underlying) at Month 10. Trust has maintained BPPC above 90% throughout 20/21 for non-NHS invoices. Budget Reduction Strategy to deliver £6.369m of savings with a split of £4.516m Major Schemes and £1.853m Divisional / Corporate Targets. The Trust has identified surplus estate and has board approval for disposals. Embraced use of Digital Technology during respond to COVID-19. 	Trust Board Finance and Investment Committee	<ul style="list-style-type: none"> NHSI Control Total 2020-21 set pre COVID-19 as a breakeven with £0.950m FRF PSF funding. Under Covid block funding the outturn is expected to break even. Financial Improvement Targets for Trust do not take into account impact of the Agenda for Change Pay Award funding pressure. 	Trust Board Finance and Investment Committee	<ul style="list-style-type: none"> Operational Planning for 2020/21 suspended Local authority funding for pay award.

Objective	Key Risk(s)	Q3 20-21 Rating	Q4 20-21 Rating	Target	Movement from prev. Quarter
Optimise business opportunities to develop integrated services	FII180 – There is a risk to future sustainability and reputation, arising from a failure to compete effectively because we have not maintained and developed strategic alliances and partnerships and not increased our commercial/market understanding.	6	6	3	↔
Embrace new technologies to enhance patient care across the health and social care system	FII177– Adverse impact of inadequate IT systems, failing to effectively support management decisions, performance management or contract compliance	8	8	4	↔
Optimise our IT system to improve access for staff and free up time for patient care	FII186 – Trust IT systems are compromised due to a Cyber Security attack/incident - this could be a malicious attack from an external third party or an accidental attack from inside the trust network due to inappropriate actions taken by staff, patients or visitors that compromise the IT systems security.	12	12	8	↔
Reduce our reliance on sustainability funding to achieve long term financial balance	FII205 – Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover AFC pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff.	15	15	10	↔
	FII216 – Risk of fraud, bribery and corruption.	9	9	3	↔
	FII218 – If the Trust cannot achieve its Budget Reduction Strategy for 2020-21, it may affect the Trust's ability to achieve its control total which could lead to a significant impact on finances resulting in loss of funding and reputational harm.	9	9	3	↔
	FII219 – Failure to achieve the NHS Improvement Use of Resources Score for 2020/21 may result in reputational harm for the Trust and significant reduction in financial independence.	9	9	3	↔
Have an efficient estate that provides a safe and cost effective environment that is conducive to operational delivery	FII220 – The financial effect of COVID-19 and the risks that the full costs will not be recovered.	12	12	4	↔
	FII181 – Inability to address all risks identified as part of the capital application process due to lack of capital resource.	8	8	4	↔
	FII181 – Inability to improve the overall condition and efficiency of our estate.	8	8	4	↔
	Command Risk 53 – As a result of social distancing requirements and national guidance around safe working there is a risk that we do not have suitable accommodation to deliver Trust services safely.	12	12	4	↔

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

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

BOARD ASSURANCE FRAMEWORK - COMMISSIONING RISKS				Assurance Level	Q4	Q1	Q2	Q3	Q4
STRATEGIC GOAL 5	MAXIMISING AN EFFICIENT AND SUSTAINABLE ORGANISATION	Lead: Programme Lead – Commissioning – Provider Collaborative	Lead Committee: Commissioning Committee		G	Y	Y	Y	Y

Objective	Key Risk(s)	Q3 20-21 Rating	Q4 20-21 Rating	Target	Movement from prev. Quarter
Optimise business opportunities to develop integrated services	No commissioning risks currently identified.				
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					
Optimise our IT system to improve access for staff and free up time for patient care					
Reduce our reliance on sustainability funding to achieve long term financial balance	CC1 – Risk to Provider Collaborative Financial sustainability if funding transfer from NHS E/I does not equal budget expenditure by partner healthcare providers (financial deficit of HCV PC)	-	20	12	New Risk
	CC9 – Financial allocation from NHS E to the Provider Collaborative is based on 2018/19 population and occupied bed day intelligence, which may result in financial deficit to HCV PC if significantly different for current levels of demand and population requirements	-	16	12	New Risk
	CC11 – As a result of LD and Autism funding responsibility being allocated to the Provider Collaborative from 1 April 2021, there will be a significant change in the way new funding decisions will be made across a TCP or Provider Collaborative footprint which may lead to financial impact to the collaborative in instances of complex cases with high packages of care	-	12	4	New Risk
	CC13 – Risk to Provider Collaborative longer-term financial sustainability if future expenditure around enhanced packages of care exceeds the initial financial envelope	-	20	12	New Risk
Have an efficient estate that provides a safe and cost effective environment that is conducive to operational delivery	No commissioning risks currently identified.				

Key Controls	Sources of Assurance
(CC1) Regular meetings with NHS E to highlight any financial gaps and raise concerns.	Monthly reporting to Commissioning Committee, FIC and Trust Board.
CC1) Monitoring by HTFT finance and Commissioning Team.	Monthly reporting to NHS E/I.
CC1) Escalated to NHS E national team in terms of financial gap (CEO)	Monthly reporting to Provider Collaborative Oversight Group.
CC1) Financial due diligence completed to highlight any potential funding gaps.	
CC1) Collaborative will not go live until financial gap is resolved.	

Gaps in Control	Actions
Confirmation of any financial gaps as identified by partner provider organisations.	Partner Provider Organisations to review information shared by NHSE and advise of any financial gaps (PB/MB - 31/03/2021)
Present financial gap circa £6.6 million	Escalate to NHS E financial gap and pressure on HCV PC (PB/MB - 31/03/2021)
NHS E yet to share updated 'Enhanced Packages of Care' information, so the PC is unable to ascertain if the funding transfer which is based on 2018/19 EPoC is adequate.	Escalate to NHS E financial gap and pressure on HCV PC (PB/MB - 31/03/2021) Ongoing meetings with NHSE and regional team to seek clarification around funding position - 31/03/2021

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

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

Objective	Key Risk(s)	Q3 20-21 Rating	Q4 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	Gaps in Control	Actions
(OPS08) Trust Recovery Strategy	Trust Board	(OPS08) Secured funding for Recovery College with Commissioners	Ongoing communication with commissioners regarding funding - awaiting planning guidance (30/04/2021)
(OPS08) CMHT transformation work underway which will impact Recovery College due to its status as a discharge pathway.		(OPS08) Recovery focussed practice still to be fully embedded across the Trust	Review of overall recovery strategy and alignment with service changes (30/04/2021)
(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.			

BOARD ASSURANCE FRAMEWORK - COMMISSIONING RISKS				Assurance Level	Q4	Q1	Q2	Q3	Q4
STRATEGIC GOAL 6	PROMOTING PEOPLE, COMMUNITIES AND SOCIAL VALUES	Lead: Programme Lead – Commissioning – Provider Collaborative	Lead Committee: Commissioning Committee			G	G	G	G

Objective	Key Risk(s)	Q3 20-21 Rating	Q4 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	No commissioning risks currently identified.				
Increase the utilisation and spread of our charity, Health Stars					
Embrace and expand our use of volunteers					

RISK SCORING MATRIX

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

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

Agenda Item 19

Title & Date of Meeting:	Trust Board Public Meeting -31 st March 2021			
Title of Report:	Risk Register Update			
Author/s:	Oliver Sims Corporate Risk and Compliance 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 November 2020.			
Governance:		Date		Date
	Audit Committee	02/2021	Remuneration & Nominations Committee	
	Quality Committee	02/2021	Workforce & Organisational Development Committee	03/2021
	Finance & Investment Committee	02/2021	Executive Management Team	03/2021
	Mental Health Legislation Committee		Operational Delivery Group	03/2021
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report:	<ul style="list-style-type: none"> The Trust-wide risk register details the risks facing the organisation scored at a current rating of 15 or higher (significant risks) and agreed by Executive Management Team. In line with the Trust's business continuity arrangements which were implemented during the COVID-19 pandemic, a risk register was developed to support the Trust's command structure and to capture all COVID-19 related risks. The COVID-19 risk register is subject to review by both Silver command operational and tactical meetings and is received weekly by Gold Command for Executive review. There are currently 10 risks held on the Trust-wide Risk Register. A process is in place for the highest rated risks (15+) captured on the COVID-19 risk register to be incorporated into the Trust-wide risk register for ongoing management where required. The highest rated risks identified for inclusion on the Humber, Coast and Vale Provider Collaborative have been included on the Trust wide risk register under the Commissioning Risk section and aligned to the Trust's Board Assurance Framework. The current risks held on the Trust-wide risk register are 			

summarised below:		
Risk Description	Initial Rating	Current Rating
WF03 – Current qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	20	15
WF04 – With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	20	15
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
WF25 – Current Consultant 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	20
OPS11 – Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	20	16
CC1 – Risk to Provider Collaborative Financial sustainability if funding transfer from NHS E/I does not equal budget expenditure by partner healthcare providers (financial deficit of HCV PC)	25	20
CC5 – Increased referrals for CYP with Eating Disorder is resulting in increased waiting times within the Community and increase in hospital admissions - both MH and Paediatric	20	16
CC9 – Financial allocation from NHS E to the Provider Collaborative is based on 2018/19 population and occupied bed day intelligence, which may result in financial deficit to HCV PC if significantly different for current levels of demand and population requirements	20	16
CC13 – Risk to Provider Collaborative longer-term financial sustainability if future expenditure around enhanced packages of care exceeds the initial financial envelope	25	20

Monitoring and assurance framework summary:

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

		in the report?		
Patient Safety	√			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+) – Provider Risks

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
WF03	Level of qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	20	15	10
WF04	Inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	20	15	10
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
WF25	Current Consultant 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	20	10
OPS11	Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	20	16	8

Table 2 - Trust-wide Risk Register (current risk rating 15+) – Commissioning Risks

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
CC1	Risk to Provider Collaborative Financial sustainability if funding transfer from NHS E/I does not equal budget expenditure by partner healthcare providers (financial deficit of HCV PC)	25	20	12
CC5	Increased referrals for CYP with Eating Disorder is resulting in increased waiting times within the Community and increase in hospital admissions - both MH and Paediatric	20	16	8
CC9	Financial allocation from NHS E to the Provider Collaborative is based on 2018/19 population and occupied bed day intelligence, which may result in financial deficit to HCV PC if significantly different for current levels of demand and population requirements	20	16	12
CC13	Risk to Provider Collaborative longer-term financial sustainability if future expenditure around enhanced packages of care exceeds the initial financial envelope	25	20	12

2. Closed/ De-escalated Trust-wide Risks

There are **5** risks that were previously held on the Trust-wide risk register which have been closed / de-escalated since last reported to Trust Board in November 2020.

Table 3 - Trust-wide Risk Register closed/ de-escalated risks

Risk ID	Description of Risk	Reason for Removal	Initial Risk Score	Current Risk Score	Target Risk Score
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.	Risk reduced to current rating of 8 (Unlikely x Severe) to reflect improved position and reduction in sickness levels. Risk continues to be monitored through Silver / Gold Command arrangements.	16	8	4
Command Risk 34	Increased levels of anxiety, fatigue and potential mental health impact to staff working across Trust staff as a result of the COVID-19 national emergency and the implemented changes / different ways of working adopted by the organisation which could impact on the quality and sustainability of services.	Risk reduced to current rating of 12 (Possible x Severe) . Risk continues to be monitored through Silver / Gold Command arrangements.	16	12	4
Command Risk 42	Reduced bed base both nationally and locally leading to mixed population of patients, including age, sex or diagnostic group and resulting in increased use of out-of-area beds which may impact quality and safety of patient care.	Risk reduced to current rating of 9 (Possible x Moderate) . Initial severity rating also amended to moderate from severe in light of robust quality governance arrangements in place throughout use of out-of-area beds linked to Covid-19 impact and national bed demand. Risk continues to be monitored through Silver / Gold Command arrangements.	12	9	3
Command Risk 66	As a result of increased demand and higher referral rates linked to Covid-19, there is reduced capacity within Occupational Health which will lead to delays in appointments for referrals.	Risk reduced to current rating of 9 (Possible x Moderate) . Comparing data with previous year's there is no indication of substantially increased referrals. Risk continues to be monitored through Silver / Gold Command arrangements.	15	9	3
WF05	Current Consultant and GP vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	Risk split into two separate entries (WF25 and WF26) to reflect different levels of risk between two staff groups and the different controls/ actions in place to mitigate shortages.	-	-	-

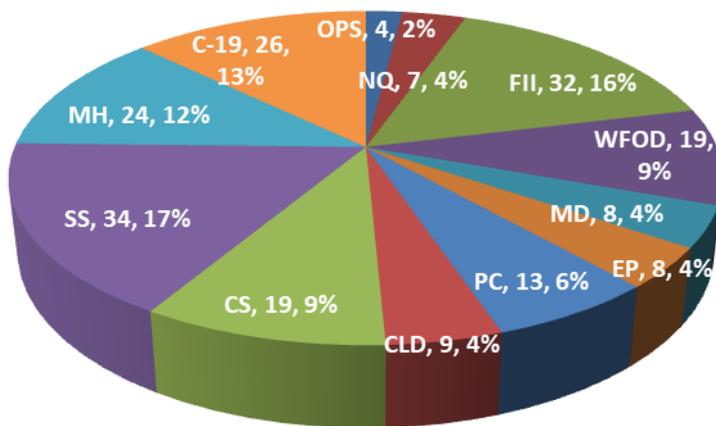
3. Wider Risk Register

There are currently **203** risks held across the Trust's Division, Directorate and project risk registers. This total also includes the COVID-19 risk register managed through the Trust's Silver and Gold Command arrangements. The current position represents an overall increase of **13** risks from the **190** reported to Trust Board in November 2020. The table below shows the current number of risks at each risk rating in comparison to the position presented to the November 2020 Board.

Table 4 - Total Risks by Current Risk level

Current Risk Level	Number of Risks – November 2020	Number of Risks – March 2021
20	0	1
16	4	1
15	6	4
12	55	59
10	2	5
9	50	48
8	29	39
6	36	40
5	3	1
4	2	2
3	3	3
2	0	0
Total Risks	190	203

Chart 1 – Total Risks by Division/ Directorate



Key:

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

4. COVID-19 Risk Register

As part of the Trust's business continuity arrangements implemented as a result of the COVID-19 pandemic, a command risk register was established to monitor and effectively manage operational and tactical risk facing the Trust at this time. The COVID-19 risk register is reviewed by the Trust's Silver Command operational and tactical meetings and by Gold Command on a bi-weekly basis, with risks being escalated through the command structure as required. There are currently no risks identified through the command arrangements which are reflected on the Trust-wide risk register (risks currently scored at a rating of 15 or above).

Trust-wide Risk Register

Row	Risk ID	Description of Risk	Impact/Consequence Type				Key Controls	Sources of Assurance	Gaps in Controls/ Controls currently failing	Gaps in Assurance	Likelihood (Current)				What additional actions need to be completed?	Target risk								
			Likelihood (Initial)	Impact (Initial)	Initial Risk Score	Initial Risk Rating					Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk		Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk	
PROVIDER RISKS 15+ (Identified through Trust Divisional / Directorate Risk Registers)																								
1	WF03	Level of qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	Objectives	Likely	Catastrophic	20	Significant	<ol style="list-style-type: none"> Detailed Recruitment plan in place (progress against which reported to EMT and Workforce and OD Committee). Recruitment task and finish group in place. Launch of Humbelievable 	<ol style="list-style-type: none"> Workforce and OD Committee. Divisional ODG Meetings. EMT. Trust Board ODG. 	<ol style="list-style-type: none"> Expansion of new clinical roles needed. Nurse Degree Apprenticeship Programme. International recruitment programme. 	<ol style="list-style-type: none"> 104.2 (FTE) Nursing vacancies as at November 2020 compared with 117.8 (FTE) in Nov 2019. 11.06% vacancy rate 	Possible	Catastrophic	15	Significant	<ol style="list-style-type: none"> Establishment review work to be completed (31/03/2021) Development and expansion of new roles such as Associate Practitioners and Advanced Clinical Practitioner roles (31/03/2021) Development of Nurse Degree Apprenticeship Programme (31/03/2021) Development of an international recruitment programme (31/03/2021) Workforce planning process 	Julie Taylor	Hilary Gledhill	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	10	High
2	WF04	Inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	Objectives	Likely	Catastrophic	20	Significant	<ol style="list-style-type: none"> Appraisal process. Leadership and management development programmes. Staff Health & Wellbeing Group and action plan. PROUD programme. Health and Social Care Professional Strategy. Trust Retention Plan. 	<ol style="list-style-type: none"> Trust Board monthly performance report. Staff surveys. Insight report to Workforce and OD Committee. Workforce and OD Scorecard. Accountability Reviews. 	<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 11.37% as at November 2020 Lack of career development opportunities indicated through employee exit interviews/questionnaires. 	Possible	Catastrophic	15	Significant	<ol style="list-style-type: none"> Staff survey departmental action plans - implementation and monitoring through Accountability reviews / review of new year staff survey results when available (31/03/2021) New-starter survey to help analyse new starter experience in first 6 months of employment (31/03/2021) 6 monthly deep-dive into Leaver data feeding into WFOD Committee (31/03/2021) Business Partners to develop bespoke actions based on 6 monthly deep-dive analysis (31/03/2021) 	Divisional General Managers	Lynn Parkinson	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	10	High
3	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	<ol style="list-style-type: none"> 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. Recruitment and retention incentives LMC - Positive staff engagement with medical workforce. HRBPs support divisions with WOD scorecard. 	<ol style="list-style-type: none"> Workforce and OD Insight Report. Staff surveys. Staff Friends and Family Test. Workforce and OD committee. EMT. Workforce scorecard. 	<ol style="list-style-type: none"> Lack of career development opportunities indicated through employee exit interviews/questionnaires. 	<ol style="list-style-type: none"> Current annual turnover 16.35% as at November 2020, which is a positive reduction. 	Possible	Catastrophic	15	Significant	<ol style="list-style-type: none"> HR Business Partners to review exit questionnaire results and identify any hot spots (31/03/2021) Completion of PROUD programme implementation plan - ongoing 3 year programme (Review at 31/03/2021) 	Karen Phillips	Steve McGowan	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	10	High

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?	Target risk								
			Likelihood (Initial)	Impact (Initial)	Initial Risk Score	Initial Risk Rating					Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk		Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk	
4	FI1205	Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover a/c pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff.	Objectives	Almost Certain	Catastrophic	25	Significant	<ol style="list-style-type: none"> Budgets agreed. Monthly reporting, monitoring and discussion with budget holders. Small contingency / risk cover provided in plan. MTFP developed to inform plans. Service plans. Regular reviews with NHSE/I and relevant Commissioners Budget Reduction Strategy established with MTFP. Non-recurrent savings. BRS reporting to FIC Trust Control Total agreed Financial plan agreed 	<ol style="list-style-type: none"> Monthly reporting to Board and Bi monthly to FIC. Monthly & Quarterly reporting to NHS I and NHS I feedback ODG monitoring progress of BRS plans. Budget Reduction Strategy policy and procedure agreed by Finance and Investment Committee and Trust Board. External / Internal Audit position. Regular input through Humber Coast and Vale ICS 	None Identified.	<ol style="list-style-type: none"> Longer-term plan guidance is awaited. Operational Planning Guidance for 2021/22 has yet to be issued. 	Possible	Catastrophic	15	Significant	<ol style="list-style-type: none"> Budget Reduction Strategy implementation 2020-21 Detailed budget reduction strategy plans for 2021/22 to be developed 	Iain Ormand	Peter Beckwith	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	10	High
5	WF25	Current Consultant 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	<ol style="list-style-type: none"> Detailed Recruitment plan in place (progress against which reported to EMT and Workforce and OD Committee). Recruitment task and finish group in place. Trust-wide workforce plan. Humbleivable. Medical Director leading recruitment work as part of task and finish group 	<ol style="list-style-type: none"> Agency spend considered at Finance and Investment Committee. ODG. EMT. Workforce and OD Committee. 	<ol style="list-style-type: none"> National workforce shortages. Less Consultants at end of Nov 2020 than previous year . 	<ol style="list-style-type: none"> 14.7 consultant vacancies as of January 2021. 28.04% vacancy rate at January 2021 for the medical workforce 	Likely	Catastrophic	20	Significant	<ol style="list-style-type: none"> Completion of work on the Medical staffing model (31/03/2021) Completion of actions identified as part of Recruitment plan for 'hard to fill' roles (Review at 31/03/2021) 	Karen Phillips	Steve McGowan	Silver Command	Gold Command	Unlikely	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?	Lead Manager				Target risk score	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)
6	OPS11	Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	Objectives	Almost Certain	Severe	20	Significant	1. Work underway with Divisions to address three areas of challenges currently (Children's ADHD / ASD, Memory Assessment Service, Department of Psychological Medicine) 2. Local Targets and KPIs. 3. Close contact being maintained with individual service users affected by ongoing issues.	1. Reports to demonstrate waiting list performance to Trust Board, Quality Committee and Operational Delivery Group. 2. Quality impact on key identified areas monitored via Quality Committee. 3. Weekly divisional meetings with Deputy COO around waiting list performance.	1. Work to understand issues for all services with waiting times issues with some areas breaching 18 weeks and 52 weeks waiting times targets. 2. Process for mitigating risks to individual patients based on length of waits. 3. Waiting times issues for some services have been compounded by Covid-19 situation and associated changes to working arrangements. 4. Issues around monitoring arrangements / governance in terms of performance.	1. Limited historical monitoring arrangements linked to ensuring chronological treatment of patients.	Likely	Severe	16	Significant	1. Review of all services with high levels of waiting times and development of service-level recovery plans (Review at 30/06/2021) 2. Increase governance arrangements to ensure that there is rigour and governance in place to ensure patients are treated in chronological order and according to level of risk based on use of risk stratification tool (Review at 30/06/2021) 3. Introduce waiting list performance dashboard for review as part of Trust accountability review processes (Review at 30/06/2021) 4. Implementation of method for robust oversight of waiting list and patient risks for all Trust service areas (Review at 30/06/2021)	Claire Jenkinson	Lynn Parkinson	Silver Command	Gold Command	Unlikely	Severe	8	High
COMMISSIONING RISKS 15+ (Identified through HCV Provider Collaborative Risk Register)																								
1	CC1	Risk to Provider Collaborative Financial sustainability if funding transfer from NHS E/I does not equal budget expenditure by partner healthcare providers (financial deficit of HCV PC)	Objectives	Almost Certain	Catastrophic	25	Significant	1. Regular meetings with NHS E to highlight any financial gaps and raise concerns. 2. Monitoring by HTFT finance and Commissioning Team. 3. Escalated to NHS E national team in terms of financial gap (CEO) 4. Financial due diligence completed to highlight any potential funding gaps. 5. Collaborative will not go live until financial gap is resolved.	1. Monthly reporting to Commissioning Committee, FIC and Trust Board. 2. Monthly reporting to NHS E/I. 3. Monthly reporting to Provider Collaborative Oversight Group.	1. Confirmation of any financial gaps as identified by partner provider organisations. 2. Present financial gap circa £6.6 million 3. NHS E yet to share updated 'Enhanced Packages of Care' information, so the PC is unable to ascertain if the funding transfer which is based on 2018/19 EPoC is adequate.	1 Further clarity from NHS E/I regarding enhance packages of care. 2. Further clarity regarding adult secure under-occupancy adjustments. 3. CAMHS - model of costing undertaken by NHSE.	Likely	Catastrophic	20	Significant	1. Partner Provider Organisations to review information shared by NHSE and advise of any financial gaps (31/03/2021) 2. Ongoing meetings with NHSE and regional team to seek clarification around funding position (31/03/2021) 3. Escalate to NHS E financial gap and pressure on HCV PC (31/03/2021)	Mel Bradbury	Peter Beckwith	Commissioning Committee	Trust Board	Likely	Moderate	12	High
2	CC5	Increased referrals for CYP with Eating Disorder is resulting in increased waiting times within the Community and increase in hospital admissions - both MH and Paediatric	Objectives	Almost Certain	Severe	20	Significant	1. Weekly monitoring of Inspire and Mill Lodge bed reports and capacity. 2. CAMHS Work Stream meeting which reviews community and in-patient provision across HCV. 3. Working closely with NHS E who currently Case Manage and Commission CAMHS in-patient to understand pressures.	1. Updates to Commissioning Committee 2. Updates to Provider Collaborative Oversight Group 3. Updates to EMT	1. Adequate community provision, concern re historic investment by CCGs into community provision, concern re limited specialist staff available nationally to support CYP ED. 2. A bid has been submitted to NHS E for additional financial resource to support community and in-patient CAMHS ED.	None identified.	Likely	Severe	16	Significant	1. Each Trust Community/In-patient within HCV to monitor the waiting times and service pressures (01/04/2021) 2. Ensure CYP who are clinically safe to discharge from hospital are able to do so in a timely way to increase in-patient capacity (30/06/2021) 3. Outcome of NHS E bid of £1.8 million for 3 years additional investment into CYP ED (31/03/2021)	Mel Bradbury	Peter Beckwith	Commissioning Committee	Trust Board	Unlikely	Severe	8	High
3	CC9	Financial allocation from NHS E to the Provider Collaborative is based on 2018/19 population and occupied bed day intelligence, which may result in financial deficit to HCV PC if significantly different for current levels of demand and population requirements	Objectives	Almost Certain	Severe	20	Significant	1. Financial Due Diligence meetings to assess 2018/19 baseline against NCDR activity in 2019/20 and projected 2020/21 2. Meetings with NHS E to highlight the current backlog in referrals particularly into CAMHS in-patient and Adult Eating Disorder and the impact on 2021 activity 3. Concerns around financial modelling highlighted to NHS E.	1. Updates to Commissioning Committee 2. Updates to Provider Collaborative Oversight Group 3. Updates to EMT	1. Commissioning and Contracting of CAMHS in-patient and Adult Eating Disorder currently led by NHS E. 2. Commissioning of community services led by CCGs who have historic variable financial investment in CAMHS and AED community services. 3. Increasing demand and issues linked to Covid-19.	1. NHS E have yet to provide access to Case Management system for CAMHS and AED so we are always behind on current activity and waiting lists.	Likely	Severe	16	Significant	1. Liaise with CAMHS and AED in-patient services to ascertain any waiting lists and DTOC (30/06/2021) 2. Monitor via work stream meetings - which are attended by community teams (30/06/2021)	Mel Bradbury	Peter Beckwith	Commissioning Committee	Trust Board	Likely	Moderate	12	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)	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	
			Likelihood (Initial)	Impact (Initial)	Initial Risk Score	Initial Risk Rating					Likely	Catastrophic	20	Significant		Mel Bradbury	Peter Beckwith	Commissioning Committee	Trust Board	Likely	Moderate	12	High	
4	CC13	Risk to Provider Collaborative longer-term financial sustainability if future expenditure around enhanced packages of care exceeds the initial financial envelope	Objectives	Almost Certain	Catastrophic	25	Significant	<ol style="list-style-type: none"> Regular meetings with NHS E to highlight any financial gaps and raise concerns. Monitoring by HTFT finance and Commissioning Team. Escalated to NHS E national team in terms of financial gap (CEO). Financial due diligence completed to highlight any potential funding gaps. 	<ol style="list-style-type: none"> Monthly reporting to Commissioning Committee, FIC and Trust Board. Monthly reporting to NHS E/I. Monthly reporting to Provider Collaborative Oversight Group. 	<ol style="list-style-type: none"> Confirmation of any financial gaps as identified by partner provider organisations. Present financial gap circa £6.6 million NHS E yet to share updated 'Enhanced Packages of Care' information, so the PC is unable to ascertain if the funding transfer which is based on 2018/19 EPoC is adequate. 	<ol style="list-style-type: none"> Further clarity from NHS E/I regarding enhance packages of care. Further clarity regarding adult secure under-occupancy adjustments. CAMHS - model of costing undertaken by NHSE. 	Likely	Catastrophic	20	Significant	<ol style="list-style-type: none"> Partner Provider Organisations to review information shared by NHSE and advise of any financial gaps (31/03/2021) Ongoing meetings with NHSE and regional team to seek clarification around funding position (31/03/2021) Escalate to NHS E financial gap and pressure on HCV PC (31/03/2021) 	Mel Bradbury	Peter Beckwith	Commissioning Committee	Trust Board	Likely	Moderate	12	High

Agenda Item 20

Title & Date of Meeting:	Trust Board Public Meeting – 31 st March 2021		
Title of Report:	Disciplinary Case Reviews		
Authors:	Donna Chambers Workforce Strategy, Policy and Improvement Manager		
Recommendation:	To approve		To receive & note
	For information	x	To ratify
Purpose of Paper:	To outline the approach taken and the findings of the annual internal review of the Trust’s disciplinary cases in the last 12 months, as requested by the NHSEI.		
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) Specific report
Key Issues within the report:	<p>The keys issues outlined in the report are :</p> <ul style="list-style-type: none"> • The rationale for the review • The remit of the review • Findings & recommendations <p>The review has been commissioned as an annual exercise following a tragic event at Imperial College Healthcare NHS Trust (ICHT), a nurse who at the time was the subject of an investigation and disciplinary procedure tragically taking their own life.</p> <p>As a result NHSEI commissioned a full review of current disciplinary cases to ensure confidence in a fair, consistent and robust policy that supports throughout.</p> <p>A review was conducted on 19 disciplinary case in the last 12 months.</p> <p>In summary, based on the findings, the application of our policy and procedure is objective, justifiable and supportive to</p>		

	our colleagues. However, there are some areas that can be improved.
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Monitoring and assurance framework summary:

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

1.0 Introduction

In late 2015, an incident occurred at Imperial College Healthcare NHS Trust (ICHT). Sadly, Amin Abdullah, a nurse who at the time was the subject of an investigation and disciplinary procedure, tragically took his own life. The protracted procedure culminated in Amin's summary dismissal on the grounds of gross misconduct. In February 2016 just prior to an arranged appeal hearing, Amin took his own life.

This event triggered the commissioning of an independent inquiry undertaken by Verita Consulting, the findings of which were reported to the board of the employing Trust and to NHS Improvement in August 2018.

The report concluded that, in addition to serious procedural errors having been made, throughout the investigation and disciplinary process Amin was treated very poorly, to the extent that his mental health was severely impacted.

2.0 Overview

As a result of this NHSEI requested that Boards review current disciplinary cases on an annual basis against the following questions:-

1. Is there sufficient understanding of the issues or concerns, and the circumstances relating to them, to justify the initiation of formal action?
2. Considering the circumstances, in the eyes of your organisation and others external to it, would the application of a formal procedure represent a proportionate and justifiable response (i.e. have other potential responses and remedies, short of formal intervention, been fully assessed before being discounted)?
3. If formal action is being or has been taken, how will appropriate resources be allocated and maintained to ensure it is conducted fairly and efficiently; how are you ensuring that independence and objectivity is maintained at every stage of the process?
4. What will be the likely impact on the health and wellbeing of the individual(s) concerned and on their respective teams and services, and what immediate and ongoing direct support will be provided to them? Further, how will you ensure the dignity of the individual(s) is respected at all times and in all communications, and that your duty of care is not compromised in any way, at any stage?
5. For any current case that is concluding, where it is possible that a sanction will be applied, are similar questions being considered?

3.0 Review

A review was carried out of all the disciplinary case work for the last 12 months. This review was carried out by Donna Chambers, a new HR manager to the trust with significant

previous experience of operational HR. Donna has had no previous involvement in the cases. The review considered 19 Disciplinary cases. The following areas of the process were assessed in line with the criteria:

- Informal Process
- Investigation
- Suspension
- Disciplinary
- Appeals
- Special cases
- Support

4.0 Findings

4.1 Informal Process

The Trust has adopted an informal resolution culture over the duration of the last 2-3 years which has been embraced and successfully adopted. Managers have co-operated with this direction and as such only the most serious cases of misconduct are managed through formal processes from the outset.

The Operational Workforce and OD Team support managers to ensure all informal measures have been exhausted prior to formal action being considered as a course of action. In some instances owing to the severity of the case, informal action was found not to be appropriate and therefore managers have been advised to adopt the formal process.

The review identified that 11 cases were justified in taken a formal approach in the first instance, this was due to members of staff already on warnings or the cases were allegations of gross misconduct.

As part of the informal stage, the employee's line manager (or a nominated other) undertakes an initial fact finding investigation, allowing them the opportunity to speak to relevant people / witnesses and reviewing any relevant documents prior to it being decided if formal action will be taken.

Following this initial fact find and evident in the review of all 19 cases, it is clear where appropriate that all options are explored and considered as a course of action, such as mediation, training and coaching. However the current policy is not clear in what course of action and/or options are available for the manager to consider, this would be a useful addition to support managers with the application of the policy.

11 of the 19 cases proceeded to the formal process, each individual had been written to and the facts of each case were outlined fully within the letter and discussed at the investigation meetings. I can confirm that each case followed the current policy and procedure.

4.2 Suspension

The Operational Workforce and OD team support the assessment of possible options and advise of potential consequences and issues with the pursuance of the formal route. This includes the exploration of suspension and alternatives however; the investigation has shown that this is carried out informally and without the draft of a formal risk assessment.

All conversations are recorded by Workforce and OD on the casework event log, particularly when managers do not act upon HR advice (which sometimes happens). A formal Risk Assessment process is being developed at the present time to formalise this process and give assurance that managers are making a proportionate and justifiable decisions.

Out of 19 cases, 8 suspensions took place and all cases were made by agreement with a Senior Manager (Band 8 and above) and Human Resources representative. This is in line with the current disciplinary policy and procedure.

4.3 Investigation

The Trust has a bank of investigators, who are used to undertake the majority of formal disciplinary investigations. They are engaged on a bank contract and are selected to give assurance that they have no current or previous connection to the area where the individual works. They undertake the investigation in line with the Terms of Reference, which is received from the Commissioning Manager.

The Commissioning Manager role is usually undertaken by a senior manager within the employee's Department/Division. Their role is to request more information or a more detailed investigation to occur if required, receive the investigation report, and then make a decision on how the formal procedure should continue.

Where the employee's line manager has a conflict of interest, a nominated replacement will be identified to undertake the initial fact finding investigation.

Separate Workforce and OD advisers work with the bank Investigating Officer, Commissioning Manager and the Hearing Manager.

It was evident from the review that all 19 cases had different individuals managing each of the stages in the process therefore, giving assurance that there was full independence and objectivity when each decision was made.

In the cases where bank investigators were not used, different managers were commissioned to carry out the TOR, investigation and hearing.

The review outlined that the time taken from the initial allegations being raised to a hearing taking place, varied but were mainly around 1 month. There were four cases that took longer (between 3-12 months) which were delayed for valid reasons, which in the main included delays due to the following:

- union availability
- external agency involvement

- sickness absence
- Covid-19
- Subject Access Request

The introduction of the Trusts bank of investigators to undertake the majority of formal disciplinary investigations has supported the reduction in time taken to get to a suitable outcome for both the Trust and the member of staff.

4.4 Formal Hearing

In the event that the matter proceeds to a disciplinary hearing, it is chaired by an experienced, senior manager and a different Workforce and OD representative with no connection to the commissioning of the investigation and/or, the investigation itself.

All documents are submitted and received to all parties involved at the same time.

Out of the 11 cases that proceeded to a disciplinary hearing all 11 members of staff had representation supporting them.

The review gave assurance that the current policy has been followed in all cases that proceeded to a hearing. The members of staff in all cases were given:

- A letter confirming the allegations, written evidence, next steps and where applicable any witness statements
- The right of representation
- The opportunity to defend allegations and state their case, at the hearing

4.5 Support

When an individual is subject to a formal investigation and they are suspended from duty as a result, they receive a suspension letter with occupational health contact information, a copy of the disciplinary policy/procedure and a Suspension Welfare Pack. The accompanying documents provide an overview of the process and identify a support person for them to contact throughout their suspension and the investigation.

Initial contact is made with the individual and then a plan put in place to support regular communication.

The individual identified to offer support updates them on anything relating to the investigation (e.g. if it is delayed), but has no knowledge of the investigation content.

Confidentiality of the individual(s) concerned is maintained at all times within their area of work.

The investigation will serve to ensure that the duty of care towards the employee is not compromised, and ensures that occupational health support is identified and provided wherever possible, wherever possible access to any information the individual requires is always granted (to support their case).

Support is provided to all witnesses as required and dependent on their needs. This is provided by Occupational Health and Workforce and OD as appropriate.

It has been evident that all cases have been offered support throughout each stage of applying the policy and procedure, including occupational health contact information, individual support plans and a welfare pack. Concerns for the health and welfare of our people involved in investigation and disciplinary procedures are paramount and this is continually assessed throughout the process by the support manager.

4.6 Policy and Procedure

The review gives assurance that the Disciplinary policy and procedure has been followed in all 19 cases. In addition to this the review identified that the policy may be ambiguous in some areas for employees, managers and representatives. A review of the policy and procedure has already been planned for 2021/22 and these issues will be addressed as part of this review

4.7 Reporting and Training

The number of cases, and which departments they are in are reported on a monthly basis to Executive Management Team and departmental managers. They are also reported to Workforce and OD Committee, along with information on suspensions.

A case review conference takes place on a monthly basis between Operations (Deputy Chief Operating Officer and Senior Workforce and OD Manager).

Cases that have potential wider impact on the Trust are reported to Board in Part 2 under the reportable log section.

The trust uses Capsticks to periodically deliver training sessions to those that may be involved in the process.

The Workforce and OD newsletter periodically provides learning from recent cases and case law for managers.

5.0 Summary

The purpose of this audit was to determine assurance that our policy and procedures are being adhered in a fair and consistent manner and that the health and wellbeing of our staff are safeguarded during the application of the process.

The review identified that complete independence and objectivity is maintained at every stage of an investigation and disciplinary procedure, It is evident that the current policy and procedure is consistent with the application of 'just culture' principles outlined by NHS improvement, which recognise that it is not always appropriate or necessary to invoke formal management action in response to a concern or incident when determining next steps.

Any decision to suspend an individual has been a measure of last resort which was proportionate, and only applied when there was full justification for doing so but it wasn't formalised by the manager and Workforce and OD Advisors.

Concern for the health and welfare of our people involved in investigation and disciplinary procedures are paramount and considered throughout the process.

There are still concerns about the time taken to complete cases. This should be focus for the trust going forward and made a priority for managers.

The planned review of the policy and procedure is timely, and this review will feed into this work.