

Trust Board Meeting 28 April 2021
Agenda - Public Meeting

For a meeting to be held at 9.30am Wednesday 28 April 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 31 March 2021	SM	To receive & approve	√
4.	Action Log and Matters Arising	SM	To receive & discuss	√
5.	Patient Story - Inspire – One Year On	JB	To receive & note	√
6.	Chair's Report	SM	To note	verbal
7.	Chief Executives Report	MM	To receive & note	√
8.	Publications and Highlights Report	MM	To receive & note	√
Performance & Finance				
9.	Performance Report	PBec	To receive & note	√
10.	Finance Report	PBec	To receive & note	√
Assurance Committee Reports				
11.	Finance & Investment Committee Assurance Report	FP	To receive & note	√
12.	Quality Committee Assurance Report & 10 February 2021 Minutes	MC	To receive & note	√
13.	Charitable Funds Committee Assurance Report & 19 January 2021 Minutes	PB	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	√
16.	Emergency Preparedness, Resilience and Response (EPRR) Annual Report Assurance Report	LP	To receive & note	√
Strategy				
17.	Autism Strategy (Trish Bailey, General Manager & Clarissa Thompson, Autism Access Lead attending)	HG	To receive & note	√
18.	Executive Summary of Our Recovery Strategic Framework – What Matters to Me? 2021 – 2026	LP	To receive & note	√
19.	NHS Operational Plan Summary	PBec	To receive & note	√

	Corporate			
20.	Report on the Use of the Trust Seal	MM	To receive & note	√
21.	Health Stars Key Performance Indicators (KPI) 2021/22 – Victoria Winterton, Head of Smile attending)	SMcG	To receive & approve	√
22.	Marketing and Communications Operational Plan	MM	To receive & note	√
23.	Items for Escalation	All	To note	verbal
24.	Any Other Business			
25.	Exclusion of Members of the Public from the Part II Meeting			
26.	Date, Time and Venue of Next Meeting Wednesday 19 May 2021, 9.30am by Microsoft Teams			



Agenda Item 2

Title & Date of Meeting:	Trust Board Public Meeting – 28 April 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:	<p>The report provides the Board with a list of current Executive Directors and Non Executive Directors interests. The following changes have been made:-</p> <ul style="list-style-type: none"> Francis Patton is no longer Non Executive Chair of BIIAB Qualifications Ltd or Non Executive Chair of BIIAB which is an awarding body for training in the hospitality sector <p>Additions made to the following declarations:-</p> <ul style="list-style-type: none"> Michele Moran - SRO Mental Health/Learning Disabilities Collaborative Programme and HCV CEO lead for Provider Collaboratives Mike Smith - Chair of Charitable Funds Committee at The Rotherham NHS Foundation Trust 			
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 • SRO Mental Health/Learning Disabilities Collaborative Programme. • HCV CEO lead for Provider Collaboratives
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 • Chair of Charitable Funds Committee at 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
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 31 March 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 (up to item 61/21)
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, Head of Corporate Affairs
Mrs Jenny Jones, Trust Secretary
Mr Adam Dennis, Communications Officer
Mr Oliver Sims, Corporate Risk and Compliance Manager (for item 64/21 & 65/21)

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.

- 48/21 **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.
- 49/21 **Minutes of the Meeting held 24 February 2021**
The minutes of the meeting held on 24 February 2021 were agreed as a correct record
- 50/21 **Matters Arising and Actions Log**
The actions list was discussed and noted.
- 51/21 **Staff Survey Story**
Mr McGowan gave a presentation on the Staff Survey results for the Trust. He explained that the survey is completed by all NHS provider organisations with the option of having a sample survey or across the whole organisation. The Trust surveys the whole organisation and has done for the last few years. There are 111 questions that are asked as part of the survey covering 10 themes.

The response rate for this year was reported as being 43% compared with 40% last year which given the challenges that have been seen, is an achievement. The national average is 45%.

The presentation contained details of how the Trust had fared with the questions and themes compared with last year. Two areas were highlighted for significant deterioration which were in the areas of Musculo-Skeletal and places for staff to go for rest and recuperation.

Benchmarking against 52 other mental health/learning disability organisations for the key themes placed the Trust above average for equality, diversity and inclusion and safe environment, bullying and harassment. There is more work to do but it is a positive position overall with the themes and the work will feed into the top priorities.

The Friends and Family test in recommending the Trust as a place to work or for family and friend to have treatment scores increased from last year. With recommending a place to work scoring 61% from 49% and 66% recommended for treatment compared with 58% last year.

Areas of celebration in the results included experience of discrimination or career progression which was above average, support for managers and how staff felt about leaving the organisation. These areas have had investment with the PROUD programme and the benefits are being seen. Opportunities to show initiatives and wellbeing were other areas that scored better, with staff showing initiative through the quality improvement programme.

The Trust has invested in health and wellbeing and additional money has been used to support wellbeing initiatives across the organisation. There is more work to do to sustain this, but the positive work is reflected in the survey results.

Work has started in the last few weeks to give staff space to recover. To address the Musculo-Skeletal issue fast track for access to physio via PhysioMed has been launched. It was noted that there is further work to do around stress, feedback around near misses and errors but it is going in the right direction.

The “must improve” areas are those questions that score 40% or below. There is a real focus by the Executives team to improve these areas building on the work that has already started. The Workforce and Organisational Development Committee has discussed the survey results and what they identify. There will be continued focus on recruiting more staff and 300 additional people are in post compared with last year.

In terms of the space for staff, it was recognised that some areas had been used to facilitate donning and doffing requirements and provide additional accommodation where it was needed due to Covid 19. The Staff Health and Wellbeing Group supported proposals to have areas with standard furnishings and equipment as a priority for 21/22 capital investment for improving staff accommodation. Plans are in place to progress these areas.

The Chair thanked Mr McGowan for his presentation. She noted that these results have been the best that she has seen during her time with the organisation. She acknowledged there is more work to do, but recognised the significant improvements that have been made.

The Chief Executive informed the Board that a piece of work has been commissioned around the workforce recovery programme which will be led by Mr McGowan. Staff will be seconded to work with the Health and Wellbeing Board and PROUD to progress the work around recovery in future months. In terms of the survey results the Chief Executive agreed there is more work to do and that the Humbeleivable campaign should be used as a recruitment tool and in communications to promote the organisation.

Professor Cooke thanked Mr McGowan for his presentation. He supported the comments

made about the results and for the proactive work that is taking place to improve areas. Staff are noticing and patients will also notice improvements as a consequence of the work that is being done. He passed his thanks on to the team for all their work.

Mr Patton explained that discussions at the Workforce & Organisational Development Committee had focused on how to retain staff as we start to come out of Covid 19. Staff may have had a change of mind given the pressures they have been under.

Mr Baren acknowledged the survey results pointing out that the Communications Team should be given credit for their work on the website that has helped to give the positive results. He reminded Board members that Charitable Funds are available for staff health and wellbeing wishes as they have reduced significantly during the pandemic.

Mr Smith agreed with the comments made and the achievement of the results during a difficult year. He noted the work that will be undertaken by estates and procurement to improve staff accommodation and asked if there is sufficient resource within these areas to facilitate this. Mr Beckwith explained that a workforce plan will be submitted to the Finance and Investment Committee and for the capital programme or next year. The Trust also uses partners to support projects through the strategic partnership agreement with Citycare. No issues have been raised in terms of procurement, but Mr Beckwith will review.

The Chair has seen at the staff Health and Wellbeing Group and around the Trust ownership and a desire to look at areas for improvement. There has been is a cultural shift which is fantastic to see.

52/21

Chair's Report

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

- Meetings held with Richard Barker, Regional Director and Kath Lavery Chair of Yorkshire Ambulance Service
- The Chair has continued to attend the Humber Coast and Vale (HCV) meetings and has also attended an East Riding Health and Wellbeing workshop where a presentation was given by the Chief Executive and the Chief Executive of MIND on health and wellbeing.
- Meetings held with teams and staff
- In her role of Staff Wellbeing Guardian, the Chair attended a meeting of the staff health and wellbeing group and the group is keen to use the staff survey results to inform their work and priorities for the next year.
- Attendance at the patch wide Patient and Carer Engagement group meeting. It was good to hear from patients and carers about their experiences with the Trust's services
- Governors remain active and an introductory meeting was held with the new East Riding appointed Governor.
- A Governor session was held on community services and pathways for patients which was well received. The Chair thanked everyone who was involved in facilitating this session.

Resolved: The verbal updates were noted

53/21

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:-

Flu Certificates - Flu peer vaccinators have been given certificates to thank them for helping with the campaign. This will also be extended to the Covid 19 vaccination Centre volunteers. Without volunteers the Trust would not be able to provide as much as it does and the Chief

Executive thanked all volunteers on behalf of the Board.

Staff Thank You - The additional annual leave day for staff to take around their birthday as a thank you has been well received.

Covid Anniversary - the anniversary of the official start of the pandemic on the 11th was marked with a video demonstrating some of the amazing work our staff have been involved with. A minutes silence was held 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 loved ones in the pandemic. The anniversary was also used to relaunch our book - 'together we can' which includes new footage.

Website – following a review of 211 NHS organisations website, the Trust has come fourth in the country for its website. This is a fantastic achievement with all work on the website being done inhouse. The Chief Executive thanked Mr Dennis and the Communications Team for their excellent work in making the website and interactive platform.

Youth Board – the development of a Youth Board will actively involve children and young people in the work of the Trust and help influence our future developments.

White Paper – key dates for the White Paper to go through the House were included in the report

Social Values Report – the report will be launched w/c 19 April 2021.

Easter Eggs – Easter Eggs will be distributed to all staff by our fantastic volunteers.

Vaccination Centre – the Chief Executive has spent time in the Centre this week and thanked Dr Byrne and the team for their work in the programme.

Team Meetings – the Chief Executive continues to attend team meetings with staff.

Health Stars Chief Executive's Challenge – the Chief Executive's challenge is being planned for this year to raise funds for the staff health and wellbeing fund.

Mrs Hughes highlighted the Communications report which is supported with performance data. GP practice websites have been reviewed by the team working with primary care colleagues and practices to provide an up to date informative website. In addition it was noted there have been a number of PR and media interests this month with 25 in total dealt with by the team.

Two policies were approved by the workforce and Organisational Development Committee at its recent meeting which were not included in the report due to timing. The Board was asked to ratify the Relocation Policy and the Apprenticeship Policy. The policies were ratified by the Board.

Mr Patton commented on the GP website and general website which had significantly improved thanks to the work of the Communications Team. He referred to the Multi-Agency Public Protection Arrangements (MAPPA) update asking if it would be possible to observe the meeting in the future. Mr Smith would also like this opportunity and the request will be taken forward by Mrs Parkinson. Mr Patton was interested in participating in the Financial Wellbeing Webinar Series: 'Focusing on your financial health' if it was possible. He also felt the corporate accommodation project was interesting. Mr Beckwith will circulate further details outside the meeting.

Resolved: The report was noted and ratified the policies discussed.
Arrangements to be made for Mr Patton and Mr Smith to observe a MAPPA meeting Action LP

Further details of the corporate accommodation project to be circulated outside the meeting
Action PBec

54/21 **Publications and Highlights Report**

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

Resolved: The report was noted.

55/21 **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 February 2021. Indicators that have fallen outside of the normal variation range included

- Cash in Bank – this was due to additional funding received and the hosting of resources for services including transfer of care
- Waiting Times – an additional report was appended to give further information
- Sickness Levels

The Chair appreciated the update on waiting lists which was helpful. Mr Baren asked about the vacancies at Malton hospital which seemed high for a small team. He was informed that recruitment has taken place although it is difficult to recruit in this area possible due to the local hospital. The unit has had some investment in leadership training and quality improvement work which is making a difference. Mrs Parkinson clarified that additional nurses have been recruited for Malton but are not yet in post. As already mentioned there has been significant work undertaken around leadership and an opportunity to focus this on Malton and Scarborough and Ryedale for newer types of roles.

Mr Patton noted the use of Bosun and Helios in areas. Mrs Parkinson explained that Bosun is being used to optimise all aspects of the autism pathway and an opportunity to give a focus on clinical standards. Helios has been used in the past and first engagement to diagnosis capacity has been doubled from March using Helios and our own staff. Mrs Parkinson was disappointed not to see improvement in the February data, but was expecting the March data to show an improvement. Work has been ongoing to look at other organisations and with system partners. The introduction of mental health support teams in schools is being implemented looking at the prevention end of the pathway and what input there is in schools. A combination of both of these should help to have an impact in this area.

The Chair noted the figures for adult ASD appeared to have slightly increased. Mrs Parkinson explained that the same work being used for children have been apportioned to the adult pathway and work is underway with Hull City Council to help prevent people coming through for a diagnosis by having earlier support in the pathway.

In relation to core Child and Adolescent Mental Health Services (CAMHS), Mrs Parkinson explained that this is going in the right direction and improvement is being seen. There is a pressure around Eating Disorders referrals in the East Riding and we are working with commissioners to see what can be done to augment this pathway further. It is a national and Integrated Care Service (ICS) pressure and a dedicated work stream led by the Chief Executive is looking at what more can be done. The CAMHS surge is a significant pressure across the system in terms of mental health demand. The Chief Executive confirmed this has been raised at regional and national levels. There are no beds nationally available and there are flow and pathway issues. Children and young people in the community are poorly and there is high activity. In the planning guidance recently published, there is £500m for mental health services which equated to approximately £18m for the HCV area, some of which may be used to address the continuing rise in demand. Mutual support from partners and the HCV is being used as robust plans are needed from providers and local authorities.

The Chair noted from the report that there had been a drop in Early Intervention in Psychosis

which was outside of plan. She was informed that this was due to two members of staff being absent from work. The team is small and this had an impact. Remedial measures are now in place.

The Chair asked about the cash in the bank noting it was inclusive of the block income and capital. She asked how much of this the capital element was. Mr Beckwith will circulate an update to the Board regarding this query.

Resolved: The report and verbal updates were noted
Update on the capital element of the cash position to be circulated to Board members **Action**
PBec

56/21

Finance Report

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

- A break even operational position was recorded to 28 February 2021
- Year to date Covid expenditure of £13.186m
- 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.

Progress was reported with debtors payments received which had helped the financial position. Mr Baren suggested that the good finance position is fed into the the strategy and estates strategy when they are reviewed to show how things have been improved for staff and patients. It would be useful for a session to be arranged to go through these in more detail. Mr Beckwith explained that the estates strategy has been refreshed and includes some benefits reflective of the financial architecture and operating guidance allocations for the next six months. There is caution that there will be some level of austerity going forward due to the response to the pandemic.

Resolved: The report was noted.

57/21

Trust Board Sub Committee Chairs

Details of the Sub Committee Chairs were provided in the report which is presented annually to the Board.

Resolved: The report was ratified by the Board

58/21

Quality Committee Assurance Report and 9 December 2020 Minutes

Professor Cooke reported that a good meeting was held and updates were provided verbally at the last Board meeting. The setting up of the Vaccination Centre was seen as a successful programme and sent a positive message to staff and partners.

Resolved: The report and minutes were noted.

59/21

Workforce & Organisational Development Committee Assurance Report & 20 January 2021 Minutes

The assurance report was presented by Mr Royles. He explained that there is good engagement in the programmes and in the groups that are taking place. The insight report was received and discussion on the staff survey gave the opportunity to look at the data and targets and triangulate the information.

The Committee noted the achievement with turnover and sickness during what has been an exceptional year. The Relocation Policy and Apprenticeship Policy were approved outside of the meeting.

Mr Baren referred to the relocation Policy asking how the fairness of expenses will be monitored. Mr McGowan explained that this was discussed at the meeting as the policy had

only previously applied to doctors. There is an expectation that with the widening of the policy to cover the hard to recruit to posts, that managers would set the level of the package before the post is advertised.

Resolved: The report and minutes were noted.

60/21

Humber Coast & Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative 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.

A Board session was held on 18 March and Mr Baren has been impressed with the way the Committee is working and the quality of reports that are being seen from the work streams. Areas of focus are the Partnership Agreement, which is yet to be seen, but will come to a future Board meeting and the financial due diligence where a significant gap remains.

The Chief Executive explained that in terms of the Partnership Agreement, a session will be held for Board members after the April Board meeting. Discussions have taken place with the regional team around the financial envelope. The planning guidance suggests that the base budget should be applied but this is currently not the case. Discussions continue with regional and also the national team to protect the go live date of 1 July 2021. Mr Beckwith said that planning guidance is clear about maintaining the stability of providers and the financial gap is the only thing preventing the go live date being achieved.

Resolved: The report was noted.

61/21

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. She informed the Board that the NHS national alert level has reduced from four to three in line with the infection rates reduction, reduced hospital admissions and death rates which have also reduced. Hull continues to have higher infection rates although these have reduced slightly since the report was written and Public Health is addressing these issues.

There are no Covid positive patients in inpatient wards and therefore the adjustment has been made to the bed cohorts. Some Covid beds remain at Millview Court, but other beds have reverted back to treatment beds for mental health service users allowing the out of area bed usage to be reduced. Work is underway at Maister Lodge to increase the number of older people's beds.

Operational pressures continue to be seen including the significant surge in CAMHS and Children's and Young Peoples services which was predicted and is the national picture. Work is ongoing to look at this. Pressures were also reported in Scarborough and Ryedale due to the stepped changes to support timely discharge and home first which was the direction of travel before Covid. Demand for community services remains high and the acuity of complexity of cases is high. More support for the community teams is needed to ensure they are appropriately equipped and resourced.

Staff absence has been reducing over time and the clinical group is focussing on the Government's road map out of restrictions. The staff health and wellbeing group agenda focussed on this throughout Covid 19. Guidance will be issued for Emergency Preparedness, Resilience & Response (EPRR) as we go into the recovery phase of the crisis and giving time to recuperate from the pressures.

Dr Byrne provided an update on the vaccination programme with 52% of staff having had

their second dose to date. The current percentage of update for the programme is 83%. It is difficult to know which staff have been vaccinated via the Primary Care Networks (PCNs) as the data cannot be drawn down in the system. Discussions have taken place at the Workforce and Organisational Development Committee on how to support the vulnerable groups and shielding colleagues. It is pleasing to see that vaccine hesitancy is not being seen for the second dose.

Mr Baren referred to CAMHS services and the opening of beds at Inspire. He noted that there were five vacancies for nurses on the unit and asked for assurance that there is sufficient staff to support the clinical care for the unit and additional beds. Mrs Parkinson confirmed that only two beds will open and when it is appropriate and safe to do so, the other two beds will be opened. A directive has been received from NHS Improvement/ NHS England about opening any closed beds, however this will only be done if it is safe to do so. Selected bank and agency staff are being used with appropriate training. Orion ward has been open for just over a year and the skills and experience of staff is excellent. Experienced staff will be used to maintain safeguarding and quality.

Resolved: The report and updates were noted

62/21

Strategy Refresh

The current Trust Strategy was developed in 2017 and objectives were refreshed for the period 2019-2022. Service Plans have been refreshed and Plans on a Page appear on the Trust's intranet site.

The Chief Executive explained that as the strategy is embedded within the organisation over the last few years it provides the architecture to drive policies, processes and appraisals which underpin the Trust values. The current strategy is due to expire in 2022 and it has been agreed to review using a co-production approach that will give consideration to the White Paper, Integrated Care Service (ICS) and the move into a commissioner role. The Chief Executive will oversee the work which will be supported by Mrs Parkinson and Mr Beckwith.

Mrs Parkinson explained that the first phase is to have a stock take of where we are with the current strategy and objectives using available data and information. When completed this will be brought back to the Board with a plan about how the refreshed strategy will be taken forward. Mr Beckwith suggested that the refreshed strategy would come back to the Board in October 2021 and suggested using a future Board Time Out to ensure there is the right level of engagement.

Mr Patton supported the suggestions of using a Board Time Out session for further discussion. He wondered whether the White Paper, Long Term Plan and People's Plan should also be included as part of the refresh. Mr Royles queried whether calling it a refresh was curtailing some level of ambition and to cover areas that have been used over the last year including estates, technical aspects and patient pathways. The Chief Executive said that it was not about not allowing the organisation to do its normal business. It is about what it looks like and where it wants to be in five years. Mr Royles noted that some areas such as estates and digital technology were enablers especially during the last year.

Resolved: The Board noted the report

Dates for discussion at a Board Time Out and for Governors to be identified Action PBec/LP

63/21

Operational and Service Planning 2021/2022

This report outlined the current national position around Operational Planning Guidance for 21/22 and the Trust's Divisional Service Planning process in line with the anticipated publication of the Operational Planning Guidance in 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 in December 2020 outlining operational priorities for winter 2020/21 which included an overview of the 2021/22 Financial Framework.

The report detailed the work undertaken in preparation for the guidance being published. A plan on a page has been developed and more details provided on the Intranet.

Mr McGowan commented that the operational plan needed to pick up recovery and ambition of what this is and having recovery as part of the operating plan. Mr Patton supported the suggestion of bringing this back to the Board in light of the potential planning guidance.

It was agreed an updated report would be brought to the April meeting following the publication of the guidance.

Resolved: The report was noted.

An updated report to be brought back to the April meeting Action LP/PBec

64/21

Board Assurance Framework (BAF)

Mr Sims attended the meeting to present the quarter 4 report. He explained there have been some changes to the format to include the Commissioning risks from the HCV provider collaborative risk register. This the first time the format has been reviewed and any comments were welcomed. It was agreed at the Commissioning Committee that the risks should be separate from the Trust's risks and this has been achieved with the report. The Chief Executive explained that there are no other examples of formats that could be used and thanked Mr Sims for his work in creating this version. It is a work in progress and will change as it matures and develops.

Mr Baren noted that the Provider Collaborative has not yet gone live and will not until the financial envelope issues have been agreed. He felt that if this is not done the red risks will not be relevant.

Mr Patton liked the format and looked forward to discussions at the Finance and Investment Committee. He referred to strategic goal 3 asking if there was any data for the gaps in controls. Mr Sims apologised as the information had not been included. He will update and share the page outside the meeting. The Chair supported the format which is a live document.

Resolved: The report was noted.

Strategic goal 3 to be updated and circulated outside the meeting Action OS

65/21

Risk Register Update

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 report provided is the end of year position and details on individual risks were included in the update.

Mr Royles commented that the way the Provider Collaborative risks were worded implied that the Trust was accepting the risks despite the financial due diligence not being completed. He was concerned that it there would be an interpretation that the risks had been accepted by

the organisation especially for Risk CC13 around the long term sustainability. The Chief Executive clarified that it had been made clear that it will not go live until the financial aspect has been resolved and it was the way the risk was described.

Dr Byrne recognised the financial risk, but that there may be quality risks around recruitment and retention changes. Running a provider collaborative some pressures will be transferred into services and the challenge would be covering these and this needed consideration as well as the financial element. The Chief Executive explained that quality due diligence is being looked at currently. Risks will be mitigated as much as they can be before go live. It is a small team currently which will be developed to give more capacity.

Resolved: The Board noted the update on the Risk Register

66/21

Disciplinary Case Reviews

Mr McGowan presented the report which has also been discussed at the Workforce Committee. The review was commissioned as an annual exercise following a tragic event at Imperial College Healthcare NHS Trust (ICHT) where a nurse, who at the time was the subject of an investigation and disciplinary procedure, tragically took their own life.

As a result of this NHSEI requested that Boards review current disciplinary cases on an annual basis. A review was carried out of all the disciplinary case work for the last 12 months. The review provided assurance that processes, checks and balances are in place to give assurance and to mitigate against this happening in the organisation. These checks and balances have been in place for a while.

Mr Smith complemented the team for providing this report and for sharing it in a public meeting. As a Board member he felt there was appropriate and transparent process in place.

Resolved: The report was noted by the Board

67/21

Items for Escalation

No items were raised

68/21

Any Other Business

No other business was raised.

69/21

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.

70/21

Date and Time of Next Meeting

Wednesday 28 April 2021, 9.30am by Microsoft Teams

Signed Date
Chair

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

Summary of actions from March 2021 Board meeting and update report on earlier actions due for delivery in April 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
31.3.21	53/21(a)	Chief Executive's Report	Arrangements to be made for Mr Patton and Mr Smith to observe a MAPPA meeting	Chief Operating Officer	April 2021	This is being progressed with Dr K Yorke
31.3.21	53/21(b)	Chief Executive's Report	Further details of the corporate accommodation project to be circulated outside the meeting	Director of Finance	April 2021	Details circulated to board
31.3.21	55/21	Performance Report	Update on the capital element of the cash position to be circulated to Board members	Director of Finance	April 2021	Update provided to finance committee and included in assurance report
31.3.21	62/21	Strategy Refresh	Dates for discussion at a Board Time Out and for Governor updates to be identified	Director of Finance/ Chief Operating Officer	TBC	Not yet due, future dates being scheduled
31.3.21	63/21	Operational and Service Planning 2021/2022	An updated report to be brought back to the April meeting	Director of Finance/ Chief Operating Officer	April 2021	Item on the agenda
31.3.21	64/21	Board Assurance Framework (BAF)	Strategic goal 3 to be updated and circulated outside the meeting	Corporate Risk & Compliance Manager	April 2021	Completed
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	29/3/21 document shared with Board members 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 Report	Mortality report to go to the Quality Committee then to a future Board meeting	Medical Director	June 2021	Item not yet due
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	22/3 EMT agreed updated Internal Audit Plan on 22/3 - each director is to agenda for the next committee meeting for discussion.

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

Board Dates:-	Strategic Headings	LEAD	28 Apr 2021 (Strategy)	19 May 2021	30 June 2021 (Strategy)	28 Jul 2021	29 Sep 2021	27 Oct 2021 (Strategy)	24 Nov 2021	26 Jan 2022	23 Feb 2022 (Strategy)	30 Mar 2022
Reports:												
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		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 - Wednesday 28 th April 2021			
Title of Report:	Inspire – One Year On			
Author/s:	Sarah Chew – Specialist Nurse – Inspire Lucy* and Lucy’s Family *please note, the patient asked for their name to be changed for anonymity			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	To inform Board members of Inspire CAMHS Unit’s first year since opening from a patient and family perspective.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	√
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<p>The key messages of the Board story are:</p> <ul style="list-style-type: none"> To inform Board members about the first year at Inspire from the perspective of a patient and their family. 			

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	√			
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	

Agenda Item 7

Title & Date of Meeting:	Trust Board Public Meeting – 28 April 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 Ratification of policy identified in the report 			

Monitoring and assurance framework summary:

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

Report Exempt from Public Disclosure?			No	
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Chief Executive's Report

1 Around the Trust

1.1 Staffing

This month has been a busy month with my virtual meetings. Staff feedback from these is really positive, Staff morale remains high though staff are tired. Remote working is generally supported and as we work to a more blended approach as the lockdown restrictions ease. We still continue our message of back to basics. My "Meet Michele" session was very well supported with over 95 staff dropping in.

As you will see from the reports over 85% of our staff have had two Covid vaccination and I sincerely thank the team for all their hard work. It was a fabulously run programme.

1.2 Commissioning Directorate

Following an external recruitment process and competitive interview. I am very pleased to announce that Dr David Harvey, Consultant Clinical Psychologist has been offered and accepted the post of Clinical Director within the Humber Coast and Vale Provider Collaborative Commissioning Team. David will be an asset to the developing team.

1.3 Medical Education

Dr Soraya Moyet has been appointed as our new Director of Medical Education, Soraya replaces Dr Stella Morris from June. I would like to welcome Soraya to the role and sincerely thank Stella for all her hard work and dedication to the role, Stella will be a hard act to follow.

1.4 Mental Health Awareness Week

Mental Health Awareness Week is an annual event when there is an opportunity for the whole of the UK to focus on achieving good mental health. The Mental Health Foundation started the event 21 years ago. Each year, the Foundation continues to set the theme, organise and host the week. The event has grown to become one of the biggest awareness weeks across the UK and globally. This year, the theme is 'nature'.

Promote Staff Health and Wellbeing

- Refresh Health and Wellbeing Hub to ensure accurate support info is being shared with staff.
- Write an article about the significance of nature in supporting your mental health.

Boost Staff Engagement

- Ask staff to submit their ideas and tips, with photos of them spending time in nature or doing things they love (our allotments, Miranda House Green Team, lunch break walks, etc.)
- Work with the Safeguarding team to produce up-to-date information which staff and the public can implement into work and home life.
- Host a webinar with Mike Gill called "an introduction to mental health first aid", to help colleagues understand the role of a MHFA and how they could get involved.

Highlight support available to our Communities

- Refresh the 'check in' page on the website: <https://www.humber.nhs.uk/checkin.htm>

- Work with local partners, Councils and CCGs to ensure a wide ranging variety of topics and support lines are signposted.
- Work with the Talk Suicide team to ensure this information is also up to date in their campaign following the devastating events at the Humber Bridge.

Show team expertise and Trust awareness on External Channels

- Social media posts throughout the week to demonstrate the work we are doing now and long term.
- Share official assets from the Mental Health Foundation to support the event hosts.
- Write and distribute a press release ahead of the week to showcase the work we do on a bigger scale. Allow opportunities for interview as Purdah will be over on the week itself.
- Write an article about the importance of getting help sooner, rather than later, and the self-referral options available to people in our area, to support our crisis teams who are experiencing increased demand.
- Create a campaign pack for the week, including visual elements, posters, web pages and so on which all follow the same branding. Making the overall campaign look and feel like a collective.

1.5 Easter Eggs

I would like to thank all our volunteers once again for their great work, this time distributing our Easter eggs to staff. I would also like to thank the following companies for their kind donations:

- 4 Corner
- Infinity Blinds
- City Care and Sewell FM donated
- Arm Signs
- Vic Coupland Miller Food Service
- Morrisons, Brough
- Tesco, Hall Road
- Waitrose, Willerby

1.6 Health Education England

I received a letter from Health Education England during the month thanking the organisation for all our health and support developing the educational programmes during such a challenging period.

2 Around the Region

2.1 Regarding West Lane Hospital site in Middlesbrough.

Tees, ESK and Wear Valley (TEWV the provider) received requests from several families of young people who were inpatients at West Lane Hospital. They asked TEWV to consider changing the name of the site, ahead of the reopening of the child and adolescent (CAMHS) inpatient services. Therefore from 1 April 2021 the new name of the site will be Acklam Road Hospital.

2.2 Director of Public Health - York

Louise Wallace has been appointed substantively as Director of Public Health for North Yorkshire, having been covering this role for the last few months. The DPH role has been expanded and now includes Louise's previous responsibilities for health integration, engagement and governance within Health and Adult Services.

3 National News

3.1 Allocation for Mental Health and Learning Disabilities

The Allocation for Mental Health and Learning Disabilities has been announced as part of the additional £1.5b settlement for NHS. This ring fenced £500 million will to help level up mental health and wellbeing across the country through funding initiatives to promote positive mental health in the most deprived local authority areas in England - eligible local authorities will receive around £500,000 each to fund prevention activities like debt advice, carers support, outreach to people facing loneliness and isolation, youth projects and community groups for those most affected by Covid-19 including minority ethnic communities.

Breakdown:

- £13 million to ensure young adults aged 18 to 25, including university students, are supported with tailored mental health services, helping bridge the gap between children's and adult services - this funding will ensure services are better able to meet the needs of this group as a result of the pandemic, reducing the likelihood of needing hospital treatment in the future
- £14 million to support the physical health of people living with severe mental illness, through schemes encouraging them to come forward for physical health checks to help spot the signs of conditions like diabetes and heart disease, and get their Covid-19 vaccine
- £17 million to support recovery of the dementia diagnosis rate and tackle the backlog of appointments as a result of the pandemic
- £2.5 million to pilot new approaches to support children who have experienced complex trauma.
- £2.5 million to boost a pilot supporting offenders with significant mental health needs, to divert them away from custodial sentences, and help them to access the support they need through Mental Health Treatment Requirements
- £31 million to support learning disability and autism services, to address the diagnostic backlog as a result of the pandemic, and support intervention to prevent children and young people with learning disability, autism or both escalating into crisis
- £3 million to begin preparations for implementing the Mental Health Act Reform, increasing capacity in the workforce and laying the groundwork for broader reforms including testing ways to improve the quality of care and provide culturally appropriate advocacy
- £5 million to support suicide prevention through voluntary and community sector organisations

3.2 NHS Confederation

Matthew Taylor currently the Chief Executive of the Royal Society for Arts, Manufactures and Commerce (RSA), will be joining the NHS Confederation as the new Chief Executive.

Matthew will commence in the summer likely to be in early June. Danny Mortimer will continue in his role as the acting Chief Executive before returning to his substantive role as Deputy Chief Executive of the Confederation and chief executive of NHS Employers.

Matthew has led the RSA for 15 years and during that time he has transformed the organisation into a global institution, with 30,000 fellows and a high-profile and influential research programme.

4 Director's Updates

4.1 Chief Operating Officer Update

4.1.1 Older Peoples Acute Community Service

Due to an increase in demand for services (particularly inpatient beds) for older people with acute and complex needs during the Covid- 19 pandemic a new Acute Community Service (ACS) began on 7th December 2020. It is a pilot service aimed to complement and work with the existing Crisis Intervention Team for Older People (CITOP). The service runs during normal working hours

Monday – Friday 9am – 5pm and offers a range of intensive interventions. Out of hours patient needs are met by CITOP.

It is designed for older patients who present with acute and complex mental health needs with symptoms of high level anxiety, suicidal ideation and depression.

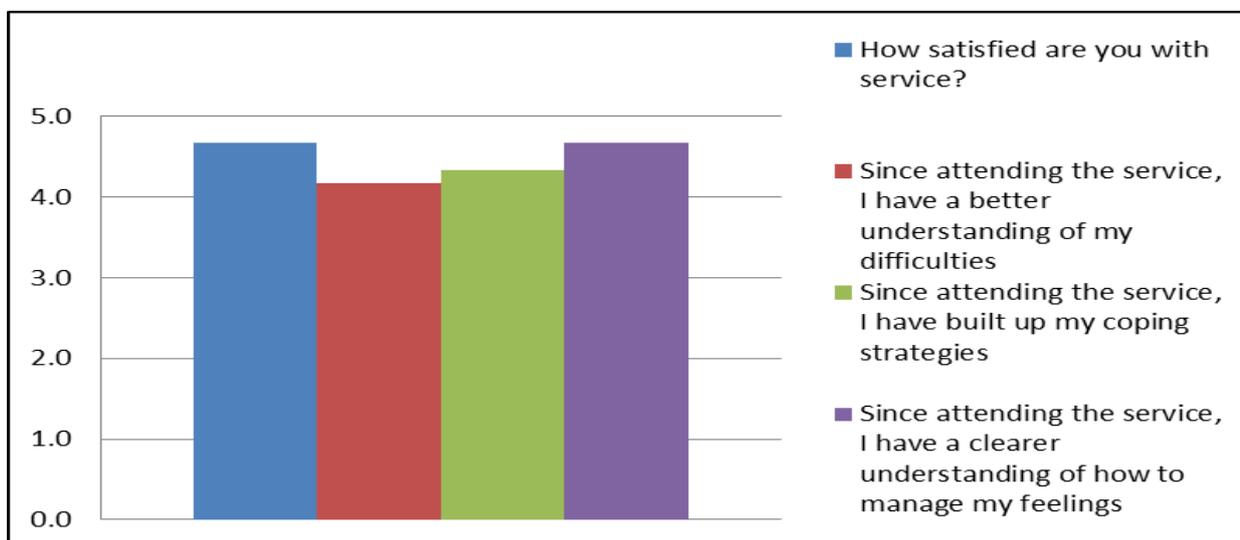
It aims primarily to reduce the need for inpatient admissions by providing an effective and safe alternative to inpatient care, with a focus on risk management, containment, and interventions which improve the coping and self-management skills of this patient group. A secondary aim is to facilitate safe and timely discharges from inpatient care. It therefore aims to:

- Reduce admissions to older adult inpatient beds within the Trust.
- Facilitate safe and timely discharges from inpatient care by using ACS for step support.
- Reduce the use of out of area beds.

The service model focuses on three key aspects which are safety and crisis management, containment and regulation (coping skills). Care plans are tailored to the individual, for example, one patient may need a very intensive approach to avoid admission and may attend 5 days a week for several weeks alongside evening and weekend support. Another patient may only require the intensive psychological intervention and so could attend 3 days per week for a shorter period. Interventions are offered in the form of group activity and 1:1 support. Break out rooms are available for those struggling with the intervention and these are staffed to work with risk and help promote engagement.

Between December 2020 and early March 2021 the service has been utilised by 14 patients (a greater number than we would currently have capacity to offer older adult inpatient beds to within the Trust). 85% of referrals were designed to prevent admission. The remaining 15% of referrals were to facilitate safe and timely discharge from inpatient care. This was successfully facilitated in all of these cases.

Outcome measures indicate improvements in anxiety, depression, suicidality, and quality of life. Service user feedback has also been very positive. These outcomes were achieved from an average of just 8 days attendance.



Once a patient had completed their agreed time at the ACS they were given the opportunity to leave feedback for the service. Patients were asked a series of quantitative and qualitative questions. Below are some examples taken from patient responses, the questions were presented in a Likert scale, where '5' was the most positive response. The graph displays the mean patient feedback scores.

The future plan is to continue to embed and improve upon the existing model and within covid safe ways of working to seek to expand the service further.

4.1.2 Redesigning Adult Inpatient Mental Health Services

The draft strategic outline business case (SOC) has been completed and reviewed by the Executive Management Team and by the Finance and Investment Committee. The SOC will continue to be refined over the summer and further work will be done to ensure the capital cost of the project is as robust as possible. The SOC will be finalised in early autumn in readiness for a funding application to the New Hospitals Programme.

4.1.3 Community Mental Health Team Transformation & Primary Mental Health Care Networks

One of our key transformation projects is the redesign of Community Mental Health Teams. The focus of this work has been to develop the mental health offer in primary care. The new model is now being rolled out across all of the Primary Care Networks (PCN's) in Hull and the East Riding of Yorkshire. The programme is progressing well and some of the key achievements and highlights are outlined below:

- 66 colleagues have been recruited with further new recruits due to start shortly. Diverse ways to attract new recruits have been utilised including use of social media featuring our new colleagues.
- Our fully resourced Complex Emotional Needs service (CENS) has been up and running for nearly a year and offers evidence based interventions.
- Programmes to support new colleagues as they come into post are in place with dedicated support for our Mental Health Wellbeing Coaches, Peer Support Workers and Trainee Nurse Associates.
- Significant training has been undertaken. Five of our Trainee Nurse Associates commenced their university course in March. Four of our Peer Support workers will commence a bespoke university module with Teeside University soon.
- The Clinical Leads are undertaking a bespoke leadership development course commencing at the end of March.
- Three sub-contracting arrangements are in place with MIND; East Riding Council and Community Health Care Partnership (CHCP) for the delivery of Peer Support Workers in Hull; Social Workers in the East Riding and a pilot for the delivery of Seriously Mentally Ill (SMI) Annual Health Checks in Primary Care.
- Work is taking place with all 12 PCN's and six of the new teams have been successfully deployed with plans that the other six will come on board in the next month.
- Co-production has been at the heart of this programme led by our Lived Experience Co-ordinator, with over 40 people, including those with lived experience actively engaging. A charter has been coproduced that all partners have signed up to which underpins our partnership working through an agreed set of principles and values.
- Average waiting times in the CMHT's from referral to treatment have reduced to just over 4 weeks in Hull and the East Riding.
- Mental Health & Wellbeing Coaches have now seen 500 clients over the past six months delivering the Recovery Star programme and only 1.8% of these have needed onward referral to a CMHT.
- The project team have participated in numerous learning platforms to share our experience and learning between other early implementer sites and with other providers now embarking on this change.
- Increased significantly the provision of services for people with complex emotional needs.
- Formed links with the Looked After Children's Service and developed pathways for young people with complex emotional needs.
- Supported the reintroduction of Knowledge and Understanding Framework (KUF) to increase the skill in the staff to meet the needs of service users with complex emotional needs.
- Developed a family connections programme to support families of people with complex emotional needs.

4.2 Director of Nursing, Allied Health and Social Care Professionals

4.2.1 Professional Strategy 2019-2024 Update

Ratified by the Workforce and OD Committee in July 2019 the implementation plan has been regularly reviewed through the Professional Forum. A progress report was provided to the Workforce & Organisational Development Committee (workforce elements update) and the Quality Committee (quality elements update) at their meetings in March 2021. It was noted that the pace of implementation of the strategy has been impacted by the Covid 19 pandemic; however significant progress has been made in some areas and the Professional Forum has continued to meet and review and refresh actions to maintain progress across all priority areas.

Some areas of reported progress were:

- Strengthened clinical involvement across all professions through the redesign of the divisional management structures, appointment of the Head of AHPs, establishment of the Clinical Advisory Group and membership of HCV clinical groups i.e. HCV AHP Council and the Mental Health Clinical Assembly.
- Leadership development has been rolled out via PROUD programme. AHP Forum established to strengthen involvement and support for AHPs. NHSE/NHSI guide for trust's and clinicians to support professional development opportunities and possibilities for allied health professionals (AHPs) is also being utilised to provide a framework for continuous development.
- Work has commenced on strengthening our approach to value based recruitment. We have developed a co-produced framework for involving patients, service users and carers in the recruitment process and are in the process of developing a training package
- We have established the Clinical Advisory Group with extensive representation across clinical professionals to support the rapid development of new clinical policies/guidance during COVID 19. Group continues providing clinical and professional advice; direction and recommendations in respect of practice developments and innovation
- CMHT transformation has been very inclusive and adult campus work has included development of the clinical model and is awaiting the next stage of business case development.
- Forensic Outreach and Liaison team developments are progressing as part of the Provider Collaborative work. Regular meetings take place with key clinical leads in secure services to discuss and develop pathways

4.2.4 Patient Safety Strategy- 2019-22 Update

Approved by the Board in July 2019 the Patient Safety Strategy which aligns to the national strategy has made steady progress across the priorities during 2020 despite the Pandemic. A progress update against each of the 6 priority areas was provided to the Quality Committee at its meeting in March 2021.

Some areas of reported progress were:

- Roll out of datix dashboards to teams to provide 'real time' patient safety data to inform patient safety practice at team level has continued with many teams now having access. This work is continuing through 2021-22 to ensure all teams have access to and are using the dashboards.
- Roll out of safety huddles in services has continued.
- New resources and support implemented to support staff who are involved in serious incidents which have been well received by the staff. The datix system has now been

updated for staff to comment whether they have received support within the first 24 hours of an incident. This will enable senior managers to make sure staff are receiving adequate support from their direct manager.

- Continued focus on staff to report patient safety incidents. We remain a high reporter of incidents of low/no harm. When benchmarked we remain in the upper quartile.
- Refresh of *safewards* which is a national initiative aimed to reduce conflict and containment behaviours within the mental health in patient services. It focuses on the implementation of ten evidence based interventions. Overseen by the Reducing Restrictive Interventions Group all inpatient areas have implemented interventions under the *safewards* initiative.
- The Patient Safety Partners group has been set up and have an agreed action plan. A workshop is planned with key stakeholders including patients, service users, carers, commissioners and staff to determine the specification for the role specific to the Trust.
- Training has been commissioned to support staff to undertake serious incident investigations. The aim of the training is to improve the quality of the investigations and align practice to the recent national thinking about investigations which is to focus on systems rather than look for root causes which can lead to blame.
- To support staff develop their quality improvement skillset a four tier training offer is available of which two of the courses are based on the NHS improvement methodology of Quality Service Improvement and Re-design (QSIR). Ad hoc training is provided where requested which has included delivery to the Mental Health Band 5 Nursing Development Programme and the High Potential Development Scheme. Despite a pause in the QI programme until June 2020, to date, 183 training and 117 awareness places has been facilitated.
- White Ribbon Accreditation has been achieved with a 3 year plan in place showing the Trust commitment in supporting the ending of male violence against women. Good progress against the action plan is noted.
- Two Patient Safety Specialists are in place. These are nationally mandated roles which aim to provide dynamic, senior leadership, visibility and expert support to the patient safety work in the Trust and support the development of a patient safety culture and safety systems. The specialists are currently receiving additional training facilitated by NHSE.

4.2.3. Quality Priorities 2021-22

The Board approved four quality priorities for inclusion in the Quality Accounts for 2019/20. Progress against all 4 priorities has continued throughout 2020. All priorities are transformational pieces of work and therefore it is proposed to continue with the same priorities for 2021/22 with a stretch on each. Priorities for 2021/22 were presented and discussed at the Patient and Carers Experience forum on 16th March 2021 and were positively received. Each priority stretch has been discussed at the Clinical Advisory Group, QPaS, EMT and were approved by the Quality Committee at its meeting in March 2021.

Priority One: To work towards an approach to recruitment across clinical services and senior roles that involves patients, service users and carers in the recruitment process.

Summary of stretch: Actively recruit patients/service users and carers and develop a co-produced training package. Commence roll out.

Priority Two: Each Division will identify key NICE guidance where there are known gaps in compliance and have clear plans for addressing these gaps

Summary of stretch: Each Division will review and update local action plans to address the gaps in compliance and report progress/exceptions

Priority Three: Develop an inventory of skills that is specific to individual roles which clearly outlines essential training and assessment requirements. This will include the frequency and means of reviewing and refreshing competency.

Summary of stretch: Benchmark teams and practitioners in terms of compliance with required competencies and develop local action plans to address any gaps

Priority Four: Ensure teams have access to patient safety data and we can demonstrate improvements based on the data.

Summary of stretch: Fully embed use of the dashboard at team / service level to ensure benefits are being fully embraced and effectively learning / development actions are being undertaken.

4.3 Medical Director

4.3.1 FeNo Testing

The Pharmacy team and the Humber Centre physical health care team are collaborating to introduce FeNo testing in the management of patients with long term respiratory conditions. FeNO stands for 'fractional exhaled nitric oxide' A FeNO test measures the levels of nitric oxide when you breathe out. Nitric oxide is produced in your lungs when your airways are inflamed because you're allergic to something you've breathed in. A high level of nitric oxide in the air you breathe out can be a sign that you have inflamed airways. Alongside other tests, clinical history and a trial of treatment, a FeNO test can help confirm an asthma diagnosis. FeNo testing is recognised in NICE guidance and is not something which is normally available in a primary care setting, however as part of secure services ambitious plans to develop their physical health offering it was felt that this was an ideal opportunity to embrace newer approaches to long term condition management in a secure setting.

4.3.2 Research & Development Team

The Research and Development team continue to develop the content for the Annual City of Research V conference on the 17th and 18th of November (Already in Board diaries.)

4.3.3 Social Values Report

The Patient and Carer Experience team in collaboration with the Communications team held a series successful virtual events focussing on the 2020 social values report launch during the week beginning 19th of April. In addition a series of training events, organised by the business development team have been held to support the organisation as we it prepares for adopting guidance laid out in a NHS framework in late 2020. These events included an introduction to social values which will be shared with various interested parties as well as more bespoke training for colleagues involved in bid or service development.

4.4 Director of Workforce & Organisational Development

4.4.1 Ramadan

Ramadan started on Tuesday 13th April 2021. Information was shared for staff through the usual communications avenues.

4.4.2 "We Have a Voice That Counts"- Quarterly Staff Survey to be launched

As part of the People Plan 2020/1 objectives, NHSE&I's launched a new quarterly staff survey to track morale in the first quarter of 2021/22. This will be mandatory for all NHS Trusts (except during the staff survey fieldwork period) and will assist in providing a consistent National approach to track how people are feeling during recovery. The measure will use the existing 9 'Engagement' questions around motivation, involvement and advocacy.

4.4.3 Apprenticeships

The Trust launched its new Apprenticeships policy with effect from 1st April. All band 2 to 4 roles

will now be advertised as Apprenticeships (with a permanent job on completion) unless there are exceptional circumstances as to why this cannot be supported.

4.4.4 Relocation

The new trust relocation policy was launched with effect from 1st April. This allows managers to apply relocation to a wider selection of roles and is part of the measures the Trust is adopting to help fill our vacant roles.

4.4.5 ESR development

ESR Assessment Highlights

The Trust was recently assessed for its use of ESR features, both implemented and planned functionality. This included the following developments and usage statistics:

System Usage

- Over 81% of ESR functionality is either currently implemented (70%) or is planned to be in place (11%) over the next year.
- This is a 27% increase on the previous assessment, where 48% was implemented with 6% planned.
- Over 99% of employees are now able to access their ESR account over the internet, for example, from home or via a smart device.
- 86% of employees have accessed Employee Self Service in the last year and 94% of managers have accessed Supervisor Self Service.
- Nearly 23,000 e-Learning enrolments have been completed in the last year, compared to 11,000 in the year of the previous assessment
- Nearly two-thirds of classroom training bookings are now made directly by the employee. At the time of the last assessment 100% of bookings were made via a request to the Learning & Development team.

Newly Implemented Features

- Recent move to online only payslips across the organisation, reducing costs and achieving a paperless process.
- Managers now have full access via self-service to sickness records, appraisals, training compliance and enrolling staff onto training courses.
- Pay Progression for staff is now managed entirely through ESR via self-service
- All employees are now able to enrol onto classroom training directly through ESR, improving access to learning and development while also reducing time to enrol, paper processes and associated costs.
- Employees also now have access to a compliance portlet to have their training compliance available at a glance.
- Changes to the transfer of staff data from previous NHS organisations to begin the process at the earliest point of recruitment
- Introduction of factual referencing across the organisation to improve the time to recruit and provide a clear, standard process.
- Interface between ESR and TIS introduced to improve the on boarding experience for junior doctors
- Plans to introduce access to ESR for applicants in the coming months, improving the recruitment experience and reducing the need to complete standard forms

4.4.6 Review of Education across the Trust

Work has been commissioned to review how we deliver education and learning across the trust. This will commence in April.

4.4.7 Reset and Recovery

Work has commenced on the Trust reset and recovery plan. An update will be taken to Workforce and OD Committee in May.

4.5 Director of Finance Update

4.5.1 Capital Programme 2021/22

EMT have considered and approved the Capital Programme for 2021/22 – the plan includes utilisation of cash reserves built up to provide a significant increase in the Trusts internally funded capital investment for the forthcoming year.

Included within the plan is the commencement of a major programme of work to upgrade the Humber Centre with works to be commissioned and scheduled to commence later in the year, in addition we also agreed as priority areas a programme of works to refurbish our mental health inpatient wards, works to upgrade staff and patient environments and the continued investment in our digital infrastructure.

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	14	14	0

The Trust detected and implemented countermeasures to prevent no Distributed Denial of Service (DDoS) attack against its internet connections during March

4.5.3 Annual Accounts Timetable

Key dates for the submission of the Trust's Annual Accounts has been agreed with NHS England and Improvement, details of which are set out in the table below:

Date	Submission
27 April (noon)	Agreement of balances only
Between 3 May and 11 May (noon)	Full PFR submission with draft accounts
11 May (noon)	Agreement of balances only
22 June	Audit Committee
29 June (noon)	Final PFR form (must be consistent with

Date	Submission
	audited accounts)
30 June	Trust Board
1 July (noon)	Full audited submission (excluding PFR form already submitted)

4.5.4 Accounting for Pensions Contributions

NHS England and NHS Improvement have confirmed they will continue to pay part of the employer pension contribution in 2021/22.

The employer rate increased from 14.3% to 20.6% in April 2019, but the government provided additional funding to cover this rise in both 2019/20 and 2020/21.

Due to the impact of Covid-19, the national bodies have confirmed they will continue to part-fund the contribution. The overall employer contribution in 2021/22 will remain at 20.6%, with an additional administration levy of 0.08% – employers will continue to pay 14.38% of pensionable pay, with the remaining 6.3% funded centrally.

Member contributions remain unchanged.

4.5.5 Updated Count Fraud Government Functional Standards

The NHS Counter Fraud Authority (NHS CFA) published new Functional Standards in February 2021, the expectation was that the new standards would be implemented in 2021/22 however there is now a requirement to report against the new standards as part of the self assessment process.

Approximately 85% of the standards map across and work on maintaining these standards will continue, work on compliance against the new standards will also inform the counter fraud workplan which will be reported to the Audit Committee in May.

The NHSCFA has openly confirmed that it is expected health bodies will record non-compliance against the new components acknowledging the provision of returns for 2021 will represent a baseline measurement that will enable organisations to identify work required to progress towards compliance by March 2022.

4.5.6 Reviewing the Working Arrangements for Non-clinical Staff

The results of the initial staff engagement exercise indicate that majority of staff have embraced working from home, but miss the social aspects of work and would like to work in a more agile and blended way going forwards. The Executive Management Team have agreed a vision for the future that takes into account staff feedback, and through the project team are exploring options around how the vision could be implemented. A report containing recommendations and potential next steps will go to the EMT in May

5 Trust Policies

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

Policy Name	Approving Committee	Date Approved	Lead Director
Covid Vaccination handling and management policy	Quality Committee	7/4/21	Medical Director

6 Communications Update

15th Mar – 12th April

2021/22 Operational Plan

The Current Trust Strategy was developed in 2017 and Objectives were refreshed for the period 2019-2022. In line with that refresh an update to the Marketing & Communications Strategy was approved by the board in February 2020.

Our operational plan for 2021/22, the final year of the strategic plan, has been developed and outlines revised KPI's and key projects for the next 12 months.

COVID Support

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:

- Development of proof of Lateral Flow Test Results for staff visiting residential homes and other areas that require evidence of a negative test.

Key Projects

- **Corporate Visual Identity Rollout**

As part of the continued rollout of the Trust Brand, areas including the Learning centre and Trust Estate vehicles have seen makeover. The Training Rooms in the Learning centre have now include bespoke new designs and the Estates vehicles have had new vinyl wrap designs helping our brand reach across our communities.

- **Brand Centre**

The Brand Centre is vital to supporting our teams to use our identity consistently. It is a valuable tool to support staff and since launching we have seen an increase in services utilising the templates created and hosted on the portal. This is supported by Brand Design Workshops held every six weeks to provide an introduction to the Trust brand, top tips and practical support for using the brand centre. 48 staff attended the second Brand Workshop held in April. Attendance at these will be tracked to monitor interest and uptake as are the Brand Centre analytics. Usage so far shows sustained and increasing interest.

Brand Centre analytics	Users	Page views	Avg Session Duration	Most viewed page	Most used Templates
February	130	635	1:19 mins	/home/ (327 views)	Corporate
March	223	1,246	1:14 mins	/home/ (632 views)	Corporate

- **Humblebelievable – recruitment campaign**

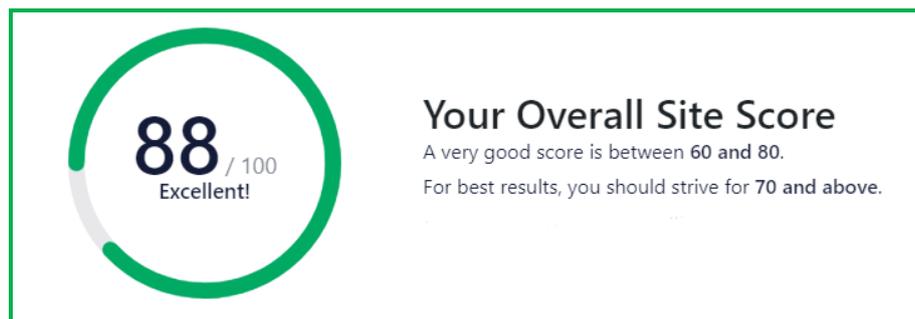
The team delivered a digital marketing campaign for our first online recruitment event 'Humblebelievable Nursing Live'. A social media campaign targeted nurses in Hull, East Yorkshire, York, Middlesborough, Whitby, Scarborough reaching over 36,917 with over 700 engagements and 74 event responses. A media partnership with the Hull Daily Mail saw 60,000 impressions served and 350 click throughs to the event which is one of the highest seen recently from the website.

We also worked closed with Sam Jacques Newton, Head of Allied Health Professionals to create supportive recruitment materials for these key roles. A socially distanced outdoor photoshoot was held and a Humbelievable recruitment booklet was produced to be attached to job adverts.

The latest website analytical report for the join.humber.nhs.uk shows continued improving performance.

Users	Page views	Avg Session Duration	Most viewed page
3,299 (+26.5%)	6,485	01:03 mins	/jobs/ (3,550 views)

The team have been working on the improving the site's SEO (Search Engine Optimisation) in order to stand out organically from other organisations. An optimal score ranks between 60 and 80 out of 100. At the end of last month, the SEO project saw a score of 72 out of 100, by 08/04/21 we had improve this to 88 on the website. This is a significant improvement and will soon see a positive impact implemented across search engines such as Google.



SEO results for join.humber.nhs.uk according to a recent testing

External Communications

- **Media Coverage**

Due to a high number of high quality proactive PR campaigns, media interest throughout recent weeks has been the highest seen in the last 12 months with a total of 47 positive news stories published from 12th February – 12th April 2021. This also demonstrates improved engagement with the wider Trust team who now understand to come to us to share their news and celebrations.

We have worked closely with teams to develop stories that attract positive media attention and promote timely Trust and national key messages such as our Stress Awareness Month campaign.

Positive new stories published		Negative new stories	
Local media	7	Local media	1
Humber website	15		
TOTAL	22		1

The negative media this month was around the Market Weighton GP Practice which was aired on BBC Radio Humberside on 7th April. We responded reactively with a statement and invited those with concerns to follow our Complaints procedure. We have not seen any follow ups or continuation of negativity in the press since this event.

- **Awareness Days**

The Mar – Apr period has seen us mark a number of important dates including; Covid-19 One Year On (23 Mar), Autism Awareness Week (27 Mar) and Stress Awareness Month (Apr).

Stress Awareness Month (April)

To mark Stress Awareness Month we worked with our Engagement and Workforce & OD teams to promote the support available to staff in times of high stress. We also worked with our clinical team to produce supportive materials for staff dealing with the effects of a Serious Incident at work.

Internally activity included a refresh and relaunch of Intranet Health and Wellbeing Hub, internal communications content to reinforce staff support and encourage a focus on self-care. Our external communications encouraged the public to get involved in Stress.org's 30 Day Challenge.

- **Whitby Hospital and Gardens renovation project**

Over the last month we have worked with Health Stars to ensure ongoing dialogue with the public around the Whitby Hospital Appeal. This includes media coverage and print marketing promotion across the local area.

- **Trust Website Update**

The Trust external website has seen balance of frequent users arriving on the website, along with an increase in the duration of which users spend viewing content compared to that of the previous period. Our Digital Development Plan for 2021/22 will outline the development plans for our digital platforms to ensure we continually improve and enhance our online presence.

	Target	Performance over period
Bounce Rate	50%	62%
Social Referrals	12% (a 10% increase in 2019 position)	9%

- **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%	5.75%
Reach	+50,000 p/m	233,165
Link Clicks	1500 p/m	1,710

Internal Communications

COVID-19 vaccination campaign

Communications planning to support the second COVID-19 vaccination programme continued through March. This included issuing targeted communications using our internal communications platform Poppulo and a new video which highlights the success of the second vaccination programme.

Poppulo – Internal Emails

Between the 15 March and 12 April we issued 24 internal communications to staff. The engagement rates still remain above the national average as outlined below.

	Trust average engagement rates	National Average
Open Rate	71%	65%
Click Through Rates	11%	10%

Intranet

Following research and staff engagement we have developed a revised intranet navigation which aims to improve the end user experience for our staff. The team are currently working with staff to standardise content across the site to improve readability.

Current performance:

	Target	Performance over period
Bounce Rate	40%	55.6%
Visits	+20% on 2019 average	+39%

6 Health Stars

Whitby Appeal

A range of events are in planning now restrictions are starting to ease and the 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.

NHS Big Tea 2021

Work continues in preparation for this year's NHS birthday, which will see us celebrate 73 years of our wonderful NHS.

This year Health Stars are working closely with NHS Charities Together in line with wider celebrations of which are being publicised and supported nationally.

In Whitby the Local Women's Institute groups plan to host their own 'Teddy Bears Picnic' to celebrate the occasion. 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 in their local villages with the proceeds going to support the Whitby Hospital Appeal. There is a great sense of community spirit with more local groups wanting to participate by hosting their own event.

Events

Health Stars continue working hard behind the scenes on fundraising events developing a range of virtual opportunities alongside in person events later in the year as we transition through each stage of the COVID19 road map. 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.

This month 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 until May 2021.

[Spring Virtual Chocolate Workshops - White Rabbit Chocolatiers – White Rabbit Chocolate Company Limited](#)

Health Stars are beginning to plan events in person as lockdown restrictions ease and are looking forward to sharing what they have planned over the coming months.

Michele Moran
Chief Executive
April 2021

Agenda Item 8

Title & Date of Meeting:	Trust Board Public Meeting – 28 April 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	14/4
	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. 2021/22 priorities and operational planning guidance II. New dedicated mental health services for new expectant and bereaved mums III. NHS update to learning disability mortality review IV. NHS achieves key Long Term Plan commitment to roll out integrated care systems across England v. New Office for Health Promotion to drive improvement of nation's health VI. Nightingale effect' sees thousands of healthcare support workers join the NHS 			

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	

Publications and Policy Highlights

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

1. **2021/22 priorities and operational planning guidance** NHS England 25 March 2021

The 2021/22 priorities and operational planning guidance sets the priorities for the year ahead, against a backdrop of the challenge to restore services, meet new care demands and reduce the care back logs that are a direct consequence of the pandemic, whilst supporting staff recovery and taking further steps to address inequalities in access, experience and outcomes. [Briefing template \(england.nhs.uk\)](https://www.england.nhs.uk/briefing-template/)

Lead: Director of Finance

A paper was taken to the Finance and Investment Committee and was included for the meeting on 21 April 2021

2. **New dedicated mental health services for new expectant and bereaved mums** NHS England NHS England 6 April 2021

Thousands of new, expectant or bereaved mothers will receive help and support for mental health problems through dozens of new dedicated hubs which are being set up across the country. The 26 new hubs will bring together maternity services, reproductive health and psychological therapy under one roof as part of the NHS Long Term Plan.

Around 6,000 women will receive care and treatment for a wide range of mental health issues from post-traumatic stress disorder (PTSD) after giving birth to others with a severe fear of childbirth. As well as offering psychological therapies for new and expectant mums the clinics will also provide training for maternity staff and midwives. Ten sites will be up and running within months with the remainder opening by April 2022.

Every area will have one by April 2024 as part of the [NHS Long Term Plan](#) to increase access to psychological support for women before, during and after pregnancy.

Lead: Chief Operating Officer

The Humber Coast and Vale ICS has received funding for this important initiative via the mental health and learning disability programme. The Trust is participating in work to progress this and it connects to our existing perinatal service.

3. **NHS update to learning disability mortality review** NHS England 23 March 2021

Autistic people will now be specifically included in an improved and expanded LeDeR programme to drive improvements in care, the NHS announced.

The move is part of changes to the [learning from life and death reviews programme \(LeDeR\)](#) which aims to make improvements to the lives of people with a learning disability. The NHS has worked with stakeholders including bereaved families, people with a learning disability and autistic people over the past 12 months to develop the new policy which will focus not only on completing reviews but on ensuring that local health and social care systems implement actions at a local level to improve and save lives.

The new policy, which looks at the life of a person as well as their death, will also now extend to include all people who are autistic – who do not have learning disability – as well. All notifications of a person's death will receive an initial review by the local LeDeR team, which will include talking to their family, their GP or look at the records, and at least one other person involved in the person's care. If a reviewer feels a more detailed review is needed, a focussed review will follow.

All eligible people from an ethnic minority background will receive a focussed review and the families of anyone aged four and over with a learning disability or autism can request one. A new web platform will be launched in late Spring to streamline reviews, improve their quality and facilitate access to records as well as improving reviewer training. From September LeDeR will be incorporated into the routine quality reporting arrangements of the ICS and not sit separately from it, to improve learning and action locally.

Lead: Medical Director

The changes introduced in this report are to be welcomed. The LeDer process is led by the CCG (clinical commissioning group) who will be responsible for implementing the proposed changes.

4. NHS achieves key Long Term Plan commitment to roll out integrated care systems across England NHS England 19 March 2021

Patients will have better, more joined up care as Integrated Care Systems (ICSs), which require all parts of the NHS to work with each other and their partners, are rolled out across the country from April. 13 areas, serving 14.9 million people, will be formally designated "integrated care systems" (ICSs) from April 1, hitting a major milestone in the NHS Long Term Plan.

A total of 42 ICSs, which bring together hospital, community and mental health trusts, GPs and other primary care services with local authorities and other care providers will cover the whole of England. The NHS Long Term Plan said Integrated Care Systems would be central to its delivery by bringing together local organisations to redesign care and improve population health, creating shared leadership and action. ICSs exist to improve the health of all residents, better support people living with multiple and long term conditions, preventing illness, tackling variation in care and delivering seamless services while getting maximum impact for every pound. They bring together the NHS, local government and other organisations including the Voluntary, Community and Social Enterprise (VCSE) sectors.

While the geographical boundaries for the individual systems may evolve during 2021/22 to enable co-terminosity between the NHS and local government, the structures will enable health and care organisations to join forces and apply their collective strength to addressing their residents' biggest health challenges, many exacerbated by COVID-19. Health and care leaders have said this will be more important going forward as we address health inequalities and tackle issues around mental health and obesity.

Lead: Chief Executive

This has been discussed in board development sessions and will be discussed later in the month in a governor development session. Board are update on the work through papers and discussions.

5. **New Office for Health Promotion to drive improvement of nation's health** Department of Health and Social Care 29 March 2021

The new Office for Health Promotion will lead national efforts to improve and level up the health of the nation by tackling obesity, improving mental health and promoting physical activity.

- New Office for Health Promotion will lead national efforts to improve and level up the public's health
- It will help ministers design and operationalise a step change in public health policy
- New approach will see action across government to improve the nation's health by tackling obesity, improving mental health and promoting physical activity

The Office will recruit an expert lead who will report jointly into the Health Secretary and the Chief Medical Officer, Chris Whitty. The Office's remit will be to systematically tackle the top preventable risk factors causing death and ill health in the UK, by designing, implementing and tracking delivery policy across government. It will bring together a range of skills to lead a new era of public health polices, leveraging modern digital tools, data and actuarial science and delivery experts. The Office for Health Promotion will sit within the Department of Health and Social Care (DHSC), and will lead work across government to promote good health and prevent illness which shortens lives and costs the NHS billions every year, building on the work of Public Health England. It will enable more joined-up, sustained action between national and local government, the NHS and cross-government, where much of the wider determinants of health sit.

As England cautiously eases restrictions over the coming months, preventing the onset of avoidable physical and mental illness and protecting the nation's health will be the top priority for this government. From today, outdoor organised sport resumes as part of the roadmap, and the government is urging people to get outside and get active to help improve their health and prevent some illnesses.

The new office will recruit expert leadership, ensuring it is informed by high-quality data and evidence to support decision-making and delivery to improve health across the nation. The new Office will combine Public Health England's health improvement expertise with existing DHSC health policy capabilities, in order to promote and deliver better health to communities nationwide. By combining and enhancing these functions, the Office will play a vital role in helping the public lead healthier lives.

Lead: Chief Operating Officer

Effective health promotion is critical in underpinning all service and system redesign, especially in the Trusts and wider systems work to recover from the Covid- 19 pandemic. Utilisation of public health data underpins ours and the systems redesign work, the focus on prevention and wellbeing is particularly evident in our children and young people's service redesign, our primary mental health care transformation, development of the recovery college and our social prescribing and health training services.

6. **'Nightingale effect' sees thousands of healthcare support workers join the NHS** NHS England 8 April 2021

The NHS has boosted support for patients, their families and staff by recruiting 10,000 healthcare support workers (HCSWs) in the first three months of the year.

The new staff will support the workforce and assist nurses, midwives and other healthcare professionals to perform health checks, update patient records, help patients wash, dress

and move around, and care for women and families in maternity services. They will also support people with mental health conditions, learning disabilities, and autism. New NHS data shows of the 10,000 new staff, half are completely new to health and social care – clear evidence of the ‘Nightingale effect’ caused by the coronavirus pandemic. They will be joined by a further 5,000 HCSWs who will start work following successful pre-employment checks.

Lead: Director of Workforce & Organisational Development

The Trust has seen 25 new starters in the role of Health Care Support Worker during this period.

Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting– 28 th April 2021			
Title of Report:	Performance Report - Month 12 (March)			
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 March 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>Training - The Trust has seen continued improvement in the uptake in training compliance, the overall compliance rate for March stands at 90.4% which is above the upper control limit and exceeds the Trust Target for training compliance, which is 85%.</p> <p>Sickness - Recorded sickness for March 2021 is 3.8% which falls below the lower control limit, the rolling 12 month sickness figure is calculated at 4.4% which falls within the Trusts target performance level.</p> <p>Cash in Bank - cash in bank has increased in month to £39.9m, Whilst no block payment was received in March timing difference between receipt of resource (<i>Capital and ICS Revenue</i>) and payment of invoices has inflated the cash position.</p> <p>Waiting Times – The Trust RTT Incomplete position continues to improve with a 2.3% increase overall, demonstrating that the overall waiting times in the Trust are in recovery.</p>			

	<p>52 week waiting (ww) times continues to be a key focus with weekly waiting list meetings led by the Deputy Chief Operating Officer focusing on reducing/eradicating long waiters through validation/data quality and implementation of operational plans to address these.</p> <p>Focussed work on the Paediatric Autism Spectrum Diagnosis (ASD) long waiting patients has highlighted some issues to be addressed with system management and information reporting. The IBR shows deterioration in 52 ww in this area, however, weekly monitoring of the waiting list shows an improvement.</p> <p>An oversight group is being convened to ensure the structure and governance of information management and reporting is quickly reviewed and addressed. A report (appendix 2) is attached showing the local monitoring and improvement of ASD 52ww for information.</p> <p>Early Intervention in Psychosis (EIP) - EIP have seen a deterioration in performance due to a further rise in staff unavailability. Additional staffing is being pursued to mitigate this to restore capacity to improve performance and provide</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:
Mar-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:

Mar 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:

Mar 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: **Mar 2021**

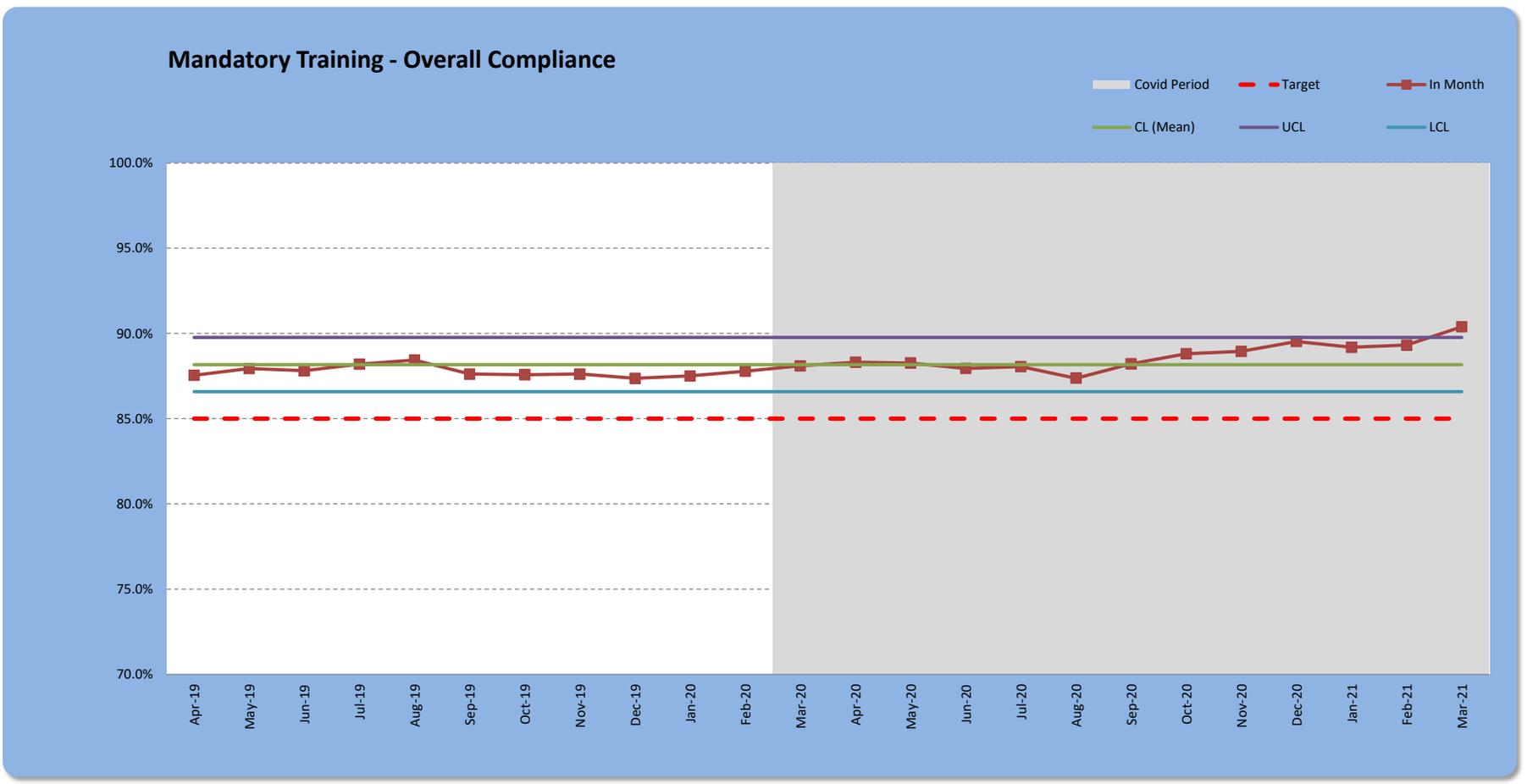
Indicator Title	Description/Rationale	Executive Lead
Mandatory Training	A percentage compliance based on an overall target of 85% for all mandatory and statutory courses	Steve McGowan

KPI Type
WL 5

Narrative

Above target, an increase of 0.6% when compared to March.

Target: 85%
 Amber: 75%
 Current month stands at 90.4%



PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending:

Mar 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

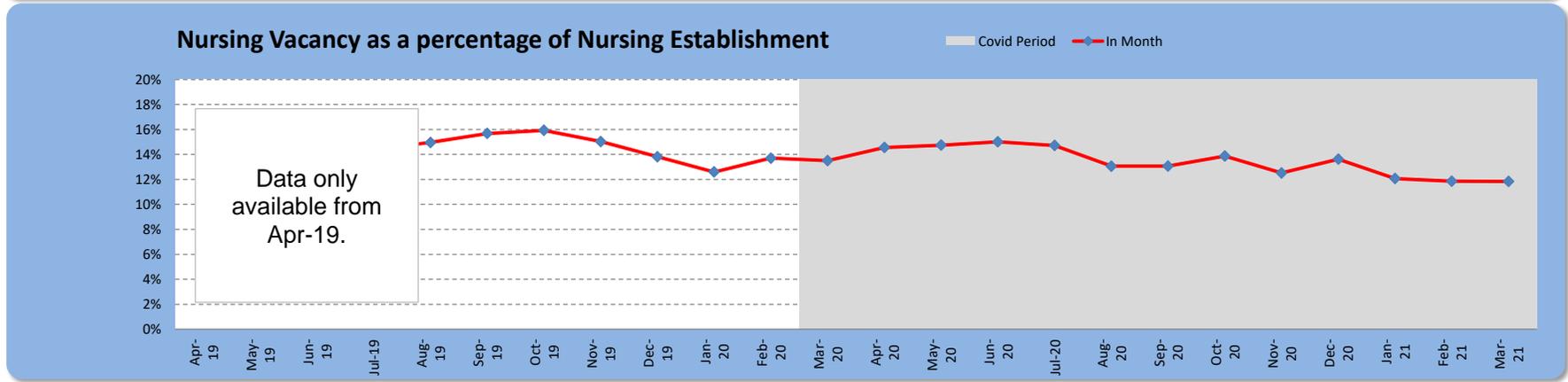
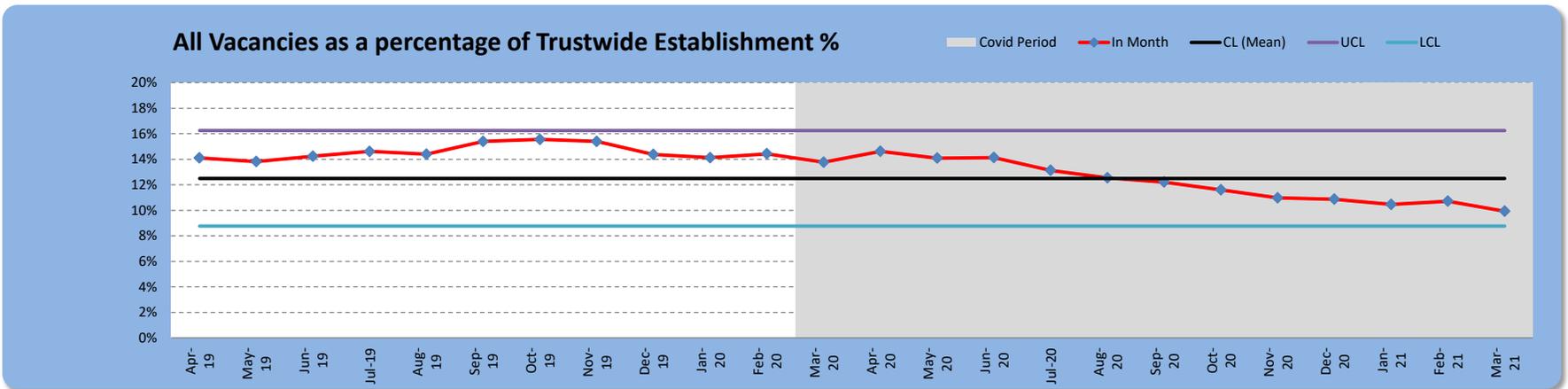
Vacancies decreased by 0.8% when compared to the previous reporting period.

Nursing Vacancy rate has not changed when compared to 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 9.9%



PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Mar 2021**

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

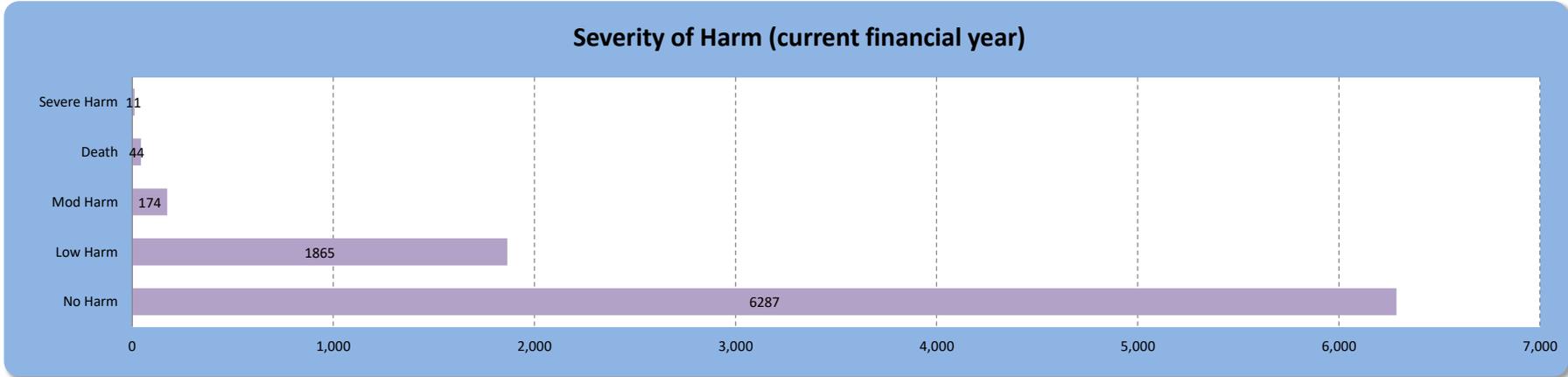
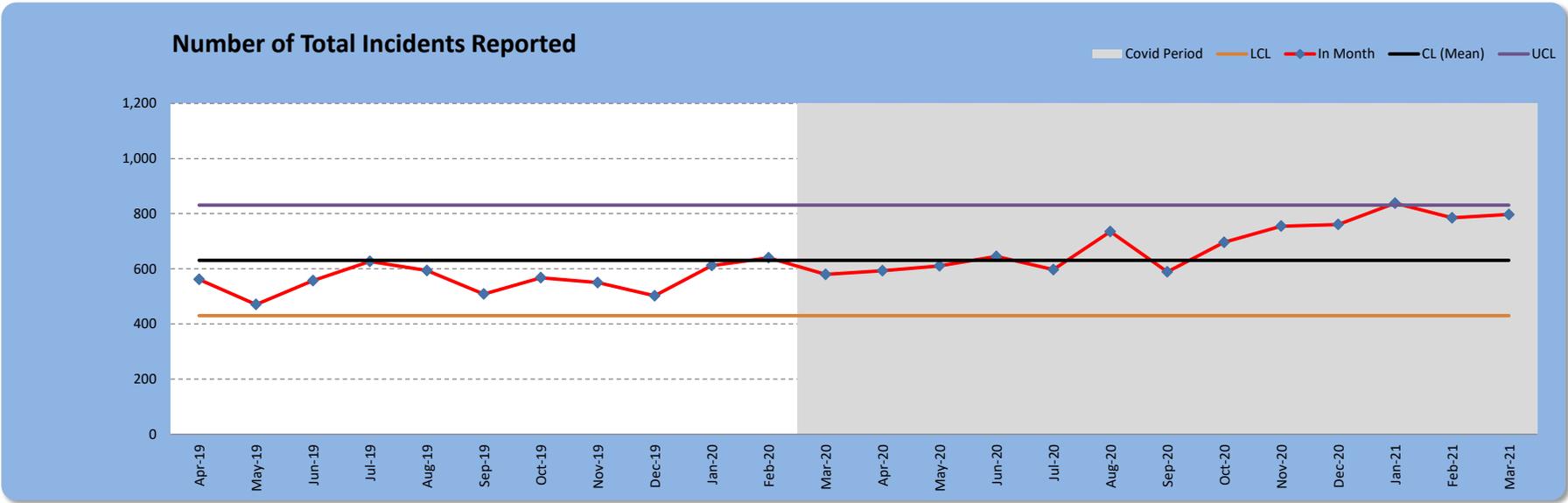
Narrative

Increase of 12 when compared to the previous month

UCL: 831
LCL: 430

Current month stands at 797

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: **Mar 2021**

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

Narrative

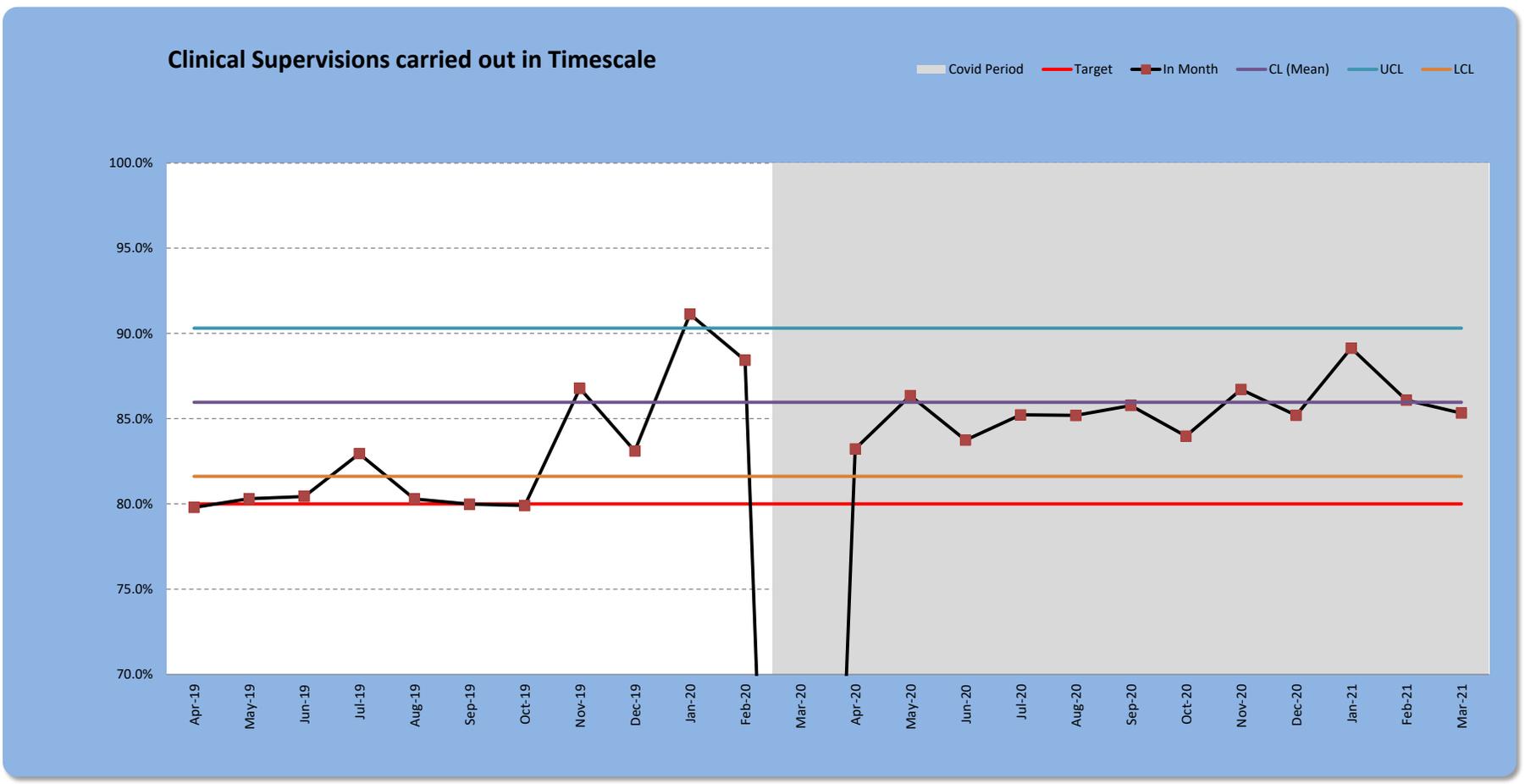
Performance has reduced in March by 0.8%

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

Target: 80%

Amber: 75%

Current month stands at 85.3%



HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

Contract Period:	2020-21
Reporting Month:	Feb-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)	Jan-20	Feb-21
										Registered	Un Registered	Registered	Un Registered												
Adult MH	Avondale	Adult MH Assessment	37.6	79%	17.30	27.4%	↓	0.0%	→	79%	64%	102%	102%	0	23	2	0	100.0%	92.4%	92.3%	89.5%	6.7%	0.2	2	2
	New Bridges	Adult MH Treatment (M)	39.1	102%	8.62	29.1%	↓	7.1%	↑	69%	106%	93%	126%	5	35	1	0	77.8%	91.7%	46.2%	92.0%	5.2%	2.5	5	5
	Westlands	Adult MH Treatment (F)	39.2	95%	8.75	33.2%	↓	4.1%	↑	88%	101%	89%	129%	5	79	0	0	80.0%	90.7%	85.7%	81.5%	9.0%	1.0	2	2
	Mill View Court	Adult MH Treatment	38.0	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	32	1	0	100.0%	93.6%	90.9%	76.5%	4.3%	3.8	1	0
	PICU	Adult MH Acute Intensive	36.9	86%	21.50	40.5%	↓	9.6%	↓	99%	115%	98%	125%	1	125	0	0	100.0%	84.2%	69.2%	90.5%	9.6%	4.0	2	1
OP MH	Maister Lodge	Older People Dementia	33.2	67%	20.80	20.0%	↑	0.0%	→	67%	96%	100%	111%	0	71	0	0	97.2%	91.0%	77.8%	80.0%	4.9%	3.0	2	1
	Mill View Lodge	Older People Treatment	25.9	93%	12.92	20.3%	↑	0.0%	→	85%	130%	100%	102%	0	12	3	0	91.7%	95.4%	85.7%	100.0%	3.5%	-0.1	2	1
Specialist	Pine View	Forensic Medium Secure	29.1	99%	7.30	22.0%	↓	0.0%	→	80%	84%	80%	100%	1	2	0	1	96.2%	96.3%	87.5%	90.5%	11.6%	4.0	2	2
	Derwent	Forensic Low Secure	25.9	90%	12.23	39.8%	↑	0.0%	→	93%	83%	100%	105%	3	17	0	0	86.7%	90.4%	100.0%	83.3%	8.2%	1.4	1	1
	Ouse	Forensic Low Secure	24.1	84%	7.72	12.9%	↑	0.0%	→	89%	82%	101%	93%	1	4	0	0	100.0%	98.5%	90.0%	100.0%	6.8%	0.0	2	2
	Swale	Personality Disorder Medium Secure	26.1	78%	12.70	44.6%	↓	0.0%	→	100%	91%	100%	164%	7	7	0	0	96.0%	89.2%	72.7%	81.3%	3.3%	1.2	0	0
	Ullswater	Learning Disability Medium Secure	36.0	83%	10.68	29.7%	↓	0.0%	→	68%	117%	101%	96%	0	15	1	0	79.2%	93.8%	77.8%	94.1%	5.7%	2.0	2	3
Child & LD	Townend Court	Learning Disability	44.0	50%	25.46	23.6%	↑	0.0%	→	53%	99%	100%	108%	1	75	0	0	48.5%	88.3%	53.3%	96.0%	10.7%	2.0	3	4
	Inspire	CAMHS	39.9	77%	26.13	19.8%	↓	0.0%	→	57%	77%	72%	89%	9	41	0	0	65.9%	91.8%	93.8%	88.0%	7.4%	5.0	2	2
	Granville Court	Learning Disability Nursing Treatment	55.1	Not Avail	n/a	35.3%	↓	0.0%	→	90%	80%	104%	96%	3	3	0	0	93.9%	88.3%	88.9%	60.0%	7.0%	2.0	3	2
CH	Whitby Hospital	Physical Health Community Hospital	45.9	86%	10.22	0.0%	→	0.0%	→	92%	85%	100%	100%	0	1	0	n/a	82.4%	94.7%	84.2%	84.2%	1.9%	1.0	0	0
	Malton Hospital	Physical Health Community Hospital	25.0	79%	8.80	Not on eRoster	→	Not on eRoster	→	77%	88%	100%	100%	1	5	1	n/a	100.0%	84.9%	70.0%	83.3%	2.3%	6.5	0	0

Exception Reporting and Operational Commentary

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

Millview Court currently has reduced bed occupancy due to the unit being used for COVID patients. Newbridges have a lot of newly qualified nurses and the Charge Nurse is working with the resus officer to get them all through their ILS training. Their supervision compliance has improved to above target in March.

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

Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
13.90%	12.80%	12.64%	12.50%	9.60%	9.10%	11.20%	10.60%	10.60%	11.16%	11.90%	10.30%

Slips Trips and Falls

Rolling 3 months	Jan-21	Feb-21	Mar-21
Maister Lodge	4	5	7
Millview Lodge	3	4	3
Malton IPU	2	3	3
Whitby IPU	8	2	3

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

Quality Dashboard

Description : Learning from Mortality Reviews

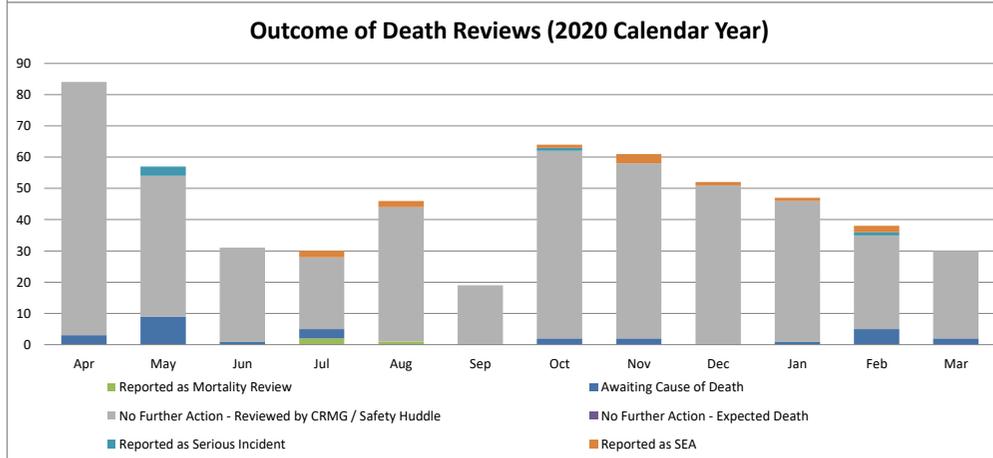
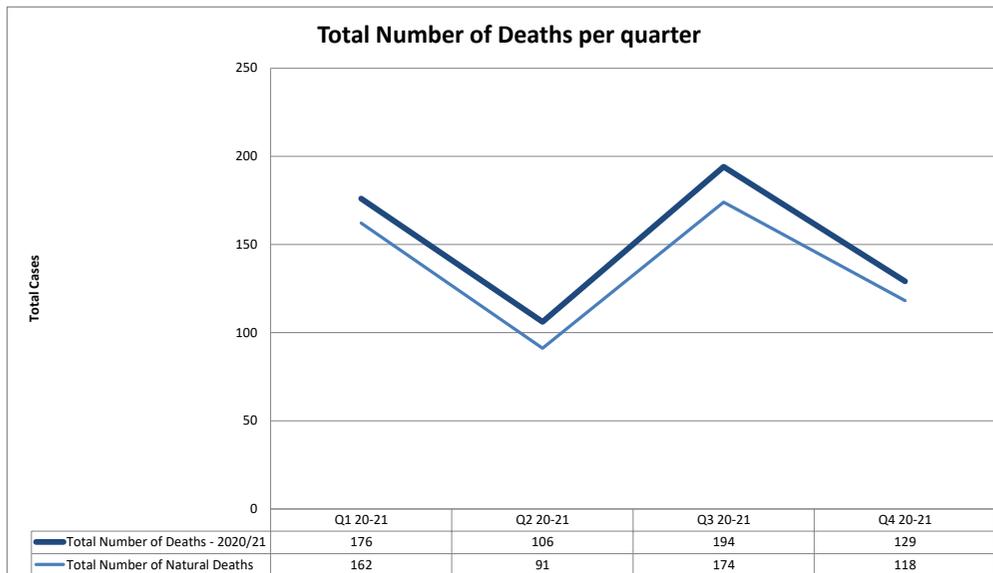
Summary of total number of deaths and total number of cases reviewed under the SI (Serious Incident) Framework or Mortality Review

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

	Q1 20-21	Q2 20-21	Q3 20-21	Q4 20-21	YTD
Total Number of Deaths - 2020/21	176	106	194	129	605
Total Number of Natural Deaths	162	91	174	118	545
Proportion of Natural Deaths	92.0%	85.8%	89.7%	91.5%	90.1%
Total Number of Deaths - Community Hospitals	38	22	23	18	101
Total Number of Deaths - MH Inpatients	3	0	1	3	7
Total Number of Deaths - LD Inpatients	2	0	0	0	2
Total Number of Deaths - Forensics Inpatients	0	0	0	0	0
Total Number of Deaths - All Community excl. MH	64	41	75	41	221
Total Number of Deaths - Addictions	3	6	7	5	21
Total Number of Deaths - MH Community	71	43	92	66	272

Review Process

Reported as Mortality Review	0	3	0	0	3
No Further Action - Reviewed by CRMG / Safety Huddle	156	85	167	103	511
No Further Action - Expected Death	0	0	0	0	0
Reported as Serious Incident	3	0	1	1	5
Reported as SEA	0	4	5	3	12
Child Death Review	1	0	0	0	1
Statements Being Produced For Coroners	1	0	1	1	3
Total Deaths Reviewed	161	92	174	108	535
Awaiting Cause of Death	13	3	4	8	28
Not Yet Reported	2	11	16	13	42



Quality Dashboard

Section 2.2 Mortality Dashboard Quality Dashboard

Description : Learning from Mortality Reviews

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

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

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

PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Mar 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

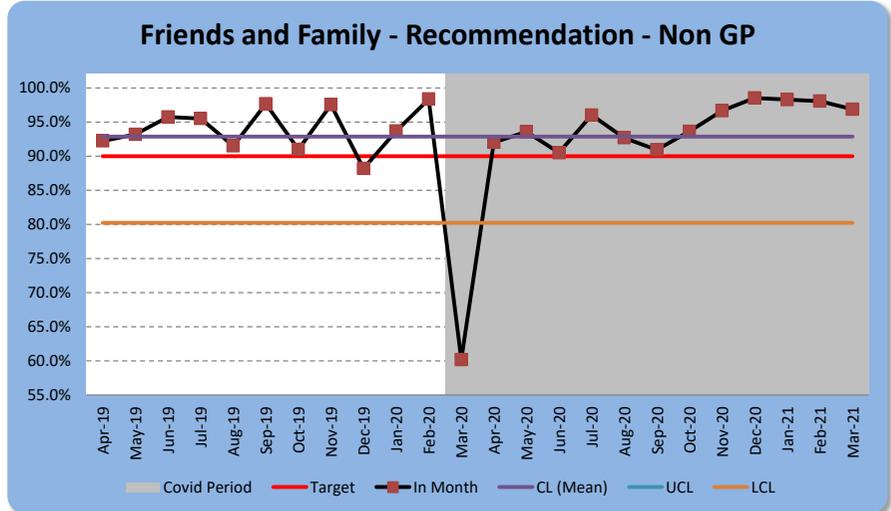
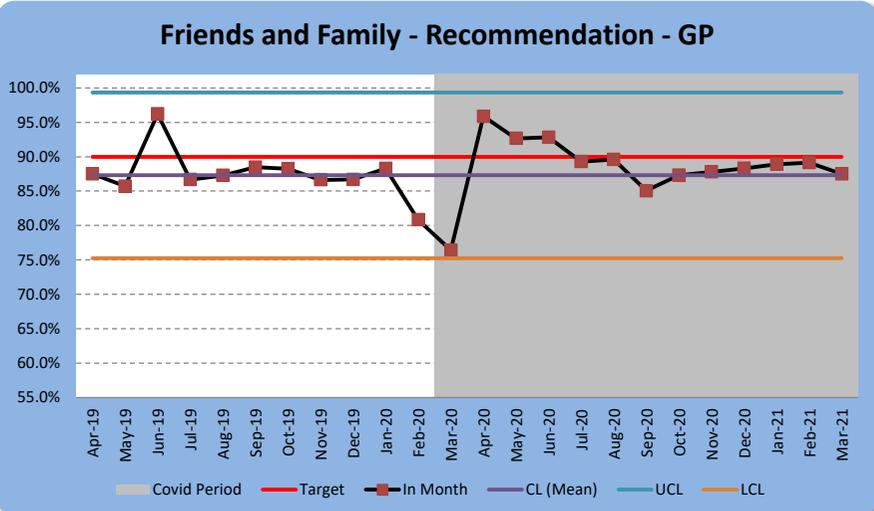
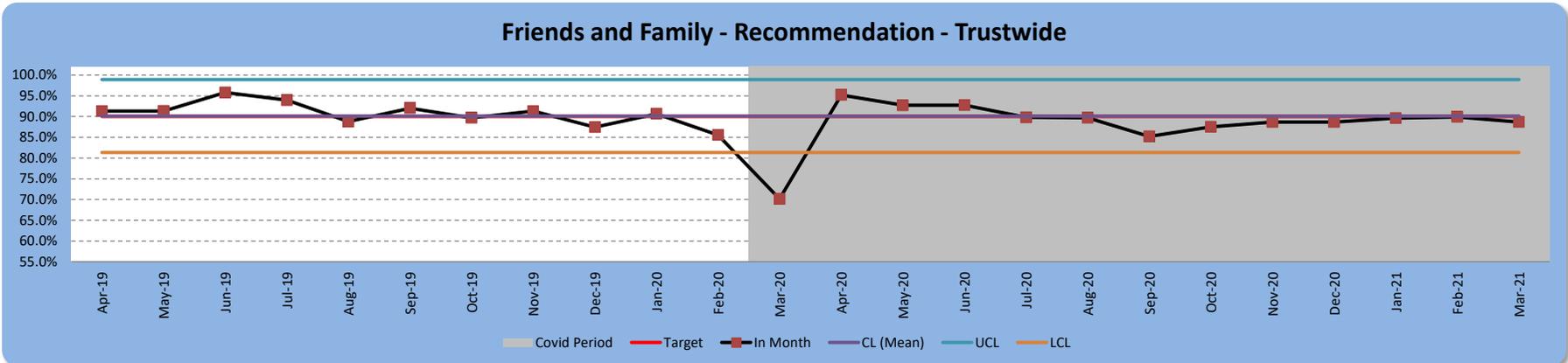
GP Recommendation is below target for Feb-21 at 87.5%

Non GP is above target at 96.8% for March which is a decrease of 1.2%.

Target: 90%

Amber: 80%

Current month stands at 88.7%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

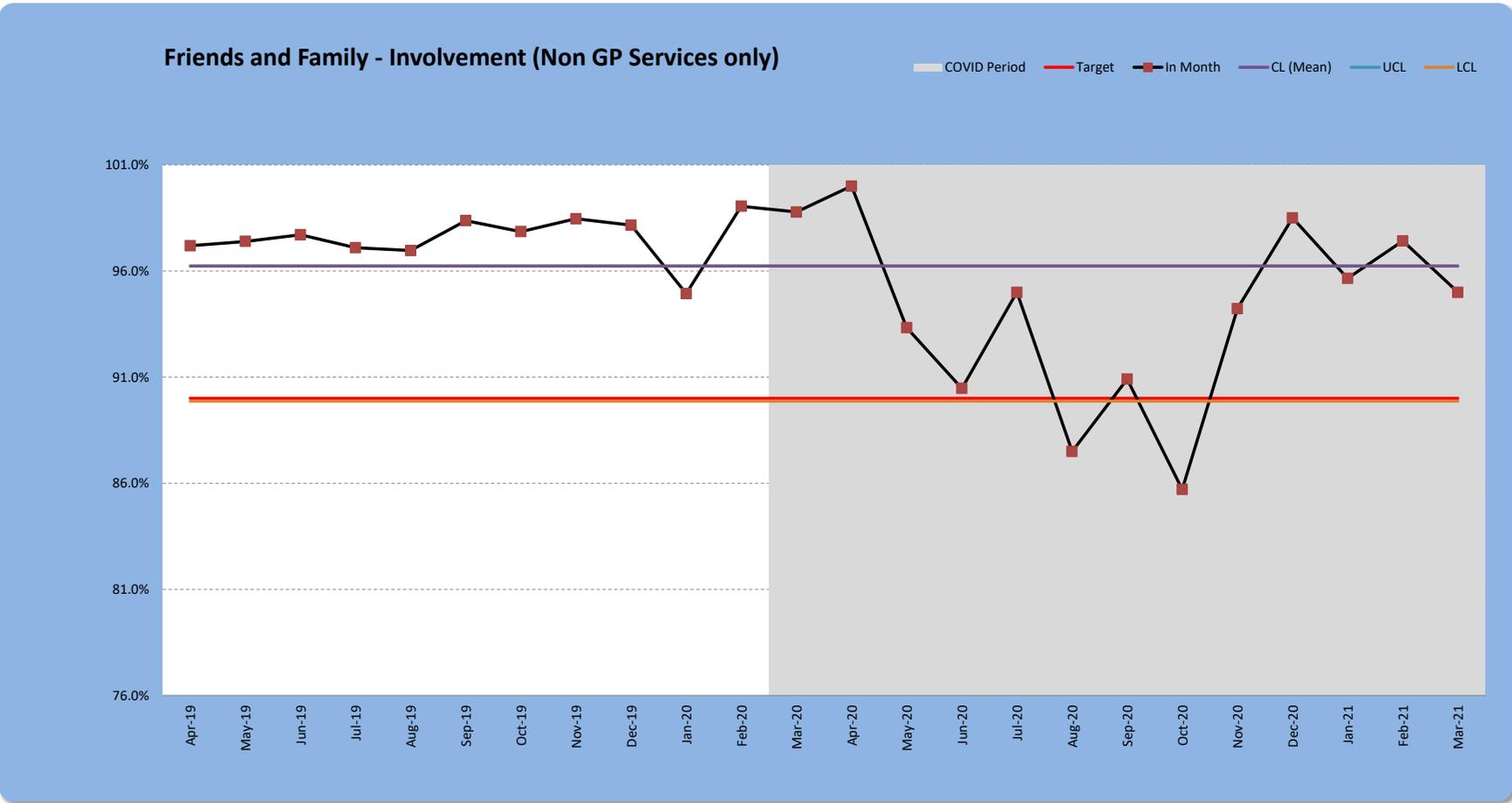
For the period ending: **Mar 2021**

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 decreased by 2.4% when compared to the previous month but remains above the Trust threshold of 90%

Target: 90%
 Amber: 80%
 Current month stands at 95.0%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

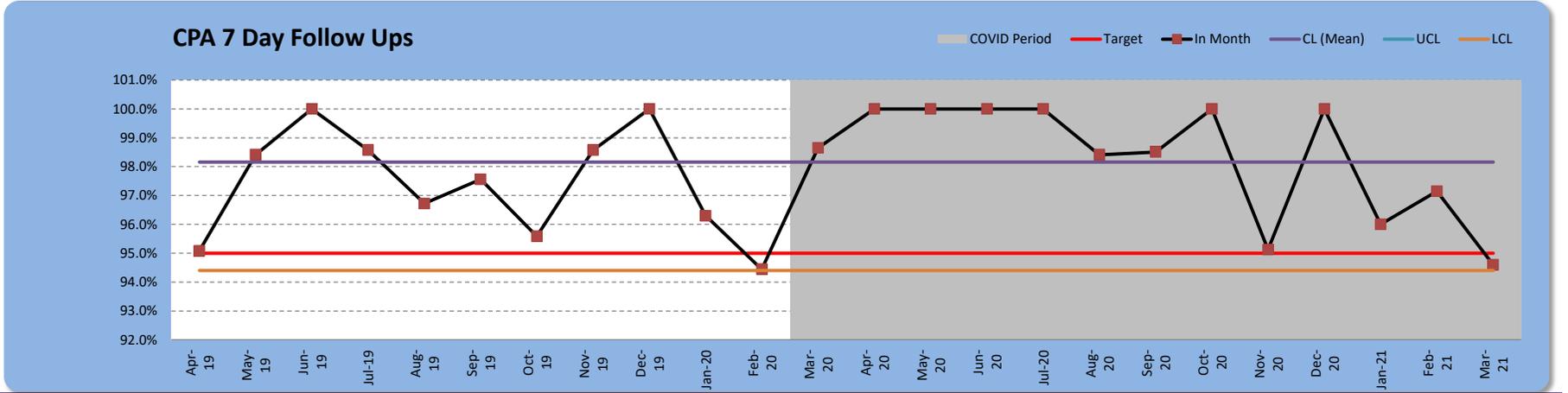
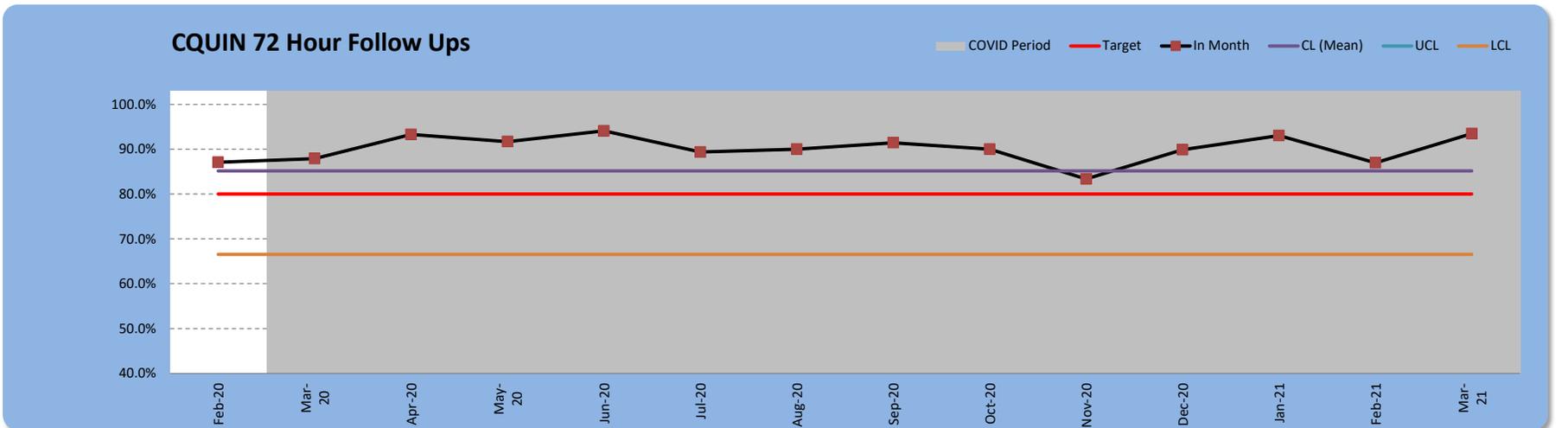
For the period ending: **Mar 2021**

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

Narrative

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

Target: 80%
 Amber: 60%
 Current month stands at 93.5%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Mar 2021**

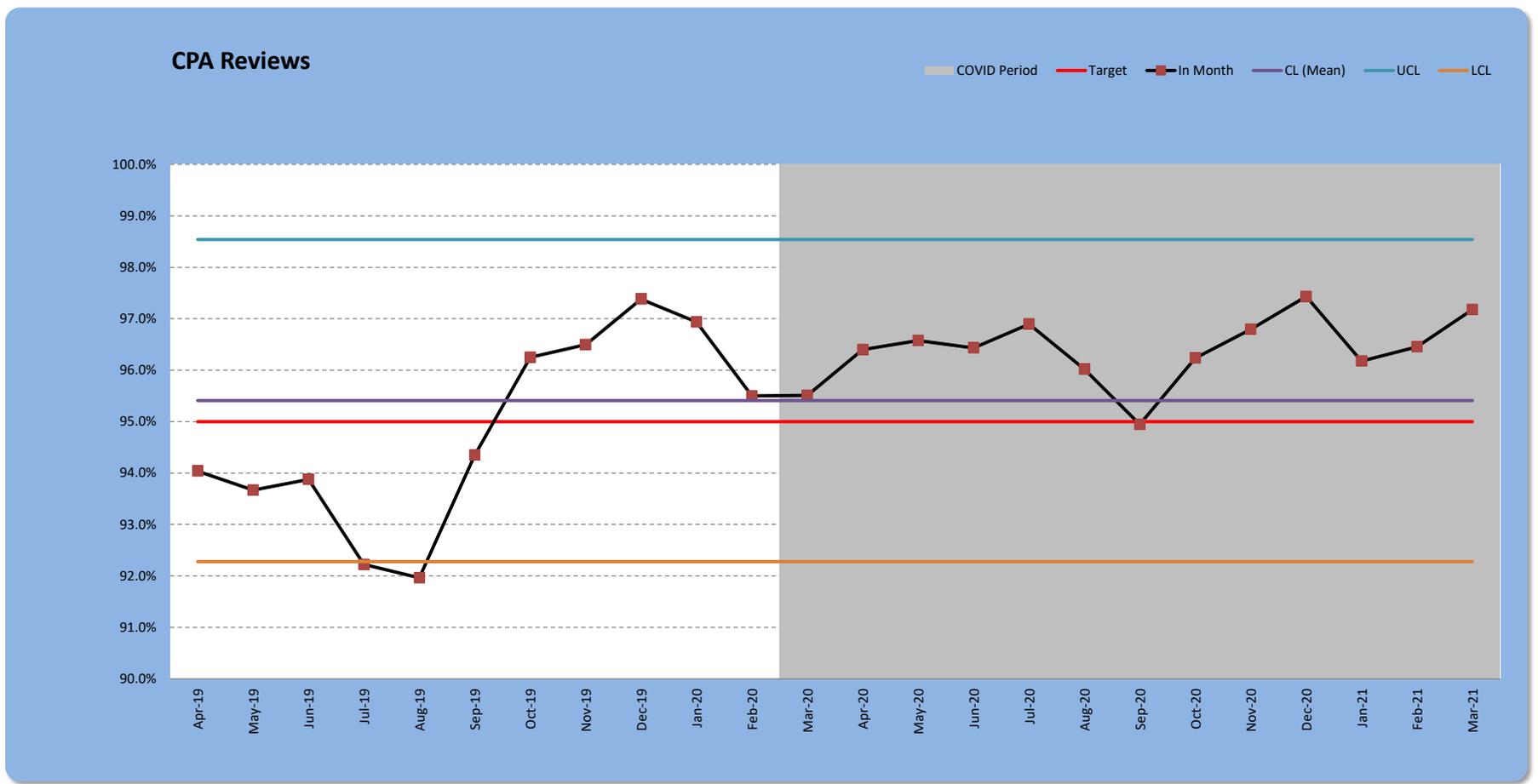
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Care Programme Reviews	This indicator measures the percentage of patients who are on CPA and have had a review in the last 12 months	Lynn Parkinson	OP 7

Narrative

Performance has increased by 0.7% when compared to the previous month.

Target: 95%
Amber: 85%

Current month stands at 97.2%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Mar 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

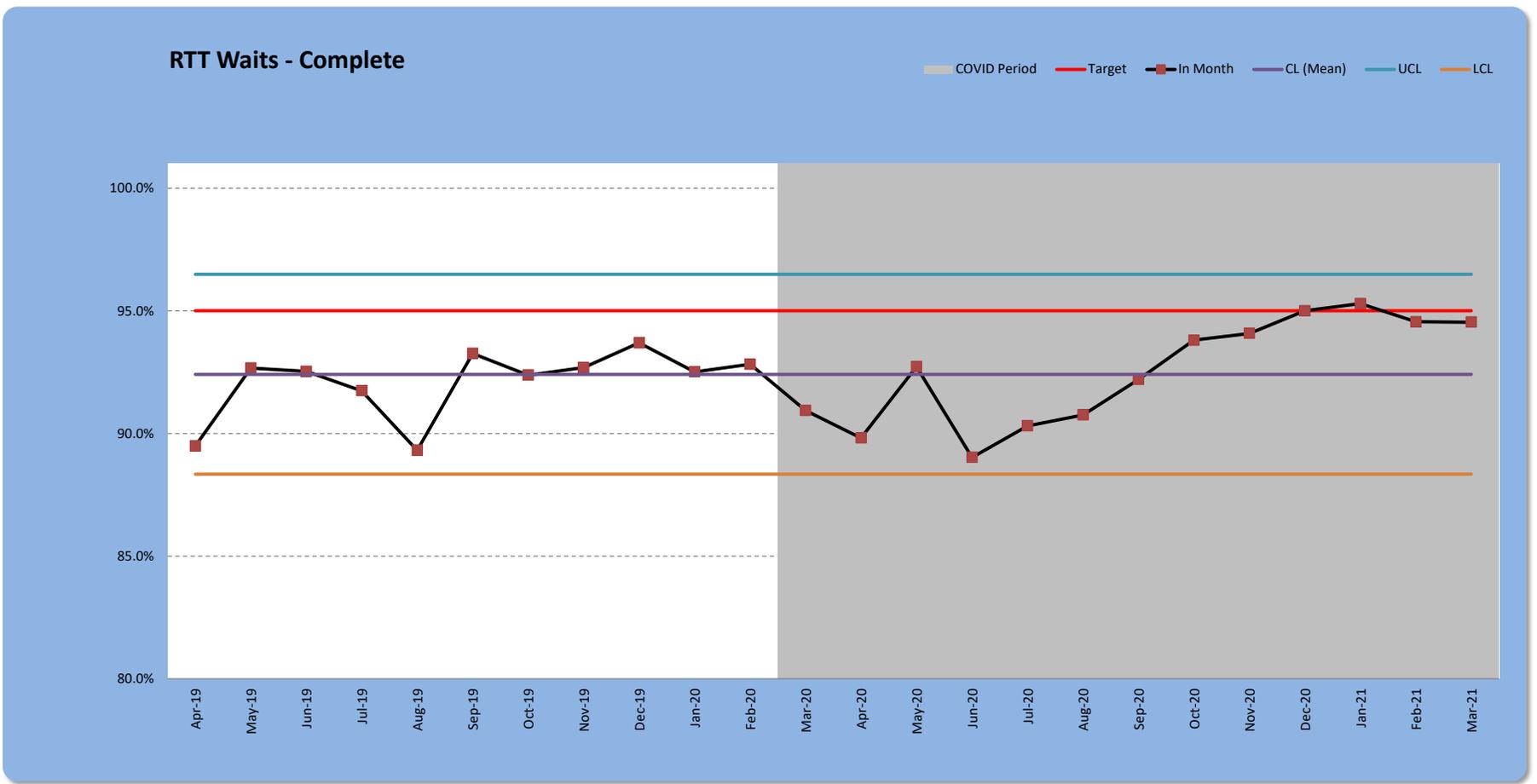
KPI Type
OP 20

Narrative

Decrease by 0.1% when compared to the previous month.

Target: 95%
Amber: 85%

Current month stands at 94.5%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Mar 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

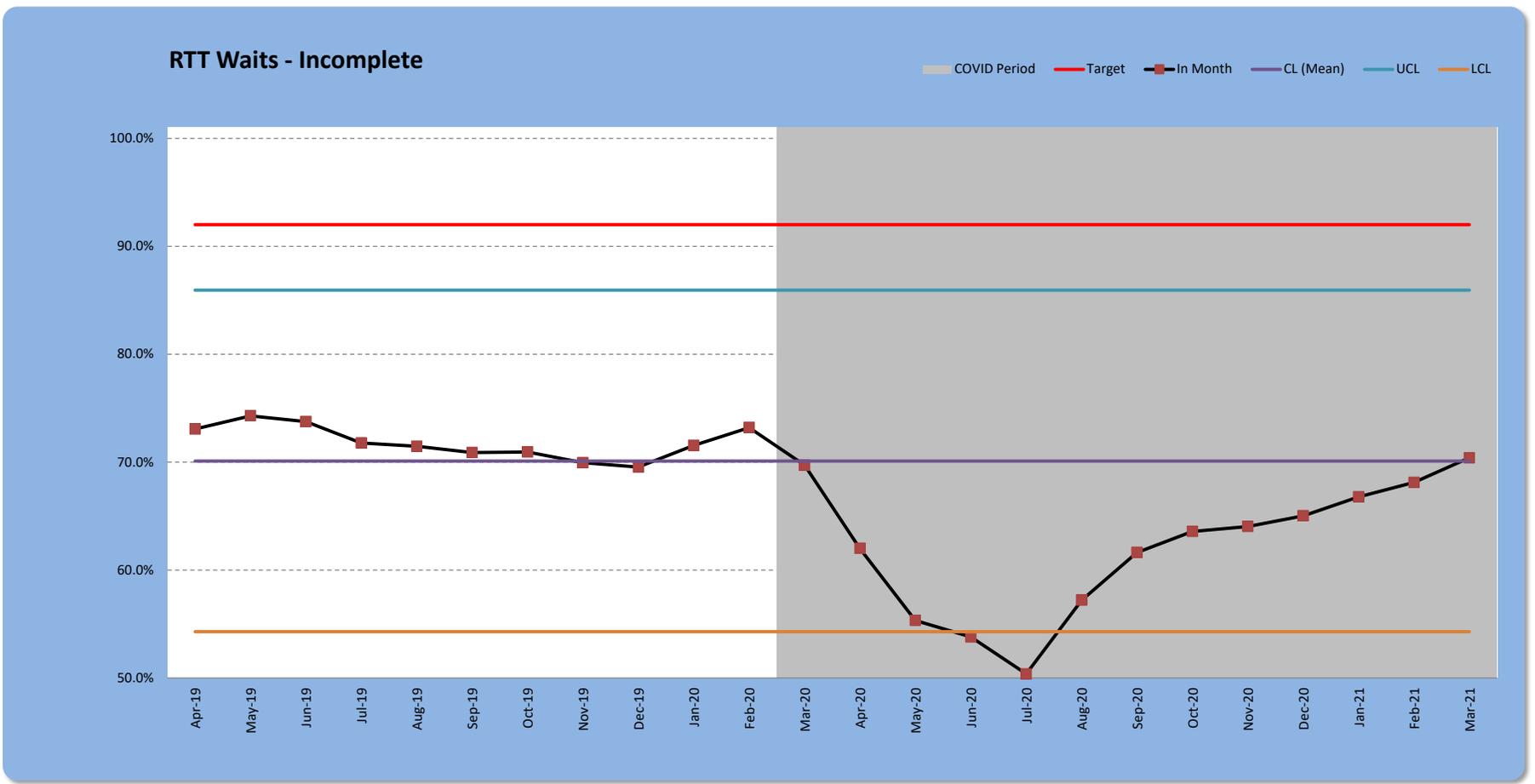
KPI Type
OP 21

Narrative

Performance has increased by 2.3% when compared to the previous month.

Target: 92%
Amber: 85%

Current month stands at 70.4%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Mar 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

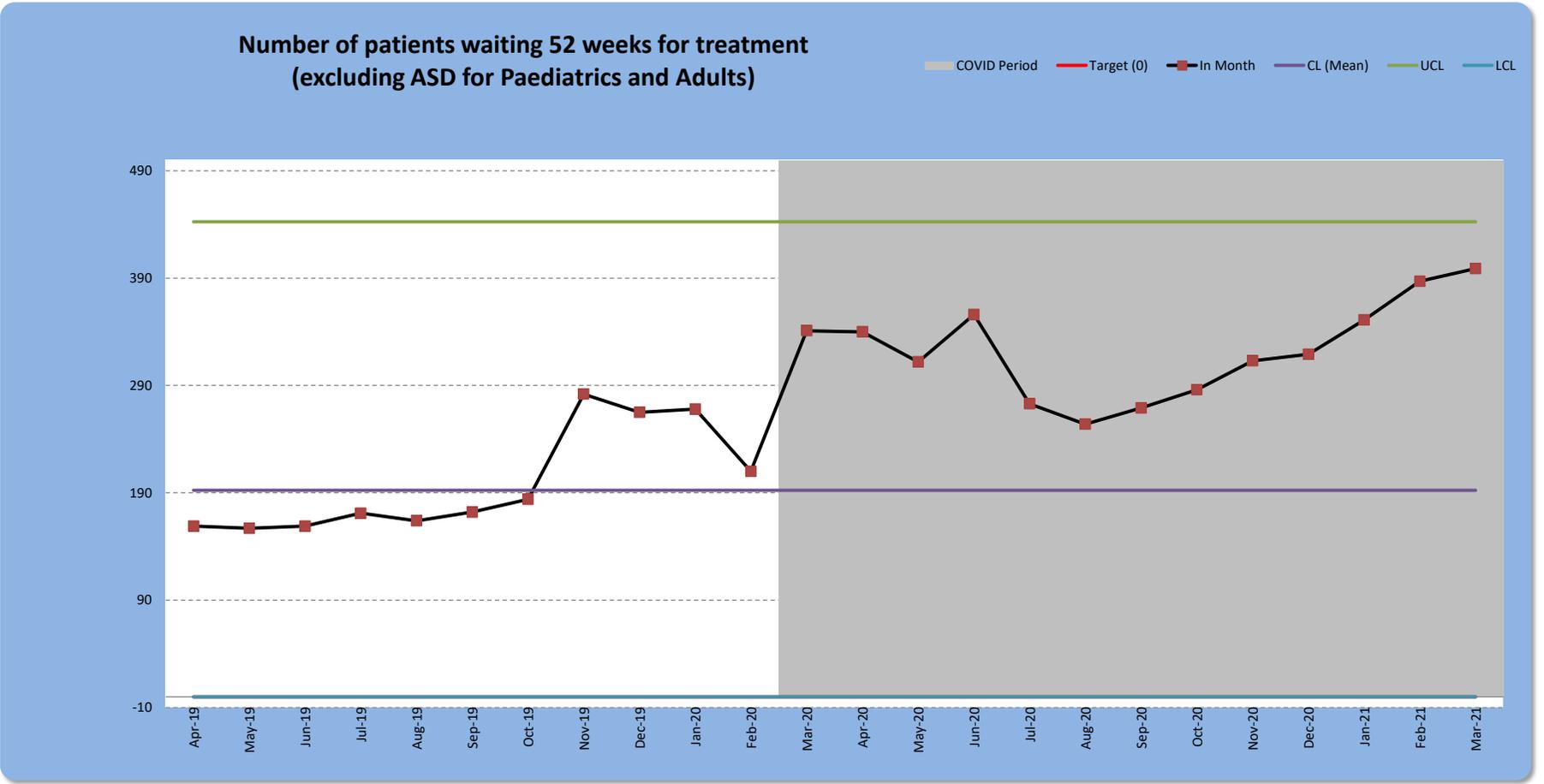
KPI Type
OP 22x

Narrative

Increase of 11 when compared to the previous month.

Target: 0
Amber: 0

Current month stands at 399



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Mar 2021**

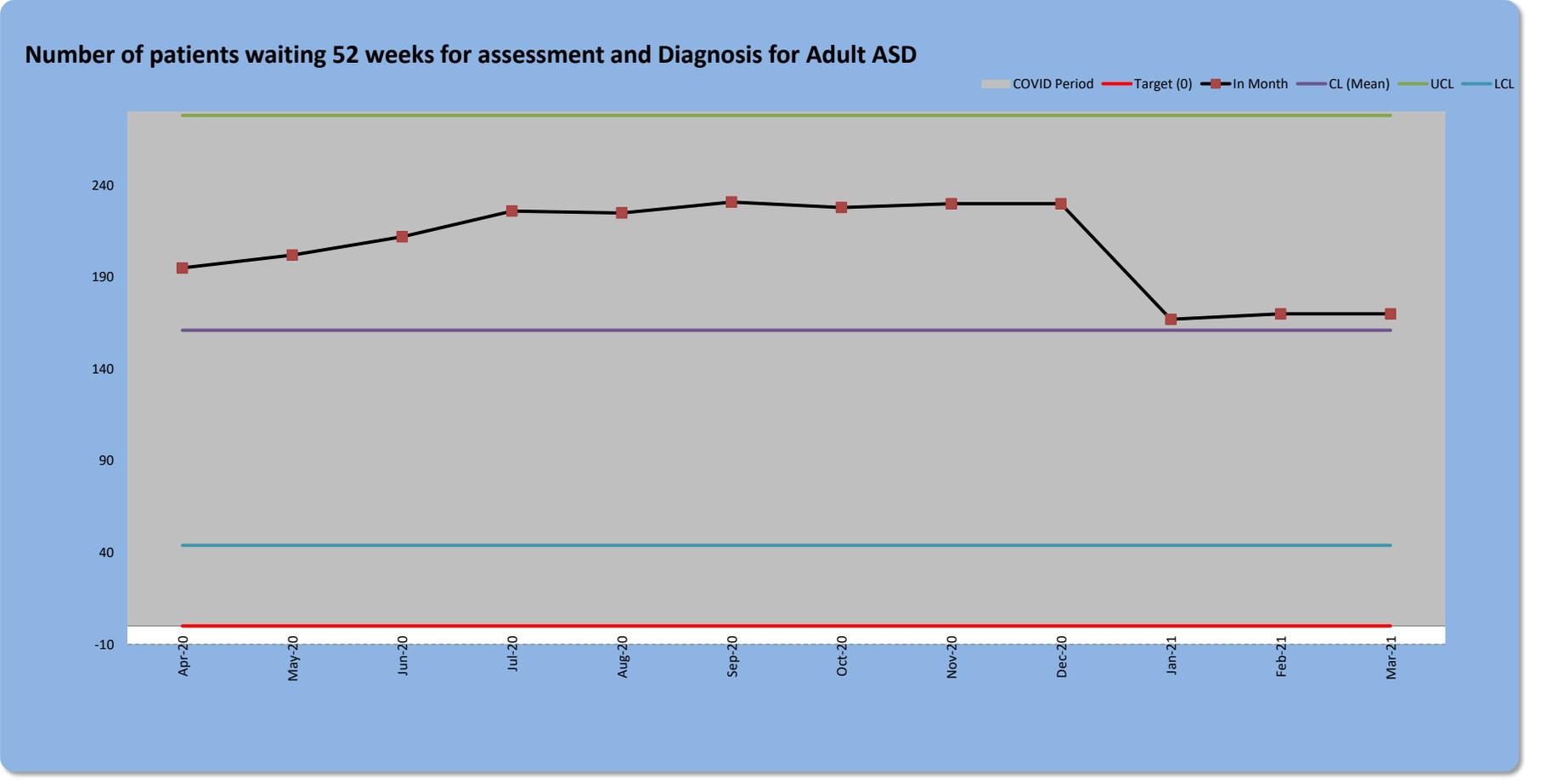
Indicator Title	Description/Rationale	Executive Lead
52 Week Waits - Adult ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Adult and have been waiting more than 52 weeks	Lynn Parkinson

KPI Type
OP 22u

Narrative

No change 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: **Mar 2021**

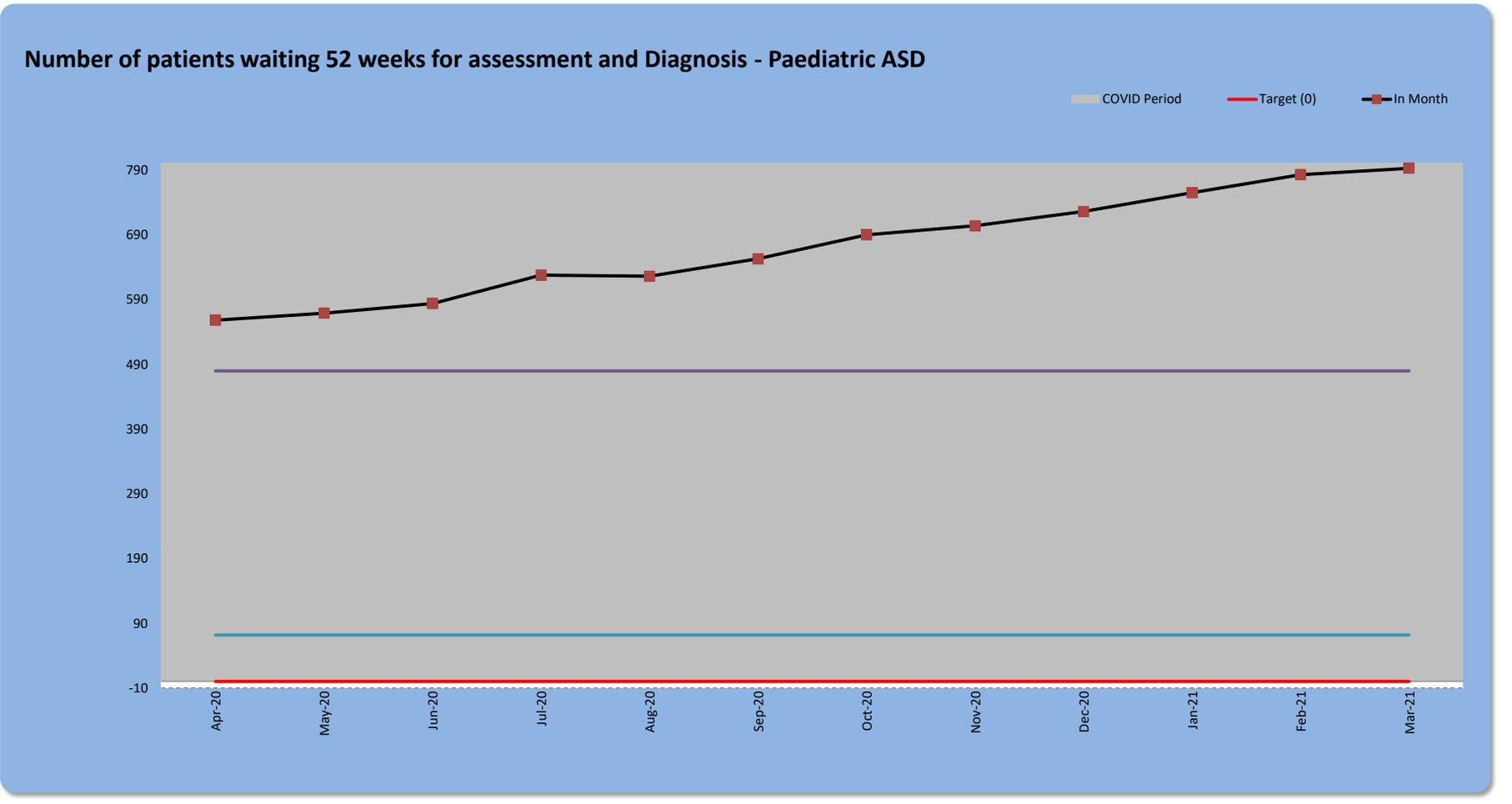
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - Paediatric ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Children and have been waiting more than 52 weeks	Lynn Parkinson	OP 22s

Narrative

Increase of 10 when compared to the previous reporting period.

Target: 0
Amber: 0

Current month stands at 793



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Mar 2021**

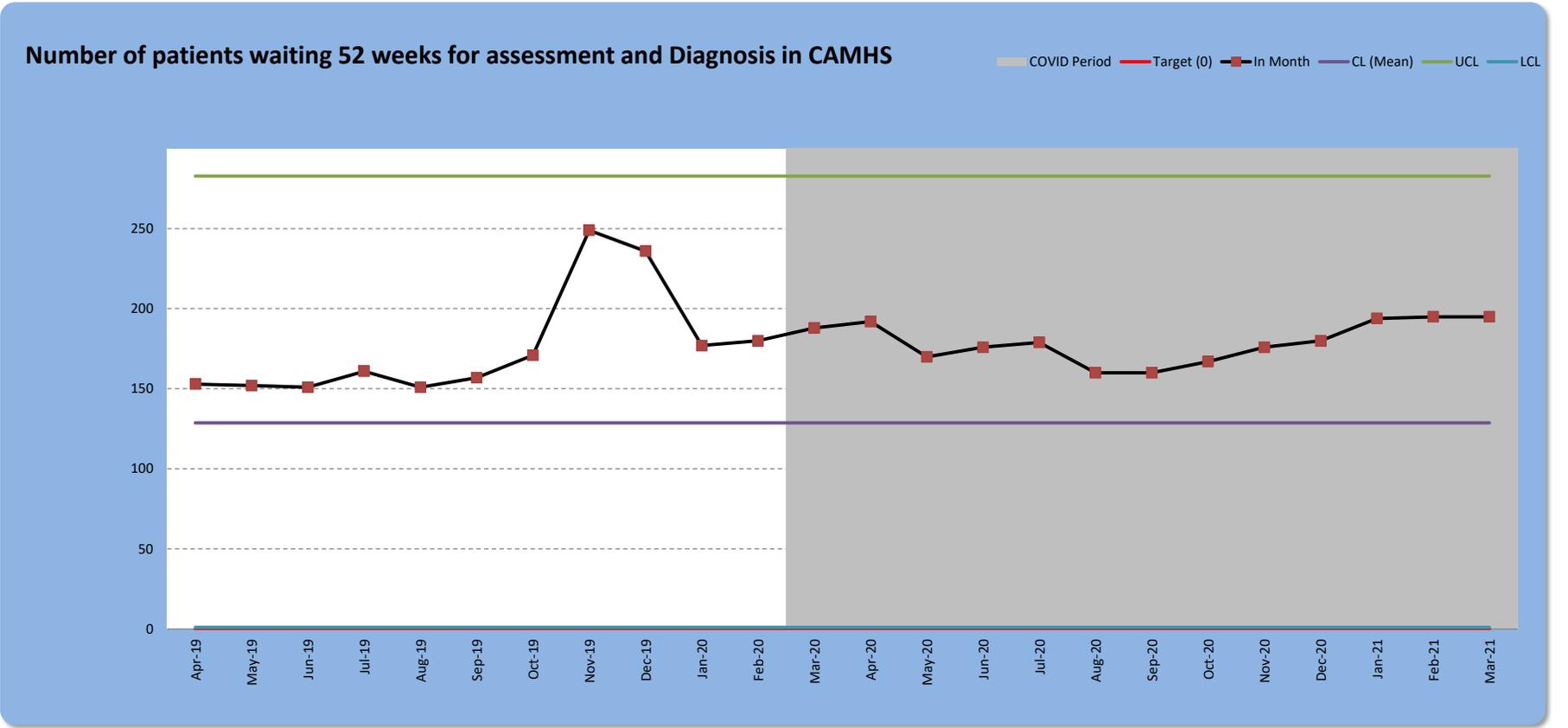
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks (excluding paediatric ASD)	Lynn Parkinson	OP 22j

Narrative

No change 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: **Mar 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

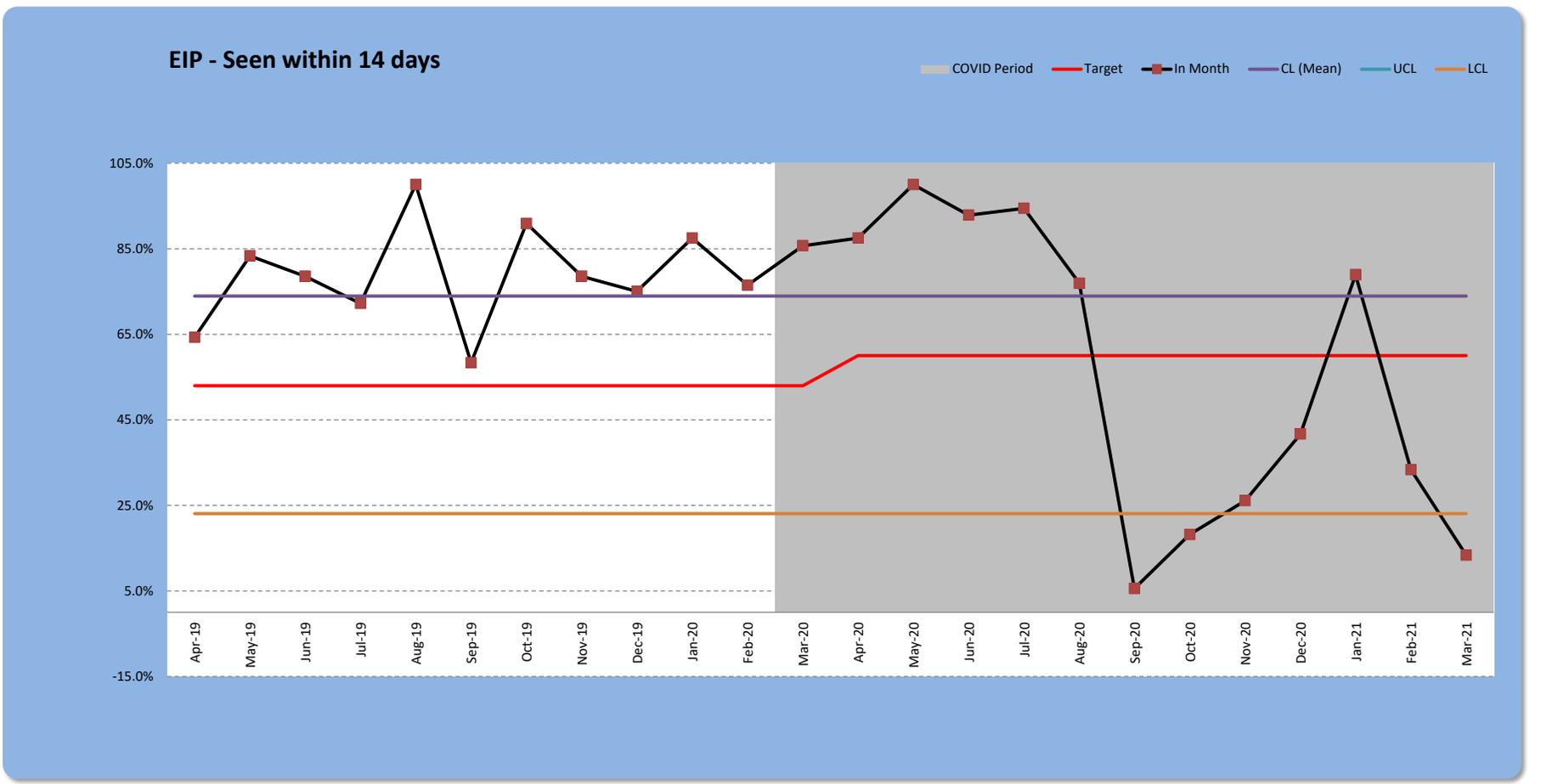
Narrative

Decreased of 20% 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 13.3%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Mar 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

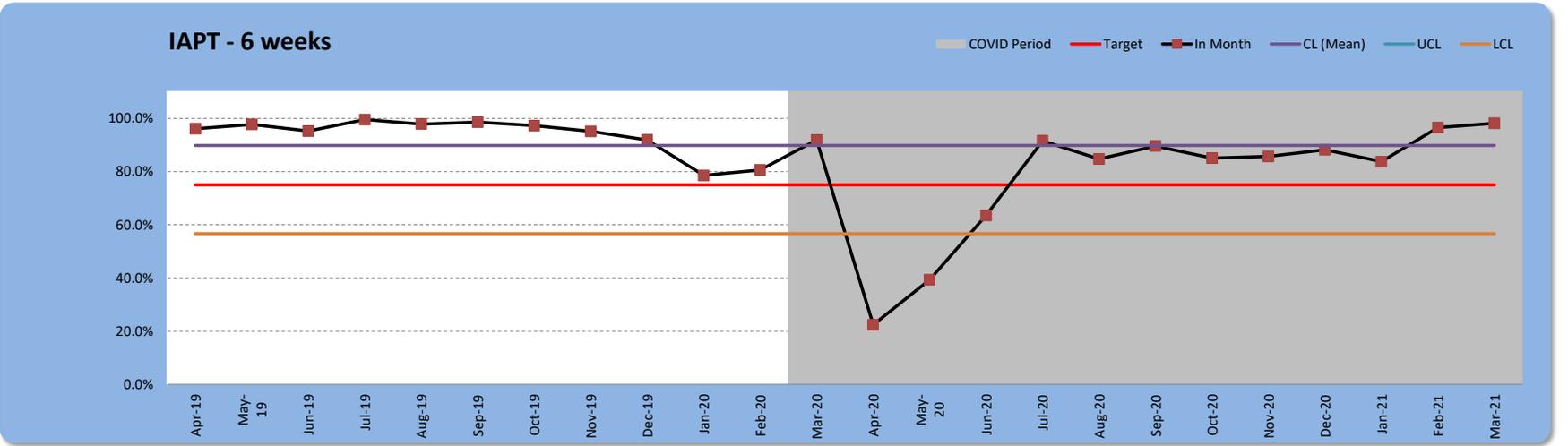
Narrative

Performance has increased by 1.7% and remains above the target of 75%

Target: 75%

Amber: 70%

Current month: 98.2%



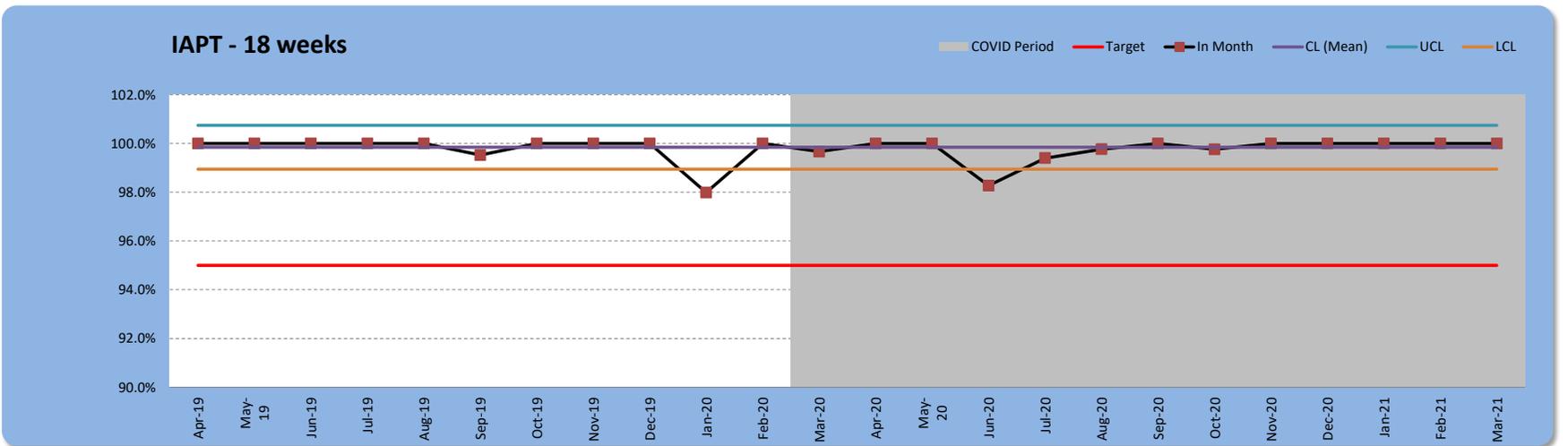
Narrative

Performance stands at 100% for March 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: **Mar 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

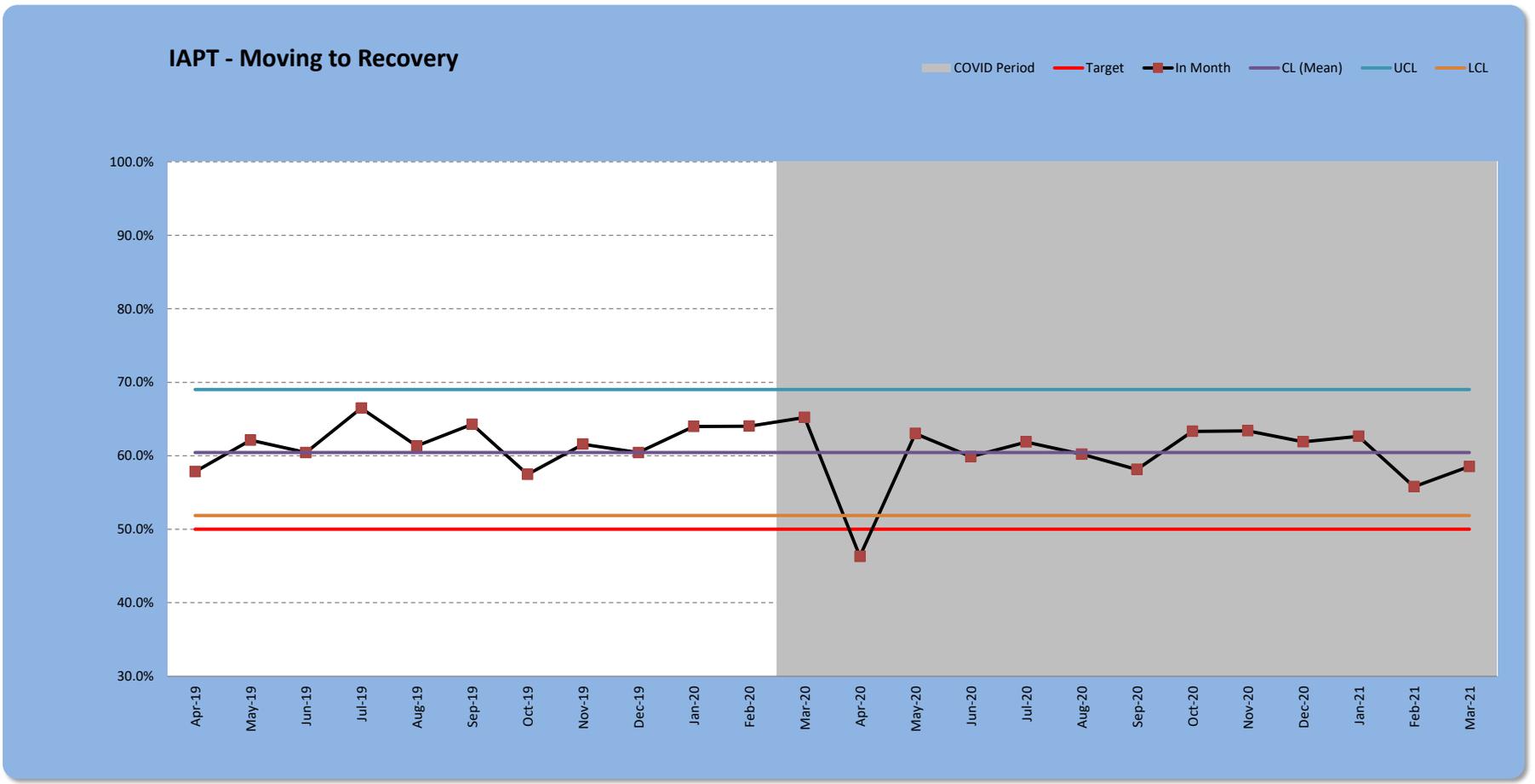
KPI Type
OP 11

Narrative

Performance has increased by 2.7% and remains above the 50% target.

Target: 50%
Amber: 45%

Current month stands at 58.5%



PI RETURN FORM 2020-21

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Mar 2021**

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

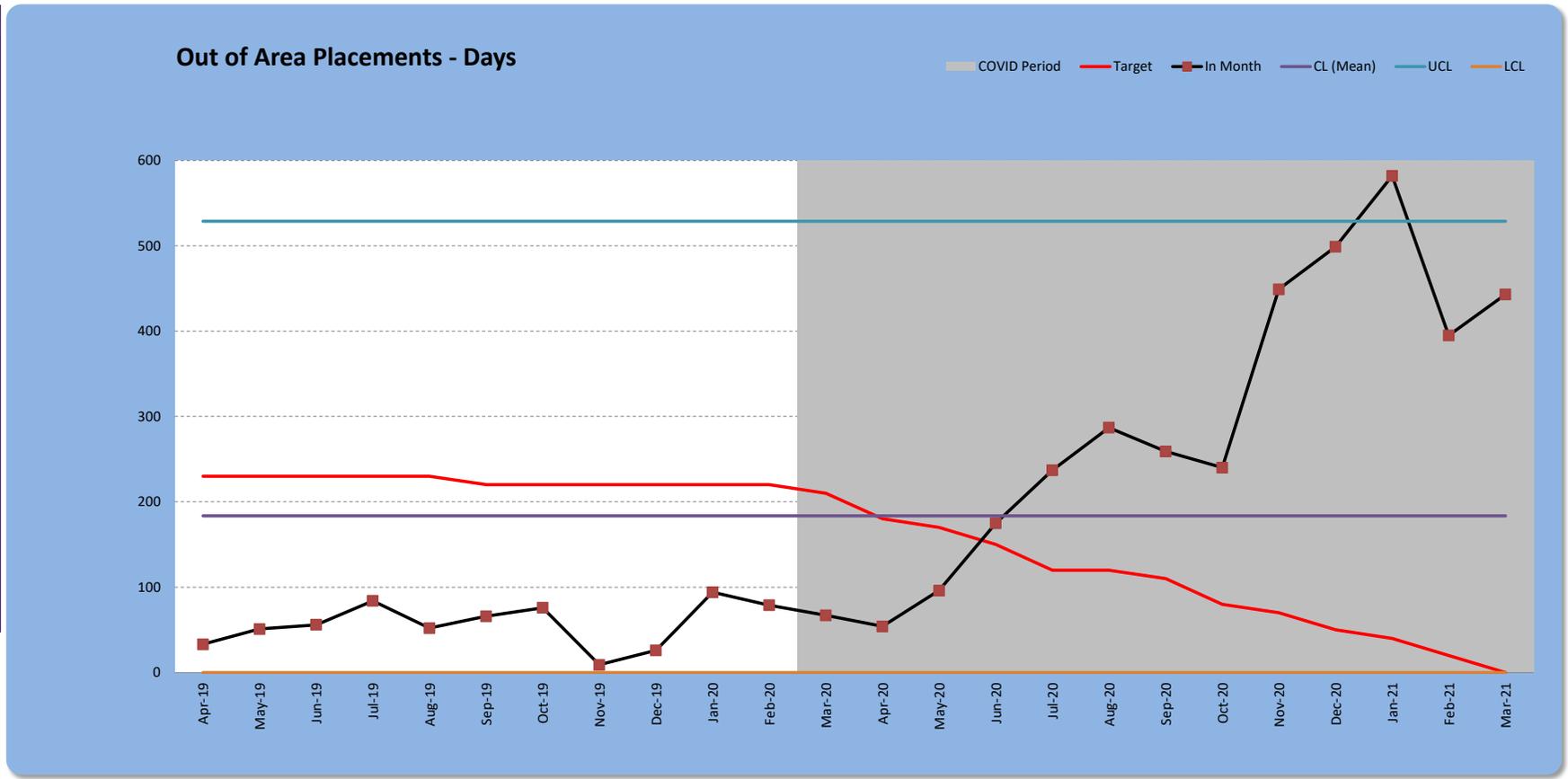
Narrative

Out of area days has increased by 48 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: 0
Amber: 0

Current month stands at 443



PI RETURN FORM 2020-21

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Mar 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

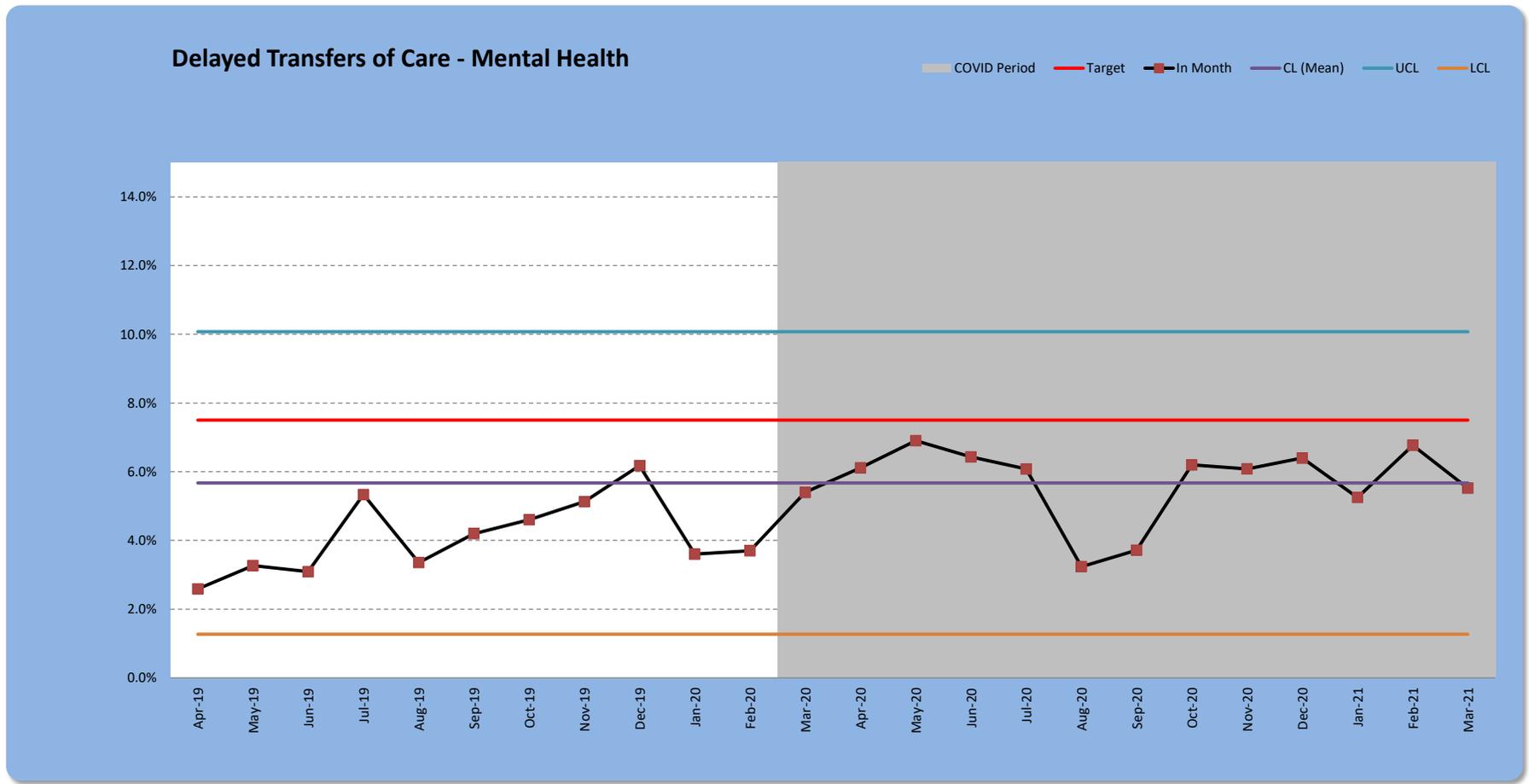
Narrative

Performance has decreased (improvement) by 1.1% compared against previous month and remains within target.

Low performance is Good.

Target: 7.5%
Amber: 7.0%

Current month stands at 5.5%



PI RETURN FORM 2020-21

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

Mar 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

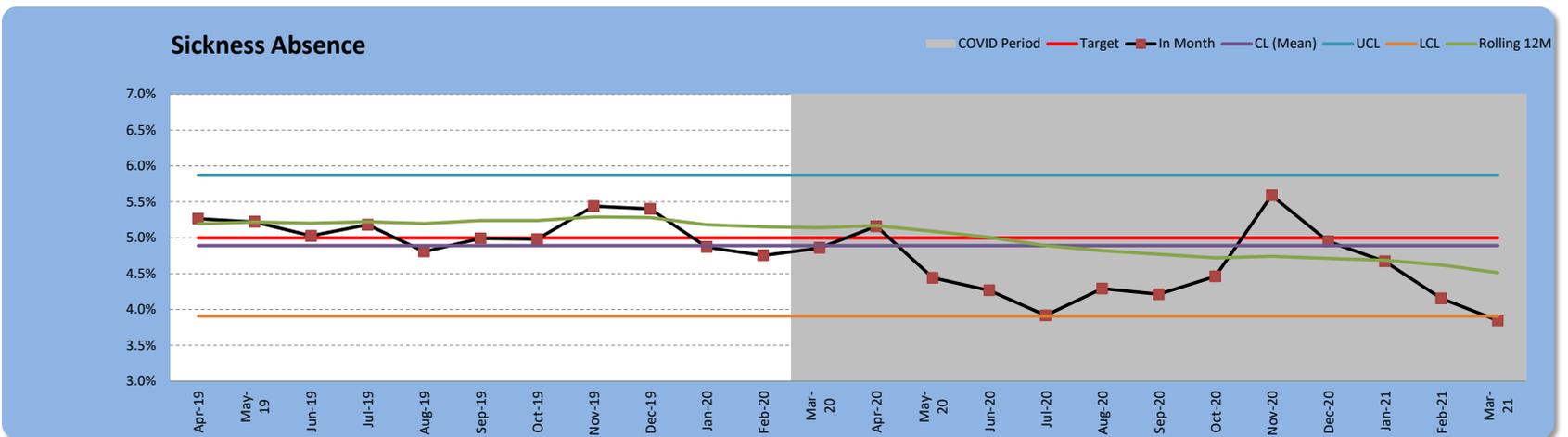
KPI Type
WL 1

Narrative

Sickness/Absence Rate has decreased by 1.2% when compared to the previous month.

Mar-21 Rolling 12 month figure is within target reporting at 4.4%

Target:	5.0%
Amber:	5.2%
Current month	3.8%



PI RETURN FORM 2020-21

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Mar 2021**

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

Narrative

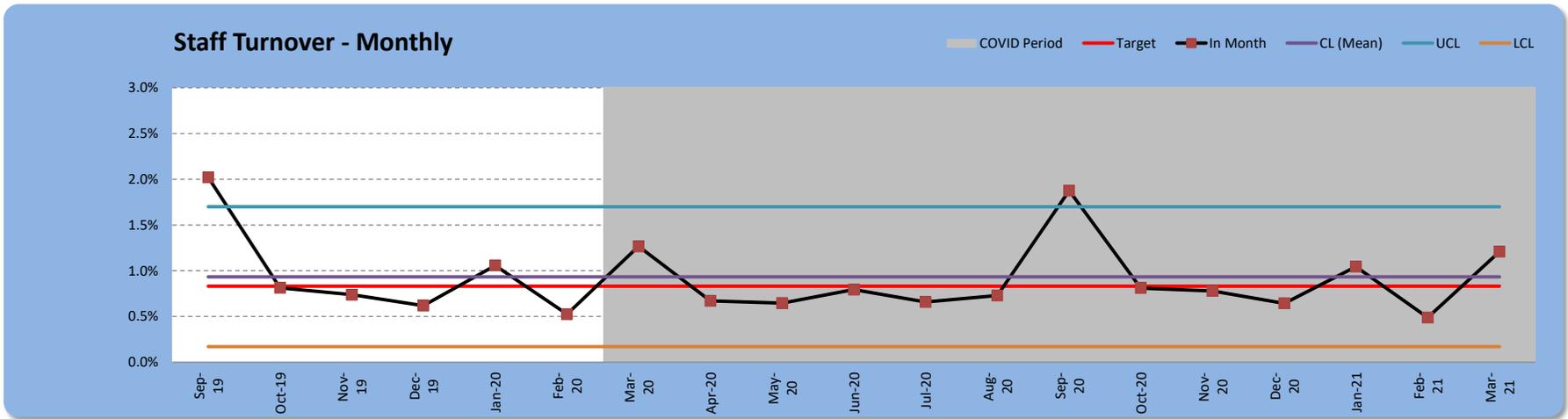
Staff Turnover has increased by 0.7% in the reporting period.

Low Performance is good.

Target: 0.83%

Amber: 0.70%

Current month stands at 1.2%



Narrative

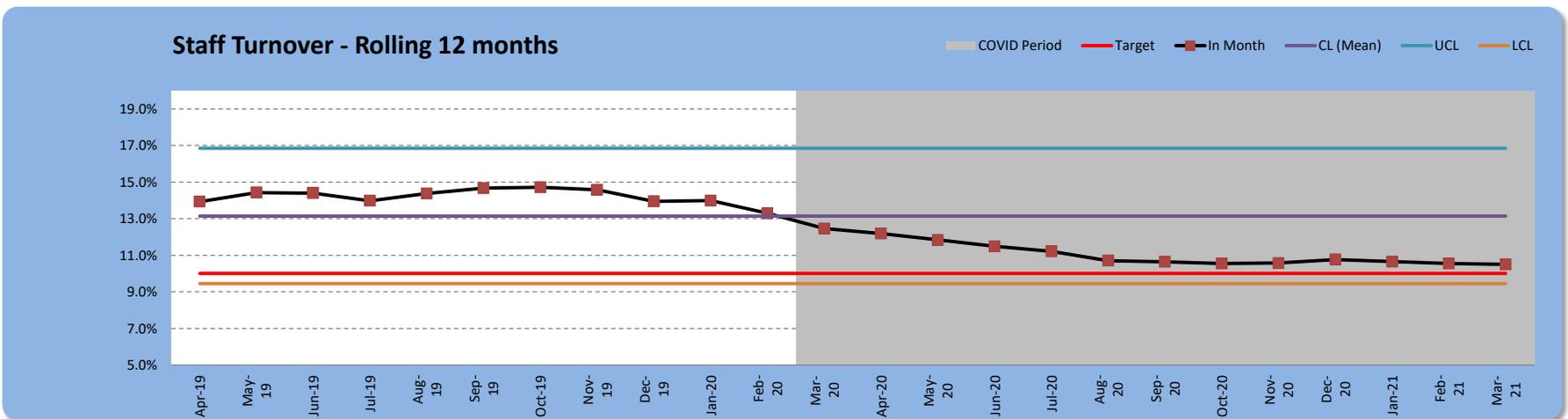
Exceeds Target.

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

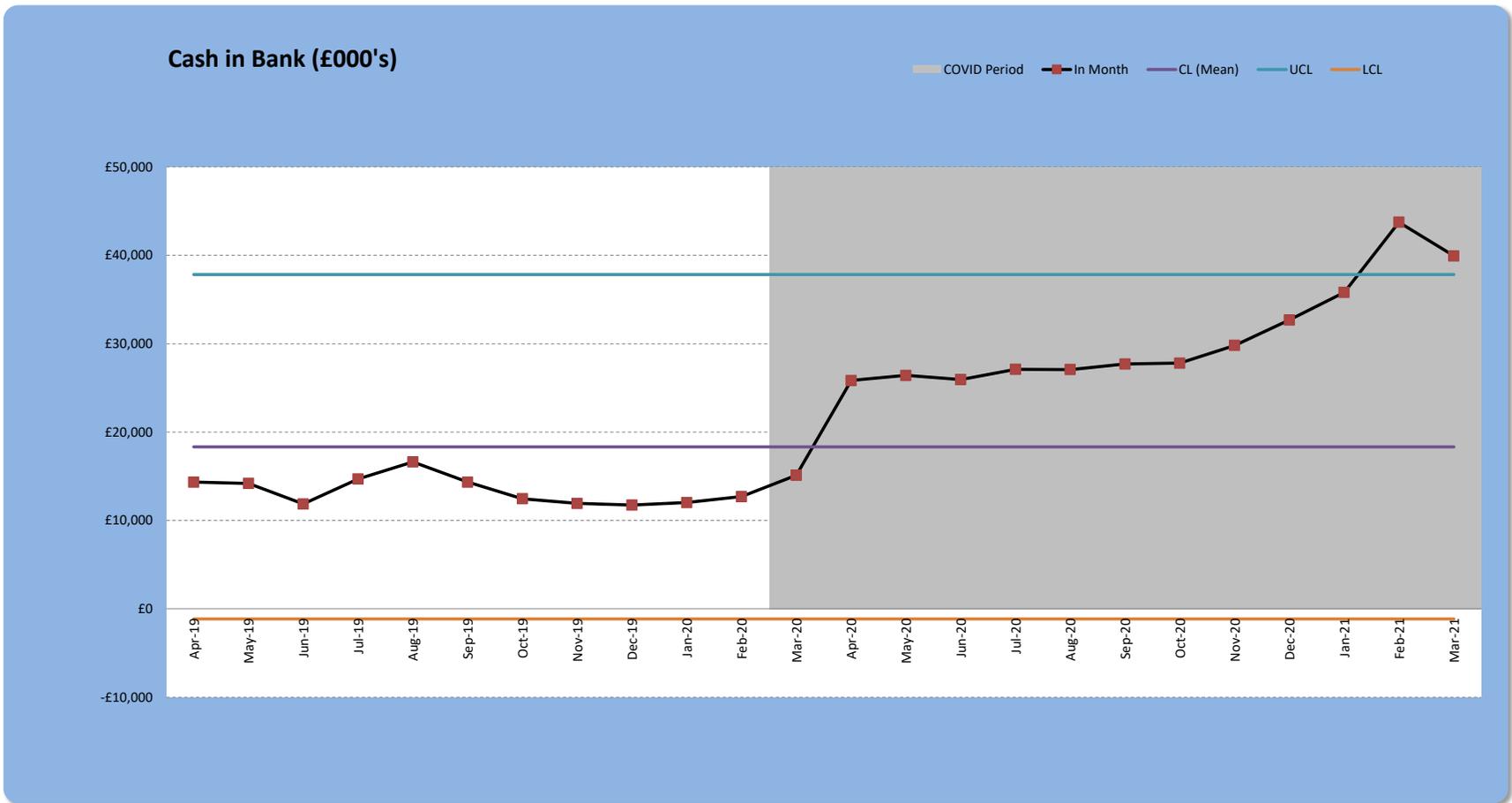
For the period ending: **Mar 2021**

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.

Current month stands at £39,936 ,000



PI RETURN FORM 2020-21

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Mar 2021**

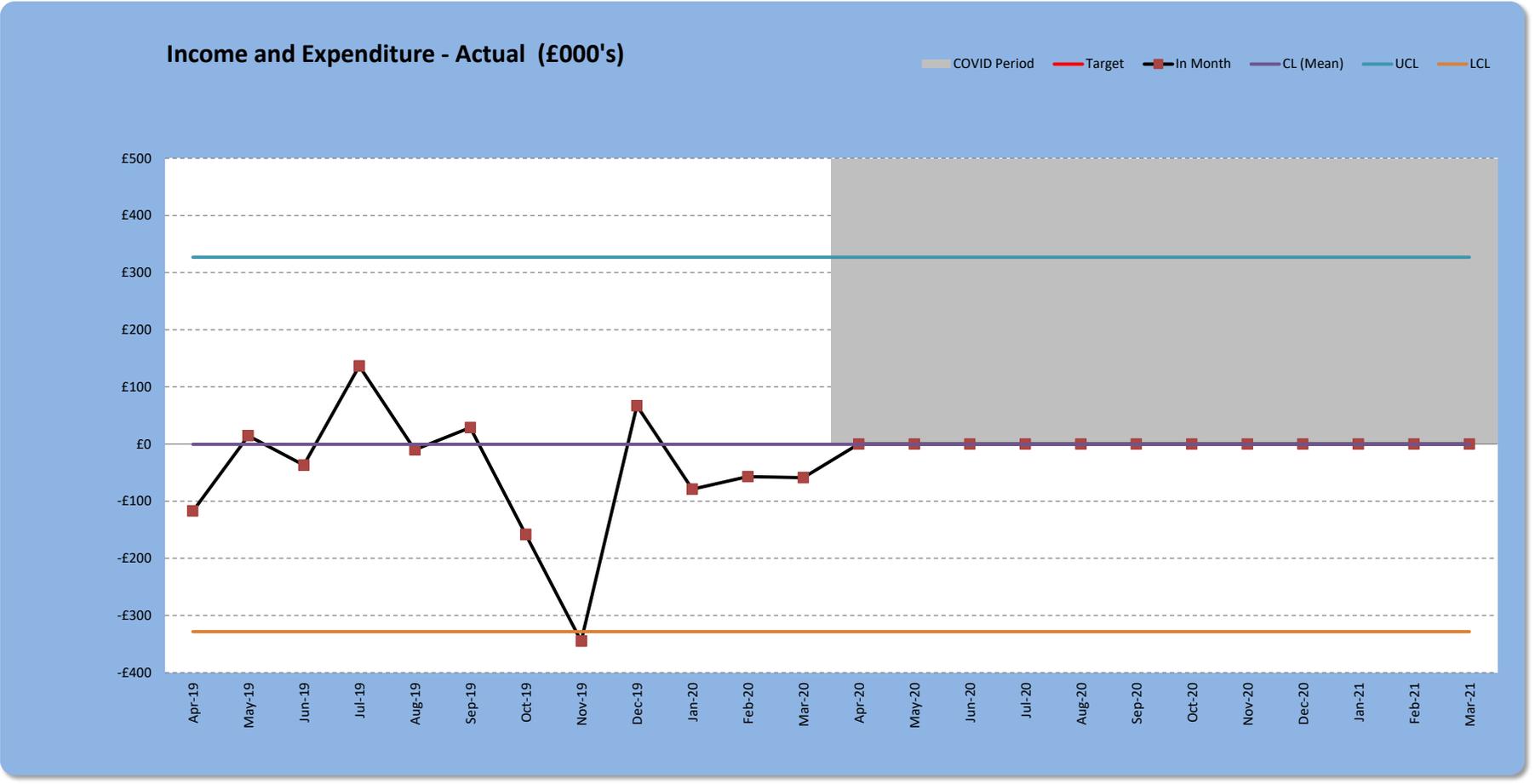
Indicator Title	Description/Rationale	Executive Lead
Income and Expenditure (£000's)	Review of the Income versus Expenditure (£000's) by month	Peter Beckwith

KPI Type
F 4b

Narrative

The Trust is at break even status

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



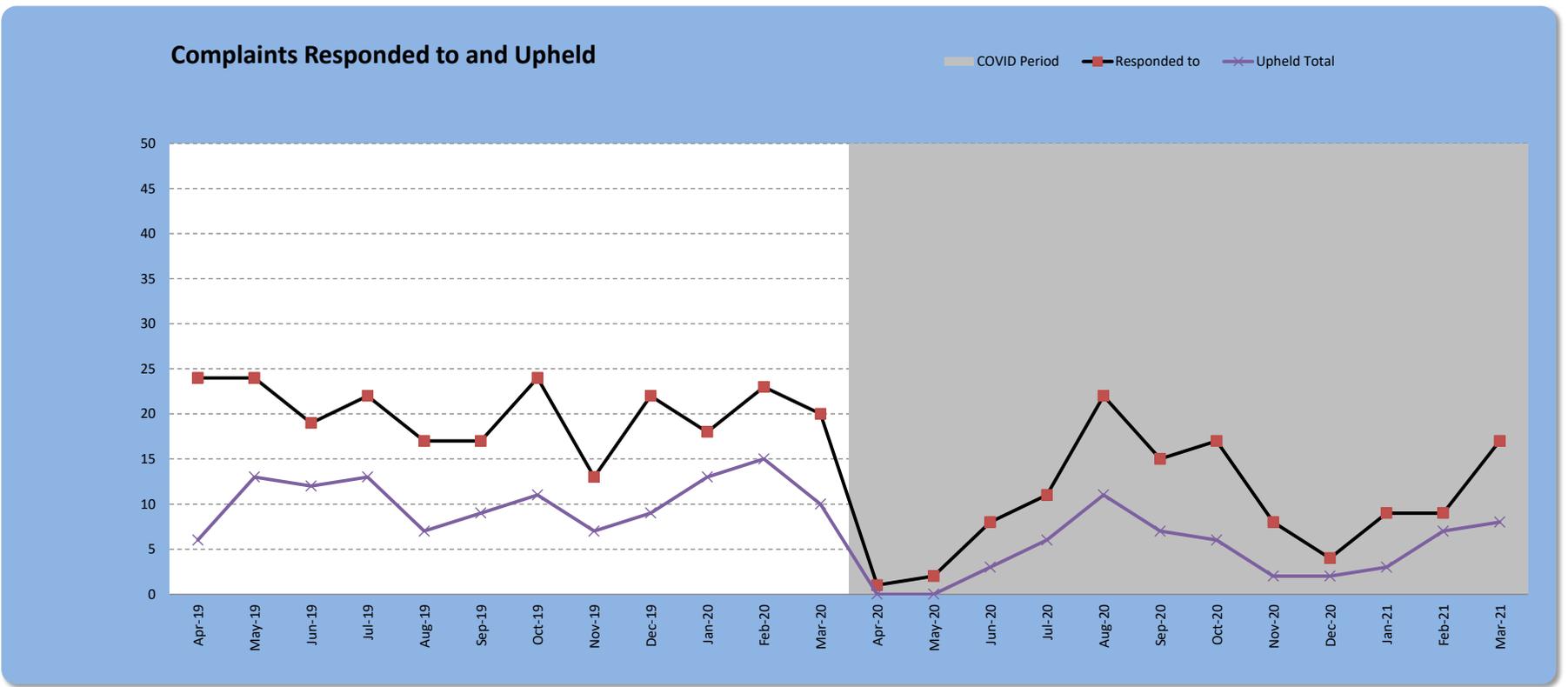
PI RETURN FORM 2020-21

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Mar 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 17
Of the number of complaints responded to in the month 8 were upheld which equates to 47.1%
YTD Upheld
50.0%



PI RETURN FORM 2020-21

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Mar 2021**

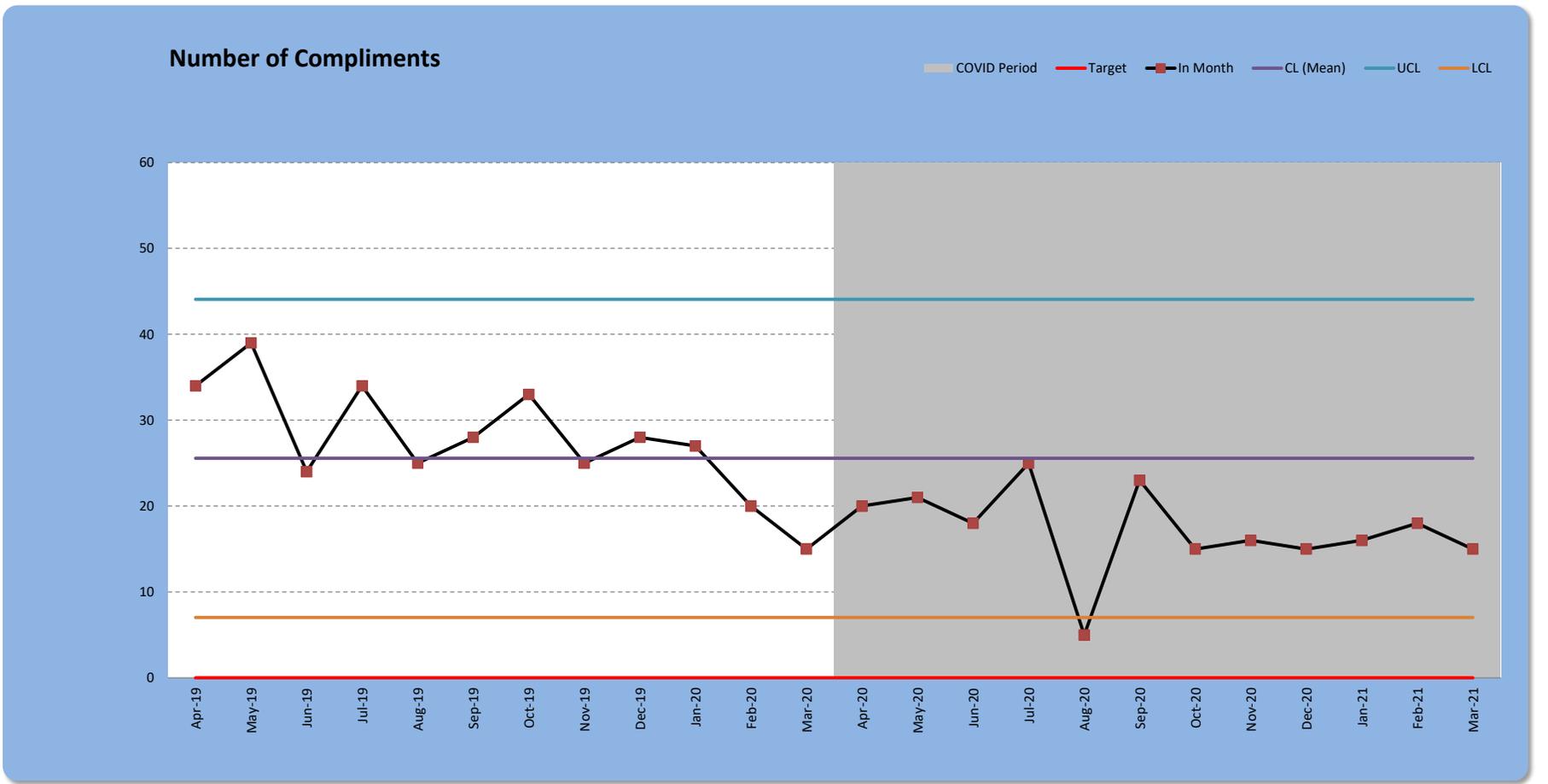
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Compliments	Chart showing the number of compliments received into the Trust	John Byrne	IQ 7

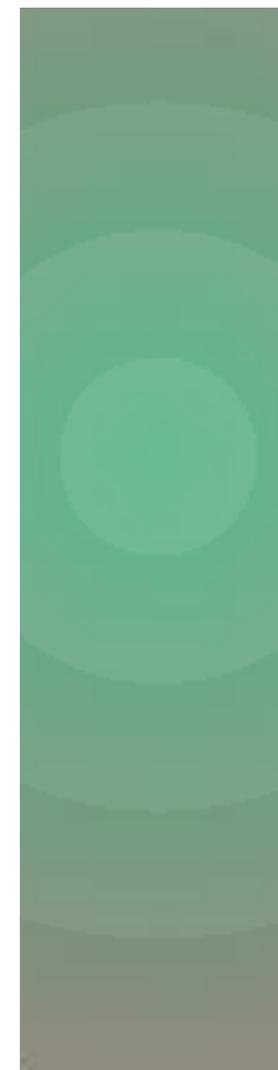
Narrative

15 compliments received in the month

Target: 0
Amber: 0

Current month stands at 15





Executive Team:

Chief Executive: Michele Moran

Chairman: Sharon Mays

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Director of Workforce and Organisational Development: Steve McGowan

Medical Director: John Byrne

Director of Nursing: Hilary Gledhill

Issue Date: 16/04/2021



Children and Young People Autism Spectrum Diagnosis Waiting List Trajectories

At the beginning of March 2021 there were 1,102 children and young people (CYP) currently waiting for the start of an assessment, of which 810 have waited over 52 weeks, leaving 292 cases under 52 weeks.

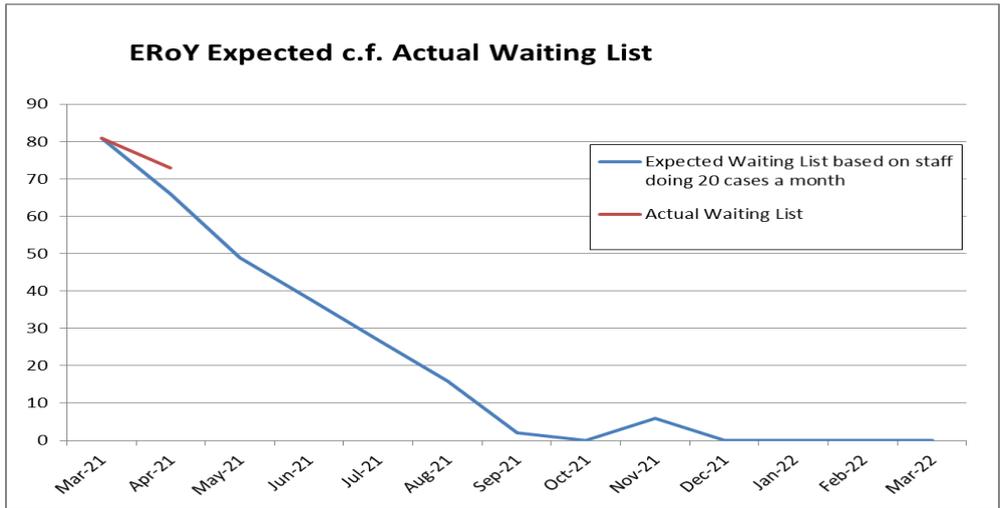
To track the service progress in reducing the over 52 weeks waits the trajectories below have been compiled. The trajectories are based on staff undertaking 30 assessments a month in Hull and 20 assessments a month in the East Riding of Yorkshire (ERY). A total capacity of 50 assessments a month is projected which is a significant impact.

The projections below assume that referrals are seen in date order. It allows for the fact that existing referral waiting times will continue to grow until they are seen, and also for the number of cases which will tip into over 52 weeks waits as time elapses.

ERY actual figures from 3rd March 2021 onwards

Date	Number 52 weeks +	Number 52 weeks -	Total waiting
03/03/21	81	133	214
11/03/21	77	135	212
18/03/21	71	130	201
25/03/21	73	136	209
04/04/21	73	141	214
10/04/21	68	142	210
17/04/21	68	140	208

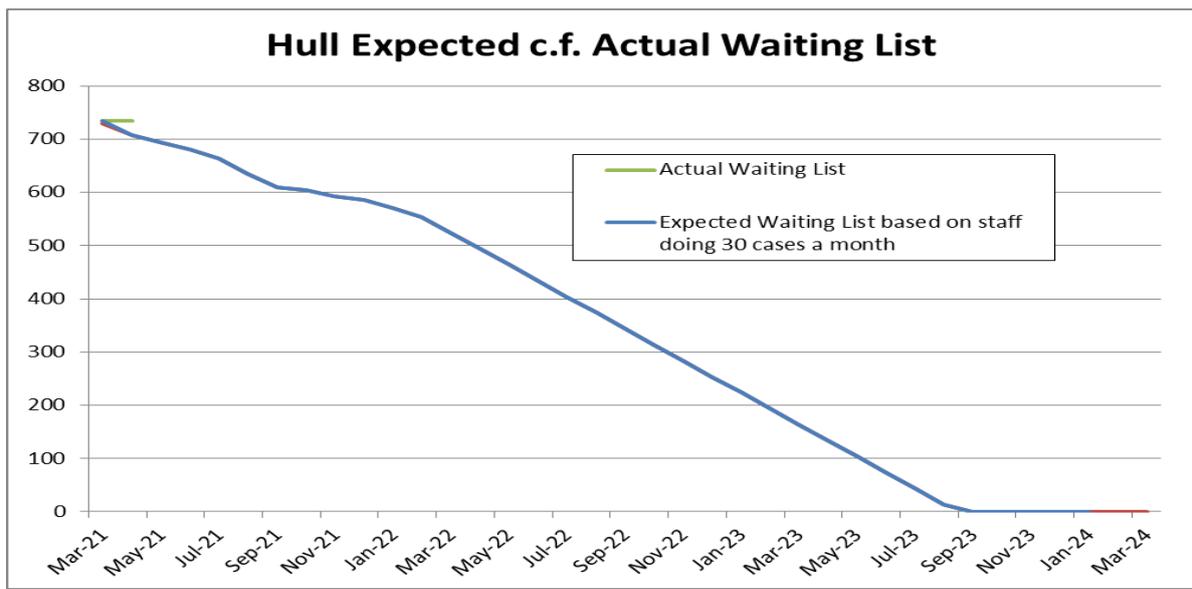
The chart below demonstrates the improvement trajectory in ERY cases when 20 assessments are undertaken a month. The team began implementing this new model commenced as a pilot in Feb 2020, as it is supporting improvement the model has now been adopted in the Hull service in March.



Hull actual weekly figures from 3rd March 2021 onwards

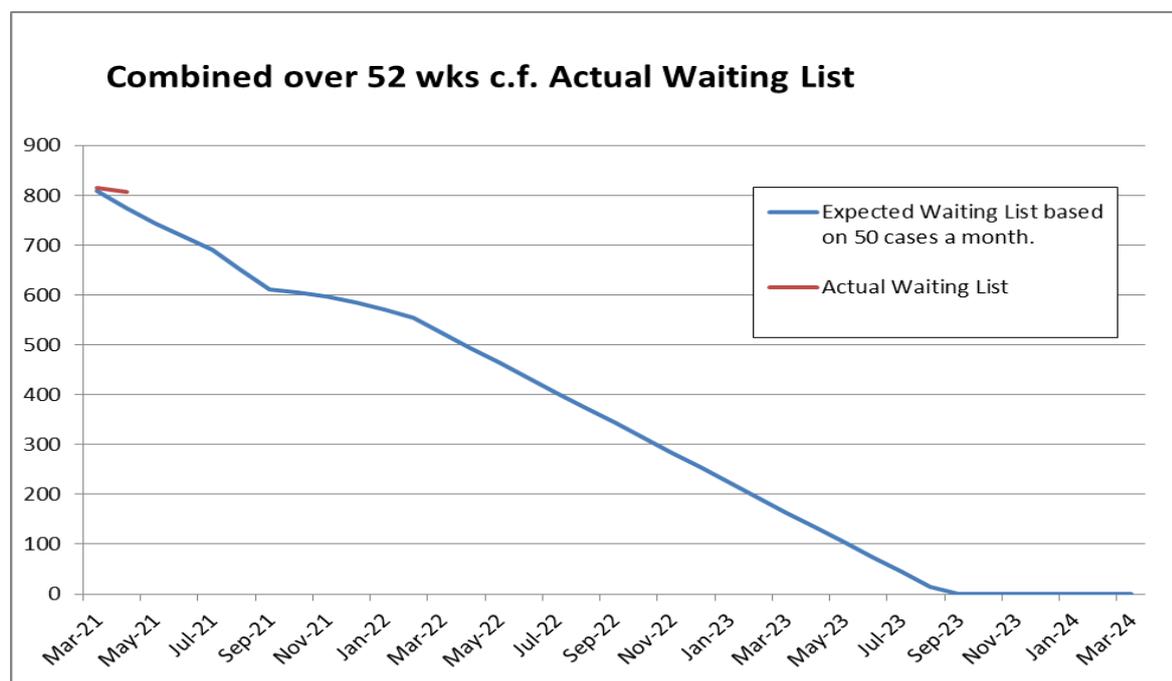
Date	Number 52 weeks +	Number 52 weeks -	Total waiting
03/03/21	729	159	888
11/03/21	732	159	891
18/03/21	733	156	889
25/03/21	736	156	892
04/04/21	734	161	895
10/04/21	733	160	893
17/04/21	729	160	889
24/04/21			

The below chart demonstrates the improvement trajectory in Hull cases if 30 assessments are undertaken a month. The team began implementing the new model in March and therefore the impact seen is behind that in ERY but is expected to now achieve improvement.



Hull and ERY Combined

Date	Number 52 weeks +	Number 52 weeks -	Total waiting
03/03/21	810	292	1102
11/03/21	809	294	1103
18/03/21	804	286	1090
25/03/21	809	292	1101
04/04/21	807	302	1109
10/04/21	801	302	1103
17/04/21	797	300	1097

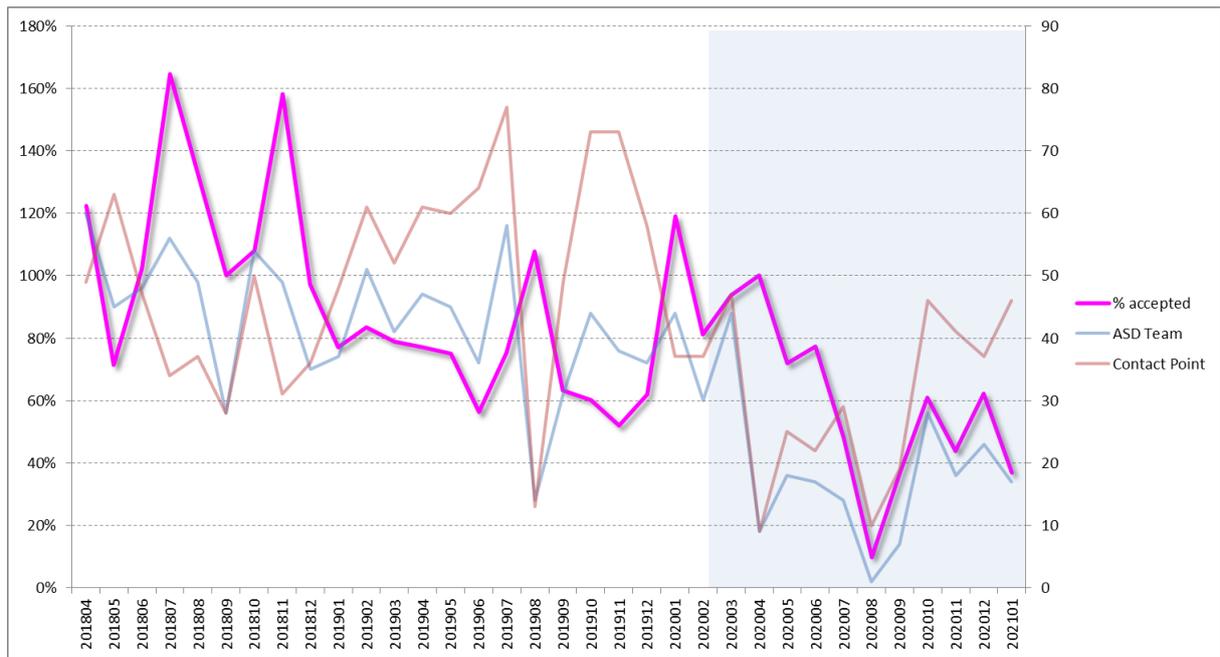


Variation in referral rates

Referral rates are different for Hull and the East Riding. The most recent referral rates, from 2020/21, have been impacted by the COVID-19 lockdowns, making them unreliable for predicting future rates, and we have therefore used past data over a longer period to do this. The suppressed demand therefore has been taken into account.

Hull referral rate

The referral rate for Hull CYP ASD has been very variable, and has also been suppressed during 2020 (shaded area):



Recovery Plan

A comprehensive ASD recovery plan has been developed and this has been taken to the Quality Committee. The key updates in relation to the plan

- The ASD team are piloting a new model which will speed up the number of referrals they can undertake.
- Healios will begin to take 16 assessments a month from the 1st of May. The families assessed as suitable are being invited and offered the assessment and consent is being gained. With potential opportunity to increase this capacity further.
- The transition cases, older young people 16-18 years, will be allocated to the Humber Adult Autism Diagnosis Service team to start assessments immediately. A transition pathway is in development.
- Recruitment continues to the ASD posts to replace the staff which left after long term sickness and to underpin the work completed by ATTAIN (capacity and demand modelling work).

Title & Date of Meeting:	Trust Board Public Meeting - 28 th April 2021		
Title of Report:	Finance Report 2020/21: Month 12 (March)		
Author/s:	Name: Peter Beckwith Title: Director of Finance		
Recommendation:	To approve	To receive & note	<input checked="" type="checkbox"/>
	For information	To ratify	
The Trust Board are asked to note the financial position for the Trust and raise any queries, concerns or points of clarification.			
Purpose of Paper:	This report is being brought to the Trust Board to present the draft financial position for the Trust as at the 31 st March 2021 (Month 12).		
	The report provides assurance regarding financial performance, key financial targets and objectives.		
Governance: <i>Please indicate which group or committee this paper has previously been presented to:</i>		Date	
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee		Workforce & Organisational Development Committee
	Finance & Investment Committee	21.4.21	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"> An operational surplus of £0.029m was recorded at the end of March 2021. Total Trust Income was £6.484m above budget reflecting increased funding from Commissioners and NHSE/I to offset non recurrent expenditure Cash balance at the end of March was £39.836m Capital Spend as at the end of March was £15.061m Year end agency expenditure was £6.711m 		

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	
<input type="checkbox"/>	Innovating Quality and Patient Safety
<input type="checkbox"/>	Enhancing prevention, wellbeing and recovery
<input type="checkbox"/>	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 – March 2020

1. Introduction

This report is being brought to Trust Board to present the draft financial position for the Trust as at the 31st March 2021 (Month 12). 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

For 20/21 the normal contracting arrangements between NHS organisations was ceased and the Trust has been in receipt of a block income allocation.

For the purpose of Month 12 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.

At the end of March 2021 the Trust reported a operational surplus of £0.029m.

After £0.071m 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 £0.620m, 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	127,601	12,244	17,142	4,898	127,601	132,188	4,587
Clinical Income	14,004	1,134	1,971	838	14,004	15,901	1,897
Total Income	141,605	13,377	19,113	5,736	141,605	148,089	6,484
Total Expenditure	136,965	12,844	18,919	(6,075)	136,965	143,306	(6,341)
EBITDA	4,640	534	195	339	4,640	4,783	(143)
Depreciation	3,102	405	253	153	3,102	3,033	69
Interest	148	12	8	4	148	144	4
PDC Dividends Payable	2,341	195	99	96	2,341	2,245	96
Error Suspense	-	-	-	-	-	-	-
PSF Funding	(951)	(79)	(194)	115	(951)	(668)	(283)
Operating Total	-	0	29	28	-	29	28
Excluded from Control Total							
Impairment	-	-	-	-	-	578	(578)
Donated Depreciation	220	18	5	13	220	71	149
Ledger Position	(220)	(18)	23	15	(220)	(620)	457
EBITDA %	3.6%	4.4%	1.1%		3.6%	3.6%	
Surplus %	0.0%	0.0%	0.2%		0.0%	0.0%	

Trust Income

Trust income year to date was £6.484m ahead of budget reflecting additional non recurrent funding for items including the Annual Leave Accrual, Flowers and ICS led initiatives.

Expenditure

Expenditure was ahead of plan by a similar amount to income, reflecting utilisation of the additional resources for their intended purpose. Key areas to note in terms of the expenditure position include:

Annual Leave

A provision of £1.862m has been made which is reflective of an average of 6 days carry over for staff, based on the assumption that leave will have been cancelled during the current pandemic.

This provision is to be centrally funded by NHS England, £1.280m has been received in March, with the remaining amount expected to be confirmed and paid in 2021/22.

Flowers

An accrual for Flowers claims for £0.249m has been included. This figure has been calculated by Treasury and is expected to be paid to the relevant staff by September 2021. Treasury are funding this payment and income for £0.249m has also been included.

Bad Debt Provision

A review of bad debts has required the Trust to increase its bad debt provision by £0.406m, this is a prudent approach and work is continuing to actively recover debts. The overall level of bad debt provision is similar to which was provided in the 2019/20 annual accounts.

3. Statement of Financial Position

The Statement of Financial Position in Appendix 1 shows the Trust's assets and liabilities as at 31st March 2021. In month, the net current asset position decreased by £3.043m to £2.515m.

This was related to a decrease in accrued liabilities, due to the reversal of the April 20 block income to the I & E.

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.

Cash

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

Table 2: Cash Balance

Cash Balances	£000s
Cash with GBS	39,650
Nat West Commercial Account	137
Petty cash	49
Total	39,836

3.2 Capital Programme

The Capital Departmental Expenditure limit (CDeL) for the Trust is £14.337m. This has increased due to external funding being received for YHCR, £5.664m, Remote Working £0.386m, Cyber Security £0.065m, Maister Lodge £0.900m and Covid £0.391.

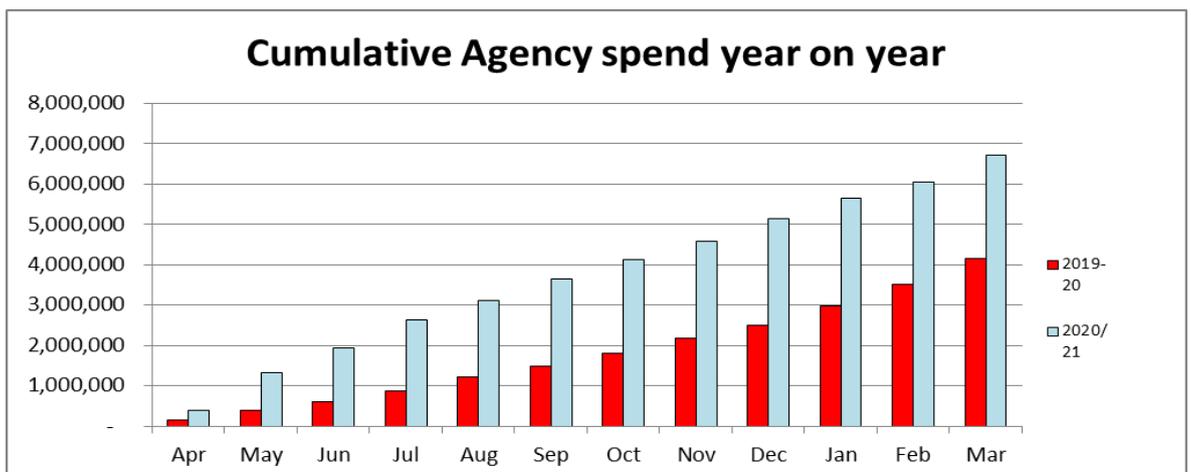
Year to date capital expenditure of £15.061m comprises expenditure for IT services (£0.774m), Programme and Informatics (£0.357m), YHCR (£5.644m), Property Maintenance (£4.711m) Critical Infrastructure (£0.777m), Cottingham Clinic (£0.616m) Maister Lodge (£0.900m) and other external funded IT expenditure (£0.761m).

4. Staffing

4.1 Agency

Actual agency expenditure for March was £0.661m. The year to date spend for March is £6.711m, which is higher than the same period last year where the costs were £4.145m, as shown in the table below.

Table 3: Agency Spend



5. **Recommendations**

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

Appendix 1
Statement of Financial Position

	Mar-21 £000	Feb-21 £000	Movement £000	COMMENTS
Property, Plant & Equipment	116,816	112,677	4,139	Capital additions (Capital Works)
Accumulated Depreciation	(27,492)	(27,245)	(247)	
Net Property, Plant & Equipment	89,324	85,432	3,892	
Intangible Assets	16,281	11,498	4,783	Yorkshire and Humber Care Record
Intangible Assets Depreciation	(2,004)	(1,993)	(11)	
Net Intangible Assets	14,277	9,505	4,772	
Total Non-Current Assets	103,601	94,937	8,664	
Cash	39,836	43,753	(3,917)	PDC Dividend payment
Trade Debtors	3,531	3,871	(340)	
Inventory	120	150	(30)	
Non Current Asset Held for Sale	1,540	1,241	299	Movement on impairment postings
Other Current Assets	2,174	12,550	(10,376)	February Salary Timing
Current Assets	47,201	61,566	(14,365)	
Trade Creditors	3,270	5,043	(1,773)	
Accrued Liabilities	41,416	50,965	(9,549)	Block Payment deferred income
Current Liabilities	44,686	56,008	(11,322)	
Net Current Assets	2,515	5,558	(3,043)	
Non-Current Payables	1,216	1,216	0	
Non-Current Borrowing	3,846	4,034	(188)	March loan repayment
Long Term Liabilities	5,062	5,250	(188)	
Revaluation Reserve	18,552	18,552	0	
PDC Reserve	69,643	63,279	6,364	Additional Capital funding received in March
Retained Earnings incl. In Year	12,859	13,414	(555)	
Total Taxpayers Equity	101,054	95,244	5,810	
Total Liabilities	150,802	156,502	(5,700)	

Agenda Item 11

Title & Date of Meeting:	Trust Board Public Meeting – 28 April 2021																										
Title of Report:	Finance and Investment Committee Assurance Report																										
Author:	Name: Francis Patton Title: Non-Executive Director and Chair of Finance Committee																										
Recommendation	To approve		To note																								
	To discuss	√	To ratify																								
	For information	√	To endorse																								
Purpose of Paper:	<p>The Finance and Investment Committee is one of the sub committees of the Trust Board.</p> <p>This paper provides an executive summary of discussions held at the meeting on 21st April 2021 and a summary of key points for the Board to note.</p>																										
Governance	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Audit Committee</td> <td></td> <td>Remuneration & Nominations Committee</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td></td> <td>Workforce & Organisational Development Committee</td> <td></td> </tr> <tr> <td>Finance & Investment Committee</td> <td>21.4.21</td> <td>Executive Management Team</td> <td></td> </tr> <tr> <td>Mental Health Legislation Committee</td> <td></td> <td>Operational Delivery Group</td> <td></td> </tr> <tr> <td>Charitable Funds Committee</td> <td></td> <td>Other (please detail)</td> <td></td> </tr> </tbody> </table>				Date		Date	Audit Committee		Remuneration & Nominations Committee		Quality Committee		Workforce & Organisational Development Committee		Finance & Investment Committee	21.4.21	Executive Management Team		Mental Health Legislation Committee		Operational Delivery Group		Charitable Funds Committee		Other (please detail)	
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Finance & Investment Committee	21.4.21	Executive Management Team																									
Mental Health Legislation Committee		Operational Delivery Group																									
Charitable Funds Committee		Other (please detail)																									
Any Issues for Escalation to the Board:	<p>The committee recommends that the Board: -</p> <ul style="list-style-type: none"> • Notes the excellent yearend outturn. • Notes the yearend BRS performance and excellent work on the 2021/22 BRS plan. • Notes the excellent work undertaken by Estates and by the Digital team. • Notes and approves the Capital plan for 2021/22. 																										

Executive Summary - Assurance Report:

The aim of this report is to provide assurance to the Board on the financial and investment

performance of the Trust and raise any issues that it feels need escalating to the Board for further discussion.

A summary of the key areas discussed are that Month twelve performance showed that the Trust had recorded a yearend position of £0.029m.

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

In terms of the yearend BRS outturn Major schemes delivered £1.848m v plan of £4.516m but the gap was mitigated by current block funding arrangements. The Divisional & Corporate schemes underachieved by £0.317m but slippage will be carried forward into 2021/22. Plans for 2021/22 are well advanced leaving a gap of only £0.125m.

The Committee received the Draft Financial Plan/Budget for 2021/22, the Internal Audit Plan, the Estates Strategy Update, the Sustainable Development Management Plan Update, the Capital Plan and the Digital Delivery Report and gained assurance on all of them.

The Committee received updates on the Strategy Refresh and the Redesigning Adult Inpatient Health Services project and again gained assurance on both projects.

The Committee reviewed the Digital Delivery Group and Capital Programme Board & Estates Strategy Delivery Group Assurance reports and Terms of Reference and signed them off.

Key Issues:

The key areas of note arising from the Committee meeting held on 21st April were:

- In terms of the Insight report the key issues raised were: -
 - At Month 11 the Humber Coast and Vale ICS recorded a £7.864m surplus with key point to note being that the current forecast for the year is a £16.8m deficit however after allowable adjustments, the forecast is a £5.6m surplus. Allowable adjustments include £21.9m for Annual Leave accruals. Expenditure on COVID-19 across the ICS totals £66.8m.
 - From a National perspective an additional year to date funding requirement of £12.0bn (9.7bn at Month 8) above the original mandate funding has been identified. The full forecast at Month 10 is for additional expenditure against the original mandate of £19bn (before accounting for funding in relation to vaccines and testing). The additional expenditure includes the likely full year impact of annual leave accruals.
 - NHS England and NHS Improvement are consulting on a new oversight framework, which includes a system-based recovery support programme to replace the provider finance and quality special measures regime. The new framework will bring together the separate oversight arrangements for trusts and clinical commissioning groups into a single, integrated approach. The framework has been developed with input from NHS leaders and stakeholders, and the national bodies intend to implement it in 2021/22. The consultation closes on 14 May.
 - HFMA have published a briefing following feedback from Members on difficulties appointing external auditors. Key highlights included: Members highlight existing auditors have either resigned or not renewed contracts; 3 Members unable to appoint following a required audit appointment process. The briefing concludes that the whole external audit market is fragile with increased audit risk and work resulting in increased audit fees. There also appears to be a lack of interest in NHS audits from most of the large audit firms.

- In terms of the month twelve financial performance the Trust reported a yearend operational of a surplus of £0.029m.

Total Trust Income was £6.484m above budget reflecting increased funding from Commissioners and NHSE/I to offset non recurrent expenditure.

Cash balance at the end of March was £39.836m, with timing differences between receipts and payments influenced by year end process's the underlying cash position was circa £22m.

Capital Spend as at the end of March was £15.061m

Yearend agency expenditure was £6.711m

- The Committee received a yearend update on BRS delivery for 2020/21. The report showed that the Major Schemes target saving target was £4.516m however the effect of the Covid 19 Block funding in months 1 to 6 and the agreement of system envelope funding for the remainder of the year has meant that schemes which are dependent on new resources being approved couldn't be recognised as being achieved in full. The effect of this has been mitigated by the top up process which has enabled the Trust to receive funds to breakeven. This means that some schemes will slip into 2021/22. To date savings of £1.848m have been made relating to Major Schemes. Savings targets have also been mitigated by receiving top up funding of £0.652m.

The Divisional and Corporate Savings had a target of £1.853m and are showing savings of £1.536m which is an underachievement against the profiled savings of £0.317m. The Community and Primary Care Division is reporting an underachievement at Year End of £0.111m in relation to the Recovery College and Primary Care back-office savings. These targets will slip into 2021/22. The Mental Health Division is reporting an underachievement of £0.210m at year end relating to several schemes.

- The Committee received a report on the progress made in formulating 1.5% Budget Reduction Strategy savings for 2021/22 and indicative savings of 1.5% for 2022/23 and 2023/24. It will seek approval to include the BRS within the 2021/22 Budget. Good progress has been made to date and there is a current Gap of £0.125m which is made up of £0.050m in Community and Primary Care, £0.075m in Mental Health. The committee asked the team to review the Corporate element in terms of whole-time equivalent staff savings and the impact of new ways of working and to ensure that the QIA's went to Quality committee for sign off at the earliest time possible.

The Committee supported the recommendations that all GAPs should be considered with further savings being made to offset them in full, to produce QIAs for the current proposed savings which needed to go to Quality Committee for sign off and to note the inclusion of the BRS within the 2021/22 Budget.

- The Committee received the draft financial plan/budget for 2021/22. The report provided a calculation of the Trust's Draft Net Budget funded by Block for 2021/22 and showed the changes to the budget with a bridge from 2020/21 to 2021/22 The report provides an estimate of the Block Funding to be received by the Trust in the first 6 months of 2021/22 (H1) The contract values for the second half of the year have not been confirmed with Commissioners at this stage. The Committee discussed the vacancy factor included in the light of the need to recruit to existing vacancies and received assurance that future recruitment plans were included, they also discussed the Yorkshire Care Record figure and again received assurance on the figure included. As a result, the Committee agreed

the recommendation to note the current position in relation to the draft financial plan, and approve a variation of this paper being presented to board recommending the upload of a budget within the above parameters.

- The Committee received the draft internal audit plan which was agreed subject to the swapping of BRS to quarter 3 with the Capital Programme being brought forward to quarter 2.
- The Committee received the Estate Strategy Update 2020/21. Key issues identified in the report were.
 - Disposals –
 - Victoria House was vacated on 17 December 2020, with sale completion programmed for April 2021 (as agreed by Trust Board).
 - Hallgate Sale was agreed in the order of £145,750, plus additional Deed of Variation agreed with neighbouring property owner to relinquish right of access in the sum of £35k. Sale planned to conclude in April 2021 (Agreed by Trust Board).
 - Westend Sale agreed at £620k, including the leaseback of the accommodation block at a peppercorn rent for 12 months. Sale anticipated to complete in April 2021.
 - Primary Care –
 - Cottingham Clinic Works commenced on site in November 2020, with a programmed completion at end of March 2021.
 - Chestnuts Surgery programmed to vacate and relocate to Cottingham Clinic upon completion of capital scheme in April 2021.
 - Practice 2 - Bridlington Agreement for lease in place (15 years). Business Transfer Agreement anticipated in early 2021/22.
 - Whitby Hospital Anticipated completion of tower block refurbishment is July 2021.
 - Redesigning Mental Health Inpatient Services Updated SOC in development for submission to April 2021 FIC and Trust Board.
 - Corporate Accommodation Draft recommendation in development for consideration in May 2021.
 - COVID-19 Secure Working In addition to the corporate accommodation review, post pandemic working will be factored into future strategies for the estate.
 - Localities
 - Driffield Master planning of Alfred Bean Hospital initiated to enable consolidation of services that are required within Driffield.
 - Beverley Hawthorne Court mothballed in January 2021, with STARS service relocated to Townend Court.
 - Bridlington A focussed review of Primary Care accommodation requirements is in development, prioritised against the vacation of Fieldhouse.

The Committee asked questions around Driffield and about future Corporate requirements now these have been removed from the redesigning adult inpatient mental health services project and received assurance in both areas. The Committee also asked about the development of the next 5-year strategy as we are in the final year and received assurance that plans were in place to do this for review in October. Therefore, the Committee agreed with the recommendation to note and review the progress made on the Estates Strategy, specifically in association with the financial year 2020/21 and that a further re-boot of the Estate Strategy is also recommended to align with the current priorities of the organisation, whilst referencing the influence of post pandemic working practices across the organisation and partner agencies.

- The Committee received an update on the Sustainable Development Management Plan which outlined that Current carbon targets are.
 - NHS Carbon Footprint (emissions under NHS direct control), net-zero by 2040, with an ambition for an interim 80% reduction by 2028-2032.
 - For the NHS Carbon Footprint Plus, (which includes the wider supply chain), net-zero by 2045, with an ambition for an interim 80% reduction by 2036-2039.

The report went on to outline that new carbon factors have been created they are as Scope 1, Scope 2, and Scope 3 emissions.

The Trust's SDAT tool was submitted to the Sustainable Development Unit (SDU) on 10/11/2020, with a compliance score of 46%, which has been found to be just below the median of comparator organisations.

Sustainable care models, capital projects, and asset management are high scoring with a score of over 50%. All other sections are below this level and it was suggested that each section aims to increase its score by 10% before the next submission in November 2021.

The SDAT tool will be used to formulate the Trusts NHS green plan and the aim is for it to be produced before end of 2021.

The Committee agreed with the recommendations to

- Create an NHS Green plan by end of 2021.
 - Establish a target for SDAT score to increase compliance before the next submission November 2021.
 - Undertake an SDAT review and distribute actions to leads through the SDSG.
 - Review Travel & Transport responsibilities across the Trust.
 - Continue work on the decarbonisation of the Trusts estate.
- The Committee received the proposed Capital Programme for 2021/22 which outlined that nationally £6.2bn has been allocated to capital investment, translating into expected expenditure across the ICS of £211m in 2021/22 and spending limits and investment priorities have been derived on an ICS basis. As a result, the total funding available to Humber is £9.465m which includes a contribution of £3.9m from cash reserves. There is a contingency of £0.5m with a supporting set of principles setting out how its use will be prioritised.

Key areas of the programme include £3.250m being allocated to the refurbishment of the Humber centre, £1.5m to refurbishing wards and £0.5m for upgrading staff and patient environments. £1m will be spent on digital infrastructure hardware and software.

The Committee asked questions around the Humber Centre investment and were assured that the scheme would follow normal governance procedures for sign off and the contribution to Scarborough Hospital under the new ICS working arrangements. The Committee also felt that this was good news and should be communicated proactively within the Trust and felt the full paper should be attached to the Chair's log so that Board was fully sighted (attached at appendix 1).

- The Committee received the Digital Delivery Group report and complimented the team on their achievements this financial year.
- The Committee received a summary of the NHS Operational plan outlining the 6 priorities and summarising the actions needing to be undertaken.

- The Committee received a progress report on the redesigning Adult Inpatient Mental Health Services which will be on the Board agenda and recommended that the presentation they received be made to Board.
- The Committee received assurance reports from the Digital Delivery Group and the Capital and Estates Group. They also reviewed the Terms of Reference for the two groups.
- The Committee reviewed and signed off its own effectiveness review which can be seen elsewhere on the agenda.

1. Introduction and Purpose

The purpose of this paper is to present the draft capital programme for 2021/22 for review, comment and approval.

2. National and Local Funding Allocations

Nationally £6.2bn has been allocated to capital, with the majority (£3.9bn) allocated for day to day capital investment funded internally by Providers but managed as an integrated care sector (ICS). A further £1.2bn is to cover national strategic projects such as the provision of new hospitals, and £1.1bn for national programmes such as the dormitory eradication programme.

The ICS has been allocated a capital expenditure limit (CDEL) of £74m and has access to loans and funding for national and priority capital expenditure. In total this will facilitate an ICS wide capital investment of £211m for 2021/22.

The overall ICS capital plan is derived from an assessment of local needs by Provider and agreement on system wide priorities to ensure delivery is within the CDEL limit.

A balanced ICS plan has been arrived at, details of which are attached at appendix A for information.

3. Humber Capital Plan

Living within the ICS Capital resource limit (CDEL) the resource available to the Trust to finance the 2021/22 capital programme is set out in the table below:

	£(000)
Net depreciation funding	2,930
YHCR depreciation	1,000
Disposals	1,541
Cash	<u>3,944</u>
Total funding	<u>9,165</u>

In addition to the availability of net depreciation resource (*Including the Yorkshire and Humber Care Record*), the disposal of Victoria house, Hallgate and Westend will take place and are estimated to generate £1.541m of capital receipts.

In addition to this, the Trust has accumulated a healthy cash balance and is therefore able to invest £3.944m to support the capital programme.

It should be noted that depreciation resource is net of loan repayments of £0.25m

4. Humber 2021/22 Priorities and principles

The Capital Programme was discussed at the Capital Programme and Estates Strategy Group in March 2020, who supported the priorities identified in the following table:



Scheme	Amount £000
Ward Refurbishments	1,500
Backlog of Maintenance	400
Estates Compliance Work	500
Professional Fees	250
Staff Attack Alarm Upgrades	300
Corporate Accommodation Review	250
Medication Cooling	65
Patient and Staff Accommodation Upgrades	500
Bridlington Accommodation Masterplan	350
Clinical Environment Risk Group	400
Digital Plan Delivery	1,000
Estates Strategy Refresh	150
Humber Centre Works	3,250
Contingency	500
Total:	9,415

Key points to note from the current capital plan are

- A £1.5m investment is proposed for ward refurbishments with a focus around Miranda house, Newbridges and Westlands with work already in progress at Miranda.
- To compliment this a further £0.5m is proposed for to upgrade the general environment of our buildings in both staff and patient areas to make them more acceptable standard. These improvements could include decorative improvements to shared patient areas and staff facilities.
- A review of accommodation in Bridlington is underway and an allocation of £0.350m has been made to support the development of robust and sustainable plans for the estate available there.
- The digital agenda will be progressed with an investment of £1m which will support investment in infrastructure, hardware and software
- A review of working arrangements for non-clinical staff is in progress and there is an expectation that some enabling work around the outcome of that project will be needed. The work could be around adding additional facilities to and adapting some of the estate.
- A total investment of around £6m is needed to bring the Humber Centre up to the acceptable standard for secure accommodation. Subject to agreement from EMT on this being a organisational priority, a provisional allocation of £3.250 2021/22 will ensure that works can commence.

The redevelopment of Scarborough hospital is an ICS priority and the cost of delivering it is £10m more than expected. Under the new ICS working arrangements

the shortfall has to be shared by all Provider organisations in the Humber Coast and Vale ICS.

The value of individual contributions is still to be determined; however a reasonable expectation would be a CDEL contribution of £0.75m in total spread over 2021/22 and 2022/23.

Included in the programme is a contingency of £0.5m, it is proposed to use the contingency as follows:

- a. To fund any issues caused by overspends/pressures in 2020/21 that will impact in 2021/22
- b. To support financial pressure on schemes where allocations are insufficient, for example where the price of tendered work is higher than estimated.
- c. Support schemes that are a Trust or ICS priority
- d. As the year progresses and plans become more robust the contingency will be released in line with an agreed list of priorities.

5. Recommendation

The Finance Committee are asked to note and approve the draft capital programme for 2021/22

Pete Beckwith
2 April 2021

Humber Coast and Vale ICS Draft Capital Plan 2021/22

17th March 2021

Capital Expenditure	Humber FT	HUTH	NLaG	York	Harrogate	Total	ICS Contingency	TOTAL
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Depreciation	5,471	12,838	11,210	9,220	4,875	43,614		43,614
Emergency Capital	-	6,500	1,500	-	2,125	10,125		10,125
PFI Technical Adjustments	-	2,463	-	-	-	2,463		2,463
Donations	-	300	-	380	1,500	2,180		2,180
Loan Funded	-	-	-	6,105	-	6,105		6,105
STP/HIP	-	16,354	3,833	1,365	2,190	23,742		23,742
ED Schemes	-	-	21,818	13,000	-	34,818		34,818
Provider Digitisation	-	1,500	2,269	-	1,600	5,369		5,369
Diagnostics/scanners	-	-	-	-	-	-		-
Salex Grants	-	13,713	41,638	-	14,180	69,531		69,531
All Other	3,944	2,489	-	795	5,600	12,828		12,828
Impact of PFI on Gross Capital						-		-
Gross Capital Expenditure	9,415	56,157	82,268	30,865	32,070	210,775	0	210,775
ADD PFI Residual Interest		1,344				1,344		1,344
Total	9,415	57,501	82,268	30,865	32,070	212,119	0	212,119
PFI Capital (IFRIC 12)	-	2,463	-	-	-	2,463	-	2,463
PFI Residual Interest	-	1,344	-	-	-	1,344	-	1,344
STP / HIP Capital	-	16,354	3,833	1,365	2,190	23,742	-	23,742
ED Schemes	-	-	21,818	13,000	-	34,818	-	34,818
Provider Digitisation	-	1,500	2,269	-	1,600	5,369	-	5,369
Diagnostics/scanners	-	-	-	-	-	-	-	-
Capital Receipts - disposals at net book value	1,541	-	-	-	-	1,541	-	1,541
Total other adjustments: grants (incl Salex)/donations/peppercorn leases	-	14,013	41,638	380	15,680	71,711	-	71,711
Total Other Adjustments: Remeasurements of lease liabilities	-	-	-	-	-	-	-	-
Charge Against ICS CDEL	7,874	23,171	12,710	16,120	12,600	72,475	-	72,475
Sources of Funding								
Depreciation	5,471	12,838	11,210	9,220	4,875	43,614		43,614
PFI Technical Adjustment	-	1,344	-	-	-	1,344		1,344
Emergency Capital	-	6,500	1,500	-	2,125	10,125		10,125
Disposals	1,541	-	-	-	-	1,541		1,541
Loan Funding	-	-	-	6,105	-	6,105		6,105
Internally Generated Cash	3,944	2,489	-	-	5,600	12,033		12,033
All Other Capital - complete here or cell 47	-	-	-	795	-	795		795
Sub Total - ICS CDEL	7,874	23,171	12,710	16,120	12,600	72,475	-	72,475
STP/HIP	-	16,354	3,833	1,365	2,190	23,742		23,742
ED Scheme	-	-	21,818	13,000	-	34,818		34,818
Provider Digitisation	-	1,500	2,269	-	1,600	5,369		5,369
Diagnostics / scanners	-	-	-	-	-	-		-
Donations	-	300	-	380	1,500	2,180		2,180
Salex Grant	-	13,713	41,638	-	14,180	69,531		69,531
All Other Capital - complete here or cell 40	1,541	2,463	-	-	-	4,004		4,004
Sub-Total Funding Separate to ICS CDEL	1,541	34,330	69,558	14,745	19,470	139,644	-	139,644
Total Source of Funding	9,415	57,501	82,268	30,865	32,070	212,119	-	212,119



Agenda Item 12

Title & Date of Meeting:	Trust Board Public Meeting – 28 April 2021			
Title of Report:	Quality Committee Assurance Report			
Author/s:	Name: Mike Cooke 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 7 th April 2021 with a summary of key issues for the Board to note. The approved minutes of the meeting held on 10 th February 2021 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 presentation on harm minimisation • The Waiting list trajectory and performance update • The assurance across the clinical policies • The Quality Account priorities were agreed by the Quality Committee <p>The Quality Committee approved the following policy with recommendation to the Trust Board for ratification</p> <ul style="list-style-type: none"> • Covid vaccination handling and management policy <p>The Terms of reference were approved for both the Quality and Patient Safety Group and the Drugs and Therapeutic Group</p>			

Monitoring and assurance framework summary:

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

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

Executive Summary - Assurance Report:

Key Issues

The key areas of note arising from the Quality Committee meeting held 7th April 2021 are as follows:

The chair welcomed Weeliat Chong to the meeting as representative on behalf of John Byrne along with new committee members Kwame Fofie and Sam Jaques-Newton, and Claire Jenkinson who was supporting the waiting list paper.

The minutes of the meeting held 10th February 2021 were agreed, with all closed actions noted and updates on the open action discussed. The Quality Committee Assurance report was noted and the work plan confirmed supporting future activity.

The committee agreed the final version of the Annual Effectiveness review along with the amended Terms of Reference and commended these to Trust Board where they will be presented at the May meeting.

Discussion item – Minimising self-harm in-built environments in healthcare. National project overview

TF updated the committee with the background of her involvement on the national project and an interesting and thought provoking discussion was held, acknowledging the importance of the therapeutic environment and the balance with the facility focus on ligature harm minimisation. TF was thanked for a good presentation.

Quality Insight Report

The committee was updated on items including the CQC future regulatory approach and new strategy being launched in late spring. The positive feedback received from CQC following the Trust transitional monitoring assessment call was noted as was Granville's IPC assessment. The latest CQC Insight report was highlighted showing no concerns. Updates on the Quality of Serious incident investigations, the NHS England commissioned independent investigation with NICHE and the professional strategy update were also noted.

Quality Accounts update

The stretch on last year's Quality Account priorities was discussed and approved noting the progress made in all areas. The Quality Accounts will be presented to June's Quality Committee this year.

Quality Committee Risk Register Summary

The Risk register summary was discussed noting 14 risks rated nine or above relating to quality, along with the emerging theme around waiting lists including some of the new risk entries, This was covered

by the waiting list paper discussed later in the meeting.

Patient Safety Strategy update

The committee welcomed the assurance on the updates of the progress made against the priorities of the Patient Safety Strategy written in 2019, noting the work on safety huddles, supporting staff involved in incidents and the new national role of patient safety specialist.

Covid Vaccination update

A verbal update was given on the progress of the vaccination centre observing the second vaccinations had started with 3754 people receiving their second vaccination so far. Currently 85% of the staff have received one vaccination with 65% of staff receiving their second dose.

Compliance with CQC standards for Covid vaccination services

The committee received a great report and assurance, recognising the compliance against the CQC standards and thanks were given to all the staff and volunteers who have worked at the vaccination Centre.

Waiting list trajectory and performance update

The update paper gave the committee details of the work undertaken since the last report, observing a change in direction to look at all services along with work to validate reports to ensure they are showing the correct information. It was confirmed with this new work, trajectories can be set with more confidence and the Quality Committee will be updated when the new suite of reports are ready. The current work with CCGs and local authority was also noted, and a good discussion was held. The chair thanked CJ, LP and KF for their work, and look forward to hearing more in the future.

Annual policy assurance report

The committee recognised the compliance with all policies being up to date, noting the hard work keeping up to date with the work load over the last year especially during the first wave of Covid.

Policies reporting to Quality Committee

The Quality Committee approved the Covid Vaccination handling and management policy which has drafted nationally for Trusts to adopt. This has been put into our Trust format and branding keeping the national content.

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 Annual Effectiveness review were noted and welcomed with the Terms of Reference approved.

The Drugs and Therapeutics Group (DTG) minutes were noted with the Terms of Reference approved. The Chair suggested the Drugs and Therapeutics Group should undertake an effectiveness review next year as it was felt it was good to look back and review the work over the last year.

The approved minutes from the 10th February 2021 are attached below as appendix one

Quality Committee

Minutes

For a meeting held on Wednesday 10 February 2021
 9.30 – 12.30 (Virtual meeting via MS Teams)

Present		
Core Members		
Mike Cooke	Non-Executive Director (Chair)	MC
Mike Smith	Non-Executive Director	MS
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
Su Hutchcroft	Compliance Officer (minute taker)	SH
In attendance		
Sharon Mays	Non-Executive Director, Chair of Trust Board	SM
Colette Conway	Assistant Director of Nursing, Patient Safety and Compliance	CC
Mandy Dawley	Head of Patient and Carer Experience and Engagement	MD
Trish Bailey	Clinical Lead, Children and LD Services	TB
Clarissa Thompson	Autism Access Lead	CT
Cathryn Hart	Assistant Director of Research and Development	CH
Sam Jacques-Newton	Head of Allied Health Professionals and Practice Development	SJN

01/21	<p>Apologies for Absence There were no apologies of absence to note at today's meeting</p> <p>MC welcomed SM as Trust Chair and thanked her for setting up the Quality Committee four years ago. DR was welcomed along with Clarissa Thomson and Sam Jaques-Newton who were presenting reports.</p>
02/21	<p>Minutes of the Last Meeting The minutes of the meeting held in December 2020 were accepted as a true record.</p>
03/21	<p>Action List and Matters Arising There were no matters arising from the last meeting. The action log was noted with seven closed actions and two actions due at the April 2021 meeting</p>
04/21	<p>Quality Committee Board Assurance Report The report was noted as read with a chair comment that this report shows the information presented to the Trust Board meeting on 27 January 2021.</p>
05/21	<p>Work Plan 2020 / 2021 The work plan was noted showing the extent of the planned committee work over the next 12 months; showing the core reports with the ability to build in work as appropriate including any information required relating to Covid.</p> <p>The following items were noted:</p> <ul style="list-style-type: none"> • It was confirmed the Quality Accounts work is still continuing although no formal guidance has been received through this year as yet regarding publication dates. • The Autism strategy being presented today will need an agreed time for an update to report back to Quality Committee • Provider Collaborative update – discussed how this will report back to Quality Committee, noting the

Appendix 2

	<p>need to keep this separate as any information would need to go to each provider. HG confirmed she is on the Provider Collaborative Committee and there is a report going to the Trust Board</p> <ul style="list-style-type: none"> • Inspire update report – it was agreed TB would bring this back to Quality Committee <p>ACTIONS</p> <ul style="list-style-type: none"> • to add Autism Strategy update to the work plan (SH) • to add Inspire update report to the work plan (SH)
06/21	<p>Presentation – Autism Strategy & Patient Story</p> <p>HG introduced the item, explaining she had been requested to commission this strategy for the Trust by Michele Moran. TB took the item forward with Clarissa Thompson, Autism Access Lead, explaining the transforming care programme that TB is a part of had some additional funding that they wanted to invest in supporting people with autism so it was felt it would be a good idea to look at the challenges people with autism have in accessing services generally, including acute hospital services.</p> <p>Clarissa Thompson took the meeting through the presentation to go alongside the Humber Autism Strategic Framework, giving a brief background of her experience to give an overall picture. The strategy is for all trust areas as people with autism access all services within the Trust. The strategy identified priority areas for development including access to training/awareness for staff, access to specialists, adopting flexible approaches to communication, support available, working in partnership, improving transition and developing clear pathways for diagnosis.</p> <p>The presentation finished with the timeline from February 2021 in relation to sharing the Humber Autism Strategy Framework (HASF) with the Trust and patients using virtual presentations, April 2021 sharing with the Hull and East Riding Autism Partnership Boards through to April/May 2021 inviting services to join relevant work streams to cover training and champions and overall progress being reviewed in bi annual meetings.</p> <p>Key questions and comments from the presentation were noted.</p> <p>MS really enjoyed reading the strategy and the concept of neuro diversity. Noted there is a lot of work in terms of employment prospects. SM noted a fantastic strategy, great style which reads well and comes across with clarity and simplicity. Liked the statement regarding us adapting our practices to suit the needs of others, which come through with the training. Keen to support as a Trust. Raised question regarding no commissioned support for autism and enquired if CT felt there should be and if Quality Committee could support this?</p> <p>CT stated she felt it was impossible to commission a service to meet every single need so is focusing on the training and supervision pathway to make the guidance available to those who need it. Regarding terms of specialist support for autistic people, already mentioned are sensory approaches but also the psychology approach by someone who specialises in autism, not using a special approach but having the flexibility to adjust practice as required. As part of the transforming care work CT will be looking at how this can be brought back and working with the diagnostic team currently moving towards intervention pathway and hopefully going to be able to look at these areas of a stepped cared approach.</p> <p>LP felt it was a really helpful presentation. Noted the parallels with the green light tool kit which dates from around 2004, but feels as if we are still working on the agenda of welcoming people with learning disabilities right across the NHS and how can we have impact quicker with learning from this strategy. CT explained regarding the impact and the green light tool kit, noting when writing the strategy a lot of work was already in place so currently steps ahead of where we need to be including training analysis. Once the training is finalised the rest will fall into place</p> <p>TF enquired regarding the prevalence numbers for Hull and East Riding with East Riding showing higher than Hull but Hull having higher deprivation. CT confirmed prevalence figures are based on population which is why East Riding is higher. One of the objectives of the strategy is to look at marker on the records to try and find out actual numbers in the area to enable better planning of services noting diagnosis markers have moved so much over the years</p> <p>DR queried regarding the neuro-diversity issue suggesting a move away from a medical model and offering something different. JB confirmed that our medics are in favour of changing the culture</p> <p>TB explained that neuro-diversity is a term that families have fought for across the patch, to move away from other titles so all presentations are recognised under the preferred term. TB also noted having very</p>

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	<p>positive discussions with commissioners in terms of adult diagnostic and bringing together as a Hull and East Riding service but believe it is about collaborative commissioning not just about Humber. It was also mentioned that Covid has impacted on the lives of those with autism so significantly, and there are many families out there struggling with losing those services that mean so much to them.</p> <p>MC commented this was the best strategy he has seen on autism and commended Clarissa Thompson for the report, with a round of applause for Clarissa from the meeting. It was agreed the Trust need to promote and understand the strategy as part of raising the awareness.</p> <p>It was agreed the report was commended to the Trust Board and the Council of Governors</p> <p>MC thanks CT for the presentation, noting a really insightful piece of work, and thanked everyone for the contribution and discussion on how this will moved forward together.</p>
07/21	<p>Quality Committee Effectiveness Review 2020/21</p> <p>MC stated this item for was for discussion to assist him with the executive summary for the Board committee assurance report.</p> <p>Areas were discussed regarding some of the agenda items covered in the last years Quality Committee meetings as follows:-</p> <ul style="list-style-type: none"> • Provider collaborative and looking at the future of this • The various presentations that have been brought to the Quality Committee noting the Quality Committee influencing strategy. • Quality Improvement over the past three years • Alignment between the Workforce Committee and Quality Committee including workforce issues, pharmacy transformation and equality and diversity regarding patients and staff • Identifying good practice and promoting it • Covid Trust response reviewed and presented to the Board • Reviewing of over 20 policies/guidelines in very short time line to support the covid response • Links to the Ethics Advisory Group. <p>MC noted the triumvirate of HG/JB/LP had worked particularly well this year with examples of the Covid-19 review report which was sent through to the Trust Board. Confirmed quorate on all occasions, being proactive and had good inputs on subject covered with a wide agenda along with making recommendations to Trust Board. Safer staffing link, ward to board has been a strength and there has been good interaction with the new divisional structure and the Quality Committee.</p> <p>MC highlighted the work completed by QPaS and those groups who report to QPaS along with the information from Drugs and Therapeutic Committee and Weeliat Chong and the pharmacy team including the vaccination programme.</p> <p>The Committee agreed that Doctor Kwame Fofie, Clinical Director and Sam Jaques-Newton, Head of AHPs and Practice Development should be added as a member of the Quality Committee. It was agreed this should be updated in the Terms of Reference</p> <p>Meeting attendance to be updated following today's meeting. MC thanked the members for their attendance and strong contribution along with the additional interest from the NEDs, thanking SM and DR for their contributions</p> <p>MC thanked everyone for the hard work behind these areas and for the assurance received this year which he felt enabled him to provide assurances to the Governors regarding the quality agenda in the Trust.</p> <p>ACTION – To add executive summary paragraph to the effectiveness review 2021 (MC)</p>
08/21	<p>Terms of Reference Annual Review 2021</p> <p>The terms of reference were reviewed and it was agreed to add the additional roles to the current membership</p> <ul style="list-style-type: none"> • Clinical Director/ Deputy Medical Director • Head of Allied Health Professionals and Practice Development • Two non-Executive Directors

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	ACTION –ToR to be updated following today’s meeting with the membership changes (SH)
09/21	<p>Quality Insight Report HG highlighted the key aspects of the report as follows:</p> <ul style="list-style-type: none"> • Update on the current CQC strategy consultation, explaining the proposed approach of four themes; people, smart, safe and improve, looking at the whole system rather than just providers. It was noted the annual PIR will be removed replaced by continuous data collection • Trust Transitional Monitoring Assessment 26 January 2021 – HG confirmed she has now received very positive verbal feedback confirming the Trust was not on the radar for any areas. The CQC were more than satisfied with the evidence provided. • Quality Accounts – no official guidance has been received for this year’s accounts so we are running with the timescales we worked to for 2019-20 accounts. Confirmed there were no auditing requirements again this year. Explained last year agreed four priorities, which have progressed and reported back but not progressed as much as we would have liked due to covid. It has been suggested to put some stretch on these priorities to move them forward. The report will come back to Quality Committee once the work has been completed for final approval • Peer reviews – these have been progressing where possible with good results • Clinical supervision update following the previous presentation which describes the work ongoing including holding a clinical supervision week in the summer. TF noted the engagement despite the pressure of covid has been brilliant, getting the work streams established and mobilised and stated it was a great piece of work to be involved with • HG noted safeguarding referrals are being closely monitored due to a dip being noticed • HG confirmed she was happy with the actions on the SIs declared in Quarter 3 <p>MC thanked HG for the helpful report</p> <p>Questions were taken from the Committee</p> <ul style="list-style-type: none"> • Mental Health division SI action plans show a number of delays on delivery of some of the actions MS enquired if there was any impact from this? HG confirmed all of these had been looked at and noted none of the actions overdue were linked to root causes for any of the incidents. CC confirmed the majority of these had now been closed down or an extension requested due to work not able to be completed as quite transformational. HG confirmed these are also picked up in the accountability reviews <p>MC thanked HG for the response and a really good report along with the hard work from everyone in relation to the CQC</p>
10/21	<p>Vaccination Centre briefing JB updated the meeting reporting the vaccination centre is essentially a clinical service albeit temporary it will be mainlined into the Trust clinical governance structures. Clinical standard operating procedures will be taken through QPaS for approval. The CQC have now published a template of what ‘good’ looks like for a vaccination hub and Weeliat Chong is currently working on this which will then be taken through QPaS. JB reported that the CQC Deputy Chief Inspector of Primary Care took up the offer to come and view the centre, gave approval, and took the opportunity to have their vaccination at the same time. In terms of corporate governance JB is the SIRO (Senior Information Risk Owner) for the hub and has a twice weekly meeting with the multi-disciplinary group which runs the programme, having minutes, risk register and action plans which report into Gold Command as required. Gold Command has oversight of the strategic plans for vaccination and daily performance in terms of vaccination of staff.</p> <p>Community and Primary Care figures are predominantly lower as staff are being vaccinated via the Primary Care Network so a web form has been created to capture this information as not all data has been received. Currently vaccination rate running at 82% vaccinated without active bank, this figure drops to 78% when active bank figures are added.</p> <p>Discussed the challenge of uptake confirming all staff have been offered the vaccination and the different issues. Noted no national benchmarking data available but feels we are doing well. Need to actively encourage people to have the vaccination and discussed understanding the changing issues regarding those who have not been vaccinated.</p> <p>Currently waiting for the next vaccine delivery and feel that once the government have hit their targets of first vaccination we should hear more news on when our next supplies will arrive, unfortunately this is something we cannot plan for at the moment.</p>

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	<p>MC stated he felt assured by the conversation, pleased that the vaccination centre had been locked into current governance arrangements and felt it should be commended.</p> <p>DR noted for reassurance that statistics from other organisation have a similar range</p> <p>MS enquired regarding the percentage that is required for immunity. JB noted the general feeling is that if the population is vaccinated to 85% it will hopefully avoid the serious disease.</p> <p>SM, on behalf of the Trust Board, thanked JB, Weeliat Chong and all the staff and volunteers who have worked with the centre. To create and run the hub so professionally has been absolutely fantastic; it is a real success and a credit to all working there.</p> <p>JB thanked SM and MC for the generous feedback noting it was the team of people who have put it together and is an example of brilliant colleagues in the organisation who make something really complex look simple, and will share the feedback with the team.</p>
11/21	<p>Research and Development update report</p> <p>CH updated the meeting on the report, noting the focus of the update is covid dominated but work has been really positive over the last year highlighting the importance of research to assist in exiting the pandemic. There have been fewer studies completed due to the focus on urgent public health studies as per the Chief Medical Office for England requirements.</p> <p>Studies include collecting data regarding patients who have tested positive, including studies for the Oxford Astra-Zeneca vaccine, with Hull being a local site with some staff involved in running the studies and a number of staff across the Trust participating in it. There are also people taking part in the SIREN antibody study.</p> <p>The team has tried to keep other studies running, particularly the intervention studies, and have been able to offer these to more people due to studies being adapted and run remotely, this unfortunately has excluded some people but enable access to other people who are not usually able to take part in research.</p> <p>There has been extra funding received this year to assist with the urgent public health studies, this created a challenge as it required extra staff to assist but the team have managed to employ some new staff along with current staff working extra hours to cover the work.</p> <p>It has been a difficult year but still managed to cover some great work including holding the annual Research Conference virtually this year which was a huge success with plans being finalised to hold it again this year provisionally on the 17/18 November 2021.</p> <p>Current work also includes the start of designing a new animated video to promote research which focuses on the services the team delivers. This is co-produced with patients, staff, families, and the Patient and Carer Experience groups, with a view to use in patient areas such as ward and clinics along with voluntary organisations and should be launched by March this year. It was noted there is a link in the report to the video from this year's annual conference, which was unable to be shown at the time.</p> <p>Comments from the group were received</p> <ul style="list-style-type: none"> • Really insightful update showing the flexibility to adapt and provide front line contributions with the covid studies as well as the usual work • Impressive report showing the team going from strength to strength despite covid • SM thanked the team, noting they are an integral part of the Trust • A number of members were looking forward to the next annual conference and had already booked tickets <p>MC thanked CH for a very good report once again, noting the conference was really good and would work well in this format in the future. To get the National Health Leads and LD service as well as a number of others at the conference was fantastic and stimulates others at a difficult time to keep thinking ahead.</p>
12/21	<p>Pressure Ulcer update report</p> <p>HG introduced the paper stating this was presented following the Quality Committee request at the previous meeting to have more information in relation to pressure ulcer prevalence in the Trust. This is a detailed report for the Quality Committee with the introduction of SPC charts which will be presented</p>

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	<p>quarterly to QPaS in the future. The BI team have pulled the report together with input from SJN and the assistance of Simon Barrett the Tissue Viability Lead.</p> <p>Key points from the report were noted:</p> <ul style="list-style-type: none">• Overall pressure ulcer incidents increased during March to October 2020 with a number of contributory factors to new and emerging themes identified• Following review by the Pressure Ulcer Review Group (PURL) the increase appears to be due to factors associated with the pandemic including<ul style="list-style-type: none">○ Early or inappropriate discharges from acute care○ Increased morbidity amongst vulnerable patients○ Increase in patients choosing to self-care• A number of actions have been implemented to address issues and incidents, and the trajectory appears to be decreasing from November/December 2020 as noted in the report• A competency framework to ensure the quality and standards are consistent across the Trust which will be presented to the Physical Health and Medical Devices group on 22 February 2021 <p>MC enquired if nutrition was included in part of this work? CC confirmed this is now part of the SSKIN bundle which is used to assess pressure ulcers and is already get assessed and being built into datix so we can review straight away whether nutrition has been assessed and put appropriate steps into place if required.</p> <p>SM thanked SJN for the comprehensive report giving assurance this is being looked at. It was noted there are a lot of pressure ulcers acquired not in our care and SM enquired what work was being done with partners. SJN noted some of these incidents were from early discharges at the start of covid, and work with CC and clinical leads along with partners is underway to look at these early discharges and the learning.</p> <p>The Committee noted the depth of the report and the response to the Quality Committee query, showing overall the pressure ulcer incidents increased between March to October but within normal variation for the ones acquired in our care. These appear to be decreasing along with some new interventions around awareness and work looking at variations.</p> <p>HG noted now the report is in SPC charts, hot spots can be picked up immediately.</p>
13/21	<p>Family and Friends Test update</p> <p>JB reported that he is pleased to see the primary care and general practice focus included in the report.</p> <p>MD noted the key highlights in the report, following being asked to provide a more detailed analysis on the family and friends test (FFT) data particularly in relation to the last quality dashboard in November which showed evidence that the involvement figure dropped over the year, as had responses from friends and family. The data in the report covers 24 months to show year on year data with a focus on November 2019 and November 2020.</p> <p>MD explained that the texting service increases the numbers of the FFT data so the decision was taken to separate non GP and GP data in the quality dashboard to show information in both areas. Pre April 2020 only the Hull GP practices were participating in the text service, with East Riding practices starting to participate after April 2020 showing a difference in the figures. In regards to involvement figures, due to primary care services only taking part in a short survey of one question these are not included in the figures making the responses a very small number. During the covid period responses reduced dramatically which meant that for the few teams collecting data, if people were not satisfied, due to the low numbers, this decreased the involvement score dramatically as shown in the paper and noted number of responses received has started to be included in the report to give the full picture.</p> <p>Appendix two shows a deep dive into primary care and can confirm that primary care have a robust process for the FFT with MD attending regular meetings with the Practice Managers to discuss the results.</p> <p>MC thanked MD for the very helpful report, noting the Quality Committee needed to challenge the organisation as this was a big feature of our work and the need to look at how we re-stimulate this over time. Noting the numbers are good and the committee wants to support MDs endeavours to ensure this is being done correctly throughout the organisation.</p>

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	<p>LP commented she felt that FFT has changed dramatically over the years, noting there is always more work to do around further engagements but looking at the transformation work, service user and carer engagement has been at the heart of this work and has stepped forward in terms of service user redesign with the help of MD and her team.</p>
14/21	<p>Annual Ligature Report</p> <p>LP explained the report went to EMT for the second time this Monday with them being generally satisfied with the report when it went first time but requested further information to be included in relation to the patient safety aspects that formed the Trust approach to ligature risk mitigations along with the audit work.</p> <p>LP explained that the Clinical Environmental Risk Group (CERG) has the responsibility for overseeing the work around the ligature anchor points. Due to covid the group has increased frequency of meetings, working on changes within the inpatient units on the mental health estate for areas such as changing rooms for PPE donning and doffing, cohort wards etc. The annual ligature audits were commenced back in April last year but these did get impacted upon due to covid. First rounds were completed then the CQC guidance reference paper was released asking everyone to look at risks at lower levels and review and consider a higher risk level.</p> <p>The other issue the CQC were raising was from inspections where they could see ligature point audits were taking place but then looking at Trusts capital programmes were these areas were not addressed and had sat on risk registers for a long term. LP felt we were not in that position and had good oversight on ligature anchor points through the work we have already done, but due to the updated guidance the audits were repeated and the lower risks have been re-rated at a higher level with the associated work programme included in the report. This has already been seen by the Capital Works Group with some of the work already completed. EMT want the full works to be completed as part of the annual works programme with capital funding already allocated.</p> <p>MC enquired how much allocation has been given; LP is confident this is the full amount but will check at the next Finance Committee.</p> <p>MS noted the timing issue mentioned verbally but not noted in the report and felt there needs to be very clear information on the timings, being mindful that the CQC requires NED awareness so it is very important the deep dive work is completed.</p> <p>MS questioned section two which refers to the national confidential enquiry into suicide and homicide between 2005 and 2015; the name changed to suicide and safety and he is concerned that we appear to be looking at data from these reports when newer reports have been issued and wondered if this could be updated. MS wanted to ensure the report was current. He thanked LP for providing the report showing progress has been made but wanted to ensure there is information regarding timings particularly with insight for the NEDs.</p> <p>MC commented on his surprise at the length of the list but was good to know the lower level of clarification.</p> <p>SM confirmed a very comprehensive report and was good to know the area is getting focus but did voice concern regarding clarity on how much we have committed and when the works will be completed. SM did note that following reading the reports she was not clear on the fundamentals as a NED chair felt confirmation on who is monitoring along with clarity on the main points would be useful as the NEDs now have a duty particularly to capital and are expected to know more detail than the list of the capital programmes.</p> <p>MC thanked LP for the thorough review which needs to be completed once a year, there is enhanced criteria for this and noted this is not a capital balancing factor but about patient safety.</p> <p>LP noted in terms of timing for the scheme to be completed, this should be ready to go to FIC and then can come back to the next Quality Committee with details.</p> <p>In terms of governance for this report, HG noted Michele Moran had requested this to be taken to the private part of the next board meeting to review as a collective.</p> <p>TF reported she is part of a national piece of work with the Mental Health Forum and the CQC to look at CQC guidance which is quite out of date and the shifting emphasis, that the physical built environment</p>

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	<p>will remain a focus but there is more emphasis on looking at the therapeutic environment and some of the technology solutions that might be available. This will be pulled together into guidance to work alongside the CQC guidance that is being actively contributed to.</p> <p>MC thanked for all the information noting this is a difficult area but we must do our best efforts to keep the safe environment.</p> <p>ACTION – LP to respond to queries raised in relation to available funding to support the work and to bring an update back on outcomes and trajectory (LP)</p>
15/21	<p>Quality Committee Risk Register summary</p> <p>HG presented the report to the committee noting 11 risks with a score of nine or above plus three risks from the Covid risk register specifically rated to quality. Since the last report there have been two risks closed, one being related to the CAMHS consultant as this risk is now financial and no longer quality related and the re-scoping of the risk around Hull learning disability focusing more now on the staffing.</p> <p>MC commented a good updated risk register</p> <p>DR enquired following the previous discussion, is there a need to add a ligature related risk onto the risk register particular if there is significant capital investment, the need to read across between spending money on appropriate risks and aligning within the risk register being useful, looking more at the collective issue rather than the individual risks. HG agreed.</p> <p>LP noted concern around the pressures around services particularly around children and young people having previous conversations around waiting times, now the expected increase in demand following the impact of covid, the impact of the schools being currently closed along with the issue domestic violence. This is being looked at across the system with an urgent meeting being called to look at the children and young people's pressures.</p> <p>MC noted the report, thanked everyone for the work and Oliver Sims for pulling the information together, along with the comments from HG and LP and the challenge from the NEDs.</p> <p>ACTIONS</p> <ul style="list-style-type: none"> • LP to review the risk in relation to service pressures for children and YP and update the risk register entry as appropriate • LP to review the risk register risk in relation to the anti-ligature work to ensure it reflects the findings in the annual report
16/21	<p>Policies for approval from QPaS</p> <p>Immunisation and Vaccination screening of staff policy (HR-045)</p> <p>HG explained this policy was approved at QPaS in December 2020. The policy has had an extensive refresh and has been reviewed by the HealthCare Acquired Infection Group including review by the microbiologist from York who sits on this group to ensure it is fit for purpose.</p> <p>MS noted that covid is not specifically mentioned within the policy. JB confirmed that currently covid is a one off vaccination programme but if this emerges to be an annual programme the policy will be updated. It was noted in terms of the policy, vaccination rates for flu over the last few years have increased from 30% up to around 75% this last year.</p> <p>The Quality Committee approved the policy for ratification by the Trust Board.</p>
17/21	<p>Quality and Patient Safety Group minutes</p> <p>The minutes were noted with no queries raised.</p> <p>HG commented that hopefully the Committee could see how the work from QPaS was pulling through into the Quality Committee. MC agreed.</p>
18/21	<p>Drugs and Therapeutics Group minutes</p> <p>The minutes were noted with no queries raised. JB confirmed he was happy with the 'business as usual' through the meeting.</p>
19/21	<p>Items Arising from the meeting requiring Communication, Escalation or Risk Register</p>

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	<p>consideration and any lessons learnt</p> <p>The following items were agreed for escalated:</p> <ul style="list-style-type: none">• The Autism Strategy was strongly commended to the Trust Board noting it to be very inspirational• The approval of the Immunisations and Vaccination screening for staff policy
20/21	<p>Any Other Business</p> <p>SM thanked MC for letting her join today's meeting noting a really beneficial meeting with valuable contributions from everyone, achieving a large and important agenda.</p> <p>MC commented on the series of good reports presented today and thanked everyone for a great meeting.</p>
21/21	<p>Date and time of next meeting</p> <p>The next meeting will be held on Wednesday 7th April 2021 at 9.30am via MS Teams. The meeting details will be updated nearer the meeting date.</p>

Agenda Item 13

Title & Date of Meeting:	Trust Board Public Meeting – Wednesday 28 April 2021			
Title of Report:	Charitable Funds Committee Assurance Report			
Author/s:	Name: Peter Baren Title: Non-Executive Director and stand in Chair of Charitable Funds Committee			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	<p>The Charitable Funds Committee (CFC) is one of the sub committees of the Trust Board.</p> <p>This paper includes details of the meeting held on 31 March 2021 and provides a summary of key points for the Board to note. The minutes of the meeting held on 19 January 2021 are also attached for information.</p>			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Assurance Report	√
Any Issues for Escalation to the Board:	No items were highlighted for escalation to the Board.			

Monitoring and assurance framework summary:

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

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

Key Issues:

A meeting of the Charitable Funds Committee (CFC) was held on 31 March 2021. The meeting was positive and well attended with good progress and assurance being made in this area.

Key Issues

The Committee:

- Noted Mike Smiths' declaration of interest that he chairs the Charitable Funds Committee meeting at The Rotherham NHS Foundation Trust.
- Approved the January 2021 CFC minutes (attached) as an accurate record.
- Noted the progress on the actions list and work plan.
- Noted the January Board Assurance Report.
- Discussed and noted the CFC ToR and requested some further changes, prior to final approval at the next CFC meeting on 18 May.
- Discussed the Review of Committee Effectiveness / Self-Assessment and requested some further changes, prior to submission to the Trust Board in May.
- Noted the 2021/22 Operating Plan KPI's Report and agreed to present the KPI's at the April Trust Board meeting.
- Noted that there is a need to focus/remain focused on the wider operating performance in May.
- Discussed the Bi-Annual Review of Board Update, and requested that it is reviewed as part of the review of the ToR, and the Review of Committee Effectiveness / Self-Assessment.
- Discussed the Whitby Garden and Landscaping Proposal and requested that a separate meeting is arranged to discuss this further. The Committee noted that there is a need to look at the bigger picture, rather than get into the operational detail, and see the direction of travel, with a view of approving that really important fundraising with regards to landscaping, which is already work in progress.
- Discussed and noted the good progress on the Finance and CoW report, and the extra Comms planned to take place in conjunction with the Health and Wellbeing Programme.
- Noted the BAME Wellbeing Project Progress Report.

Charitable Funds Committee
Minutes of the Charitable Funds Committee Meeting
Held on Tuesday 19 January 2021, 10.00am – 12.00pm, via Microsoft Teams

Present: Professor Mike Cooke, Non-Executive Director (Chair)
Peter Baren, Non-Executive Director
Peter Beckwith, Director of Finance
Steve McGowan, Director of Workforce and Organisational Development

In Attendance: Sharon Mays, Chair
Rachel Kirby, Communications & Marketing Manager
Victoria Winterton, Head of Smile Health
Kristina Poxon, Fundraising Manager
Kerrie Neilson, PA (minutes)

Apologies: Michele Moran, Chief Executive
Andy Barber, Hey Smile Foundation Chief Executive

It was declared that the meeting would be recorded for note taking purposes and the recording would be destroyed once the minutes have formally been approved by the Charitable Funds Committee at the next meeting on 24 March 2021.

01/21 **Declarations of Interest**

Professor Cooke declared that he is on the Board of Trustees at the Yorkshire Wildlife Trust (YWT).

02/21 **Minutes of the Meeting held on 3 November 2020**

The minutes of the meeting held on 3 November 2020 were agreed as a correct record.

03/21 **Action List, Matters Arising and Work Plan**

The actions list was discussed and the following was noted:

32/20 (a) Insight Report

Ms Poxon reported that the Humber Centre Shop proposal has been delayed slightly due to clinical pressures at the Humber Centre. It was noted that a meeting has been arranged with the Humber Centre for early February. Ms Poxon explained that the financial plans will be shared with Mr Beckwith and then shared with the Committee at the next meeting on 24 March.

Resolved: Ms Poxon agreed to review the Humber Centre Shop financial plans and send to Mr Beckwith for overview, prior to submission to the next meeting in March. **ACTION KP**

35/20 (b) Review of Health Stars Operational Plan/KPIs 2020/21

Ms Winterton confirmed that the formal proposal will be presented at the next meeting on 24 March. Professor Cooke reiterated that he would like to see some input from Natalie Belt and her team. Mr Beckwith advised that Mr Barber is meeting with the BCN, BCN leads and Natalie Belt in March.

Resolved: The updates were noted by the Committee and the action list will be updated accordingly.

04/21 **Monthly Board Assurance Report**

Professor Cooke presented the report that was presented to the November Trust Board. It was

noted that the Trust Board welcomed the report and are happy with the way that things are progressing. Professor Cooke formally thanked everyone for their hard work.

Professor Cooke requested that all of the following items are included in the next CFC Board Assurance Report.

The Committee:

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

Resolved: The report and verbal updates was noted by the Committee. It was noted that all of the above will be included in the January CFC Board Assurance Report and be sent to Professor Cooke for final approval by close of play on 19 January. **ACTION PBec/VW/KN/MC**

05/21

Insight Report

Ms Winterton presented the report that provided updates on topical issues. The following key updates was highlighted:

- Whitby Hospital Fundraising Appeal
- BAME Project
- NHS Charities Together Emergency Funding
- Christmas Hampers
- NHS Charities Together Stage 3 Update
- NHS Charities Together Stage 2 Update
- Humber Centre Shop

Ms Winterton provided an update on the Whitby Hospital Fundraising Appeal. It was noted that

that November and December were busy months for the Whitby Hospital Fundraising Appeal. The task and finish groups that were agreed all met for the first time. There are four task and finish groups, they focus on fundraising, artwork, signage and gardens. The notes from the meetings that took place are attached in Appendix A.

Ms Winterton informed the Committee that Jude Wakefield, Whitby Hospital Appeal Coordinator started with the Trust on Monday 4 January, and she is working part time, working Monday to Thursday 10.00am - 3.30pm. Professor Cooke invited Jude Wakefield to attend a future CFC meeting.

A first initial press release was sent last week with support from the Communications team, and we have now had reassurance from the Whitby Gazette that it will be in this week's newspaper. Ms Winterton also plans to do a second story in the next couple of weeks to encourage people to get involved in fundraising.

Mrs Mays reported that Doff Pollard is very excited and that Dean Royles (Non-Executive Director) is also going to dial into some of the groups, as it was noted he has got a strong connection to Whitby.

Professor Cooke welcomed questions or comments on Whitby. Mr Beckwith pointed out that we are engaging with the Whitby staff on how we enhance the staff health and wellbeing environment.

Ms Winterton asked if anyone on the Committee would be able to provide some support with the art work, if we need to bring anyone in. Professor Cooke agreed to provide some support and guidance. Professor Cooke pointed out that Lauren Saunders (Recovery College Practitioner) is a very good artist. Mrs Mays said she is also very happy to help, if needs be. Mrs Moran asked that she be kept in the loop in relation to the art work for political reasons.

Ms Winterton expressed her gratitude for the support with the Dementia Report and noted that it has really helped Health Stars identify lots of over and above areas where they can support and fundraise for.

Ms Winterton updated the Committee on the NHS Charities Together BAME Project. It was noted that Health Stars submitted an application for £50,000 to NHS Charities Together for a project to support the trusts and wider communities Black, Asian and Minority Ethnic population. The project kicked off at the end of November when Bibhash Dash started at HEY Smile Foundation in the role of BAME Wellbeing Coordinator.

Ms Winterton referred the Committee to Appendix B, the first project report of his Bibhash Dashes' work in the month of December. It includes a proposed name for the project, "The Dost Project" Dost is a work that translates to meaning friendship and has been very well received as the name for the project from those in the BAME community.

Professor Cooke welcomed views and comments on the BAME project. Professor Cooke said be mindful of the proposed name 'Dost' especially for those groups who are African Caribbean or from East European communities.

Ms Winterton went to update on the NHS Charities Together Emergency Funding. It was noted that in November, NHS Charities Together released another funding opportunity to NHS Charities specifically for those who have had a significant outbreak of Covid-19 among their patients in their hospitals. On the face of it, it appeared like a grant not aimed at Mental Health and Community NHS trusts. Particularly as at the time the Trust had 0 Covid-19 patients. However, we chose to apply for the fund anyway and instead gave evidence of how many of our staff had been impacted by Covid-19 and how this was affecting our services. We were very pleased to be successful in this application and received the £50,000 worth of grant funding.

We immediately put these funds to good use following on from the discussions with Charitable Funds Committee, our Executive Lead and CEO, and organised Christmas hampers for all staff.

An update was provided on the Christmas hampers. It was reported that 54 hampers was delivered in the week 14 – 18 December across 54 sites, covering all sites where staff are currently based including inpatient units, community sites and primary care. Professor Cooke asked both Mrs Moran and Mrs Mays if the Christmas hampers initiative went down well with the staff. It was noted it was a huge task and a huge success. Mrs Mays personally thanked Ms Poxon for her extremely hard work on the Christmas hampers.

Mr Baren made reference to the CAMHS Project. He asked if we could include an update on where we are at in terms of spending the £240k. Ms Winterton assured the Committee that she has been trying to progress that spending every month. Mrs Kirby advised that the Communications team are working with Health Stars on plans to mark the first year.

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

Mrs Mays noted that she would like to meet with Bibhash Dash. ACTION KN

Ms Winterton agreed to include an update on the CAMHS Project in terms of where we are at in spending the £240k. She also agreed to include an update about engaging with Whitby staff on how we enhance the staff health and wellbeing environment in the next report. Ms Winterton agreed to circulate a note following on from the artwork meeting at 12noon today. ACTION VW

06/21

CFC Finance Report and Circle of Wishes Update

Mr Beckwith introduced the report that highlighted the following key updates:

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

Mr Beckwith reported that there is a healthy balance within the charity at the present time. He noted that the work that has been done over the last couple of quarters in terms of moving some of the funds around, and been able to split between restricted and unrestricted has given us that clear visibility on the balances we have and how we can use them. It is really positive to note that most, if not all of the wishes were granted and he felt that given that we have been in lockdown for the last 10 months, it is really positive to see that we are still maintaining healthy balance and good levels of fundraising.

Ms Winterton updated on the Impact Appeal Ball fund that we have not received from Barclays and HEY Smile Foundation. It was noted that it is tied into the fact that we have not been able to spend some of the money that we are holding. Work is continuing and a more detailed update will be included in the next Insight Report.

Ms Winterton made reference to December's income and she confirmed that a grant has now been received from Starbucks for the amount of £2,100 and that is linked through the NHS Charities Together income.

Ms Winterton referred to a previous comment Mr Baren made in relation to the amount held in central charges. She added that work is continuing and the figures should be lower in the next report.

Professor Cooke welcomed comments. Mr Baren made reference to the general projects for example Pennies from Heaven and Staff Lottery. He asked if it is worth thinking about refreshing the communications on those. Ms Poxon provided reassurance and noted that she is currently working with the Lottery to redevelop our branding and then she will work with the Communications team and do a fresh launch on that.

Ms Poxon updated the Committee on the diverse but lovely wishes received, explaining that more of them relate to Covid and supporting the patients in new ways for example, catering equipment which has allowed staff to provide afternoon teas for patients that haven't been able to have visitors. It was noted that Health Stars have drafted a staff survey to try and raise the awareness of the charity.

Mrs Moran stated that it would be good to see a breakdown and outline of what units have had what over the last year in relation to wishes granted. That way we may be able to target those areas that need to access the funds a bit more.

Mr Baren made reference to the draft Business Plan for the new Alfred Bean Hospital (ABH) Mental Health Unit and noted that there is an element in there that suggests that the new facility would further generate charitable funds. He asked if anyone from Smile or if Kristina has had any involvement in that. Ms Winterton stated that she has not had any involvement and she is not sure if Mr Barber has. Professor Cooke asked Mr Beckwith and Lynn Parkinson to discuss ABH and creative funding.

Professor Cooke made reference to the restricted and unrestricted fund zones on Appendix B. He stated that the two largest fund zones are ABH and Bridlington and although there are some good plans coming in for Bridlington he asked that we be mindful of ABH and think on a bigger scale on how we would deploy that. Mr Beckwith discussed utilising the money to make the site a nicer environment for the staff.

Mrs Mays asked for clarity on what the Big Thank You Humber fund zone is. Ms Poxon stated that it is a general fund and can be accessed by anybody. It was noted the COVID funds and the Chief Executive Engagement fund zone sit within the Big Thank You fund zone as well.

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

Ms Winterton agreed to include an update on the money relating to the CAMHS and the Inspire work in the next report as well as the Impact Appeal Ball fund. ACTION VW

Mr Beckwith agreed to discuss ABH and creative funding with Lynn Parkinson. ACTION PB

07/21

Review Operations Plan/KPIs

Ms Winterton presented the report that reports against all of the previously agreed KPIs. It was noted the annual survey which is in red was delayed from last year. Health Stars will work with the Communications team and agree an appropriate time to get that distributed. Professor Cooke thanked Ms Winterton the update and welcomed comments from Committee members. Mr Beckwith drew attention to the fund raising operational expenditure and noted that it was slow in quarter 3, which was mostly driven by the low income in December and grants that need to be reassigned. Mr Beckwith then referred to the benchmarking for 2018/19 and he asked for an update on the most recent benchmarking and ensures that the focus remains against the ratio of funds to costs. Ms Winterton added that work is ongoing and a further update will be provided at the next meeting.

Professor Cooke thanked Ms Winterton for the update.

Resolved: The report and verbal updates was noted. Ms Winterton agreed to provide an update on most recent benchmarking at the next meeting. **ACTION VW/AB**

08/21

Risk Register

Ms Winterton presented the Committee with an updated risk register in relation to Health Stars and charitable funds.

The Committee discussed risk ID HS6, the long term effect coronavirus may have on the impact on the charity in relation to fundraising. Mrs Moran stated that this is a national issue and she emphasised the importance to maintain that momentum and said there is a need to think about

how we start to do a communications plan to get more funds in to Health Stars and do a bit of a charity push to draw funds in. Ms Winterton and Ms Kirby to put together an outline plan to move this forward.

Professor Cooke referred to risk ID HS4. He and the Committee members discussed this in more detail and it was noted that this is not as much of a concern and agreed to reduce the score to 5. Professor Cooke noted that the team is as strong as it has ever been.

Mr Baren stated that the overall target risk colour for risk ID HS2 should be colour coded green.

Professor Cooke asked Ms Winterton to be mindful of the risk of not being able to promote the charity post covid during 2021/22.

Resolved: The Committee noted the report and verbal updates.
Ms Winterton agreed to meet with Mr Barber and Mrs Kirby in relation to producing an outline plan for risk ID HS6 and bring it back to a future meeting for discussion. ACTION RK/AB/VW
Ms Winterton agreed to amend HS2 the overall target risk colour to green and have a further discussion with Oliver Simms. ACTION VW

09/21

Whitby Appeal Update

This item was covered within item 6 (Insight Report).

10/21

Items for Escalation or Inclusion on the Risk Register

No items were highlighted for escalation to the Board.

Resolved: The verbal update was noted by the Committee.

11/21

Any Other Business

Mrs Mays informed the Committee that she has recently become a Staff Wellbeing Guardian. Therefore, she is going to try and connect in to anything to do with staff health and wellbeing and understand the impact it has on patient care and staff.

Resolved: The verbal update was noted.

12/21

Date and Time of Next Meeting

Wednesday 24 March 2021, 10.00am – 12noon, via Microsoft Teams.

Signed:Chair: Mike Cooke

Date:

Agenda Item 14

Title & Date of Meeting:	Trust Board Public Meeting – 28 April 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 Thursday 25 March 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>	25 March 2021	
Key Issues within the report:	Identified in the report			

Monitoring and assurance framework summary:

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

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 25 March 2021:

NHS E Go Live Preparation Meetings

The commissioning team continue to meet monthly with NHS E to discuss our readiness and preparation for Go Live as a Provider Collaborative. NHS E/I are confident in our progress re engagement, clinical models, and overall business readiness, the outstanding issues remains the financial gap identified.

The commissioning team have attended three end of year provider contract and performance meetings which have been led by NHS E/I; these meetings have provided 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. To date no specific issues have been identified as a concern during these end of year contract review meetings.

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 is ongoing and the committee was advised that one of the providers within the collaborative who has a CQC rating of requires improvement has moved premises and undertaken considerable work to improve overall quality of service delivery; NHS E/I remain the lead for quality assurance until Go Live.

The commissioning team are out to recruitment for a new Quality and Governance Lead, we have commenced discussion with North East Commissioning Support Unit (NECs) to ensure we have adequate support prior to and post Go Live so that we are able to safely fulfil all our Quality Assurance responsibilities as a Provider Collaborative.

Partnership Agreement

The Partnership Agreement is currently in draft and work is ongoing led by Hill Dickinson solicitors. A final draft will be ready for circulation to the Commissioning Committee 16 April 2021. The financial risk and gain share workshop will be 21 May and will involve only those providers identified as being party to the financial risk and gain share.

Go Live Date

Go Live date of 1 July 2021 has been confirmed with NHS E/ I and the commissioning team are continuing to work at pace to ensure readiness smooth transition of commissioning responsibility from NHS E/I to the Provider Collaborative on 1 July 2021.

Agenda Item 15

Title & Date of Meeting:	Trust Board Public Meeting – 28 th April 2021			
Title of Report:	Covid-19 Response – Summary Update April 2021			
Author/s:	Name: Lynn Parkinson Title: Deputy Chief Executive & 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 which has most recently been set out in the NHS Priorities and Operational Planning Guidance 2021/2022 which was published on 25 th March 2021.			
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 operational pressures, 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 the recovery and restore phases of the pandemic.			

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

Covid-19 Summary Update – April 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 were 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.

On the 25th March 2021 the NHS Priorities and Operational Planning Guidance 2021/2022 was published. The key priorities set out are:

- Supporting the health and wellbeing of staff and taking action on recruitment and retention.
- Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19.
- Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services.
- Expanding primary care capacity to improve access, local health outcomes and address health inequalities.
- Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay.
- Working collaboratively across systems to deliver on these priorities.

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

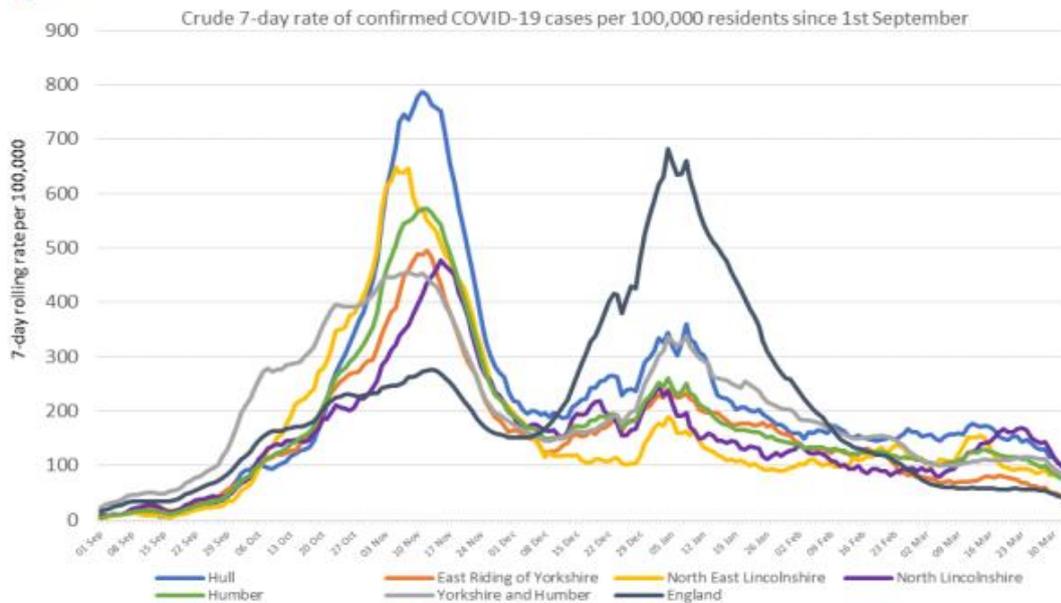
As of the 15th April 2021 the confirmed cases of Covid-19 for Yorkshire and the Humber are:

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 (6 April – 12 April)	7 day rate per 100,000 for 7 days previous* (12 April)
East Riding of Yorkshire	139	40.7
Hull	175	67.4
North East Lincolnshire	74	46.4
North Lincolnshire	129	74.9
Yorkshire and Humber	3,286	59.7
England	15,779	28.0
Source: PHE Daily Briefing		
<i>*Test results are updated every day and so rates are liable to change.</i>		

For the same period the 7 day rate for 100,000 population for Scarborough is 22.0, for Ryedale is 29.0 and Hambleton is 9.0.

As of 15th April 2021, there have been 1,331 hospital deaths due to COVID-19 across the Humber area. This includes 853 deaths registered by HUTH, 450 deaths registered by NLAG, 26 deaths registered by CHCP (East Riding Community Hospital) and 2 death registered by HTFT. York Teaching Hospitals NHS Trust recorded 588 deaths over the same period.

Figure 6



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, this was downgraded to Level 3 on 25th March 2021 due to hospital admissions and the number of deaths reducing. The Trust continues to maintain business continuity and EPRR command arrangements. The arrangements are being kept under continual review by Gold and Tactical Silver command. Sitrep reporting remains in place and has been provided to Gold command daily during the emergency and recently reduced to twice weekly as the impact of the emergency has stabilised. The frequency of our bronze and silver command sitrep meetings are kept under continual review.

Operational service pressures remained high in some areas in March and April 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 due to high demand from the acute hospitals for discharges to be supported 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 are also continuing to experience 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 March and April.

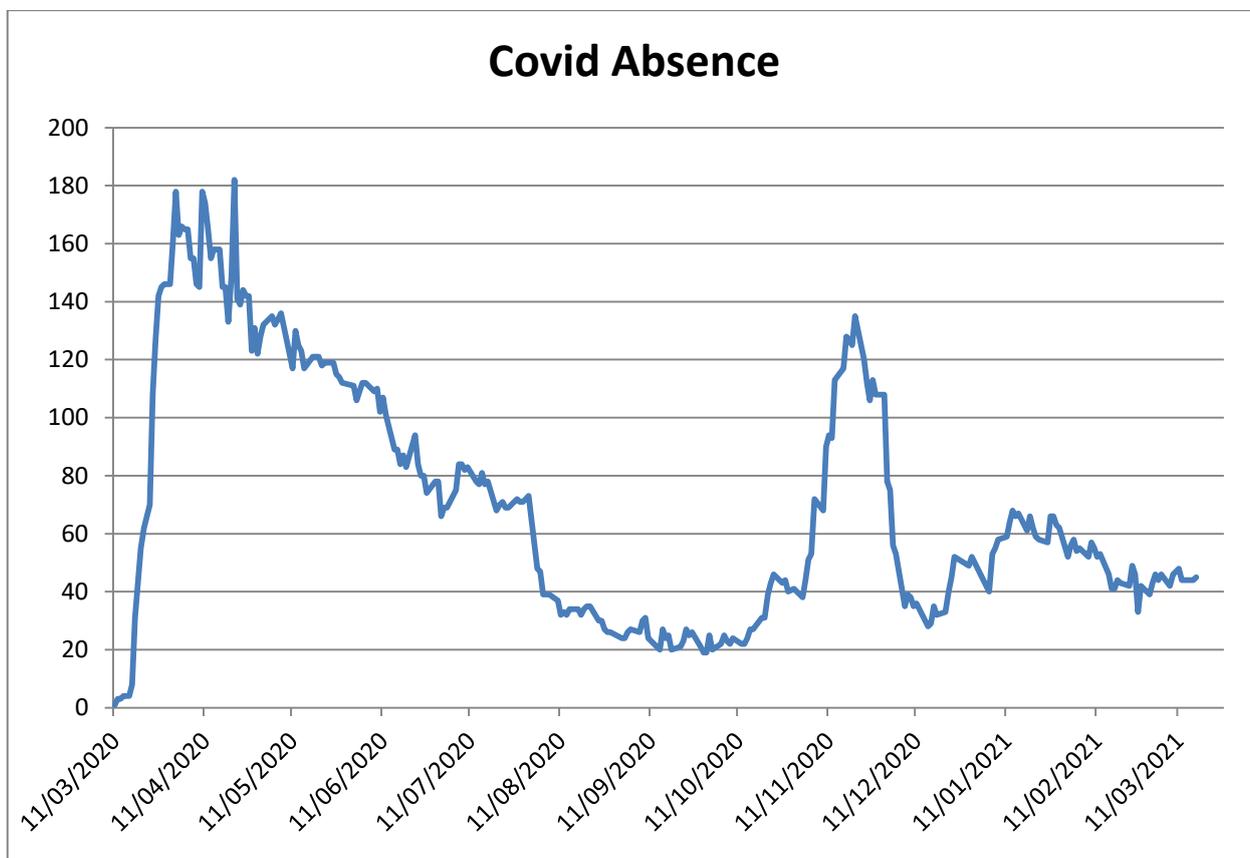
CAMH's services are continuing to experience increased demand for both community and inpatient services, this is in line with the nationally anticipated surge due to the direct impact of the pandemic on children, young people and their families. To address this rise in demand, capacity has been enhanced 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. We are working closely with all system partners to address this need. The community service in the East Riding of Yorkshire is continuing to experience 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 in April (this has been slightly delayed due to staff availability) 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 continues to need 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 the new capital scheme at Maister Lodge is progressing and will provide up to five new functional older peoples beds from early summer 2021. The new day treatment services continues to be effective at avoiding admission for some older people. Our overall bed occupancy has remained above its usual level in March and April with the pressures especially high for mental health beds and our community beds at Malton and Whitby Hospitals, it has been between 75-82%, use of out of area mental health beds increased slightly in March compared with the previous month. 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 March and early April, currently we do not have any patients 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 has been reduced at Mill View Court with the ability to reinstate them should numbers rise again. This therefore has increased the number of non-covid beds available and will support the reduction of our reliance on out of area mental health beds.

Our surge plan remains 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 March and early April 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 any absence due to child care requirements, our business continuity plans remain robust. Sickness absence is monitored daily across all of our services.

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

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

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 March and early April with a reduced number of beds due to the reduction in need for them. Isolation beds remain available on Darley ward at the Humber Centre but have not been required during March and early April. 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 in place for all secondary school pupils. Asymptomatic testing has also now been made available to the wider population.

Lateral Flow (asymptomatic staff testing)

The Trust continues to encourage all staff to undertake twice weekly Lateral Flow Antigen Testing which detects the presence of the COVID-19 viral antigen from a swab sample. 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. Whilst there had been a great enthusiasm and take up of the kits, since undertaking the covid vaccine programme there has been some reduction in staff submitting and recording their results. 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 44,420 tests have been reported since December with 57 positive results which have been followed up by PCR tests and normal Infection control procedures. This data is reported 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.

LAMP (loop-mediated isothermal amplification) tests are increasing being utilised by NHS Trusts to replace lateral flow testing, this test is considered to be more effective in detecting coronavirus in asymptomatic staff. It has the benefit of requiring staff to undertake it once per week and is less invasive than a swab test, however the test needs to be undertaken by a lab with the result being returned within 24 hours. The Trust is currently considering how this test should be deployed.

4. Covid-19 Vaccine

The Trust vaccination centre at Willerby Hill has continued to operate either as a Hospital Hub or a Primary Care Network Site (Harthill PCN). 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 the 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, Gold command and our Quality Committee, it demonstrates a very good level of assurance.

Gold command has retained 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 has been overseen by the SRO through twice weekly planning meetings. Our programme to complete 2nd dose appointments for the cohort of 12,000 people we vaccinated for first doses has now been completed.

The uptake for the 2nd dose has been around 85% of all Trust staff 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 but is improving. One of the challenges that continues is 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.

Feedback from staff (Qualitative and Quantitative) has continued to be 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 continued to be carried out in line with the JCVI priorities. As the 2nd dose of the vaccine has now been delivered our vaccination centre at Willerby Hill will stand down as a Hospital Hub but will continue to be utilised by Harthill PCN for the remaining JCVI cohorts.

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. A programme of works is currently being undertaken to install mechanical ventilation in those clinical areas that have been identified as requiring it. Risk assessments and mitigating actions were already in place in those areas prior to the work commencing.

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 fortnightly 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 also 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 in some areas service demand and operational pressures remain very high, they 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 rise has been seen in numbers of referrals to our occupational health department for staff experiencing stress and anxiety. Staff continue to have access to our psychologists for support and the Trust continues to 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, this service has now commenced and is providing 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 March, 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, 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.

Shielding guidance issued as part of the latest national lockdown restrictions ceased the requirement for shielding from 1st April 2020, therefore managers have reviewed the work arrangements and support needed for their staff to ensure that the appropriate amended arrangements are in place to support them to return to work.

Support has been put in place for our staff who are experiencing long covid and this has been 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 has been 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 March and April the group has continued to focus on:

- Continuing to ensure that our covid related changes and interventions do not increase restrictive practices.
- Considering the government "roadmap out of lockdown" and 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 ongoing impact of Covid-19.

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 meeting the NHS operational planning guidelines priorities. 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 mental health demand and need, initially this is focussed on supporting frontline health and social care staff. Focus continues to be 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. Whilst demands remain very high and bed availability has been depleted due to Covid-19 safe working and infection control requirements the overall national position has improved slightly during March and April and fewer young people are waiting for beds.

The NHS Priorities and Operational Planning Guidance 2021/2022 published on 25th March sets out the following priorities:

- Supporting the health and wellbeing of staff and taking action on recruitment and retention.
- Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19.
- Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services.
- Expanding primary care capacity to improve access, local health outcomes and address health inequalities.
- Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay.
- Working collaboratively across systems to deliver on these priorities.

A number of submissions are now required by the Trust to set out the workforce, financial and activity projections for 2021/2022 to demonstrate how the requirements in the guidance will be

met.

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 15

Title & Date of Meeting:	Trust Board Public Meeting – 28 April 2021			
Title of Report:	Emergency Preparedness, Resilience and Response (EPRR) Annual Report			
Author/s:	Name: Lynn Parkinson/Lisa James Title: Accountable Emergency Officer/EPRR Manager			
Recommendation:	To approve		To receive & note	X
	For information		To ratify	
Purpose of Paper:	To provide an overview of the EPRR programme and activities over the last 12 months and demonstrate the Trusts compliance with the NHSEI core standards			
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	March 2021
	Mental Health Legislation Committee		Operational Delivery Group	16.03.21
	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>	The attached annual report provides the Trust Board with assurance that the Trust has met the EPRR duties and obligations as set out in the Health and Social Care Act (2012) as a responder during the period 1 st April 2020 to 31 st March 2021. The report provides an overview of EPRR activities including its response to the Covid19 pandemic and sets out EPRR priorities for 2021/22			

Monitoring and assurance framework summary:

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

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

Emergency Preparedness, Resilience and Response

Annual Report to the Trust Board

1st April 2020 – 31st March 2021



FOREWORD

2020/21 has been the most challenging year for the NHS facing an unprecedented incident response to the Covid19 pandemic. Our response as a Trust has been considerable not only in the demands it has placed on our frontline services and organisation as a whole but across the entire health and social care system. On 31st December 2019 the World Health Organisation (WHO) was informed of a cluster of cases of an unknown cause in Wuhan, Hubei Province China, 12 days later it was announced that they had confirmed a novel coronavirus. The WHO subsequently declared a Public Health Emergency of International Concern (PHEIC) on 30th January 2020. Following this declaration, the first positive cases were identified in the North East and Yorkshire region and the death of the first British national in Wuhan at the end of February invoked the initial stages of our response to a critical incident, working alongside the Infection Prevention Control Team. On the 5th March the UK had over 100 positive cases and its first fatality which coincided with the standing up formally of the Coronavirus Incident Coordination Group, later to be transitioned into more formal EPRR command and control arrangements as a level 4 National Emergency was announced on the 10th March 2020. The alert level was down graded to a level 3 National Emergency on 25th March 2021.

Under the Civil Contingencies Act (2004), NHS organisations and providers of NHS funded care must evidence that they can plan for and deal with a wide range of incidents and emergencies that could affect health or patient care. All NHS funded organisations must meet the requirements of the Civil Contingencies Act (2004), Health and Social Care Act (2012), NHS England Command and Control Framework and NHS Business Continuity Management Framework. It is for these reasons that Humber Teaching NHS Foundation Trust continues to drive improvement within its EPRR agenda.

Throughout the year the Emergency Planning Team has assessed risk, worked collaboratively with key stakeholders, partners, managers and clinicians in order to ensure that the Trust has been able to provide an effective, resilient and coordinated response to the demands that the Covid19 pandemic has elicited. Command and control arrangements continue to be maintained for as long as the national alert level remains high and the NHSEI national teams mandate it. When arrangements step down and the possibility of returning to business as usual becomes apparent the process of retrospective look back and lessons learned will ensue, this will inform the improvements to all EPRR processes and plans required.

I am pleased to present the EPRR 2020-21 Annual Report which identifies the work undertaken to address key priorities, identifies Trust compliance with statutory duties and acknowledges its achievements over the last twelve months in these unprecedented times.

Lynn Parkinson

Deputy Chief Executive, Chief Operating Officer and Accountable Emergency Officer

1. Background

NHS Organisations and providers of NHS Funded care must evidence that they can deal with major incidents or emergency disruptions whilst maintaining services to patients. This is commonly known within the NHS as Emergency Preparedness, Resilience and Response (EPRR).

Humber Teaching NHS Foundation Trust must ensure consistent delivery of high quality safe care to patients through resilience, planning and preparation. Robust arrangements must also be in place to continue to deliver this level of care when unexpected incidents occur or at times of great pressure.

The Trusts response to emergency situations has been significant over the last 12 months in managing the Covid19 response.

2. Purpose

This Annual Report provides the Trust Board with assurance that the Trust has met the EPRR duties and obligations as set out in the Health and Social Care Act (2012) as a responder during the period 1st April 2020 to 31st March 2021. Although this report provides an overview of EPRR activities over the last 12 months and has set out some EPRR priorities for the next 12 months there will be a period of review and reflection as we begin to return to our business as usual which will support the priorities for 2021/22.

3. Statutory Framework and National Policy Drivers

Under the Civil Contingencies Act (2004) the Trust is not categorised as a responder, it does not have an Emergency Department and is therefore not subject to the Act however; there is an expectation under the Health and Social Care Act (2012) that the Trust prepares and responds as though it were.

The Acts are accompanied by other requirements such as the NHS Standard Contract, NHS England Core Standards for EPRR, the national EPRR Framework (2015) and NHS Business Continuity Management Framework.

The strategic national EPRR Framework contains principles for health emergency planning for the NHS in England at all levels including NHS provider organisations, providers of NHS funded care, clinical commissioning groups (CCGs), general practices and other primary/community care organisations.

The NHS England Core Standards for EPRR requires an annual report to the Trust Board and provides the minimum standards which NHS organisations and providers of NHS funded care must meet. The Trust undertakes an annual self-assessment against the core standards relating to its services and provides assurance to NHS England that robust and resilient EPRR arrangements are established and maintained within the Trust.

4. Accountable Emergency Officer

The Chief Operating Officer is the designated Accountable Emergency Officer with responsibility for EPRR in the Trust. The Chief Operating Officer delegates responsibility to the Deputy Chief Operating Officer/Head of EPRR in order to ensure that all legislative requirements and responsibilities are delivered with the support of the EPRR Team. The Trust also has a lead non-executive director for EPRR.

5. Emergency Preparedness, Resilience and Response Discharge of Responsibilities in 2020/21

5.1 EPRR Assurance Process

Each year Trusts are asked to assess overall whether they are 'full', 'substantial', 'partial' or 'non-compliant' with the 54 core standards and the additional deep dive element. In 2020 due to the pressures of the Covid19 pandemic the annual notification for the assurance process came much later from the regional teams and when it did it had been recognised nationally that the process to self-assess in the usual way would not be possible, therefore, a 'light touch' approach was asked of organisations in the form of re-visiting the previous year's submission and updating the outstanding actions. The reviewed standards were then included as part of the CEOs briefing report on 28th October 2020 and submitted to NHSEI on 29th October 2020 with the actions updated.

2019/20 Submission

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	6	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	13	13	0	0
Command and control	2	1	1	0
Training and exercising	3	1	2	0
Response	5	5	0	0
Warning and informing	3	3	0	0
Cooperation	4	4	0	0
Business Continuity	9	9	0	0
CBRN	7	7	0	0
Total	54	51	3	0

Deep Dive	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Severe Weather response	15	12	3	0
Long Term adaptation planning	5	0	5	0

Overall assessment:	Substantially compliant
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2020/21 Updated submission- with improvement highlighted

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	6	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	13	13	0	0
Command and control	2	2	0	0
Training and exercising	3	3	0	0
Response	5	5	0	0
Warning and informing	3	3	0	0
Cooperation	4	4	0	0
Business Continuity	9	9	0	0
CBRN	7	7	0	0
Total	54	54	0	0

Deep Dive	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Severe Weather response	15	13	2	0
Long Term adaptation planning	5	3	2	0
Total	20	16	4	0
Overall assessment:	Fully compliant			

Improvement from the 'substantial' core compliance to 'full' compliance is a result of on call teams undertaking Joint Decision Model training during August and September 2020 as well as the testing and application of command and control arrangements during the Covid19 pandemic.

The deep dive component of severe weather and long term adaptation has improved from eight partially compliant standards to just four standards that are outstanding as partially compliant.

5.2 Risk Assessment

The Trust has an EPRR risk register which is reviewed quarterly with the Trust risk manager; entries onto the risk register are also aligned with the Humber Local Resilience Forum community risk register.

Assessing the potential risk of emergencies occurring and using this knowledge to inform contingency planning is a key duty of responders and therefore the Trust must have suitable plans which set out how it intends to respond to and recover from major incidents and emergencies as identified in the local and community risk registers.

5.3 Partnership Working

The Trust is represented at health and multi-agency emergency preparedness groups within the Yorkshire and Humber area and has been working collaboratively with these agencies throughout the Covid19 pandemic to support coordination and information sharing. There has been a significant demand on organisations to attend frequent national and regional NHSEI calls during the Covid19 pandemic and we have ensured that appropriate representation from the Trust has been available for all of these. Similarly, we have had senior executive representation and input into the LRF Strategic Coordination Group and LRF Health Cell, and EPRR representation into the Tactical Coordination Group; these groups also provide a valuable platform in terms of communication, planning and sharing learning from events and incidents.

Groups attended virtually over the last year include:

- Humber Local Resilience Forums (multi-agency)
- North of England Mental Health Forum EPRR Leads
- Yorkshire and Humber Regional Covid19 EPRR Catch Ups
- Hull and ER Covid19 System Calls
- Hull and ER Covid19 Testing Working Group
- North Yorkshire and York System Calls
- North Yorkshire and York EPRR Command Arrangements
- Humber LRF Health Cell
- Weekly ICC Catch Ups
- EU Exit Workshops
- Weekly EU Exit/Covid19 Keith Willett Webinars and other national NHS forums

The Trust works closely with the lead Clinical Commissioning Groups (CCGs) for winter and surge planning and regularly responds to requests for assurance on its ability to deliver operationally during times of increasing pressure in the health system, supporting patient flow and the planning for bank holidays/events. The Trust has also revised its Operational Escalation Levels (OPEL) in line with all local system partners to ensure consistency of reporting and continues to submit daily situation reports until further notice. We have also worked with our MH partners to agree a system surge approach and will continue to improve on the system escalation and monitoring mechanisms as we build in strength as an ICS.

5.4 Training, Exercising and Testing

A key element of EPRR is the ability for the organisation and its staff to respond positively to incidents and emergencies. The last 12 months during the Covid19 pandemic has enabled all services to test their business continuity plans, for command and control to be established and tested, loggists to be deployed and communication flows established. Joint Decision Model Training has also been delivered in August to on call directors and managers facilitated by a trainer from Yorkshire Ambulance Trust, command and control training will be delivered in April by Talos Consultancy to a cohort of on call managers organised by NHSEI. Communication tests have continued to take place throughout the pandemic and a fire simulation and desktop exercise with Secure Services is already well into the planning stages for this year. Further tests

of Business Continuity Plans and small exercises will be carried out during the course of the next 12 months as we begin to return to our core EPRR business activity.

5.5 Responding to external influences

EU Exit

In preparation for the EU Exit a working group chaired by the Director of Finance as SRO was established and this group continued to meet during the transition period.

National guidance specified that there would be seven key risks to the NHS and the Trust EU Exit Business Continuity Plan development was based on these. National communications for each Trust continued to come via EPRR and a general EU Exit mailbox was assigned to manage these. During the Covid19 pandemic the national EPRR team notified all organisations that they would be converging all information into one single point of contact to manage the flow and determined this would be the designated Covid19 mailboxes. The team has continued to monitor communications; however, as a trade deal was agreed on the 24th December 2020 there has been no recognised adverse impact on the Trust so far and communications have been minimal.

COVID-19

As early as January 2020 EPRR leads across the country began to assess the risk of the Coronavirus epidemic identified in Wuhan province moving to the UK. In assessing this risk, the EPRR team proactively engaged with the Infection Prevention Control Team to manage the daily guidance received from the national and regional EPRR teams outlining the measures organisations needed to put in place to mitigate the risk of Covid19 transmission. This risk eventually became a reality at the end of February and the Trust convened a Coronavirus Coordination Group on the 5th March. At an Executive Management Team Covid19 meeting on 16th March the enormity of the emerging situation was recognised and it was agreed that the Trust would formally implement its command and control structure to manage the situation.

Command and Control

Strategic Gold Command, Tactical Silver Command, and Silver Operational Command were established with additional Bronze Commands convened in each Division headed by their General Managers (Appendix 1). The Incident Control Team members were also established and the incident room was fully mobilised in the Trust Headquarters conference room. Loggists and note takers were also identified to support the command structure. The frequency of the command structure has been scaled up and down over the last 12 months in response to the demands of the pandemic and the incident room team members have maintained cover on a 7 days a week, 8am – 8pm rota basis in line with the North East and Yorkshire Region Joint Regional Operations Centre (JROC) requirements. This continues to be in place for as long as the NHS alert level remains high and NHSEI mandate it. In September 2020 a Winter Planning paper to the Trust Board brought together the Covid- 19 complexities and winter pressures into one place, to enable an overview of the realities and challenges the command structure was revised to include and oversee winter planning. As the Trust moved into remote working to ensure social distancing and also to adhere to Government lockdown requirements in March 2020 the use of Skype became the digital means to ensure that the command structure was

maintained, eventually moving onto a more permanent MS Teams arrangement. During this transition to a more remote way of working the EPRR team moved from manually logging to formally recording meetings to act as a digital log. All digital information is stored on the Trust IT system and we are seeking a solution for these to be stored for as long as is required. Currently the NHS requirement is for 30 years post incident.

Staggered Debriefs

In normal circumstances most incidents come to a finite point enabling the process of debriefing to begin after the recovery period starts. In this case the pandemic offers no natural conclusion, therefore a different approach to the usual debrief process has been taken. As part of the look back and learning from Phase 1 of the Covid19 response the EPRR team have and continue to do staggered debriefs using data capture forms. These consist of a series of questions under various headings relating to the Trusts response over an identified period of time. The questions are selected to capture good practice, lessons learned and to identify common themes, the outputs from these at each stage ensure that the Trust does not miss an opportunity to improve and implement some of the good practice identified. The information will also be used to support the Trusts service plans, EPRR programme including the Covid19 post incident report and support regional and national learning. Some examples of these are:

- The demand for information on staffing figures was difficult to supply initially however this is now captured via the Trust ESR system and its reporting capability is being maintained going forward
- Moving to remote working for staff worked well and has been maintained, MS teams being the digital solution
- New forums established to make clinical; ethical, risk decisions which will be linked into existing governance i.e. the Clinical Advisory Group
- Clear guidance produced for staff on the use and ordering of PPE and the PPE store being established

Recovery

There will come a time when the immediate response is at an end and the recovery phase will begin although planning for recovery has commenced. Recovery should be part of day to day emergency management and the aim is to reach a point where additional demands on services have been reduced to the level at which they were before. Although the Covid19 vaccination programme is well underway the NHS is was still in Level 4 incident response until 25th March 2021 when it was reduced to a Level 3, however the Trust had already considered how to return services back to business as usual in what will be considered a 'new' normal managing alongside Covid19. The Trust will continue to undertake recovery coordination through the command structure accountable to Gold Command during the response period and later to the Accountable Emergency Officer.

5.6 Business Continuity Management

It had been the intention to rollout a revised template for the Business Continuity Plans last year however; this was superseded by the need for services to deploy them in the initial stages of the pandemic. These have continued to be updated throughout the year particularly with the onset of winter and with the demands that the pandemic has brought to the fore. It has to be noted however, and has been recognised nationally that BC Plans are there to manage short term disruption to services and are not designed for a sustained level of disruption as has been the case with the Covid19 pandemic. With this in mind when returning to business as usual the process of revising the BC Plan template will continue.

In support of the Trusts business continuity plans, the Trust has a robust on-call manager and director rota system and this is managed by the EPRR team. The on call manager rotas are coordinated centrally by the EPRR Admin with weekend on call information being shared with HUTHT operations and the CCGs.

The EPRR team also continues to collate and publish a weekend clinical capacity and contingency plan that incorporates key service information from all areas of the Trust which supports the on-call managers and directors with any issues that may arise during their on-call duty. Similarly bank holidays are managed with the production of a specific bank holiday plan which covers the period before, during and after the bank holiday and again includes key service information from all areas of the Trust.

Comprehensive and up to date on-call packs provide a range of information, policies, maps and procedures to support the on-call teams and this is centralised area on the V drive for electronic access. This has also been provided to the on call directors to assist them should they require it.

5.7 Emergency Preparedness Plans

The EPRR Team continues to develop, update and improve trust-wide resilience plans in alignment with updated national risk registers, local risk registers, national guidance, and learning from incidents, events, exercises and in response to new emerging specific threats or hazards. It is on our EPRR programme for 2021 to revisit and revise all of our plans including the Major Incident Plan as a result of the lessons learned from the Covid19 pandemic.

6. Assurance and Governance Arrangements

6.1 Internal Audit

A Disaster Recovery Business Continuity Audit was undertaken in 2018 on a number of services to review local procedures and processes within their Business Continuity Plans. The EPRR team responded to the recommendations and undertook a review of all Business Continuity Plans applying a greater level of scrutiny to ensure that amendments and improvements were implemented. A re-audit took place in January 2020 with the final audit report identifying 'Significant Assurance'.

The Trusts EPRR NHSE Core Standards submission was the subject of an audit in December 2019 which identified a small number of recommendations. These have all been addressed with the final recommendation being completed in February 2021.

6.2 Local Health Resilience Partnership (LHRP) and Local Resilience Forums (LRF)

The LHRP for the North East and Yorkshire area provides additional governance in terms of reviewing the Trusts submission of its EPRR core standards and its self-assessment. The LHRP is chaired jointly by the Director of PHE and NHSEI and attended by Accountable Emergency Officers or director equivalent for at least 75% of the meetings if it is to meet the core standard requirement. All meetings scheduled for last year were stood down as a result of the Covid19 pandemic however, it has been suggested that these could be reinstated from May 2021.

The LRF is a multi-agency partnership made up of representatives from local category 1 and 2 responder organisations including the NHS. They work collaboratively with the LHRP for their respective areas. Whilst NHSE would usually be expected to represent non Category 1 and Category 2 health organisations such as ourselves at LRF meetings, in the Humber region the LRF actively welcomes other organisations to participate, however, other LRF areas such as North Yorkshire have opted to stay within the designated membership outlined in the Civil Contingencies Act and so we are reliant on regional NHSEI colleagues to feedback any service relevant issues or information

7. Conclusion and EPRR Priorities for 2020/21 for Emergency Planning, Response and Resilience

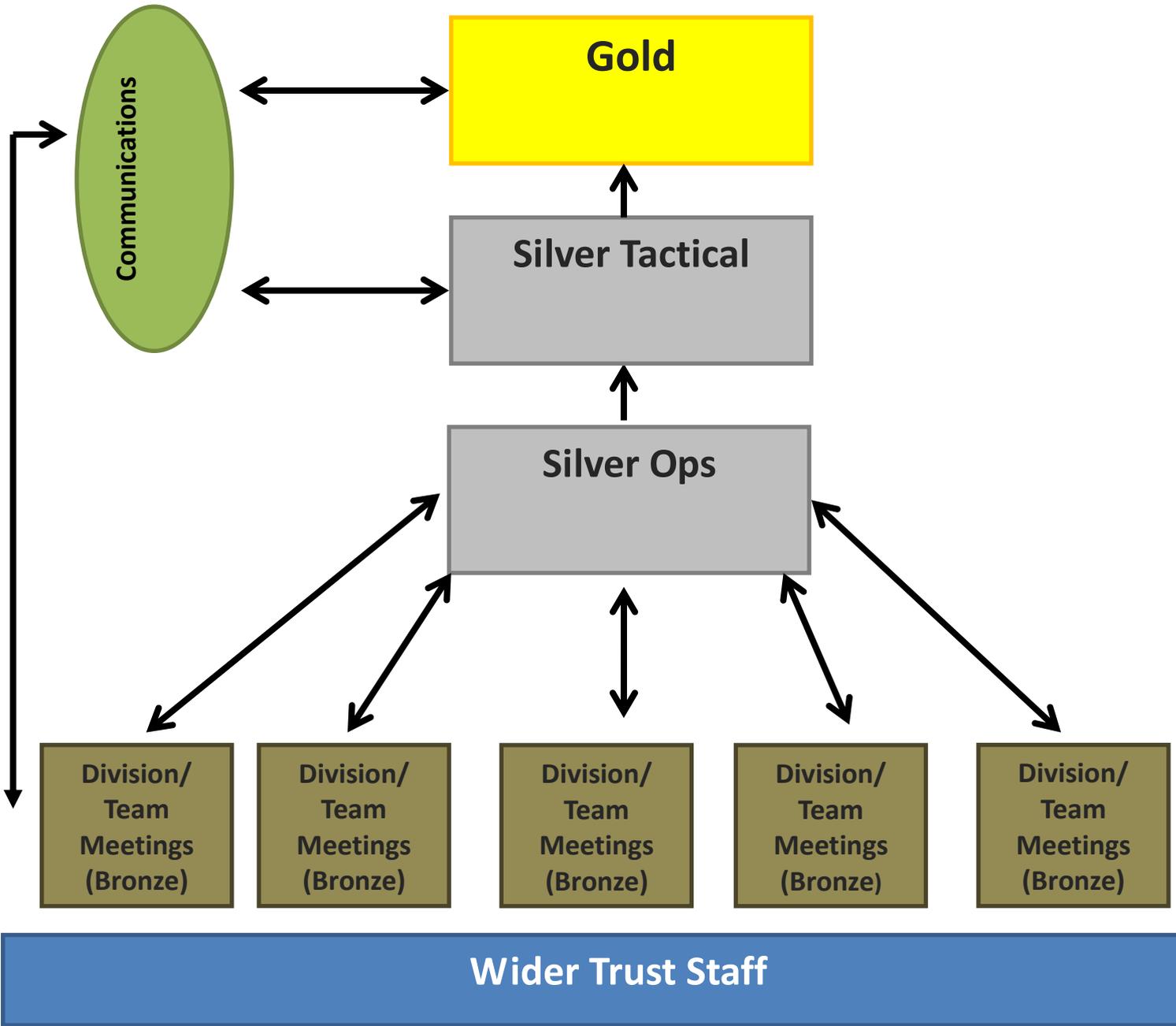
2020/21 has been a phenomenal year for Humber Teaching NHS Foundation Trust in terms of EPRR response. The EPRR team is small but they have worked tirelessly to meet the demands that the pandemic has generated continuing to do so for as long as required. Alongside the obvious demands the team has ensured that on call rotas have been managed, weekend and bank holiday plans have been distributed, system assurance deadlines have been met, flooding and severe weather has been accounted for, training has continued and a programme of work for 2021 has been planned.

As new guidance is developed, introduced and learning from each response is collated the teams key priorities for the 2020/21 are as detailed below:

- Maintain the level of compliance against the NHS England Core Standards through work programmes that address the Trust's improvement requirements and continue to strive to improve on those areas currently achieving partial compliance in order to bring them up to full.
- Ensure the updating of the Trust's suite of plans, including the Major Incident Plan, policies and procedures in order to ensure that they reflect national guidance; best practice and learning from live and test situations such as Covid19.

- Improve care and service safety, resilience and response through a programme of EPRR training, testing and learning from incidents internally and through networks and partners.
- Further embed the importance of Business Continuity Plans with operational services by delivering support and training and ensure an evidence based approach is taken.
- Continue to improve on the system and monitoring mechanisms with our MH partners

Appendix 1 – Command and Control Structure



Agenda Item 17

Title & Date of Meeting:	Trust Board Public Meeting - 28 th April 2021			
Title of Report:	Humber Autism Strategic Framework			
Author/s:	Clarissa Thompson, Autism Access Lead Trish Bailey, Divisional Clinical Lead, Children and LD Services			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	For the Board to note the Autism Strategic Framework which was approved by the Quality Committee at its meeting in February 2021.			
Governance:		Date		Date
	Quality & Patient Safety Group	Jan 21	Clinical Network	8/12/20
			Childrens	14/12/20
			Secure Services	06/01/21
		Mental Health	15/01/21	
		Learning Disabilities		
		Electronically shared with ISPHNS, community and primary care division	24/11/21	
EMT	Jan 21	Children autism Assessment team	Jan 21	
Quality Committee	Feb 21	Adults Autism Assessment team	Jan 21	
Key Issues within the report:	<p>The first strategic framework for autism has been produced in consultation with staff, patients, carers and experts by experience which aims to deliver excellence in care for autism, and was developed alongside a service improvement project reviewing health services for autistic people across Hull and East Riding.</p> <p>The framework applies to all services with expectation that all divisions will develop plans to take forward aspects that are relevant to their services included in their specific quality improvement plans</p> <p>The framework covers the many descriptors of autism including autistic spectrum disorder, autistic spectrum condition, Kanner's syndrome, Asperger's syndrome high functioning autism, Rett syndrome, childhood disintegrative disorder, Pervasive Development Disorder Not Otherwise Specified (PDD-NOS) and neurodiversity, in line with the terminology used in the International Classification of Diseases 11th Edition (ICD-11). This strategic framework also adopts identity first language when describing autistic people in acknowledgment that autism is part of an individual's</p>			

	<p>identity</p> <p>The strategic framework sits as part of suite of strategies and work programmes which together enable will out aspirations to be a provider of outstanding care</p> <p>Recognising that knowledge and understanding about autism is an evolving field, to ensure this framework remains current it will be reviewed on an annual basis to ensure the most recent legislation and evidence bases are utilised in meeting the objectives</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>				
√ <i>Tick those that apply</i>				
√	Innovating Quality and Patient Safety			
√	Enhancing prevention, wellbeing and recovery			
√	Fostering integration, partnership and alliances			
√	Developing an effective and empowered workforce			
√	Maximising an efficient and sustainable organisation			
√	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			To be advised of any future implications as and when required by the author
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Humber Autism Strategic Framework

2021 – 2026

Inclusive Care



**Caring, Learning
& Growing Together**

#humbellevable

<i>Document Configuration</i>		<i>Document Ref:</i>
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<i>Author Name / Job Title</i>	<i>Clarissa Thompson/ Autism Access Lead</i>	
<i>Directorate Name</i>	<i>Nursing and Medical</i>	
<i>Clinical / Executive Sponsor</i>	<i>Hilary Gledhill</i>	
<i>Reporting Committee</i>		
<i>Trust Board Ratification</i>		
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<i>Key Internal Documents</i>	<i>Patient and Carer Experience Strategy (2018-2023)</i> <i>Communications Strategy (2017-2022)</i> <i>Equality, Diversity and Inclusion Policy</i>	
<i>Key External Documents</i>	<i>Autism Act (2009)</i> <i>Fulfilling and Rewarding Lives</i> <i>Think Autism</i> <i>NICE Guidance Autism spectrum disorder in adults: diagnosis and management (2012)</i> <i>NICE Guidance Autism spectrum disorder in under 19s: recognition, referral and diagnosis (2011)</i> <i>NICE Guidance Autism spectrum disorder in under 19s: support and management (2013)</i> <i>Core Capabilities Framework for Supporting Autistic People (2019)</i> <i>NHS Long Term Plan</i>	

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Section 1: Introduction by the Director of Nursing, Allied Health and Social Care Professionals

It gives me great pleasure to introduce the Trusts first strategic framework for Autism which has been produced in consultation with staff, patients, carers and experts by experience. The Humber Autism Strategic Framework (HASF) which aims to deliver excellence in care for autism has been developed alongside a service improvement project reviewing health services for autistic people across Hull and East Riding. Information has been gathered from patients, service users, carers and staff through face to face conversations and surveys to ensure the needs of autistic people have not only been considered but have informed the priorities. The framework applies to all services delivered by Humber Teaching Trust with an expectation that all divisions will develop plans to take forward the aspects that are relevant to their services which will be included in their specific quality improvement plans.

For the purposes of this document the term autism is used as an umbrella term to encompass the many descriptors of autism including autistic spectrum disorder, autistic **spectrum condition, Kanner's syndrome, Asperger's** syndrome, high functioning autism, Rett syndrome, childhood disintegrative disorder, Pervasive Development Disorder Not Otherwise Specified (PDD-NOS) and neurodiversity. This is in line with the terminology used in the International Classification of Diseases 11th Edition (ICD-11) and The Diagnostic Statistical Manual 5th Edition (DSM 5), the most up to date sets of criteria for diagnosing autism. This strategic framework also adopts identity first language when describing autistic people in acknowledgement that **autism is part of an individual's identity**.

This strategic framework sits as part of a suite of strategies and work programmes which together will enable our aspirations to be a provider of outstanding care. The Trusts PROUD leadership programme launched in 2019 supports the development of the leadership culture and capability that is required to achieve the priorities in this strategy. In addition our Patient and Carer Experience strategy supports a culture of co-production to ensure services are developed and delivered in line with the needs of the communities we serve.

We recognise that knowledge and understanding about autism is an evolving field, therefore, to ensure our strategic framework remains current it will be reviewed on an annual basis to ensure the most recent legislation and evidence bases are utilised in meeting the objectives.



Hilary Gledhill
Executive Director of Nursing, Allied Health and Social Care Professionals

Section 2: Autism - What is it?

2.1 Autism Defined

Autism can be described 'as a lifelong disability which affects how people communicate and interact with the world,' (National Autistic Society, 2020). Autism is not a learning disability but people with autism can also have a learning disability. Autism is recognised as a spectrum condition, which simply means that whilst autistic people share certain characteristics they do not all act in the same way. This can make autism very challenging for health professionals to understand.

Autism is an example of neurodiversity, which refers to individual differences in brain functioning (Graby, 2015). The neurodiversity movement supports the view that these **differences are as intrinsic to the autistic person's character as any** other neurological variation. The concept of neurodiversity challenges traditional medical models that suggest autism is a disorder and something that can be treated (Kapp et al., 2013). Neurodiversity recognises that some of the characteristics of autism may create challenges when interacting with the world but moving forward the emphasis should be placed on the world changing rather than the autistic person (Dyck and Russell, 2020).

Autism is currently diagnosed in the UK using criteria from the ICD-11 and DSM 5. The main criteria for diagnosis are that the individual displays persistent difficulties with social communication and interaction. They also need to demonstrate restricted and repetitive patterns of behaviours, activities or interests. In order to meet the diagnostic criteria these difficulties need to be present since childhood or when demands exceed capacity and impact **on an individual's ability to function** across contexts.

It is important to highlight that not all autistic individuals will appear to be what is commonly considered as autistic. Depending on a multitude of factors such as the environment, time of day, mental health and personal circumstance autistic characteristics may not all be present at the same time or to the same intensity. This means that health professionals working with autistic people need to adopt a non-judgemental and flexible approach.

2.2 Autism – The Impact

The neurodiverse community are keen to stress there can be positives to being autistic. These can include the ability to think differently, attention to detail, a methodological approach, and good observational skills, particularly in areas related to interests. However, strengths can also be weaknesses. Attention to detail can over-ride ability to think holistically or problem solve novel situations, methodological approaches can prevent taking **into account unquantifiable factors such as others' opinions and acute observational skills** can prevent effective filtering of information. Autistic individuals can also experience **difficulties in communication and 'cognitive and behavioural flexibility, altered sensory sensitivity, sensory processing difficulties and emotional regulation difficulties'** (National Institute of Clinical Excellence (NICE), 2012, p.5). These difficulties can impact their lives in a number of ways, some of which are explored below.

Autistic people are at a higher risk of developing mental health conditions such as depression, anxiety, self-harm and suicidality (Lever and Geurts, 2017). Cassidy et al. (2014) found in their study of 374 autistic people that 66% had expressed suicide ideation and 35%

had made an attempt on their lives. Risk factors linked to an increased risk of suicidality include autistic traits such as difficulties with social interaction, poor support and camouflaging - the practice of hiding autistic characteristics to fit in with society (Cassidy et al., 2018). Autistic people are also at a higher risk of social and economic exclusion which has been linked to the development of mental health problems (Smith and White, 2020; Hedley et al., 2018).

Autistic people find it more difficult to access relevant health services due to a lack of understanding about autism from professionals and limited access to appropriate therapies (Camm-Crosbie et al., 2019). It has also been found, particularly in individuals who have been diagnosed later in life, that autistic people are more likely to have been misdiagnosed with mental health conditions (Au-Yeung et al., 2019) and personality disorders.

Alongside mental health difficulties autistic people can experience poor physical health outcomes. The premature mortality rate of autistic individuals is estimated to be significantly more than the general population (Smith DaWait et al., 2019). It has been found that autistic individuals are more likely to be predisposed to a number of physical health conditions, particularly heart, lung and diabetic problems (Weir et al., 2020). Unfortunately due to a lack of understanding from health professionals about autism and physical health, symptoms of illness have been wrongly attributed to the core features of autism and diagnosis and treatment has been subsequently delayed.

Most recently the COVID pandemic has created new challenges for the autistic community. As mentioned previously autistic people are more likely than the average population to have co-morbid health conditions (Rydzewska et al., 2020) which places them in a high risk patient category. This fact coupled with social distancing measures that may disrupt already fragile support networks (den Houting, 2020) can lead to declines in mental health and wellbeing. A recent report from the National Autistic Society found that since the pandemic autistic people are 7 times more likely to be chronically lonely than the general population. It is therefore paramount that professionals strive to develop their understanding of autism and provide support in a timely and appropriate manner.

Section 3: Context

3.1 Prevalence of Autism

Autistic people get diagnosed both in childhood and as adults. Prevalence figures for autism vary depending on the study, with the most recent evidence suggesting 1.1 in 100 people will be autistic (Brugha et al. 2016), which means that there are just over approximately 700 000 autistic adults and children living in the UK.

Autism affects men and women. It was initially suggested that males were four times more likely than females to be autistic (Kanner, 1943; Ehlers and Gillberg, 1993) however more recent studies suggest this ratio is more likely to be 3:1 (Loomes, Hull and Mandy, 2017). Females may be diagnosed less than males due to the fact that they present differently and diagnostic tools are skewed towards male autistic traits (Bargiela et al. 2016).

As autism is not routinely recorded in patient records it is extremely difficult to get a definitive count of how many autistic people there are nationally. This can negatively impact the organisation and planning of future services.

3.2 National Reports

A number of national reports have been published related to the provision of care and services for autistic people. Please note that there are numerous reports, publications and articles that can be applied to autistic people and the wider population but only the documents that specifically apply to autism have been discussed below.

The Autism Act (2009)

Following a campaign led by the National Autistic Society to improve access to services the Autism Act was made law. The act stipulated that there had to be a government strategy to support autistic people accessing both health and social care services. Changes following the act include improved access to diagnostic pathways and care assessments. However the National Autistic Society reported in 2019 that 10 years on there is still a lot of work needed with 2 out of 3 autistic adults not getting the help they need, ending up isolated, developing mental health problems and falling into crisis.

Fulfilling and Rewarding Lives (2010) and Think Autism (2014)

Following the Autism Act these national strategies were created to set out the framework for meeting the needs of autistic individuals in England by improving the provision of relevant services by local authorities and the NHS. The strategy documents outline three main ambitions including that local authorities should know how many people with autism live in the area, ensuring a clear diagnostic pathway is available locally and that health and social care staff should know when to make reasonable adjustments.

NICE Guidance

There are three NICE Guidance documents that relate to autism, these are:

- NICE Guidance Autism spectrum disorder in adults: diagnosis and management (2012)
- NICE Guidance Autism spectrum disorder in under 19s: recognition, referral and diagnosis (2011)
- NICE Guidance Autism spectrum disorder in under 19s: support and management (2013)

These guidance documents support the above strategies and provide recommendations about how to improve access to health services for adults and children. NICE have also produced a set of quality standards to inform the commissioning of autism services for children, young people and adults. The quality statements cover areas such as assessment, diagnosis, treatment and managing behaviours of concern.

Core Capabilities Framework for Supporting Autistic People

(Dept. Health and Social Care, 2019)

This document outlines the core skills that health professionals working with autistic people should have. It comprises of 19 capabilities which are grouped into 5 domains. These include understanding autism, personalised support, physical and mental health, risk, legislation and safeguarding and leadership.

In line with NICE guidance the framework suggests a three tier approach to training which recognises that the type of professional role will dictate the level of skills and knowledge required. The framework also recognises that no one person should be expected to possess the skills for every capability but competence should be spread across a team, creating a flexible and diverse workforce.

NHS Long Term Plan

The latest plan from the NHS includes ambitions of improving mental health teams for autistic children and adults, reducing diagnosis waiting times and adopting an annual health check for autistic people.

CQC: Closed Cultures

In addition to the above the CQC has undertaken a focused piece of work on closed cultures which they define as *'a poor culture in a health or care service that increases the risk of harm. This includes abuse and human rights breaches. The development of closed cultures can be deliberate or unintentional – either way it can cause unacceptable harm to a person and their loved ones'*.

They go on to say that closed cultures are more likely to develop in services where:

- people are removed from their communities
- people stay for months or years at a time
- there is weak leadership
- staff lack the right skills, training or experience to support people
- there is a lack of positive and open engagement between staff and with people using services and their families

In these services, people are often not able to speak up for themselves. This could be through lack of communication skills, lack of support or abuse of their rights to speak up.

CQC recognises that a closed culture can develop anywhere, but there are certain services and groups of people that will be at greater risk. This includes services that provide care for people with a learning disability and/or autistic people, and older people who may not have regular contact with families.

In the delivery of this strategic framework the work of the CQC regarding closed cultures will be taken forward within a context of ensuring patients, families and carers are involved in all decisions about care. By working with those who use the Trust services and their families to develop new ways of working and acting on concerns when things do not go as

expected, services will remain open and transparent. The Trust will continue to develop the leaders and staff to ensure a culture is in place that respects human rights, prevents abuse and puts the needs of patients and service users at the heart of all we do.

3.3 Local Context

East Riding Autism Strategy (2019-2024) & Hull Autism Strategy (2015-2020) & North Yorkshire Autism Strategy (2015-2020)

In line with the Autism Act Hull, East Riding and North Yorkshire have developed autism strategy documents. Whilst the structure and layout of each strategy is different, all three reports have the same aim, to improve the lives of autistic people living in the local areas.

HASF will further support these documents by aiming to enhance the experience of accessing health services for autistic people across Hull, East Riding, Scarborough, Ryedale and Whitby.

From the strategies prevalence rates of autism in the East Riding and Hull are 5100 and 3900 respectively. There is an estimated 6000 autistic people living in North Yorkshire, with approximately 1100 individuals in the Scarborough district. These numbers are merely estimates due to the lack of hard information about how many people there are with autism in the local area and it again highlights the need for accurate information. Estimates in the context of lack of accurate, evidence based data are, of course, not able to account for regional differences in the distribution of autistic populations. Given the effect of life chances on autistic people outlined above, it is likely that autistic people will cluster in areas where there is greater economic deprivation, therefore estimates calculated from national prevalence rates alone are almost certainly too low.

Key objectives from the local strategies relevant to HASF include timely diagnosis and support, clear pathways for autistic people without a learning disability, system wide understanding of autism and an integrated and transparent approach to the care of autistic people.

The Autism Partnership Boards

Hull and East Riding both have separate Autism Partnership Boards which meet on a regular basis and are designed to offer an opportunity to autistic people, carers and professions to come together to discuss the main issues affecting autistic people in their local communities and to discuss ways of making positive changes happen. The HASF will be reviewed within each of the Partnership Boards to ensure the local communities agree with the priority areas.

The Autism Services Project

Funded by the Transforming Care Partnership the post of Autism Access Lead was created in May 2020. This post was given the brief of producing a report that highlights the gaps in services that influence the mental health of autistic people within the Hull and East Riding. Within this post data was gathered from autistic people, carers and staff members working in The Trust via surveys, patient records and face to face. This data has been used to inform some of the objectives of the HASF.

3.4 Current Service Provision

A brief summary of specialist services that work with autistic adults and children, with and without a learning disability in Humber Teaching NHS Foundation Trust.

East Riding Children's Autism Assessment Team

In 2019 the Trust **took over management of the East Riding children's autism team from the local authority**. The team provides assessment of autism for children and young people under the age of 18. It is currently an assessment only service. Referrals can come from speech & language therapy (SALT), educational psychology (EP), paediatricians, portage and CAMHS.

Assessments are completed in line with NICE guidance and due to the geography of the area tend to take place in a clinic setting.

Hull Children's Autism Assessment Team

Similarly to East Riding the Hull assessment team provide assessment of autism for children and young people under the age of 18 and is also an assessment only service. Referrals can be made via Special Educational Needs Co-ordinator's (SENCO), SALT's, Paediatricians, EP's and Portage Workers. Assessments are completed in line with NICE guidance and generally take place in the school environment.

As well as assessment the Hull team has **worked collaboratively with Matthew's Hub to provide training to Hull school SENCO's about autism and attachment**. The team also provided consultation about the environmental recommendations for the new Inspire Mental Health Unit to ensure it met the needs of autistic children and young people.

In the future there are plans for an intervention pathway to be established and currently there is a small project underway to offer support to autistic children and families known to CAMHS for anxiety and depression.

The Children's Speech and Language Service

The Children's Speech and Language service provides assessments, interventions, strategies and support for children with social communication needs and autism across Hull and East Riding. Part of the social communication assessment may include making a referral to the Autism Assessment Team for a formal diagnosis assessment.

Children with social communication needs and autism are supported at home, nurseries and schools ranging from primary to specialist provisions. The Speech and Language Therapy service has a clinical pathway which supports children from early identification to post diagnostic intervention and support. The service works in partnership with the **Children's Autism Assessment Services**.

Humber Adult Autism Diagnostic Service (HAADS)

HAADS provides assessment of autism for people over the age of 18 living in Hull and the East Riding of Yorkshire. It is currently an assessment only service which means that it does not undertake any treatment but will refer individuals onto other services. The team within HAADS offer consultation and supervision to other services when needed.

HAADS is hopeful to expand in the future to provide a full neurodiversity service for autistic adults and other neurodiverse conditions such as ADHD. The aim of the team will be to deliver training to the Trust, offer supervision sessions as needed and provide treatment for complex patients who have been unable to access mainstream services due to their autism.

Learning Disabilities Services

There are a number of teams that support adults and children with autism and a learning disability across Hull and East Riding. These include community teams, an intensive support team (IST) and inpatient services.

The adult and children's community teams utilise a multidisciplinary team approach to support the health needs of their patients across Hull and East Riding.

The IST works with adults who require more intensive support at a given time to manage risk, prevent placement breakdown or an inpatient admission. If an admission is unavoidable the inpatient service at Townend Court provides assessment and treatment for individuals from across the Transforming Care Partnership (Hull, East Riding, North Lincolnshire, and North East Lincolnshire).

Forensic Outreach Liaison Service (FOLS)

FOLS works with patients over 18 who have a Learning Disability and/or Autism. It is funded through the Transforming Care Partnership. The team covers Hull, East Riding and North East Lincolnshire. FOLS work with transforming patients who are in secure hospitals across the region and receive referrals from community learning disability teams, IST, prison, probation and police. The team will accept individuals with a diagnosis of autism with and without a learning disability but they do not co-ordinate care so the client will need to be seen within another team as well.

Matthew's Hub

Matthew's Hub is a third sector support service for autistic people without a learning disability aged 13 or over, living in Hull or the East Riding who have or are waiting for a diagnosis. The Hub provides advice and support in relation to employment, education, housing, benefits, health, and diagnosis. **Matthew's Hub has been commissioned to work in partnership with HAADS to provide pre and post diagnostic support to individuals.**

Autism Services for Scarborough, Whitby and Ryedale.

The Retreat in York provides autism assessment for adults and children in Scarborough, Ryedale and Whitby. The Retreat also provides support for adults living in Scarborough, Ryedale and Whitby including post diagnostic group work, one to one sessions, sensory assessments or modified therapies.

Section 4: Alignment with the Trust Strategy

The strategy has been designed to support delivery of the Trust's Mission, Vision and Values.



To implement this strategy, the priorities have been aligned to the Trust's six strategic goals:



Section 5: Priority Areas of Work

5.1 Development Process

This section highlights 6 key themes that have been identified through consultation with autistic people, carers and staff working within the Trust. These themes are also supported by the reports and documents discussed in section 3. These themes have been used to develop the vision of the HASF and the main priority areas.

Understanding

Provisional findings from the Autism Services Project suggest that autistic people and carers want health services to have a greater understanding of autism. This finding has been mirrored across the U.K, for example a main outcome from a recent study commissioned by the Welsh Health Councils (2019) is to develop a better understanding of autism amongst NHS staff.

As part of the Autism Services Project staff from across The Trust services completed a survey about their experience working with individuals with autism. It was clear from the findings that staff cared about their patients and that they wanted to understand autism and be empowered to make the reasonable adjustments needed for this client group. There were some excellent examples of reasonable adjustments including longer appointment slots, adopting a flexible approach to therapy and using visuals within the sessions. Some health professionals however felt they could not work effectively with autistic people because they did not know enough about the condition.

A greater understanding of autism will reduce delays in getting a diagnosis, prevent wasted time on misdiagnosis and ensure access to appropriate treatment. This will in turn reduce the long term support needs of autistic people.

"I might have gotten more help as a kid, my school were very dismissive of me and they would say naughty child"

Autistic Female

"The most important thing I have learned from working with this service user group is that one size does not fit all"

Humber Staff Member

What we need to do:

- Develop an autism aware workforce through training and education
- Provide staff with access to specialist supervision and support when needed
- Empower staff to make the necessary reasonable adjustments for autistic patients
- Share examples of good practice throughout the Trust

Communication

Communicating with an unfamiliar person can cause a lot of anxiety for autistic people. It has been widely documented that autistic people can find it hard to verbally communicate with unfamiliar health professionals and need time to get to know the person (Cummings, Pellicano and Crane, 2020). Sometimes autistic individuals were not able to find the right words to describe how they were feeling. This may mean that some approaches used in health e.g. check-up calls are not always appropriate.

The Trust currently provides an excellent communication awareness training module through the Adult Community Learning Disability Team. This training provides a basic understanding of the communication needs of individuals with a learning disability and autism. Also available through The Trust is training in intensive interaction, a specialist communication strategy that can be utilised with the most complex nonverbal autistic patients. There is currently no access to training about the communication needs of autistic people without a learning disability.

From the Autism Services Project, autistic people that were surveyed preferred face to face and virtual contact over using the telephone. In response to the COVID pandemic The Trust has started using virtual mediums to engage with clients and this has been positively received within the autistic community.

Some of the feedback from the Autism Services Project included that when attending assessments autistic people felt it would be useful to have an outline of what was going to be discussed during appointments and a summary provided afterwards. A focus on using visuals also helped individuals to process what was being said. When arranging appointments it was felt that a choice of times and appointment reminders would be useful.

"Being able to have an online assessment made a difficult and stressful (although long-hoped for) appointment much, much easier"

Autistic Male

"He is anxious about a lot of things but presently it's communicating with anyone outside of his immediate family"

Parent

What we need to do:

- Cultivate an awareness of the communication needs of autistic people throughout the Trust
- Ensure that the communication preferences of the patient are considered during every interaction
- Adopt a flexible approach to communication within all services

Diagnosis

A priority that is highlighted in both the East Riding (2019) and Hull (2020) Autism Strategies is a clear pathway to timely diagnosis for children and adults.

NICE guidance recommends that assessments should be accessible and completed within a specialist multi-disciplinary autism team and this has been reflected in the practice of the **Trust's** children and adult assessment teams. In line with the NICE (2014) Quality Standards for autism services, assessments should be offered within 3 months of the initial referral. **This is a goal that both the children's and adult** assessment teams continue to work towards.

Following diagnosis NICE guidance for adults also recommends that autistic individuals have access to support and information about autism and a record of specific needs and any reasonable adjustments that are required is accessible by health professionals.

The diagnostic process is extremely important and can help to answer a lot of questions and uncertainties an individual or their family has. It is the ideal time to identify physical and mental health needs and make recommendations.

Feedback from the Autism Services Project indicated that whilst many autistic adults and carers found that diagnosis offered the answers they had been looking for, others felt **overwhelmed by a new 'label' and this led to** deterioration in the **individual's** mental health. Matthews Hub currently works in partnership with the Trust to support autistic adults post diagnosis to help individuals understand their autism.

"I thought the diagnosis would help him understand himself and his struggles, to make some sense of his life and pave the way for happier times for him. The opposite happened and it has been a huge downhill spiral since diagnosis, he has gradually withdrawn and regressed"

Parent

"[Diagnosis] gave me a lot of understanding, a lot of pennies falling into place"

Autistic Female

What we need to do?

- Continue to develop clear pathways to diagnosis in both the children and adults teams.
- Review what support autistic individuals and their families need post diagnosis and make sure this is available.

The Right Support

In the Trust there are no commissioned autism specific support services. The Learning Disability Teams will work with anyone who has a learning disability including autistic individuals and offer a wide range of support for a variety of health needs utilising multidisciplinary teams of psychiatrists, specialist nurses, psychologists and allied health professionals. Whilst there is no similar provision for individuals without a learning disability, Matthews Hub do work in partnership with the Trust to provide pre and post diagnostic support as well as offering a range of social opportunities for its members.

Individuals without a learning disability can access mainstream services such as CAMHS, MIND, the Emotional Wellbeing Service and adult mental health services. Findings from the Autism Services Project suggest that the mainstream support offered was not always appropriate **for the individuals' needs** and that a diagnosis of autism sometimes excluded them from services. From the Project there were some good examples of healthcare **professionals listening to the autistic person's** view and providing treatment plans based on this.

The autistic community is extremely heterogeneous and can be a challenging group to provide equitable care with the current resourcing in mainstream services. This has been recognised by the Trust and is one of the reasons that both the **children's and adult** assessment teams are developing intervention pathways including clear supervision support for the wider teams.

As mentioned previously health outcomes for individuals with autism tend to be poorer than compared to the general population (Weir et al., 2020). To help improve the general health of the autistic population the Trust is currently working with other healthcare partners to establish annual health checks for both autistic individuals with and without a learning disability.

Sometimes autistic people present with behaviours of concern, which can cause difficulties living in the community and occasionally inpatient admissions. NICE guidance (2012) recommends that there needs to be more autism specific support when working with individuals who present with these behaviours and ensure the approaches remain person centred.

"My GP listened, rang back and is now putting a care plan into action for [my son] around all of these issues"

Parent

What we need to do:

- o Explore the experience of using health services in Hull and East Riding to identify examples of good practice and any gaps in service provision.
- o Enhance knowledge and understanding about the health needs of autistic people across the Trust
- o Support services to develop a consistent approach to the care of autistic people.
- o Continue to build strong partnerships with third sector providers who support autistic people

A Meaningful Life

Autistic people told the Autism Services Project that being able to live independently, structure time effectively, access employment and a supportive friend group would all be beneficial to their lives.

It was also found that parents and carers had concerns that their children were isolated and dependent on them for their needs. Many carers reported that supporting an autistic child or adult had a direct impact on their lives including relationship breakdown, giving up work and mental health illness.

Sensory differences can also impact an individual's ability to participate in day to day life. It is very common for autistic people to experience hypersensitivity and hyposensitivity to sensory input and this has been included as a criterion for diagnosis within the DSM 5. Sensory differences often create a range of barriers to engaging in activities, including housekeeping, education, leisure and employment.

In 2020 The Trust commissioned The Sensory Processing Service which will support children and young people with sensory needs including individuals with autism. The adult learning disability team also provides sensory support for autistic individuals with a learning disability. There is currently no equivalent sensory service for autistic adults without a learning disability.

The Trust has recognised the importance of the contribution sensory friendly environments to good care and in recent builds such as the Inspire mental health unit has incorporated recommendations to provide autism friendly spaces.

Autistic people are extremely vulnerable to loneliness and isolation, especially since the occurrence of COVID and lockdown. Matthews Hub has been an excellent community resource for individuals without a learning disability, providing social groups and access to **peer support**. **However even with Matthew's Hub individuals still** continue to require additional support with their mental and physical health.

"I have basically had to give up my life to support her and cope with it all. It is very isolating"

Parent

"Behavioural activation (maintaining an active lifestyle) is proven to help with the physiological symptoms of depression and can impact positively on an individual's mood."

Private autism specialist therapist

What we need to do:

- o Work collaboratively with partners in the local authority, education and the third sector to identify the types of support needed by autistic people and their families.

Transition

NICE guidelines (2013) recommend transition planning for young people with autism and mental health needs to begin from 14 years old ensuring a smooth transition to adult services. This includes a comprehensive assessment from both health and social care. From the Autism Services Project there were no examples of transition planning from 14+ and not all autistic young people had an Educational Health Care Plan that health professionals could contribute to. Parents and carers also reported that they found it difficult to know what adult services were available.

The National Autistic Society recommends that the professionals within children's services, for example CAMHS should be responsible for supporting Autistic young people through the transition process including introducing them to anyone from adult services that will be involved in their future care. Young people should also know what health services are available for them to access.

Transition is a time of change and can be very difficult for autistic people to cope with, resulting in a decline in health (First et al. 2016). Some parents who provided feedback for the Autism Services Project advised that they had not been prepared for this and would have liked more advice on how to support their child into adulthood.

"You have to know what you want when sometimes you don't know what is available or what is needed"

Parent

What we need to do:

- Develop a clear multiagency transition pathway for autistic young people
- Ensure transition is planned from an early age with contributions from both **children's** and adults teams.
- Ensure that health needs are clearly considered within Educational Health Care Plans
- Provide clear guidance about the types of adult services that are available

5.2 The Vision

Humber Teaching NHS Foundation Trust celebrates neurodiversity and is committed to providing services that understand, accept and support autistic people.

Humber Autism Strategic Framework



Promoting inclusive health services for autistic people across Hull and East Riding

5.3 Priority 1 - Understands Autism

To create an autism aware workforce that understands and embraces autism and autistic people.

To create awareness throughout The Trust of how autism affects the presentation of physical and mental health conditions.

To empower staff working with autistic patients to feel confident, capable and supported to carry out their role.

		Strategic Alignment					
No.	Key Objectives	Innovating Quality	Enhancing Prevention	Fostering Integration	Developing Workforce	Maximising Organisation	Promoting People
1	Ensure autism awareness training is included within general equality and diversity training programmes for all staff						
2	Implement a tiered system of training to ensure frontline staff and those responsible for making decisions on behalf of autistic people have the appropriate knowledge and skills which adhere to the Core Capabilities Framework.						
3	To develop a network of 'autism champions' across the trust to promote person centred care delivery for autistic adults, children and their carers/families.						
4	To develop a consultation network for all teams to be able to access specialist support from the children and adults' autism teams when needed.						

Short Term Deliverables and Long Term Sustainable Change

Year 1	<ul style="list-style-type: none">• Enhance current equality and diversity training module with autism content• Develop outline of the 'autism champion' role and identify candidates across the trust• Develop model of supervision for adult and children teams
Year 2+3	<ul style="list-style-type: none">• Develop and deliver clinical training package for frontline staff• Establish autism champions across the trust including quarterly CPD meeting.• Initiate access to specialist supervision for clinical staff in primary and secondary mental health teams.
Year 4+5	<ul style="list-style-type: none">• Research and evaluation to demonstrate impact of specialist training in relation to positive service user outcomes.• Review supervision model and if successful roll out to the rest of the trust.

5.4 Priority 2 - Accepts Autism

Establish a neurodiversity assessment and treatment pathway that will be mirrored across both adult and **children's** services.

Improve transition through consistency of service provision by creating a life span service.

Ensure service specifications within teams do not exclude individuals based on their diagnosis of autism.

		Strategic Alignment					
No.	Key Objectives	Innovating Quality	Enhancing Prevention	Fostering Integration	Developing Workforce	Maximising Organisation	Promoting People
1	Establish a marker of autism on patient records to support therapeutic and strategic future planning.						
2	Establish a clear autism diagnostic pathway including post assessment advice and support from external autism service providers.						
3	Ensure the diagnostic pathway for adults and children adheres to relevant NICE guidance relating to autism assessment.						
4	Work with commissioners to develop specialist autism intervention services that are not currently commissioned within the local area e.g. specialist autism therapist, adult sensory service.						

5	To review and develop a transition pathway for autistic children and young adults with local authority and educational providers.						
6	To ensure all services across the trust are able to identify and make reasonable adjustments e.g. adapting environments, a choice of appointment times, provision of visuals to support sessions...etc.						

Short Term Deliverables and Long Term Sustainable Change

Year 1	<ul style="list-style-type: none"> • Collaborate with Business Intelligence to devise best method of coding autism across all services • Audit diagnostic teams (number of referrals vs assessment capacity) • Review possible recruitment options to meet demand. • Identify which services are missing for autistic needs. • Develop Transition project to review processes. • Develop online reasonable adjustment workshop for services. • Complete audit of how autism friendly clinical environments are.
Year 2+3	<ul style="list-style-type: none"> • Roll out method of coding autism to gate keeper services (Children’s and Adults’ autism teams, GP’s and Mental Health Response Service). • Develop a MDT health intervention pathway as part of the autism diagnostic services (adults and children) • Utilise findings from the transition project to inform a pathway of best practice • Develop online reasonable adjustments toolkits
Year 4+5	<ul style="list-style-type: none"> • Review prevalence of autistic individuals accessing the trust services. • Audit diagnostic teams to explore effect of change • Embed autism transition pathway into practice • Evaluate service’s ability to make reasonable adjustments.

5.5 Priority 3 - Supports Autism

To promote neurodiversity throughout the Trust and in local communities.

Ensure autistic people have a voice in what happens within the Trust.

To promote professional and voluntary roles within the Trust for autistic people. .

No.	Key Objectives	Strategic Alignment					
		Innovating Quality	Enhancing Prevention	Fostering Integration	Developing Workforce	Maximising Organisation	Promoting People
1	Creation of an Autism portal on the intranet that provides resources to support services to be more autism friendly e.g. environmental checklists, COVID support, communication guidance and available services.						
2	Develop strong partnerships with autism specific third sector providers to provide post diagnostic and social support.						
3	Ensure Trust representation at meetings that guide autism and neurodiversity policy in the local area to ensure the views and experiences of our patients and service users inform policy development e.g. Autism Partnership Boards						
4	Encourage patient and carer participation and involvement in service redesign and developments to ensure services are developed aligned to the needs of patients and their families/carers.						

5	To promote employment opportunities for autistic people						
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Short Term Deliverables and Long Term Sustainable Change

Year 1	<ul style="list-style-type: none"> • Develop basic content of autism portal • Create clear profiles of all third sector providers and what they can provide our patients. • Establish good Trust representation at the Autism Partnership Boards • Develop a strategy with The Trust's Patient Experience department to ensure autistic participation • Develop employment reasonable adjustments toolkit
Year 2+3	<ul style="list-style-type: none"> • Enhance portal with reasonable adjustments toolkits • Officially launch autism portal to staff teams • Trust to review opportunities to co-produce patient experience resources. • Work with voluntary services to identify opportunities for autistic people
Year 4+5	<ul style="list-style-type: none"> • Evaluate effectiveness of portal and the resources it contains • Continue to update Portal with relevant information

Section 6: Next Steps

The HASF is an ambitious plan to create an environment of inclusive healthcare based on the best available evidence for autistic people across the Trust. The new strategy will be launched in 2021 with a series of short virtual workshops to share the vision of the future of autism services within Humber Trust.

The HASF has been designed to complement our partner strategic documents in Hull, East Riding and North Yorkshire. The HASF will be used to shape the future of autism services within the trust. Delivery and evaluation of the strategy will be co-ordinated through the autism and learning disability services, as well as the newly appointed autism champions. Individual work streams will have an identified task and finish group aligned to them to ensure a focus on delivery and impact is maintained. The autism portal on the Intranet will allow regular updates on progress to be shared and also provide a resource for new evidence, guidance, good practice, innovation and celebration of successes.

We will know we have realised the aspirations that have driven our strategy when we have achieved the following:

- An autism aware confident workforce
- Positive feedback from autistic people, their families and carers about the services
- Diagnostic times will be within 3 months from referral
- An established autism portal on the intranet
- An established autism pathway following diagnosis

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Equality Impact Assessment (EIA) Toolkit

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: Humber Autism Strategic Framework
2. EIA Reviewer (name, job title, base and contact details) Clarissa Thompson, Autism Access Lead, Clarissa.thompson@nhs.net
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? Strategy Document

Main Aims of the Document, Process or Service

To deliver excellence in care and service provision for autistic individuals using Humber Trust Services.

Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed? Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)	How have you arrived at the equality impact score? a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	Low	No impact identified. This document is applicable across the lifespan, it is inclusive of all ages.
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental Health (and including cancer, HIV, multiple sclerosis)	Low	The purpose of this document is to enhance service provision for autistic people and reduce health inequalities throughout Humber Trust. This document has been created in consultation with autistic patients, carers and staff from across the different divisions of Humber Trust. This has ensured a balanced view. It is applicable to physical and mental health. There is an easy read summary of this document to ensure it is accessible by all patients.
Sex	Men/Male Women/Female	Low	No impact identified. This document is inclusive of men and women.

Marriage/Civil Partnership		Low	No impact identified. This document does feature any content relating to marriage/civil partnership
Pregnancy/Maternity		Low	No impact identified. This document does not feature any content relating to pregnancy.
Race	Colour Nationality Ethnic/national origins	Low	This document is applicable to all races.

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Religion or Belief	All Religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	This document is applicable to all religions.
Sexual Orientation	Lesbian Gay Men Bisexual	Low	No impact identified, this document is inclusive of all gender identities.
Gender re-assignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	No impact identified, this document is inclusive of all gender identities.

Summary

Please describe the main points/actions arising from your assessment that supports your decision above

The Humber Autism Strategic Framework has the potential to positively impact autistic people's experience of accessing health services. It sets out clear priorities and key objectives to promote inclusive care across the Trust for autistic people including adults, children, individuals with/without learning disability and individuals with mental health and/or physical health illness. It is the first policy of its kind within this area and will be undergoing a yearly review process to ensure it is reflective of the needs of the autistic population using services. This regular review process will also enable the 9 strands of equality to be considered to ensure the strategy continues to be inclusive of all patients.

EIA Reviewer – Clarissa Thompson	
Date completed; 26.01.2021	Signature

Agenda Item 18

Title & Date of Meeting:	Trust Board Public Meeting 28 April 2021			
Title of Report:	Executive Summary of Our Recovery Strategic Framework – What Matters to Me? 2021 – 2026			
Author/s:	Lynn Parkinson, Deputy Chief Executive & Chief Operating Officer Natalie Belt – Service manager Lauren Saunders – Recovery College Practitioner			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	The purpose of this paper is to set out the executive summary of the Our Recovery Strategic Framework – What Matters to Me? 2021 – 2026. This builds on the approach and principles to Recovery that were first set out in “Bridging the Gap” our strategy for 2017 – 2020.			
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	19.04.21
	Mental Health Legislation Committee		Operational Delivery Group	16.03.21
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<ul style="list-style-type: none"> • The strategic framework is a technical document supported by a ‘ what is recovery” guide and tool kit document to support the full integration of the framework for 2021-2026 • A dedicated post has been created for a period of 6 months to support the development of the recovery framework refresh • Initial workshops were held virtually across November/December 2020 with over 150 attendees to help shape and coproduce the strategic framework content and to support with the identification of priorities for the 5 year plan. • A recovery working group including patients, service users, carers, staff and partner organisations came together to help co-produce the framework and met on regular occasions throughout February and March 			

	<p>2021 to support the strategic development.</p> <ul style="list-style-type: none"> • A consultation phase was launched from 1st December to 31st December 2020 where valuable feedback with over 81 responses was received to inform the strategic framework development – feedback is available in a separate document. • To bring the document to life a series of workshops will take place designed to include patients, service users, carers, staff and partners in the action planning process for year 1 and 2 objectives starting June 2021 and the roll out of the ‘ what is recovery guide and toolkit’ thereafter. • The full document can be found here V:\Corporate\BSU\Public
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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	



What matters to me?

Our Recovery Approach for 2021-2026
**Executive Summary of our
Recovery Strategic Framework**

Foreword

Messages from Lynn Parkinson (Chief Operating Officer)

I am absolutely delighted to introduce to you our work taking forward the approach and principles to Recovery that were first set out in “Bridging the Gap” our strategy for 2017 – 2020. Our recovery college is now established and has been extended and built upon. Our new Recovery Framework “What Matters to Me? 2021- 2026” sets out a broad ambition for how the approach and principles will truly be further embedded and will be at the heart of all of the relationships our patients, service users and carers have with our staff.

This approach genuinely embraces the Trusts values of Caring, Learning and Growing placing them at the core of recovery principles. Our patients and staff with lived experience, carers, families and other stakeholders have authentically coproduced this framework and I am sincerely grateful for their time, energy and commitment in achieving this ambition that with them the Trust will now deliver.



Introducing the Recovery Framework

What is Recovery?

There is no single definition of the contested term 'Recovery', but within a mental health context the term 'Recovery' is most frequently used to describe the personal lived experiences and journeys of those managing mental health challenges.

Recovery is a **non-linear** process of **rebuilding** after a crisis, taking **responsibility** for personal wellbeing and **learning to live alongside any continued symptoms or impairments** without the pressure to eventually be symptom-free. By focusing on existing and potential **strengths, skills and resources**, an individual can pursue what they consider to be a **satisfying and meaningful life**. Learning from one's **peers**, someone can work towards their own **self-defined goals** at their own pace. This process of rediscovery is often referred to as a '**Recovery Journey**'.

About this Recovery Framework

The aim of the recovery framework is to support and continue the change in culture within the organisation so that it brings to life and fosters a Recovery focused approach in every conversation - whether between staff and those using our services, family members, carers and partner organisations.

This Strategic framework aims to change the conversation about Recovery throughout the organisation. Creating powerful and meaningful conversation requires an organisational wide approach to shape and guide how we connect with people effectively, and support people to connect to one another.

It is essential that people see how recovery requires a change in relationships, roles and the practices we demonstrate and are involved in every day. The question at the heart of every conversation must be '**What matters to me/you?**' whether those conversations are at individual, team, service or community levels. Not only does this key question allow us to understand not only how to better communicate with and support people, but also instantly addresses the ability to understand where someone is coming from.

People turn to us as an organisation for help, guidance, security, care and support whilst they work towards their personal long term recovery plans. Through changing the way we understand experience and talk about Recovery, we believe this will be a key enabler of the Trusts overarching strategic vision, values and goals.

Trust Mission, Vision, Values and Goals

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.

Strategic Goals



Innovating quality and patient safety



Developing an effective and empowered workforce



Enhancing prevention, wellbeing and recovery



Maximising an efficient and sustainable organisation



Fostering integration, partnership and alliances



Promoting people, communities and social values

Recovery Framework Goals and Our Trust Goals

Recovery Strategy Goals			Links to Trust Strategic Goals
	Priority 1	Recovery-focused, person-led care	<ul style="list-style-type: none"> • Innovating quality and patient safety • Enhancing prevention, wellbeing and recovery • Fostering integration, partnership and alliances
	Priority 2	Exploration and Innovation	<ul style="list-style-type: none"> • Innovating quality and patient safety • Enhancing prevention, wellbeing and recovery • Promoting people, communities and social values
	Priority 3	Valuing Lived Experience through Coproduction	<ul style="list-style-type: none"> • Innovating quality and patient safety • Enhancing prevention, wellbeing and recovery • Fostering integration, partnership and alliances
	Priority 4	Recovery-focused training and education	<ul style="list-style-type: none"> • 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
	Priority 5	Supporting Staff Recovery Journeys	<ul style="list-style-type: none"> • Innovating quality and patient safety • Enhancing prevention, wellbeing and recovery • Developing an effective and empowered workforce • Maximising an efficient and sustainable organisation • Promoting people, communities and social values
	Priority 6	Transforming the Culture at Humber	<ul style="list-style-type: none"> • 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
	Priority 7	Working Creatively with the Local Community	<ul style="list-style-type: none"> • Enhancing prevention, wellbeing and recovery • Fostering integration, partnership and alliances • Maximising an efficient and sustainable organisation • Promoting people, communities and social values
			<ul style="list-style-type: none"> •

Recovery Strategy PRIORITIES 2021 - 2025

ONE	<p>Recovery-focused, person-led care</p> 	<ul style="list-style-type: none"> • Implementing tools to support Recovery • Supporting coproduced care • Holistically enhancing person-led care 	<p>Using a model of shared decision making and equal partnership (between service users and those they support) to champion a recovery-focused, empathetic and user-led holistic approach to personalised care.</p>
TWO	<p>Exploration and Innovation</p> 	<ul style="list-style-type: none"> • Increase in arts based opportunities • Developing Green Health opportunities • Supporting Spiritual Care • Better harnessing technology 	<p>Working more inclusively and creatively by exploring new / existing holistic and technological avenues to better enhance existing preventative, wellbeing and recovery-focused measures.</p>
THREE	<p>Valuing Lived Experience through Coproduction</p> 	<ul style="list-style-type: none"> • Increase coproduction opportunities • Centering lived experience in service delivery • Promote Storytelling and PACE • Valuing Peer Support Workers and Volunteers 	<p>Ensuring that there are integrated opportunities for people with lived experiences (including service users, carers / families, staff and the community) to codesign, cocreate and codeliver services and peer-led initiatives.</p>
FOUR	<p>Recovery-focused training and education</p> 	<ul style="list-style-type: none"> • (Re)educate, (re)train and upskill people • Develop new opportunities for learning • Improve accessibility and ownership over learning 	<p>Training up staff, service users, families, stakeholders, partners and others in our community with coproduced educational materials. to increase understanding of and better implement recovery-oriented values and practices.</p>
FIVE	<p>Supporting Staff Recovery Journeys</p> 	<ul style="list-style-type: none"> • Better access to health and wellbeing support • Recognising the Lived Experience of staff • Changing practices to better support staff 	<p>Changing working practices to better support staff wellbeing and staff recovery journeys, whilst also making recruitment practices more inclusive for those coming in from a place of lived experience and / or disabilities.</p>
SIX	<p>Transforming the Culture at Humber</p> 	<ul style="list-style-type: none"> • Assertively challenging assumptions and stigmas • Using accessible, recovery-led communications • Improving internal teamworking 	<p>Challenging adverse attitudes, stigmas and language to better support and enhance recovery, whilst increasing opportunities for cross-service working, integration and conversation.</p>
SEVEN	<p>Working creatively with the local community</p> 	<ul style="list-style-type: none"> • Strengthen relationships with our local communities • Increase community understanding of Recovery • Making community interactions more inclusive 	<p>Seizing inclusive opportunities for meaningful relationships and alliances with external partners within our local community</p>



260+ people have been actively involved in directing, shaping, designing and writing this Recovery Strategy

Priority One: Recovery-focused, person-led care

Using a model of shared decision making and equal partnership (between services and those they support) to champion a recovery-focused, empathetic and user-led holistic approach to personalised care.

Priority Aims:

1. Implement frameworks and tools to guide, monitor and evaluate recovery-oriented practices
2. Changing how person-led and person-focused care is assessed, planned, delivered and evaluated
3. Holistically enhancing recovery-focused and person-led care

Links to Trust Goals 1, 2, 3 and 6 and all CHIME principles

Summary of Objectives:

- Continue the good work we already do around this priority
- Introducing the CHIME Framework
- Making changes to the Care Plan Approach (CPA), Multidisciplinary Team (MDTs) planning and Risk documentation
- Introducing Trust-wide Recovery Champions and Veterans Champions
- Introducing Team Recovery Implementation Plans (TRIPs)
- Better support surrounding service user rights and advocacy
- 'Quality of life' improvements on our wards

Priority Two: Exploration and Innovation

Working more inclusively and creatively by exploring new/existing holistic and technological avenues to better enhance existing preventative, wellbeing and recovery-focused measures.

Aims:

1. Increasing recovery-led, arts-based opportunities to creatively support Recovery throughout the Trust
2. Focus on identifying and developing Green Health initiatives
3. Increasing understanding and opportunities surrounding Spiritual care
4. Better harnessing technology to support and enhance recovery

Links to Trust Goals 1, 2 and 6 and all CHIME principles

Summary of Objectives:

- Continue the good work we already do around this priority
- Introduction of an organised Arts in Health agenda as part of a new Trust Arts Charter
- Introduction of an organised Green Health agenda as part of a new Trust Green Health Charter
- Reestablishment of the Trust Green Champions to now include health-based priorities
- Bringing more focus onto Spiritual Care
- Introducing Trust-wide Spirituality Champions
- Utilise technology better to enhance recovery

Priority Three: Valuing Lived Experience through Meaningful Coproduction

Ensuring that there are integrated opportunities for people with lived experience (including service users, carers/families, staff and the community) to codesign, cocreate and codeliver services and peer-led initiatives.

Priority Aims:

1. Increase opportunities for valued, meaningful coproduction across the Trust
2. Increase the visibility surrounding the purpose, work and opportunities within the Trusts 'Patient and Carer Experience' (PACE) Team
3. Ensure coproduction and lived experience are at the center of personalised care and quality service design and delivery
4. Better highlight the importance of Storytelling throughout the Trust
5. Promoting, valuing and celebrating the role of Peer Support Workers and Peer Volunteers

**Links to all of the Trust Goals and three CHIME principles
(Connectedness, Meaning and Empowerment)**

Summary of Objectives:

- Continue the good work we already do around this priority
- Introduce frameworks surrounding Coproduction (i.e. Ladder of Participation)
- Increase opportunity and access to meaningful coproduction activities which shape, direct, decide, create, design and/or produce outcomes throughout the Trust (includes things like recruitment, documentation, policy, Quality Improvement) to increase service user/carer ownership over services
- Better support, enhance and promote Patient and Carer Experience (PACE)
- Expand upon and better support our existing Volunteer and Peer Support Worker initiatives

Priority Four: Recovery-focused Training and Education

Training up staff, service users, families, stakeholders and other partners about Recovery with coproduced educational materials to increase understanding and better implement recovery-oriented values and practices.

Priority Aims:

1. (Re)educate, train and upskill people on how to better implement and enhance Recovery values and principles
2. Develop additional materials, resources, training and CPD opportunities to support the implementation of recovery values and principles
3. Improve accessibility to and ownership over a wider variety of innovative and holistic training and education materials

**Links to Trust Goals 1, 2, 3, 4 and 5 and three 3 CHIME principles
(Hope and Optimism, Identity and Empowerment)**

Summary of Objectives:

- Continue the good work we already do around this priority
- Ensure coproduced, recovery-led training and development opportunities are available via our Recovery College and/or Training department
- Introduction of a 'Recovery Hub'
- Embedding Recovery values and principles across all learning and training opportunities
- Expansion of induction and Mandatory and Statutory training to include training on Recovery
- More recovery-led opportunities for learning, through things like conferences, development practice days and Board seminars)
- Peer reviews (by ImROCC) of our Recovery College and Forensic Recovery College
- To improve how people access learning and training opportunities

Priority Five: Supporting Staff Recovery Journeys

Changing working practices to better support staff wellbeing and staff recovery journeys, whilst also making recruitment practices more inclusive for those coming in from a place of lived experience and/or disabilities. This work will be addressed and incorporated into the Trusts "Peoples Plan"

Priority Aims:

1. Improving access to health and wellbeing support, and related opportunities, for staff and volunteers
2. Better support, value, celebrate and learn from the lived experiences of staff
3. Changing organizational practices and processes to better identify and support staff managing lived experience considerations, disabilities and / or other responsibilities

Links to Trust Goals 1, 2, 4, 5 and 6 and all 3 CHIME principles

Summary of Objectives:

- Continue the good work we already do around this priority
- Introduction of specific care pathways (e.g. staff needing to access services) and tools (Carer and Wellbeing Passports)
- Revisitation of HR policies and procedures / documentation to embed recovery values, focusing on how to better support those with additional challenges.
- Supporting the further development of the Trusts Lived Experience Group (THRIVE) and staff EDi groups
- Better flexible / accessible working options
- More managerial training and organisational support around staff care and wellbeing

Priority Six: Transforming the Culture at Humber

Challenging adverse attitudes and stigmas to better support and enhance Recovery within the Trust, and increasing opportunities for cross-service working, integration and conversation.

Priority Aims:

1. Assertively challenging assumptions, prejudices and stigmas
2. Adopting and promoting accessible, recovery-led communications
3. Improving internal integration, cross-team and interdisciplinary working

Links to Trust Goals 1, 2, 3, 4 and 5 and all CHIME (Connectedness Hope Identity Meaning Empathy) principles

Summary of Objectives:

- Continue the good work we already do around this priority
- Plenty of meaningful, stigma-busting campaigns
- Training packagers surrounding recovery-led language principles are available
- Ensure Interdependencies between the work of the recovery framework and the organisations people strategy
- Opportunities and initiatives which look to strengthen the personal and working relationships of staff and volunteers
- All new documentation requires an 'Expert by Experience' stamp of approval
- Improving the accessibility of how documents and signage is made

Priority Seven: Working creatively with the local community

Seizing inclusive opportunities for meaningful, recovery-enhancing relationships / alliances with external partners in the local community.

Priority Aims:

1. Strengthen, create and develop relationships with existing and potential partners, allies and networks within our shared local communities to better enhance care
2. Increase awareness and understanding surrounding the principles and practices of meaningful mental health recovery
3. Making the ways in which we interact, support and learn from the public and other local services / bodies more accessible and inclusive

Links to Trust Goals 2, 3, 5 and 6 and 2 CHIME principles (Connectedness and Meaning)

Summary of Objectives:

- Continue the good work we already do around this priority
- Embedding a placed based approach across the organisational geographical footprint
- Developing connections with local Voluntary, Community and Social Enterprises (VCSE), local educational establishments
- Collaborating on the development of a 'Volunteer Passport'
- Community-facing, recovery-led campaigns
- More opportunities for external organisations, partners and stakeholders to engage, support and direct Trust outcomes
- Trust sign up to local schemes and initiatives to improve accessibility, such as the Safe Space schemes and the city-wide (Hull) access logos
- Better connect, support and learn from those who are 'easy to overlook', such as those who feel failed by, are distrustful of or live within closed community groups)
- Lead on community-facing events and initiatives to improve community cohesion

Additional Information

Contacts and further information

If you need this strategy to be made available in alternative formats, you can contact us in the following ways:

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HU10 6ED

Tel: 01482 301700

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Twitter: @humbernhsft
Facebook: @humbernhsft

If you are unable to find the original, detailed version of this strategy, or you would like to view like any further information relating to the implementation of this strategy please contact the Recovery Team using the above details.

Agenda Item 19

Title & Date of Meeting:	Trust Board Public Meeting – 28 th April 2021			
Title of Report:	NHS Operational Plan Summary			
Author/s:	Jon Duckles – head of Business Development			
Recommendation:	To approve		To receive & note	
	For information	✓	To ratify	
Purpose of Paper:	The purpose of this paper is to provide the Trust Board with a summary of the NHS Operational Plan that was published on 25 th March 2021.			
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	21.04.21	Executive Management Team	19.04.21
	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>	This report places the NHS Operational plan into context and provides a summary of the 6 priorities detailed within the plan.			

Monitoring and assurance framework summary:

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

Financial	✓			by the author
Human Resources	✓			
IM&T	✓			
Users and Carers	✓			
Equality and Diversity	✓			
Report Exempt from Public Disclosure?			No	

Strategy Refresh Approach

1. Purpose of Paper

The purpose of this paper is to provide the Trust Board with a summary of the NHS Operational Plan that was published on 25th March 2021.

2. Context

The 2021/22 Priorities and Operational Planning Guidance was published on the 25th March 2021. The document focuses upon a partnership/system based approach to achieve six priorities, triangulated across activity, workforce and finance, against the backdrop of lessons learned and recovery following the Covid-19 pandemic.

The six priorities are:

- A. Supporting the health and wellbeing of staff and taking action on recruitment and retention
- B. Delivering the NHS Covid vaccination programme and continuing to meet the needs of patients with Covid-19
- C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services
- D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities
- E. Transforming community and urgent & emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay
- F. Working collaboratively across systems to deliver these priorities

Financially, the Government has agreed a settlement for the first half of the year (H1) which provides an additional £6.6 billion + £1.5 billion for Covid1- costs above the original mandate. An extra £1.5 billion has been allocated for elective recovery, mental health and workforce development.

The financial settlement for the second half of the year (H2) will be agreed when there is greater certainty around the circumstances facing the NHS going into H2.

For mental health services, funding has been agreed for the full year and plans should extend to 12 months.

3. Summary of Priorities

The table below summarises the priorities within the planning guidance

Priority	Sub-Priority	Actions
A. Supporting the health and wellbeing of staff and taking action on recruitment and retention	A1 - Looking after our people and helping them recover	<ul style="list-style-type: none"> • Encouraging Trusts to allow staff to carry over unused annual leave • Supporting staff with individual health and wellbeing conversations, with an annual plan developed for each staff member. These plans should include <ul style="list-style-type: none"> ○ A risk assessment ○ Flexible working ○ Compliance with Infection Control and testing policy ○ Preventative health and wellbeing support • Occupational Health available to all staff, including access to psychological and specialist support.
	A2 – Belonging in the NHS and addressing inequalities	<ul style="list-style-type: none"> • Develop improved plans based upon the latest Workforce Race Equality Standard to improve diversity through recruitment and promotion • Accelerate the delivery of the model employer goals
	A3 – Embed new ways of working and delivering care	<ul style="list-style-type: none"> • Maximise the use and benefits of e-rostering. Providers will be asked to demonstrate how they intend to meet the “meaningful use standards” for e-job planning and e-rostering • Facilitate flexibility and staff movements across systems including remote working plans, technology enhanced learning and the option of staff digital passports
	A4 – Grow for the future	<ul style="list-style-type: none"> • Develop and deliver local workforce supply plan focussing on recruitment and retention demonstrating effective collaboration between employers. • Ensure system plans introduce Medical Support Workers, increase Health Support Workers and international recruitment of nursing staff • Put in place the right amount of clinical placements • Implement robust medical and dental post graduate training • Ensure workforce plans cover all sectors and support the expansion and • Development of integrated community teams and PCNs
B. Delivering the NHS Covid Vaccination programme and continuing to meet		<ul style="list-style-type: none"> • Offering the first dose to the adult population by end of July 2021 through a mixed model of vaccination centres, hospital hubs, general practice and pharmacy <ul style="list-style-type: none"> ○ Being prepared for a Covid re-vaccination

<p>the needs of patients with Covid-19</p>	<p>programme from autumn, with high uptake ambitions for seasonal flu</p> <ul style="list-style-type: none"> ○ The possibility of Covid-19 vaccinations for children <hr/> <ul style="list-style-type: none"> • PCNs to continue with home oximetry alongside hospital led “virtual wards” and proactive care pathways delivered virtually in people’s homes <hr/> <ul style="list-style-type: none"> • Development of post Covid Assessment clinics to ensure people have equitable access to Long Covid assessment services <hr/> <ul style="list-style-type: none"> • Stocktake of critical care beds and workforce
<p>C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services</p>	<p>C 1 - Maximise elective activity, taking full advantage of the opportunities to transform the delivery of services</p> <ul style="list-style-type: none"> • Elective activity will be set against 2019/20 levels <ul style="list-style-type: none"> ○ April 2021 – 70% rising 5% per month to 85% in July 2021 • Systems to recover elective activity utilising high impact changes and transformation opportunities: <ul style="list-style-type: none"> ○ Create clear accountability for elective recovery ○ Maximise high impact models e.g fast track hubs for high volume/low complexity care, standardised clinical pathways, elective service pathways, elective activity coordination hubs • Whole pathway transformation across cardiac, MSK and eyecare • Increase use of advice and guidance in order to avoid attendances of low clinical value <hr/> <p>C2 – Restore full operation of all cancer services</p> <ul style="list-style-type: none"> • Return the number of people waiting longer than 62 days to the February 2020 level. • Meet the increased level of referrals and treatment required to address the shortfall in number of first treatments by March 2022 • Work with GPs to increase the number of people coming forwards and being referred with suspected cancer. • Work with public health commissioning teams to restore cancer screening programmes <hr/> <p>C3 – Expand and improve mental health services and service for people</p> <ul style="list-style-type: none"> • Deliver the mental health ambitions outlined in the Long term Plan <ul style="list-style-type: none"> ○ Continue to increase

<p>with a learning disability and/or autism</p>	<p>children and young people's access to community mental health services</p> <ul style="list-style-type: none"> ○ Delivery of physical health checks for people with Serious Mental Illness (SMI) ○ Investing fully in community mental health including funding for new integrated models for SMI and Strategic Development Funding to expand and transform services. ○ Support integration with Primary Care through a new co-funding arrangement for embedded PCN position. <ul style="list-style-type: none"> ● Maintain transformations and beneficial changes made as part of the Covid response, where clinically appropriate ● Maintain a focus on improving equalities across all programmes ● Have a workforce strategy and plan that delivers the scale of workforce growth that meets the LTP ambition ● All NHS led provider collaborative to go live by 1st July 2021 ● All providers to provide comprehensive data into the Mental Health Services Data Set and IAPT data set ● Have a strategy and effective leadership for digital mental health ● All CCGs as a minimum must invest to meet the Mental Health Investment Standard ● Reduce the reliance on inpatient care for both adults and children with learning disability/autism or both ● Implement the actions coming out of the LeDeR reviews – 100% of reviews to be completed within 6 months of notification
<p>C4 – Deliver improvements in maternity care,</p>	<ul style="list-style-type: none"> ● Reduce unwarranted variation in maternity care ● Maternity services should be

	<p>including responding to the recommendations of the Ockendon review</p>	<p>accountable to ICSs for safe accessibility</p> <ul style="list-style-type: none"> • Progress towards the implementation of the continuity of carer midwife model and implementing all elements of Saving Babies' Lives care bundle
<p>D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities</p>	<p>D1 – Restoring and increasing access to primary care services</p>	<ul style="list-style-type: none"> • Continue to prioritise local investment and support for PCN development, including enabling stronger integration of care with community based services • All systems to support PCNs to achieve their share of 15,500 FTE PCN roles by the April 2022 in line with target of 26,000 by 2023.24 • Expand the number of GPs towards the 6000 target • Continue to make progress towards delivering 50 million appointments in general practice by 2024 • Increased funding of £120 million in H1 which will taper as Covid pressures decrease • Systems to support practices to increase significantly the use of online consultations as part of embedding total triage. • Systems should support PCNs to reduce health inequalities
	<p>D2 – Implementing population health management and personalised care approaches to improve health outcomes and address health inequalities</p>	<ul style="list-style-type: none"> • Systems to adopt population health management techniques as part of targeted recovery strategies • NHS E/I to work with systems to develop real-time data tools and techniques similar to those used within the Covid vaccination programme • Continue within NHS LTP to support those patients with diabetes, CVD and obesity. Plans should include system approach to smoking cessation services, improved uptake of diabetes prevention programmes, CVD prevention and weight management. • Deliver the model for NHS Comprehensive Model for Personalised Care to give people control over their own health • Systems should continue to deliver personal health budgets, social prescribing referrals and personalised care and support

		plans.
	E1 – Transforming Community Services and improve discharge	<ul style="list-style-type: none"> • Every system to set out plans to accelerate the roll-out of the 2 hour crisis community health response at home to provide consistent national cover (08:00-20:00 7 days per week) by April 2022. • All providers should continue to deliver timely and appropriate discharge from hospital inpatient settings. Particular focus should be on those stays of more than 14 and 21 days.
E. Transforming community and urgent & emergency care to prevent inappropriate attendances at emergency departments, improve timely admission to hospital for ED patients and reduce length of stay	E2 – Ensuring the use of NHS 111 as the primary route to access urgent care and timely admission of patients to hospital who require it from ED	<ul style="list-style-type: none"> • Systems to continue to progress the work already underway through the NHS 111 First and Same Day Emergency Care programmes (SDEC). Systems should look at: <ul style="list-style-type: none"> ○ Promote the use of NHS 11 as a primary route into all urgent care services ○ Maximise the use of booked slots in ED (at least 70% of patients referred to ED by NHS 11 booked into a time slot to attend) ○ Maximise the utilisation of direct referral from NHS 111 to other hospital services ○ Implement referral pathways from NHS 111 to urgent community and mental health services • Adopt an SDEC model with all providers with a type 1 ED to avoid unnecessary hospital admissions • Monitor time to initial assessment, proportion of time patients spend >12 hours and proportion of people spending > 1hour when declared clinically ready to proceed in ED
F. Working collaboratively across systems to deliver on	F1 – Effective collaboration and partnership working across systems	<ul style="list-style-type: none"> • ICSs expected to build upon existing arrangements during 2021/22 – developing system wide governance arrangements to enable a collective model of responsibility and decision

<p>these priorities</p>	<p>making between system partners</p> <ul style="list-style-type: none"> ICS will set out in a MOU, by the end of Q1, the delivery and governance arrangements that will support the delivery of the NHS priorities set out in the Operational Plan. This will be in line with the NHS system Oversight Framework.
<p>F2 – Develop local priorities that reflect local circumstances and health inequalities</p>	<ul style="list-style-type: none"> Systems to develop their own set of local health and care priorities that reflect the needs of their population aligned to the four primary purposes of an ICS: <ul style="list-style-type: none"> Improving outcomes in population health and healthcare Tackling inequalities in outcomes, experience and access Enhancing productivity and value for money Helping the NHS support broader social and economic development
<p>F3 – Develop the underpinning digital and data capability to support population-based approaches</p>	<ul style="list-style-type: none"> Systems should commence procurement of shared care records with a viable product to be live by September 2021 and a roadmap for wider data sources by April 2022
<p>F4 – Develop ICSs as organisations to meet the expectations set out in Integrating Care</p>	<ul style="list-style-type: none"> ICSs to update their system development plans to ensure their system has the necessary functions, leadership, capabilities and governance. Preparing for moving to a statutory footing from April 2022.
<p>F5 – Implement ICS-level financial arrangements</p>	<ul style="list-style-type: none"> Systems should ensure that they are continuing to take action to strengthen their financial governance arrangements and building collaborative plans to optimise system resources

3 Timescales

Final Plan Submissions (at ICS Level) are due to be submitted on the 3rd of June.

There is a non-mandated Provider Plan submission opportunity on the 24th May

4 Recommendation

The Trust Board are asked to note the contents of this report.

Agenda Item 20

Title & Date of Meeting:	Trust Board Public Meeting – 28 April 2021		
Title of Report:	Report on the Use of the Trust Seal		
Author/s:	Name: Michele Moran Title: Chief Executive		
Recommendation:	To approve		To receive & note
	For information		To ratify
	The Trust Board are asked to note the Report		
Purpose of Paper:	The purpose of this report is to inform the Trust Board of the use of the seal for the period 1 st April 2020 to 31 st March 2021.		
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) Annual Report
Key Issues within the report:	<p>In line with the Trust Standing Orders (8.3.1) a report of all sealings is made to the Trust Board on an annual basis.</p> <p>Over the period 1st April 2020 – 31st March 2021, the Trust Seal has been used nine times</p>		

Monitoring and assurance framework summary:

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

√ Tick those that apply

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

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			To be advised of any future implications as and when required by the author
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			

Report Exempt from Public Disclosure?			No	
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Use of the Trust Seal Report

1 Introduction and Purpose

The purpose of this report is to inform the Trust Board of the use of the seal for the period 1st April 2020 to 31st March 2021.

In line with the Trust Standing Orders (8.3.1) a report of all sealing's is made to the Trust Board on an annual basis.

2 Background

The common seal of the Trust is held in a secure place by the Trust Secretary on behalf of the Chief Executive.

The Seal is used in order to execute a deed or agreement and when required to do so by law, for example during the conveyance of land

Where it is necessary to use the Trust Seal, the seal is affixed in the presence of a senior manager duly authorised by the Chief Executive, and is attested by that person.

The Trust secretary maintains a register of the use of the seal which is available for review.

3 Use of Trust Seal

Over the period 1st April 2020 – 31st March 2021, the Trust Seal has been used nine times. The Trust secretary maintains a register of the use of the seal which includes parties to the agreement which is available for review

Internal Ref Number	Date of Sealing	Description of Document
01/20	7.4.20	Lease agreement relating to Units 2 & 3 Princes Court, Princes Avenue, Hull HU5 3QA. Deed of variation relating to lease of surgery premises at Princes Court, Princes Avenue Hull HU5 3QA.
02/20	19.10.20	Renewal Lease Agreement relating to ground floor unit, Pocklington Medical Centre, West Green, Pocklington.
03/20	10.12.20	Kingfisher Lodge Execution of lease with ERYC
04/20	17.12.20	Director Indemnity agreement for Practice 2 between Humber Primary Care Limited, Humber Teaching NHS Foundation Trust

Internal Ref Number	Date of Sealing	Description of Document
		and the Managing Director of Humber Primary Care Limited.
05/20	17.12.20	Director Indemnity agreement for Practice 2 between Humber Primary Care Limited, Humber Teaching NHS Foundation Trust and Finance Director of Humber Primary Care Limited.
06/20	17.12.20	Director Indemnity agreement for Practice 2 between Humber Primary Care Limited, Humber Teaching NHS Foundation Trust and Medical Director of Humber Primary Care Limited.
07/20	4.2.21	Sale of Hallgate Cottingham
08/20	4.2.21	Waterloo Centre, document to extend lease with Hull City Council
09/20	25.3.21	Sale of Victoria House

4 Recommendation

The Board is asked to note the use of the Trust Seal

Agenda Item 21

Title & Date of Meeting:	Trust Board Public Meeting - 28 th April 2021			
Title of Report:	Health Stars Key Performance Indicators (KPI) 2021/22			
Author/s:	Victoria Winterton Head of Smile Health			
Recommendation:	To approve	X	To receive & discuss	
	For information		To ratify	
	The Trust Board are asked to approve the KPIs for measuring Health Stars performance in 2021/22.			
Purpose of Paper:	The purpose of this paper is to provide the Board with a proposed suite of KPIs for 2020/21 against which Health Stars performance will be measured.			
Governance: <i>Please indicate which group or committee this paper has previously been presented to:</i>	Name of group (please list all)	Date	Name of Group (<i>continued</i>)	Date
	Charitable Funds Committee	31/3/21		
			Other type of review (please detail)	
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	The proposed KPI's for 2021/22 were agreed at Charitable Funds Committee on 31 st March 2021, for Board to approve.			
	To provide consistency and the opportunity to benchmark performance, the KPIs are the same as for 2021/22. Final performance against the KPIs for 2020/21 will be provided as part of the Health Stars Annual Report which is scheduled for Trust Board in May.			

Monitoring and assurance framework summary:

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

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

1. Introduction

The Trust sets KPIs for Health Stars as part of the contract for managing our Charitable Funds.

The KPIs below were considered at Charitable Funds on 31st March 2021 and approved for Trust Board consideration and approval.

For consistency the KPI's are the same as for 2020/21. This will allow current performance to be measured against previous historical performance.

2020/21 performance will be presented to Trust Board as part of the Annual Report scheduled for Trust Board in May.

Health Stars report on performance against these KPIs at each Charitable Funds Committee.

Finance:	Proposed Outcomes	Measurement
Is the charity maximising its resources?	Financial plan reached	Budget achieved for both income and investment into Trust services
Are the funds held managed effectively?	Fundraising costs and retaining Trust	Fundraising costs to remain below 30% of total expenditure. The remaining 70% expenditure must be for charitable outcomes*
	Income generation	A minimum target of £2.50 raised for every £1 spent on fundraising
Does the resources expanded in the year represent good value for money?	Benchmarking	To benchmark the charities performance annually with three other local trusts. <ul style="list-style-type: none"> - Tees Esk and Wear Valleys NHS Foundation Trust - Leeds Community Health Care NHS Trust - Lincolnshire Community Health Services NHS Trust

Engagement:	OUTCOME	ACTION/MEASURE
Can our service users see the charitable impact in our services?	WISHES: The success rate of wish requests increased year on year	Total number of wishes on average 150 per year for the next three years Successful rate of wishes target 80%
Do our employees feel supported by the charity?	APPEALS: To have regular fundraising appeals	One new Appeal established each year.
Can the Trust board quantify the impact the charity is having?	ANNUAL SURVEY: To be able to monitor staff engagement	Improvement of understanding, confidence and engagement with the charity. Carry out a survey each year.
Is the charity representing the trust positively?	POSITIONING (EVIDENCE BASED) To increase	Minimum of one media worthy stories a quarter to be taken up by media source either online or in print

	knowledge of the charity among staff, patients and general public	
		By March 2022 Reach 1200 Followers on Facebook Reach 400 followers on Instagram Reach 1500 followers on Twitter
		Engage an average of 500 people per month in social media posts.

Patient-centred & Staff-centred:	OUTCOME	ACTION/MEASURE
Can our service users see the charitable impact in our services?	Wishes from patients	Number of wishes that come from a patient. To be obtained by asking staff who submit wishes and recording wishes that come from Patient experience forums. Wishes from patients to be at least 10 per year.
Do our employees feel supported by the charity?	To have a good balance of wishes for both patients and staff	Number of wishes for patient benefit and number of wishes for staff benefit
Is the charity led by service users and our people?	To demonstrate the impact the charity is having.	Impact reporting, capture case studies as part of report. A minimum of 6 case studies per year. To be a mixture of staff focused and patient focused.
	Staff engagement	Increase staff lottery numbers by 10% each year. To start recording how many staff are attending events and to increase this number

Governance:	OUTCOME	ACTION/MEASURE
Can the Trust board quantify the impact the charity is having?	Assurance to the trust board	Monthly CEO update Engagement at two board meetings year, one from the Health Stars Team and one from the Chair of CFC
Is the charity legally compliant and sustainable?	Legally compliant and sustainable	Fundraising Regulator membership and providing updates from them to the CFC. Updated Risk Register at each CFC meeting. GDPR audit every six months.

Agenda Item 22

Title & Date of Meeting:	Trust Board Public Meeting - 28 th April 2021			
Title of Report:	Marketing and Communications Operational Plan			
Author/s:	Rachel Kirby Communications and Marketing Manager			
Recommendation:	To approve		To receive & note	x
	For information		To ratify	
Purpose of Paper:	To provide the Board with an overview of performance to date against the 2019-2022 Refresh and share the operational plan for 2021-2022, the final year of the strategic plan.			
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) Specific report	✓
Key Issues within the report:	<p>The Current Trust Strategy was developed in 2017 and Objectives were refreshed for the period 2019-2022. In line with that refresh an update to the Marketing & Communications Strategy was approved by the Board in February 2020.</p> <p>The report provides and overview of performance to date against the 2019-2022 Refresh and shares the operational plan for 2021-2022, the final year of the strategic plan.</p> <p>The team are engaged with the timeline for refresh of the new Trust Strategy and a new Marketing and Communications strategic plan will be developed alongside it.</p>			

Monitoring and assurance framework summary:

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

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

Marketing and Communications Operational Plan 2021-2022

1. Introduction

Despite the challenge of Covid-19 pandemic and the support required from the team to ensure that communications to all stakeholder groups was well managed and integrated, progress against the Marketing and Communications strategic plan 2020-2021 was made at pace. We have made significant process on transforming Trust communications to provide a central supportive and enabling service which reaches out to support operational and strategic goals.

2. Performance Summary 2020-2021

2020/21 Key Projects delivered included (non Covid):

Internal	External
<ul style="list-style-type: none"> - Implementation of internal communications software, Poppulo to create and measure targeted staff communications. 	<ul style="list-style-type: none"> - New corporate visual identity - Website redevelopment - Creation and roll out of Humbelievable recruitment campaign

2020-2021 KPI Performance Overview

The following KPI's were identified in the strategic plan to be achieved by the end of March 2022. They are reported to the board monthly and performance monitored and tracked weekly by the team.

Performance against the KPI's to date is excellent. Areas for focus are the website bounce rates which whilst reducing are not coming down at a rate which makes it likely to reach the target. A Digital Development Plan for 2021-2022 will outline revised KPI's and developments to the sites to improve performance.

Measure of Success (by end March 2022)		Target	Performance (Average)
PR	Positive Published News Stories	12 per month	Average 18 per month (Total 205)
	Negative Published News Stories	0	0.9 (Total 10)
Website	Social Referrals	12%	9%
	Bounce Rate	50%	63% (-3% decrease on 19/20)
Social	Reach	+ 50,000 p/m	136,425
	Link Clicks	1500 +	1958
	Engagement Rate	4%	6.98%
net	Visits	20% increase on 2019 average	+113%

	Bounce Rate	40%	59% -7% decrease on 19/20 in year
	Open Rate	65%	67%
Email	Click Through Rate (CTR)	10%	13%

3. The Year Ahead – 2021-2022

The focus of the 2021-2022 plan remains the delivery of the KPI's identified in the strategic plan along with the embedding the transformational change that has taken place over 2019/20.

There are a number of key projects to be delivered in the year to help us reach our goals, including:

Internal	External
<ul style="list-style-type: none"> - Redevelopment of intranet - Launch of staff social media channel - Monitoring and development of Trust brand - Relaunch of Health Stars 	<ul style="list-style-type: none"> - Redevelopment of all GP Practice Websites - Launch of Patient Information Platform - X 4 proactive communications campaigns e.g. World Mental Health Day

A number of additional KPI's have been added to be reported on monthly to support us in our pursuit of our strategic objectives.

Measure of Success	Target
Attendance at monthly staff Brand Workshops	40 staff per session
Brand Portal Visits	Track for 3 months to set target
Stakeholder Newsletter	Open Rate - 25%
*please note that these targets are lower than staff newsletter targets as they are based on benchmarks for external campaigns	Click Through - 2.5%

The full operational plan for the year ahead can be found in Appendix 1.

Recommendation

To receive and note.

Marketing & Communications Operational Plan 2021-2022

Aim	Detail	Date/Measure of Success
<p>1. Our Profile</p> <p><i>We are a highly successful multispecialty health and social care provider with the aim of improving the physical, mental and social health and wellbeing of our patients and service users at the heart of what we do.</i></p>		
Identify and establish Brand Champions across the organisation	Work with teams to identify Brand Champions and support them to roll out the Trust brand in their area.	Ongoing. Review quarterly.
Measure impact of new brand	<p>Continue to draw attention to Brand Portal through quarterly update of new templates added over last four months and assets created following staff requests</p> <p>Track performance of brand portal as a way to measure uptake and use of assets.</p> <p>Review attendance of rolling programme of workshops to measure ongoing engagement and interest in brand.</p>	<p>Quarterly updates and online workshops</p> <p>Monthly report (target created following 3 months live – March 21)</p> <p>Performance tracked monthly against previous session</p>
Proactive campaigns across internal and external platforms	Four campaigns per year across all channels in line with service requirements or awareness days e.g. world mental health day	Campaign objectives identified at time of planning.
Improvements to digital platforms	<p>Monitor adherence of services to Social Media and Website policy – encouraging staff to engage with existing tools and working with them to reach their objectives without commissioning stand-alone platforms.</p> <p>Continue a planned programme of development for the Trust website including enhancements to the services pages.</p> <p>Bring management of Trust GP websites in-house. Websites replaced in line with the end of the 'My Surgery' contracts.</p> <p>Trust photography website launched to support Brand programme</p>	<p>Ongoing</p> <p>Updated Service section launched September 21.</p> <p>Rolling programme</p> <p>Cottingham/ Practice 2 – April</p> <p>May 2021</p>

2. A Provider of Choice <i>We are the provider of choice for delivering safe, effective and integrated out of hospital care in the areas we operate.</i>		
Standardise online and print patient information across the Trust	Develop online platform as part of Commercial Practice Development Module with University of Hull students.	Front end platform launched May 2021 Recommission for backend starting September 2021 – completion May 22
Use qualitative and quantitative research to support creation of service user & stakeholder personas and segments to enable targeted communication	Develop Stakeholder segments to improve targeted and engagement with key messages	By August 2021
Support the Trust's organisational and business development strategies by developing bespoke communications and marketing materials and strategies for each area of activity	Develop and grow stakeholder newsletters a tool to communicate key stories in line with business development strategies. Attendance at business development monthly meetings to identify areas for PR and communications focus to support objectives	Improve newsletter open rates to 25% Click Through Rate 2.5% Monthly
3. An Employer of Choice <i>We are the employer of choice for professionals pursuing a rewarding, fun and challenging career in their area of expertise locally, regionally and within the NHS.</i>		
Utilise Yammer or Facebook business as an internal comms tool (social network)	Proposal to EMT by July/August	Launch September 2021
Data informs a continuous rolling programme of improvements to our digital platforms	Launch mobile optimised updated and restructured intranet site Ensure intranet is updated daily with informative, engaging and supportive content.	May 2021 Ongoing
Rebrand and relaunch 2021 staff awards	Create proposal for Autumn relaunch.	October 2021
Develop online	Work with Recruitment/Nursing	First event April

recruitment events in line with our Humbelievable recruitment brand	Recruitment team to launch a programme of online recruitment events	
Relaunch employee of the month	Work with Employee Engagement and Organisational to relaunch programme in 2021.	Relaunch in April
To use communications tools to support staff health and wellbeing through two way communication	Develop feedback mechanism for staff to share how they feel about key issues (e.g. snapshot surveys, online honesty box) Use communications channels to close the feedback loop ensuring a 'you said – we did' approach.	Launch with new intranet (May 2021)
We are Key Partners <i>We work in partnership with our communities and commissioners to develop integrated healthcare services to improve the health outcomes and experiences for our communities.</i>		
Ensure patient, service user, staff, governor feedback into key campaigns so they are co-produced where possible.	Use workshops and surveys to ensure targeted engagement and feedback into communications projects e.g. intranet	E.g. Intranet workshop - March Patient Information Workshop – April
Excellence & Innovation <i>We have a reputation for outstanding and innovative practice, research and development.</i>		
Communications planning framework launched	Establish a template communications plan which is used consistently across the Trust for all communications plans	July 2021
Our communications are award winning and sector leading	Enter communications campaigns for communications/marketing and health awards Raise profile of communications activity with local and national (NHS) stakeholders	By end 2021
Work with Business Development to strengthen awards applications and ensure we are aware of all awards that we are nominated for to maximise opportunity for positive coverage.	Four national award nominations. Two local award nominations.	By March 2022

<p>Support HealthStars to deliver consistent, effective and professional communications ensuring stakeholders are fully informed, engaged and supportive of Trust Charity and its objectives.</p>	<p>Establish a joined up approach with employee engagement on key fundraising objectives.</p> <p>Support charity to meet fundraising objectives</p>	<p>Joint marketing and communications plan produced by April 2021</p>
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